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ضغوطات الأمومة والديموغرافيا الثقافية لدى أمهات الأطفال ذوي الإعاقة الذهنية في الكويت

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ملخص

هدف الدراسة: تهدف هذه الدراسة إلى تحديد التباين في ضغوطات الأمومة بناء على الديموغرافيا الثقافية في الكويت. **المنهجية**: الدراسة وصفية/ تحليلية، وقد أجريت على 88 أماً لأطفال يعانون من الإعاقة الذهنية البسيطة، وذلك باستخدام مقياس الضغوط الوالدية المعدل من الكندري (2005). **النتائج**: أظهرت النتائج أنه، باستثناء عدد الأطفال في الأسرة، لا توجد اختلافات دالة إحصائياً في شدة ضغوطات الأمومة وفقاً لمتغيرات جنس الطفل، والمستوى الدراسي، ودخل الأسرة، والحالة الاجتماعية، والمحافظة السكنية. وقد ارتبط عدد الأطفال بعلاقة سالبة مع العزلة الاجتماعية للأمهات، والعلاقة مع الزوج، وخصائص الأم. **الخلاصة**: أهم الحلول المقترحة هي تطوير برامج التدخل للمساعدة في الحد من ضغوطات الأمومة وزيادة الوعي بأهمية البحوث المستقبلية حول الدعم الاجتماعي.

المصطلحات الرئيسة: ضغوطات الأمومة، الديموغرافيا الثقافية، الإعاقة الذهنية، خصائص الطفل، خصائص الأم.

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Maternal Stressors and Cultural Demographics among Mothers of Children with Cognitive Impairment in Kuwait

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Abstract

Objectives: This study aims to identify maternal stressors' variation based on Kuwait's cultural demographics. **Method**: The study is descriptive-analytical research that was conducted on 88 mothers of children with mild cognitive impairment using Al-Kandari's modified Parenting Stress Index (2005). **Results**: The results showed that, regardless of the number of children in the family, there are no significant mean differences in the severity of maternal stressors according to the child's gender, school level, family income, marital status, and residential district. The number of children was negatively related to the mother's social isolation, spouse relationship, and mother characteristics. Conclusion: The most important proposed solutions are developing intervention programs to help reduce maternal stressors and raising awareness of the importance of future research on social support.

Keywords: Maternal Stressors, Demographics, Cognitive Impairment, Child Characteristics, Mother Characteristics

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Introduction

Parenting stressors of families with a child with Cognitive Impairment (CI) received considerable research attention during the latter half of the twentieth century (Innocenti & Kwisun, 1992). Researchers have shown that parents, mainly mothers, as primary caregivers perceive the process of parenting a child with CI as involving intensive stressors. According to Innocenti and Kwisun (1992), these stressors are related to child and mother characteristics, which impact how they both respond to caregiving.

Selye (1956) defines "stress" as the effects of anything seriously threatening human beings. He also noted that the actual threat perceived by people is referred to as the "stressor," and the response to the stressor is called the "stress response." Although stress responses to caregiving evolved as adaptive processes, Selye found that responses might damage mental and physical health.

Children with CI have a substantial limitation in their present functioning. Significant limitations characterize them in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills (AAMR, 2002, p.1). The effects of living with a child with CI need to be defined clearly, as many different events change in content or intensity to affect caregiving. Hill's model of ABCX suggests that mothers of a child with a disability may perceive stressors based on the internal and external familial sources of stress, such as a spouse, friends, relatives, and community (external), and the child's age and behavior (internal). Research also suggests that families experience stressors from time to time-related to their cultural background, external familial resources, and the demands of caring for a family member with a disability (Singer & Irvin, 1989).

Problem Statement

Examining stressors related to parenting a child with CI needs more study in Kuwait. Investigating stressors among Kuwaiti mothers must focus on the interactive relationship between the child and his mother within a family system. In her study conducted in Kuwait, Al-Kandari (2005) stated that mothers of children with intellectual disabilities struggle to adjust to their new roles, as they experience dysfunctional parenting patterns that occur when children develop behavioral and emotional problems.

One or more factors are involved in these problems, such as child temperament and parental personality characteristics. The term child temperament refers to how each child in each family acts. Some children are more challenging than others to manage and respond to, and such a child might be described as "a difficult child". Likewise, the term parental personality characteristics refer to how each parent appears to be different and possesses differing degrees of talent, knowledge, and temperamental disposition about the role of parenting (Al-Kandari, 2005; Al-Kandari, 2006).

The Kuwaiti government enforces obligations on social welfare to provide adequate care for children with disabilities. Legislators in the Public Authority for Disability Affairs in Kuwait amended the law of the disabled care in 2010 to include services in communication, housing, work, and employment. However, not much attention has been given towards developing a social policy that advocates the need to provide family services that reduce the phycological burden of the child and parent relationship.

When seeking to adapt to a child's disability, parents in Kuwait may indirectly resort to two indirect resources: community resources and family support. Parents may seek such resources for information and treatment based on their class structure and knowledge. No services in the country are available for parents that provide essential information and instructions on the ways of dealing with a child suffering from CI conditions. Most of the assistance provided is basically financial for the parents, and medical and educational for the child with a disability (Al-Kandari, 2006).

The problem experienced by Kuwaiti parents seems to be focused on their loss of social and emotional support and the tension build up by their roles of caring for a child with a disability (Al-Kandari, 2006). With the lack of family counseling and support, parents of less power may seek alternative resources, such as cultural prescriptions and traditional healing practices, to enhance treatment and relieve stress. Al-Kandari (2013) indicated that Kuwaiti mothers of children with intellectual disabilities do not usually share any information about their feelings or their children's needs and demands with professionals, such as physicians, teachers, and social workers. They believe this information is private and that disclosing it may reveal the family's secrets and negatively impact their social status. Therefore, previous studies provided evidence that parents of children

with disabilities who do not have access to any sort of support are at high risk of developing anxiety, depression, feelings of stress, and a low sense of caregiving self-efficacy (Al-Kandari & Al-Qashan, 2010; Finardi et al., 2022).

The Purpose of the Study

The present study aims to identify stressors related to the child and mother's characteristics based on cultural demographics. It identifies the differences in the severity of maternal stressors among Kuwaiti mothers of children with mild CI based on variables such as child age, gender, school level, mother's age, education, marital status, family income, residential districts, and the number of children in the family. The study also examines whether such cultural variables inversely predicted the severity of the types of stressors.

The Significance of the Study

One of the general objectives of the current study is to present evidence that the mothers of children with CI are subjected to significant parenting stressors. The study outcomes would provide social care providers in Kuwait with fairly accurate information to guide their efforts toward establishing future intervention programs. They will target specific mother and child's characteristics that impact the maternal well-being in parenting a child with CI and provide social, financial, and clinical programs that would help reduce these stressors.

One of the excessively examined assumptions in family studies (Lopez et al., 2019; Kiami & Goodgold, 2017; Brown et al., 2014) is that parenting stressors are highly related to the unmet needs of families. A child with a disability in the family results in a parent's experience of stressors and concomitant difficulties. Singer and Irvin (1989) suggested that families parenting a child with a disability undergo stressors for several reasons: they may be fatigued from caregiving, have limited leisure time opportunities, have difficulties obtaining appropriate childcare, encounter misunderstanding, and sometimes receive adverse reactions from others regarding their disabled child.

Moreover, much research on family stress investigated the child and mother's characteristics among parents of children with intellectual disabilities. There have been many variables in family studies that are

considered to increase stressors in caregiving, such as the type of disability (Jerar, 1989), the child's physical abilities and health problems (Al-Mutiari, 2002), family resources and support (Al-Kandari, 2005), and the type of family relationship (Al-Thefeeri, 2001). However, a little research explored the impact of cultural variables on the severity of maternal stressors that are important in Kuwaiti cultures, such as child age, gender, school level, mother's age, education, marital status, number of children in the family, residential areas, and family income. These variables offer a clear resource framework for social workers and anthropologists to understand how mothers and children with CI interact and live together, how they accept each other, and how children are raised, and help to evaluate the common culture of parenting to promote healthy identity development.

Literature Review

Maternal Stressors in School Age

Children with disabilities are viewed as unique sources of stress and are likely to affect the psychological and health status of their parents and patterns of family functioning (Frey et al., 1989). Abidin (1990) suggests that stressors in the parenting system, mainly at school age, are critical in relation to a child's emotional and behavioral development and to the development of the mother's functioning. Specifically, mothers of children of school age often experience increasing stressors related to the challenges and changes that occur during the transition period or the period of school age (Hanson & Hanline, 1990).

Much of the literature has been concerned with the effects of a disabled child in school age on his mother being the primary caregiver. Mothers traditionally have been the primary providers and caretakers of their young children with disabilities, while fathers tend to have a low level of participation in the process of caregiving (Al-Azemi, 2010). Clinicians have long recognized that mothers may experience chronic sorrow as recurrent episodes of depression and frustration when their child fails to master an expected developmental task (Wikler, 1981). As stated by Berry and Hardman (1998), mothers, for example, may fail to mobilize their pride in their children and their involvement with others in school. Mothers might lack practical child development knowledge, family resources, and support (Al-Daihani & Al-Ateeqi, 2015), possess a limited range of child management skills, have limited prior involvement with children, and feel

overwhelmed and inadequate to the task of parenting (Al-Kandari & Al-Qashan, 2010).

Jerar's study in Bahrain (1989) also indicated that the potential for family problems and marital conflict increases among mothers of children with intellectual disabilities at school age. The findings showed that the effect of disability on mothers may change as the child goes through different developmental stages. Mothers of children with intellectual disabilities, whose ages range from 6 to 10, are highly stressed about family and parental problems, whereas mothers of children aged 12-17 are highly stressed about the child's physical capacities. Al-Kandari (2006) and Al-Sanea's studies (1999) in Kuwait and Bahrain also found that mothers suffered from severe depression and had health problems as a result of raising a child with intellectual disabilities at school age. Selye's (1976) Stress Theory suggested that the poor health of parents whose children have intellectual disabilities is considered a source of stress, which he calls 'General Adaptation Syndrome.' Selye's theory suggests that the increased demands and responsibilities of rearing a child with intellectual disabilities during the lifetime worsen parental health and increase stress (Humphrey et al., 2000).

Child and Mother's Characteristics

According to Al-Kandari (2006), the 'difficult child' possesses attributes that make it difficult for any parent to fulfill the parenting role. These children usually show difficulties adapting to new things at home, such as the arrival of new housemaids, a change of sleep and food schedules, new toys and games, and visitors. They are also highly dependent on their parents and very demanding so that parents find no time for themselves or other family members. Children in this group may behave differently than other children, as they may easily forget what they have learnt and cannot develop skills. They usually possess socially undesirable characteristics that make it difficult for the parents to accept them. Some of the characteristics, such as the child's adaptation, demands, and undesirable behavior differ and are perceived by the parents as major burdens influencing their parenting role.

Abidin (1995) stated that as child characteristics differ, their parents' characteristics may also differ which may influence their response to stressors. Each parent possesses differing degrees of knowledge about

the parenting role and uses different resources to adapt to the child's disability. After the diagnosis of a child's disability, or when a child begins school, some parents, for example, receive support and assistance from the spouse or other family members, helping them to function well in preparing the child and family for a new life, and get involved in different social activities (Al-Sabah, 2015). Some parents, on the other hand, lack resources and support, making them feel lonely and socially isolated or unhappy in their relationships with friends or relatives, while other parents may feel confused and experience a disruption in their relationships with spouses and other family members (Thwala et al., 2015). The expanded responsibilities of childcare and the time committed to caring for the child may also deprive other family members of needed care and attention. When a mother, for example, commits herself to caring for her disabled child, her husband may feel that his needs are ignored. Others who depend on mothers for emotional and social support may feel resentful and rejected (Vilaseca et al., 2020). In some cases, husbands may find the ripple effect of the mother's role too dysfunctional, and they may leave the marriage (Jerar, 1989).

Parents may also perceive parenting a child with intellectual disabilities as a stressor that sets them apart from friends and relatives and makes them less interested in talking to or meeting others (Park & Lee, 2020). These parents experience stressors related to their social isolation and are often stressed about parenting the child. Also, parents caring for a child with intellectual disabilities may feel depressed and frustrated, mainly when their child fails to perform according to common norms of expectation; for example, when a child fails to act appropriately or does something wrong, parents may, in some instances, blame themselves as they feel that they are primarily responsible for the child's inadequate behavior. They may experience guilt to explain the unexplainable (e.g., mothers are responsible for having a child with a disability) (Scherer et al., 2019). These parents often see their child as a negative element and commonly see themselves as abused or rejected by the child (Abidin, 1990).

Maternal Stressors and Cultural Background

The child and mother's characteristics are the potential sources of stress for families of CI children. However, the current study proposes that the variation in the severity of stressors may be influenced by the

interaction between the mother and child's characteristics and several other variables, such as the child's age, gender, school level, mother's age, education, marital status, family income, residential districts, and number of children in the family.

Research supports the idea that parenting stressors may vary depending on the age of the disabled child and his stage of development. Kuper and others (2014) suggested that, at different developmental stages, the child may have needs and demands that might be considered as stressful by the caregivers. These demands of the disabled child may involve more daily care than other children, such as lifting and assistance with dressing, bathing, and toileting (Al-Azemi, 1998). There may be extra laundry or cleaning, and the adaptation to the home and furnishings may also be frequently needed (Feizi et al., 2014). Increased financial demands may be associated with medical or educational needs and equipment or adaptive devices. The child may also have chronic or multiple medical needs that require much time and care (Mulsow et al., 2002).

Mothers of male and female children with CI may also differ in their experiences with parenting stressors. Research suggests that parents tend to raise their sons and daughters with and without disabilities based on gender roles (Vyas & Bano, 2016). These differences in roles may result in variations in the parenting stressors of both parents based on the child's gender. Kuwaiti parents, for example, often expect girls to nurture others to pursue personal accomplishments, and these different expectations play out in how children behave in the home (Al-Saleh, 2018).

Male children, on the other hand, are usually taught by their families from an early age to serve and protect (financially and socially) older family members and ensure cooperation between clans not to embarrass the family. Respect and reputation of the family in Kuwait are based upon the individual's social behavior. If a child has a disability, he may not successfully learn his role as a protector or may misbehave. A male child, therefore, may not meet the parent's expectations of being a 'family protector,' which may influence the mother's rejection of the child (Al-Kandari, 2006).

In specific, mothers from Bedouin families, compared to urban families, might be severely stressed in relation to the child's acceptability, spouse relationship, or the deterioration of health. Bedouin families in Kuwait, for

example, usually prefer to marry those with whom they share tribal, clan, or lineage affiliations (Al-Kandari & Al-Kandari, 2018). In 1982 and 1983, first-cousin marriages (cousins on the father's or the mother's sides) ranged between 54.3-60% of marriages among Bedouin families (Al-Awadi et al., 1985, Al-Thaqeb, 1982). They believe that a consanguineous marriage or marriage to a first cousin will strengthen family relationships and maintain lineage or ancestry. Therefore, when a couple has a child, they expect him to be capable of exerting great physical and mental forces to protect the family and increase tribal blood purity. However, when a child has CI, he/she will not be able to meet the family's expectations. A father might be dissatisfied with the 'ill-breeding' and frequently argue with the mother about the child's conditions. This situation may create marital discord and parent-child rejection and cause poor physical and mental health among mothers (Al-Kandari, 2006).

Furthermore, the mother's age might significantly impact the severity of parenting stressors. Many cultures, including Kuwaiti culture, strongly value age and experiences in raising children (Al-Kandari et al., 2022). In the Kuwaiti community, parents may seek the advice of older family members, and the responsibility for childcare might be shared among older members of the extended family (Shah et al., 2003). Young mothers might be seen as having less experience in caregiving than older mothers, which may impact their self-perceptions of parenting stressors (Al-Kandari, 2006).

Another extensively studied variable in family research involves the number of children in the family, as shown by Clausen (1966), in relation to women's role in the family. Nevill and Damico (1975) investigated the effect of family size on role conflict among 518 women. Childcare for mothers has been significantly affected by the number of children in the family. Mothers with significantly large numbers of children (4 children or more) tend to report higher stress levels compared with mothers of a first child. Also, one of the variables that is most affected by the number of children involves time management and relation with the husband. Stress reached a significant level with 3 children compared to no children. Nevill and Damico suggested that if the overwhelming effects of the first child were not taken into account, the results could be inconsistent and inconclusive. Some research on families of children with disabilities also suggests that large families experience less stress than small ones (Siracusano et al.,

2021). The reason is that the more members in the family, the more help is available for sharing responsibilities and tasks. Other studies have shown that smaller family sizes stress the caregivers and increase the strain of care provision (e.g., Brody et al., 1989). Based on survey interviews between 1997 and 1998 among 110 Chinese caregivers, Zhan (2002) found that fewer family members assisted with parental care and care recipients' higher demands contributed to a higher burden of caregiving.

Methodology

The present study uses a social survey method to describe a set of quantitative data, to establish associations between variables and constructs, and to measure things as they are (Rubin & Babbie, 2001).

The Study Variables

The present study investigates stressors as a combination of the characteristics of both the disabled child and his mother. The child's characteristics are related to his Adaptability, Acceptability, and Demandingness. The mother's characteristics are related to her Social Isolation, Spouse Relationship, Depression, and Health.

The child's Adaptability is defined as the characteristics that make the parenting task more difficult by the child's inability to adjust to changes in his or her physical or social environment (Bendell et al., 1986). The child's Acceptance addresses the issue of how closely the child meets the mother's expectations and how the child possesses socially undesirable characteristics. The present study relates this term to the child's physical, intellectual, and emotional characteristics that do not meet the mother's expectations. The child, for example, is not as attractive, intelligent, or pleasant as the mother had expected or hoped he or she would have been (Speltz et al., 1990). The child's Demandingness refers to the mothers' experiences with their children's overwhelming demands (Hanson & Hanline, 1990). The demands may come in different forms, such as crying, physically hanging on the mother, repeatedly requesting help, or frequently showing minor problematic behaviors (Abidin, 1995).

The mother's Social Isolation examines how well a mother would interact with friends and relatives after her child was diagnosed with CI syndrome, and whether she would receive social support in relation to her role as a parent (Abidin, 1995). As for Spouse Relationship, this

term describes the emotional and physical support for mothers to facilitate functioning in the parenting role. It also determines the level of conflict in the relationship regarding parenting (Al-Kandari, 2006). Depression refers to the extent to which the mother's emotional availability to the child is impaired and her emotional and physical energy is compromised (Breslau & Devis, 1986). Finally, the term Health refers to the impact of the mothers' current physical and mental health on meeting the demands of parenting (Levin & Chatters, 1998).

Data Collection

The study recruited the total population of Kuwait's mothers of children with mild CI at the elementary state Special Education School in Kuwait. All children in the school were diagnosed as mildly CI when entering the school. Data collection took place in schools that included students with mild CI from ages 6 to 14 years and above. The school included two separate settings for male and female children and same-gender staff. For the mothers to be included in the sample, their children had to meet six criteria:

1. They were currently studying at the elementary level of Special Education School.

2. They were cared for by their mothers at home.

3. They did not have siblings with disabilities (to ensure the homogeneity of the sample).

4. Their ages ranged from 6 to 14 years.

5. They had been diagnosed as mildly CI when admitted to the school.

6. They were citizens of Kuwait.

The data collection was carried out during the fall semester of the school year 2022. Official approval was obtained from the director of the Special Education School, and specific social workers and teachers were assigned to cooperate with the researcher. The current researcher held 30-40-minute meetings with selected social workers and teachers to explain the data collection process and the sample criteria. Social workers prepared a list of names of all Kuwaiti students who met the above sample criteria. To preserve confidentiality, the list of names was not shared with the current researcher.

The total population of mildly CI students in the school was 280. Only 40 students were excluded from this population because they did not meet the study criteria. Of these students, 7 lived with their grandparents or relatives, 12 lived in a school dormitory, 8 lived in a Social Welfare Home, 6 had siblings with disabilities, 3 were between the ages of 16 and 17 years, and 4 were non-Kuwaitis. Staff assistants (social workers and teachers) had a list of 240 names to whom they distributed the questionnaire packets during school days and asked them to deliver them to their mothers. Each packet included a questionnaire (a demographic information section and a parenting stress index) and a letter of invitation for their mothers to participate in the study anonymously and voluntarily. The teachers and social workers received the questionnaires in sealed envelopes. The current researcher collected the sealed questionnaire packets within one to two weeks, and the final response rate was 36.7% (n=88). The present study did not take further action to improve the rate of responses of mothers because this required funding to help the researcher carry out further steps.

Sample Description

The study population comprised mothers of children with mild CI in Kuwait. Participants were 88 mothers, who had children with mild CI, of whom 50% were male (n=44), and 50% female (n=44). The mothers had children aged 6 to 14 (m=10.53, SD=2.29). Of these children, 34.1% were aged 6-9 (n=30), and 65.9% were aged 10-14 (n=58). The mothers had children at different school levels (1 to 6 grades). 22.7% of these children were in the first and second grades (n=20), 46.6% were in the third and fourth grades (n=41), and 30.7% were in the fifth and sixth grades (n=27). The mothers who participated in the study were Kuwaiti women aged 21 to 55 (m=37.48, SD=6.46). 10.2% of these mothers were in their twenties (n=9), 48.9% were in their thirties (n=43), and 40.9% were in their forties or above (n=36). The number of children the mothers had in the family ranged between 1 to 14 (m=5.67, SD=2.54). Of these mothers, 21.6% had 1-3 children (n=19), 56.8% had 4-7 children (n=50), and 21.6% had 8 children and more (n=19). About 86.4% of mothers in the sample were married (n=76), and 13.5% were separated, divorced, or widowed (n=12).

Regarding the mothers' educational status: 6.8% were illiterate (n=6), 23.9% had an elementary school education (n=21), 44.3% had a middle school education (n=39), 6.8% had a high school education (n=6), and

18.2% were undergraduates (n=16). In addition, 3.4% of the mothers (n=3) had a low monthly income ranging $700-1700, 48.9% (n=43) had a moderate monthly income ranging $1701-2700, 36.4% (n=32) had a middle monthly income ranging $2701-3700, and 11.4% (n=10) had a high monthly income of $3701 and more. Regarding the mothers' place of residence, 17% lived in Al-Ahmadey district (n=15), 27.3% lived in Al-Farwaneya district (n=24), 23.9% lived in Al-Jahra governorate (n=21), 10.2% lived in the Capital district (n=9), 11.4% lived in Hawalli district (n=10), and 10.2% lived in the district of Mubarak Al-Kabeer (n=9). It can be concluded that 67% of the participating mothers lived in Bedouin areas (n=59), and 33% lived in Urban areas (n=29).

Measurements

Demographic information

To ascertain the demographic characteristics of the sample, a demographic questionnaire was developed by the current researcher and was attached to the first page of the survey. It included the cultural background of the Child's information (Age, Gender, and School Level), and the Mother's information (Age, Education, Family Income, Residential Districts, Number of Children in the Family, and Marital Status).

Modified-Parenting Stress Index (PSI)

The modified Parenting Stress Index (PSI) of Al-Kandari (2005) has been used to assess caregiving stressors experienced by mothers of children with mild Intellectual disabilities in Kuwait. The scale was originally set by Abidin (1995), but later was modified by Al-Kandari (2005) to measure the relative magnitude of stressors in the parent-child system that can be used for parents of children with intellectual disabilities aged 6-14.

The modified PSI is a self-report measure that requires respondents to rate the relevance of 54 statements to their personal experience or current life situation on an answer sheet of the 5-point Likert scale that includes 5 (strongly agree) to 1 (strongly disagree). The reverse is taken into consideration when responding to some items. The items of the PSI are divided into two categories: A child domain and a parent domain. The child's domain includes 27 items, of which 11 are for Adaptability, 7 for Acceptability, and 9 for Demandingness. The mother's domain includes 27 items, of which 6 are for Social Isolation, 7 for Spouse Relationships, 9 for Depression, and 5 for Health.

Al-Kandari (2005) used six faculty memebers from the sociology and social work department at Kuwait university to evaluate the items of the scale. The scale was also tested for reliability and validity on 62 Kuwaiti mothers of children with and without intellectual disabilities. The findings showed that the total reliability score of the PSI, as computed by Cronbach's Alpha, was 0.78. For the child's domain, Alpha had 0.84, and for the mother's domain, Alpha had 0.81. The result of the discriminant validity conducted on mothers of autistic children and mothers of children without disabilities showed the validity of the scale in assessing parenting stressors experienced by mothers of children with disabilities. Accordingly, the scale proves to be reliable and valid to use in the present study.

Results

The data were analyzed using the Statistical Package for the Social Science (SPSS) version (26). The SPSS procedures included MANOVA, ANOVA, Bivariate Correlation, and Multiple Regression Analysis. The present study adopted the 0.05 level of significance to answer the study question:

(1) Are there significant differences in the severity of maternal stressors among mothers of children with CI based on cultural demographics?

Categorical Cultural Variables and Maternal Stressors

The present study questioned whether the severity of the types of parenting stressors experienced by the mothers of children with mild CI was related to the demographic variables: Child's Age, Gender, School Level, Mother's Age, Education, Marital status, Family Income, Residential Districts and Number of Children in the Family. It should be noted that some demographic variables are categorical, such as Child Gender, School Level, Mother's Education, Marital Status, Family Income, and Residential Districts, while others, such as Child's Age, Mother's Age, and Number of Children, are continuous. The present study used the Multivariate Analysis of Variance (MANOVA) to investigate the relationships between the stressor variables and the categorical demographic variables, and the Bivariate correlation for the continuous variables. Although two different statistical methods were used, both indicated whether the stressor variables varied with the demographic variables.

Before conducting significance tests, means and standard deviations for all stressor variables were computed for the categorical demographic groups. These analyses were carried out to check the appropriateness of the assumptions on which the significance tests were based. The results indicated that there were no serious violations of the assumptions above. The next step was to use the MANOVA to test the significant differences in the severity of maternal stressors between the categorical demographic groups.

Table 1

Results of the MANOVA Analyses for Mean Differences in the Total of Maternal Stressors according to Demographic Variables (Categorical)

Demographic Variables	F	df1	df2	P-Value
Child's Gender	0.997	63	15.917	0.524
Child's School Level	0.922	63	32.860	0.615
Mother's Education	1.981	63	96.216	0.033*
Family Income	0.993	63	32.591	0.528
Residential Districts	0.946	63	13.860	0.585
Marital Status	0.899	63	7.280	0.642

Note. n= 88 mothers of children with mild CI, *Significant at the 0.05 level.

Table (1) shows the results of the MANOVA analysis for mean differences in the total types of maternal stressors according to categorical variables. As the table indicates, there are no significant mean differences in the severity of the maternal stressors according to the Child's Gender, School Level, Family Income, Marital Status, and Residential District. However, according to the mother's Education, the result showed a significant mean difference in the severity of maternal stressors.

Further analysis was needed to examine the mean differences between the mothers at various levels of education in each type of stressor separately. Significant multivariate F ratios were followed up by the Univariate Analysis of Variance procedure (ANOVA). Table (2) shows the results of the ANOVA analysis for the differences in stressors based on the mothers' education. The findings showed that there were insignificant differences in the means of all maternal stressors based on the mother's education groups. Han and Park (2015) stated that the significant difference in the

MANOVA analysis means an association between the dependent and independent variables. However, insignificant differences in the analysis of ANOVA could happen because it simultaneously assesses only one dependent variable and cannot identify correlation patterns in multiple dependent variables like the analysis of MANOVA. Therefore, it can be concluded that an association exists between a mother's education and the stressors in caregiving. However, the size effect of the relationship needs to be more significant to be considered.

Table 2

Results of the ANOVA Analyses for Mean Differences in the Total of Maternal Stressors according to the Mother's Education Groups

Stressors Variables	F	df1	df2	P-Value
Child Adaptability	0.445	4	75.216	0.776
Child Acceptability	0.972	4	127.471	0.428
Child Demandingness	0.839	4	191.187	0.504
Mother Social Isolation	0.892	4	91.574	0.473
Depression	2.040	4	339.759	0.096
Spouse Relationship	0.952	4	168.345	0.438
Health	1.811	4	58.498	0.135

Note. **n**= 88 **mothers of children with mild CI**.

Continuous Cultural Variables and Maternal Stressors

As for the continuous cultural variables, table (3) shows that none of the correlations between the Child's Age, Mother's Age, and the stressor variables are significant at 0.05 level, except for the Number of Children in the Family. The result showed that the latter variable is negatively related to the mother's social isolation (r=-0.224), spouse relationship (r=-0.229), and the total of the mother's characteristics (r=-0.223). It can be concluded that mothers with a high number of children in the family are stressed due to their feelings of being socially isolated and having spouse relationship conflict. Also, mothers with many children would be highly stressed in caregiving related to their characteristics (feeling depressed, socially isolated, weak spouse relationship, and deterioration of health).

In summary, the above results indicated that all the cultural variables examined in the present study were not related to the mother's perceptions

of the severity of maternal stressors, except for the number of children in the family, which was negatively related to the mother's Social Isolation, spouse relationship, and the total of the mother's characteristics.

Table 3

Correlations between Stressor Variables and the Continuous Demographic Variables

Variables	Child's Age	Mother's Age	Number of Children
Adaptability	0.124	0.067	0.127
Acceptability	-0.156	0.015	-0.012
Demandingness	0.057	0.010	-0.067
Social Isolation	-0.096	-0.137	-0.224*
Depression	0.076	-0.053	-0.139
Spouse Relationship	0.055	-0.209	-0.229*
Health	0.106	0.010	-0.093
Child Characteristics	0.020	0.035	0.014
Mother's Characteristics	0.040	-0.139	-0.223*
Child-Mother's Characteristics	0.034	-0.060	-0.120

Note. n= 88 mothers of children with mild CI, * Correlation is significant at 0.05 level.

(2) Are there significant predictive relationships between types of maternal stressors and Cultural Variables?

The present study used Multiple Regression Coefficients to examine the predictive relationship between each type of maternal stressor and cultural variables. The total score for each type of stressor was chosen separately as a dependent variable. The child's age, school level, mother's age, education, monthly income, and number of children in the family were chosen as the independent variables. The results showed no significant predictive correlation between the child's age, mother's age, education, monthly income, and total maternal stressors (child-mother characteristics).

However, the results indicated a significant predictive correlation at 0.05 level between the stresses related to the mothers' feeling of social isolation and the number of children in the family (B=-0.592, p=0.037). Another predictive relationship was also found significant at 0.05 level between stresses related to the mother's health and the child's school level

(B=0.820, p=0.046). Table (4) shows the results of the Multiple Regression Coefficients for the interaction between the child's school level and the mother's health, and the interaction between the number of children in the family and the mother's social isolation.

Table 4

The Results of the Multiple Regression Analysis for the Interaction between the Number of Children in the Family and Child School Level and the Mother's Social Isolation and Health.

Independent Variable	Dependent Variable	B	Beta	t	Sig
Number of Children	Mother's Social Isolation	0.592	0.298	2.119	0.037*
Child's School Level	Mother's Health	0.820	0.453	2.027	0.046*

Note. n= 88 mothers of children with mild CI, * Regression is significant at 0.05 level.

Table (4) shows that the number of children in the family and the child's school level are both predictive of stress related to social isolation and health, respectively, among mothers with children of mild CI. Since the significant correlation between the variables appeared to be positive, it could be concluded that the higher the number of children in the family, the higher the stress concerning the mother's feeling of being socially isolated. Also, the higher the child's school level, the higher the stress concerning the mother's mental and physical health.

Discussion

Maternal stressors in the present study are perceived similarly among mothers of children with CI in Kuwait. Regardless of other demographics, most cultural variables, such as the child's age, gender, school level, mother's age, education, marital status, family income, and residential districts, were found to have no impact on the mother's perceptions of maternal stressors.

Most previous research indicated the importance of the above variables in caregiving for a child with intellectual disabilities (Al-Kandari, 2005; Al-Mutiari, 2002; Thwala et al., 2015; Levin & Chatters, 1998). However, the present findings had a different direction. Regardless of their cultural background, mothers of children with CI in Kuwait might experience similar existential conflicts in the process of adaptation to the child's disability, similar concerns about finding qualified care, similar

intensity of feelings towards the child, similar stress in caring for the child, and similar feelings towards their spouses, friends, and relatives.

The similarity of stressors related to family income, for example, might be due to the fact that Kuwaiti parents, regardless of their monthly incomes, receive financial aid from the government ranging between $700-$1000 based on the severity of the disability. This aid helps a parent to meet the needs and demands of the disabled child and reduce the family's financial problems. The mother's education was also expected to impact stressors, but the findings were in the opposite direction. It is common for mothers with low educational levels to be stressed about childcare, mainly if the child is at school age. She will be trapped in caring and find difficulties meeting their children's needs in school. However, the result that appeared contrary to expectations might be that mothers of different educational backgrounds were unaware of the child's condition. Despite the government's interest in providing financial help for the parents, family services that are vital for helping mothers to cope with their children's disability, such as counseling and guidance are not available in the country. Thus, all mothers, regardless of their ages, have similar stressors when trying to provide adequate care and education to their children with CI.

Moreover, maternal stressors during the child's school age might be associated with other cultural variables that are more important to Kuwaiti mothers. For example, social support and family resources might be more credible for mothers to differentiate their perceptions of caregiving stressors. As noted by previous studies (Park & Lee, 2020), all mothers of children with disabilities experience shock, loss, disappointment, and grief when a child is diagnosed as disabled and begins school. The type of social support received during the process of school adjustment might impact the stressors experienced by mothers regardless of their cultural background.

As shown in the present findings, the only cultural variable that impacted maternal stressors was the number of children. Kuwaiti mothers with a high number of children in the family are the only mothers who perceive maternal stressors differently. In contrast to others, mothers with many children in the family experience stressors related to their feelings of being socially isolated and having problems in their relationship with their spouses. Compared to mothers with fewer children, mothers with many children also experience stressors related to their characteristics, such as

feeling depressed, being socially isolated, having turbulent relationships with their spouses, and suffering from health deterioration.

The findings indicated that Kuwaiti mothers who care for children with mild CI and have many children in the family did not have stress related to the child's characteristics. They seemed to accept the child's condition and only need to adjust to the inner emotions that affect their guilt, spouse relationship, social life, and health. Although most Kuwaiti families live in extended families and receive help in caregiving, having many children in the family with the existence of a child with CI increases the pressure on Kuwaiti mothers in relation to caregiving.

Mothers, for example, need to care not only for the child with CI but also for other children in the family. They need to meet the needs of their children with CI, their siblings, and their husbands' needs. The stressor of caregiving might be significantly higher if their children were at school age and their demands had increased. Mothers who care for a child with CI and have many children may also find difficulties traveling, visiting friends, or inviting them to their houses. Mothers would also have fewer opportunities to engage their disabled children with their peers, and their siblings might avoid interacting with others in the family for fear of embarrassment. Mothers may refrain from socializing and prefer privacy instead, as they find difficulties trusting individuals who would care for their children with CI. As a result, mothers with direct care for the child with CI and other children in the family would be exhausted and overburdened, which may impact their relationship with their spouses and their mental and physical health.

Recommendations

Issues of maternal stressors discussed in the present study can help researchers, social workers, and anthropologists understand the lives of mothers of children with CI in Kuwait. From the results, they can value mothers' caregiving of children with CI and focus on the following:

1) More investigations are needed to be focused on other cultural variables that impact maternal stressors, such as social support and family resources.

2) Further studies are to be conducted on a larger sample size of mothers of children with mild CI and compare them with mothers of children with other types of disabilities. It might be found that the variation of disabilities

impacts the caregiving stressors and identifies the family life clearly among Kuwaiti mothers, as each disability has its unique conditions.

3) Increase awareness among social providers in the Kuwaiti Public Authority for Disability Affairs to the need to provide intervention programs focused on mothers of children with CI who have many children in the family. These mothers were found in the present study to be stressed compared to other mothers and need more attention in immediate intervention.

4) Social workers in special education schools must intervene to help mothers, mainly those with a large number of children in the family, and have children with CI at the higher elementary school level. The intervention program should focus on reducing the stress related to their guilt of having a child with CI, being socially isolated, having spouse relationship conflict, and health deterioration.

5) Social workers need to create programs in special education schools that would help eliminate the isolation of mothers of children with CI experience and encourage their participation in school and social activities. Support group programs might provide mothers with an extended network of resources, grief support, and hope.

6) Social workers in special education schools should provide family counseling for mothers of children with CI, mainly those with many children. These services are essential to reduce spouse relationship conflict and health deterioration stressors and ensure the well-being of mothers of children with CI.

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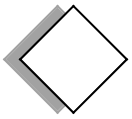

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