



The Relationship between Mothers' Parenting Stress and Spiritual Well-Being and the Behavioral Disorders of Children with Specific Learning Disorders: Mediated by the Quality of Married Life

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Abstract

Introduction: Raising children with specific learning disorders (SLDs) is a stressful experience, and one type of stress experienced by the mothers of these children is parenting stress. The present study aimed to investigate the relationship between mothers' parenting stress and spiritual well-being and the behavioral disorders of children with SLDs through the mediating role of quality of married life.

Methods: The statistical population of this descriptive-correlational study consisted of all the mothers of children with specific learning disorders (SLDs) in Shiraz (Iran) in 2022. A sample of 218 boys with SLDs and their mothers was conveniently selected. The Parenting Stress Index, the Spiritual Well-Being Scale, the Revised Dyadic Adjustment Scale, and the Child Behavior Checklist were used for data collection. The proposed model was evaluated using structural equation modeling (SEM) in SPSS and AMOS.

Results: All the direct paths, except for the path of parenting stress to children's behavioral disorders, were significant ($P < 0.001$). The indirect paths from parenting stress to children's behavioral disorders, mediated by the quality of married life, and the path from spiritual well-being to children's behavioral disorders, mediated by the quality of married life, were also significant ($P < 0.001$).

Conclusions: Based on the results, the adjusted final model had an optimal fit and constitutes a major step towards identifying the factors affecting the behavioral disorders of children with SLDs.

INTRODUCTION

Specific learning disorders (SLDs) are the main cause of poor academic performance. Every year, numerous students face problems in learning due to SLDs. Students with SLDs often have average or higher-than-average intelligence; however, despite being in the same educational conditions, they show poorer academic performance than their peers due to behavioral disorders [1]. SLDs are characterized by serious problems in learning and using listening, speaking, reading, writing, and math skills [2, 3]. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), SLDs are divided into three general categories of dyslexia, dysgraphia, and

dyscalculia. In these disorders, the learners' academic progress is much less than what is expected for their age, IQ, the type of education, or based on standard tests of reading, writing, and math [4, 5]. The global prevalence of SLDs is 5-15% in school-age children and 4% in adults but 3-12% among Iranian students [6].

People with SLDs often have cognitive problems, especially in attention, memory, perception, processing speed, planning, problem-solving, thinking, and cognitive flexibility [7]. Since children with SLDs cannot control or master themselves and the environment, they fail to fulfill or realize their desires or be noticed, which gives rise to symptoms of behavioral

disorders [8]. Overall, 14 to 24 % of children and adolescents struggle with different kinds and a wide spectrum of behavioral and emotional disorders, including hyperactivity, aggression, anxiety, depression, social maladjustment, fear, and conduct disorders, which require early diagnosis and intervention [9, 10].

The research literature on the factors that cause behavioral disorders in children with SLDs has mainly focused on family factors as predictors of these problems. In recent decades, psychologists have put great emphasis on children's relationship with their caregivers because they believe that mothers' reactions shape children's cognitive-emotional development and reduce the risk of mental disorders in them [5]. The prevalence of SLDs has markedly increased over the past decades. Raising children with SLDs is a stressful experience, and one type of stress experienced by the mothers of these children is parenting stress [11, 12]. These mothers face the challenge of raising a child with SLDs, a challenge that is exacerbated by the children's poor academic performance; as such, these mothers' parenting is associated with unique challenges, poor mental health, and affective disorders [13].

Spiritual well-being in the mothers of children with SLDs can alleviate many problems, contribute to the family dynamics and, therefore, improve the child's behavioral disorders. Maternal spirituality is associated with tolerating the stress caused by the child's behavioral disorders [14]. Spiritual well-being consists of two components of spirituality and well-being and has two dimensions of religious and existential well-being [15]. Religious well-being refers to the relationship with a higher power (God), while existential well-being is a psychosocial element that expresses people's sense of who they are, what they do, why they do it, and where they belong. Both dimensions of religious and existential well-being include transcendence beyond oneself [16]. Both variables of parenting stress and spiritual well-being can affect children's behavioral disorders by influencing the quality of married life, which is an important aspect of family life and shapes the spouses' health and well-being [17]. The quality of married life refers to the objective feeling of happiness, satisfaction, and pleasure experienced by a man or a woman when all the aspects of their lives are taken into account [18]. This variable is shaped and promoted by mutual interest, care, acceptance, understanding, and satisfaction of each other's needs [19]. Various studies have confirmed the association between the quality of mothers' marital life and children's behavioral disorders [20-22].

The behavioral disorders of children with SLDs are affected by the family's mental health, and the mother has the greatest influence on the child's personality, behavior, and behavioral disorders. The present study thus aimed to investigate the characteristics of the mothers of children with SLDs, which may have direct

and indirect relationships with these children's behavioral disorders. Paying attention to the role of the family and how it affects children's health is a fundamental issue that should be considered by researchers. In this field, the role of mothers' health and their readiness to deal with children with behavioral disorders is of special importance. Based on the mentioned background, the present study aimed to investigate the relationship between mothers' parenting stress and spiritual well-being and the behavioral disorders of children with SLDs through the mediating role of quality of married life.

METHODS

This was a correlational study using path analysis. The statistical population comprised all the students with SLDs visiting SLD centers in Shiraz (Iran), along with their mothers, in 2022. Based on Kline's [23] suggestion, researchers should enroll at least 10 to 15 participants per estimated parameter. In the present study, there are 9 variables, taking into account the possibility of dropping out of participants, 25 samples were considered for each variable. It should be noted that the enrollment of about 25 participants in each parameter increases the adequacy of the data for testing the model. With the consent of the officials of the SLD centers and upon coordination with the mothers, 230 mothers were selected conveniently, and the questionnaires were administered to them. The inclusion criteria were the mothers' and children's informed consent for participation, the diagnosis of the child's SLD, the mothers' age of 28-50 years, the mother's minimum literacy to understand the questionnaires (finishing junior high school), and living with the spouse. The exclusion criteria were unwillingness to continue participation and the failure to complete the questionnaires. In the next step, the questionnaires were collected and analyzed. After removing incomplete questionnaires, 218 questionnaires were finally analyzed. In order to comply with ethical considerations, the participants were assured that their data would remain confidential, and informed consent was obtained from the participants. This study was approved by the ethics committee of Ahvaz Islamic Azad University with code IR.IAU.AHVAZ.REC.1401.241.

Research Tools

The Parenting Stress Index (PSI): This 36-item index was developed by Abidin (24) to evaluate the importance of stress in the parent-child system. It has three subscales of Parental Distress (the first 12 items, assessing the effect of parents' sense of parenting stress on other personal senses of stress), Parent-Child Dysfunctional Interaction (the second 12 items, indicating children's behaviors that complicate or facilitate parenting), and Difficult Child (the third 12

items, dealing with parents' expectations of the child and the extent to which the child's behavior strengthens their parenting behavior). The items are scored on a Likert scale from 1 to 5 (completely agree to completely disagree). The higher the score, the greater the parenting stress [24]. The total score of the index was used in this study. The reliability of PSI was reported 0.80 using Cronbach's alpha [17]. The reliability of this tool was measured in the present study and Cronbach's alpha was 0.79.

The Spiritual Well-Being Scale (SWBS): This scale was developed by Paloutzian et al. [25]. It comprises 20 items and two sub-scales of Religious Well-Being (relationship with God) and Existential Well-Being (a psychosocial element expressing a sense of who people are, what they do, why they do it, and where they belong). The items are scored on a six-point Likert scale from completely agree [6] to completely disagree [1]. The negative items are reverse-scored. The total score is the sum of the scores of all the items [25]. The reliability of SWBS was reported 0.85 using Cronbach's alpha [26]. In the audience study, Cronbach's alpha coefficient was 0.87.

Revised Dyadic Adjustment Scale (RDAS): The 14-item RDAS was developed by Busby et al. [27] and assesses the three components of Marital Consensus (six items), Marital Satisfaction (five items), and Marital Cohesion (three items) which, together, make up the score of the quality of married life. The items are scored on a 6-point Likert scale, and higher scores demonstrate a better quality of married life [28]. Maroufizadeh et al. [28] reported a Cronbach's alpha of 0.85 for the RDAS. In the present study, the Cronbach's alpha coefficient was 0.83 for the scale.

The Child Behavior Checklist (CBCL): This 30-item questionnaire was developed by Rutter in 1967 [29]. The items are scored on a three-point Likert scale from 0 to 2. The total score of the questionnaire ranges from 0 to 60. This questionnaire has acceptable inter-rater reliability [30]. Heydari et al. [31] reported a Cronbach's alpha of 0.85 for the Persian version of the CBCL. The reliability of the CBCL was measured in the present study and Cronbach's alpha was 0.89.

Statistical Analyses

Data were analyzed using descriptive and inferential statistics including mean, standard deviation, and Pearson correlation coefficient. The proposed model

was tested via structural equation modeling (SEM) in SPSS software version 27 and AMOS software version 25.

RESULTS

Based on the mothers' demographic characteristics, 17% of them were 27-31 years old, 57% were 32-39 years old, and 26% were 40-48 years old. Moreover, 49% had completed junior high school, 34% had completed high school, and 17% had university education. Of the mothers, 60.6% were homemakers and 39.4% were employed. Table 1 lists the mean, standard deviation (SD), correlation matrix, skewness, and kurtosis of all the variables. According to the skewness and kurtosis of the variables, there was no violation of the assumption of the normality of the data, and this assumption was confirmed in the entire sample. The initial model to explain children's behavioral disorders based on their mothers' parenting stress, spiritual well-being, and quality of married was formulated (Figure 1).

The root mean square error of approximation (RMSEA= 0.370) showed that the initial model needed adjustment. After removing non-significant path (parenting stress to children's behavioral disorders), in the final model, the RMSEA of 0.066 indicated the good fit of the model (TLI= 0.96, CFI= 0.99, RFI= 0.90, NFI= 0.98). The final model is displayed in Figure 2.

Table 2 presents the estimation of the path coefficients to check the direct relationships. The results showed that, there was a negative relationship between parenting stress and quality of married life ($\beta = -0.26$, $P = 0.003$), and between spiritual well-being and children's behavioral disorders ($\beta = -0.32$, $P = 0.001$). Moreover, the relationship between quality of married life and children's behavioral disorders was negative ($\beta = -0.25$, $P = 0.010$). There was a positive relationship between spiritual well-being and quality of married life ($\beta = 0.42$, $P = 0.001$), the direct paths from parenting stress to children's behavioral disorders did not become significant ($\beta = 0.12$, $P = 0.227$).

Table 3 shows the significance of the indirect path from parenting stress to children's behavioral disorders mediated by the quality of married life ($\beta = 0.03$, $P = 0.012$). The indirect path of spiritual well-being to children's behavioral disorders, mediated by the quality of married life, was also significant ($\beta = -0.05$, $P = 0.008$).

Table 1. Mean, Standard Deviation (SD), and Correlation between the Variables

Variables	Mean \pm SD	1	2	3	4	Skewness	Kurtosis
1- Children's behavioral disorders	36.39 \pm 4.10	1				0.04	-0.51
2- Parenting stress	121.53 \pm 9.65	0.33**	1			0.28	-0.44
3- Spiritual well-being	91.03 \pm 8.90	-0.45**	-0.40**	1		0.06	-0.76
4- Quality of married life	30.26 \pm 4.24	-0.42**	-0.43**	0.52**	1	-0.09	-0.32

** : $P < 0.01$

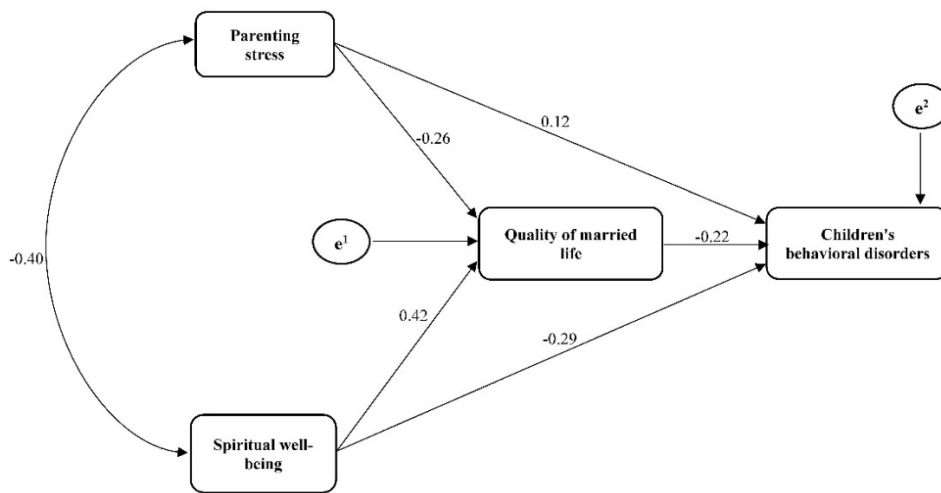


Figure 1. The initial model of the research

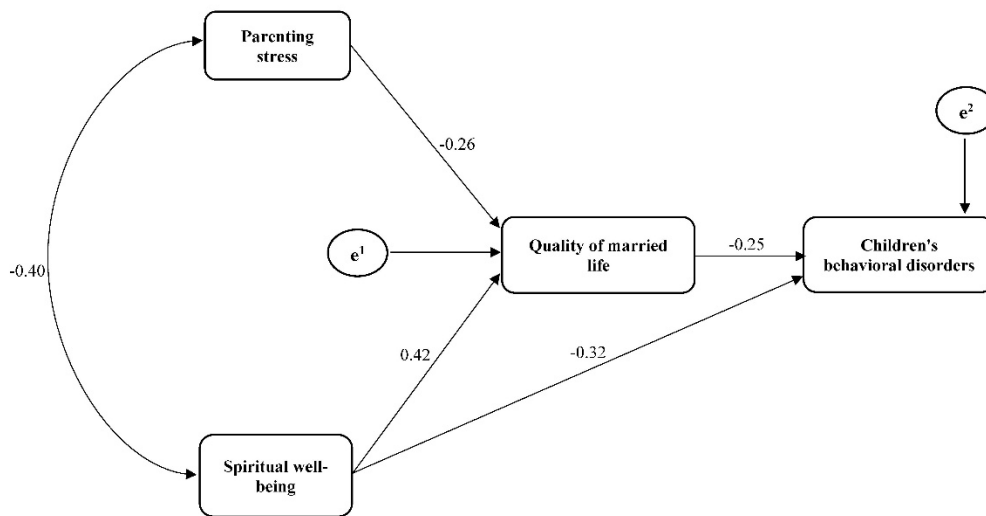


Figure 2. The modified final model of the research

Table 2. Path coefficients of direct relationship between the research variables in the final model

Path	β	P
Parenting stress → Children's behavioral disorders	0.12	0.227
Parenting stress → Quality of married life	-0.26	0.003
Spiritual well-being → Children's behavioral disorders	-0.32	0.001
Spiritual well-being → Quality of married life	0.42	0.001
Quality of married life → Children's behavioral disorders	-0.25	0.010

Table 3. Path coefficients of indirect relationship between the research variables in the final model

Paths	β	P
Parenting stress to children's behavioral disorders through the mediating role of quality of married life	0.03	0.012
Spiritual well-being to children's behavioral disorders through the mediating role of quality of married life	-0.05	0.008

DISCUSSION

The present study aimed to investigate the relationship between mothers' parenting stress and spiritual well-being and the behavioral disorders of children with SLDs through the mediating role of quality of married life. Only the direct path of parenting stress to children's behavioral disorders was not significant. The indirect paths to children's behavioral disorders were significant through the quality of married life. Based on the first finding, there was no significant relationship between parenting stress and children's behavioral disorders.

This finding is inconsistent with the results reported by Seydi et al. (20). Herein, the hypotheses were tested by path analysis. The relationship between mothers' parenting stress and children's behavioral disorders was significant on Pearson's test; in the model, however, due to the presence of a mediator, all the share and effects of mother's parenting stress on children's behavioral disorders were explained by the mediator (indirect relationships). Jiang et al. [32] reported a bidirectional relationship between parents' stress and children's behavioral problems. According to Ward and Lee [33],

high levels of parental stress, especially that of mothers, make them more inclined to use inflexible, threatening, and aggressive parenting methods, which harms their children's development and leads to more destructive behaviors. Overall, the family plays a fundamental role in creating health and illness and is the main institution in maintaining the health of individuals and society. A major factor affecting psychosocial development is the mother-child relationship, which is critical to the life of a growing child. Inefficient parenting styles and inappropriate parent-child interaction during development will lead to communication problems and, ultimately, make the children vulnerable to disorders such as anxiety, behavioral problems, and mental problems [34]. The parent-child relationship is a combination of unique behaviors, feelings, and expectations that exist between parents and children and includes quality time, physical affection, and verbal communication [20].

A significant positive relationship was also observed between spiritual well-being and children's behavioral disorders. This finding is consistent with the results reported by Pourseyyed Mohammad et al. [35]. Spiritual well-being plays a key role in children's behavioral disorders. Intrapersonally, religious beliefs and practices help people overcome their stress and problems cognitively, emotionally, and physiologically, and assume responsibility for and try to alter their thoughts and behaviors in conflicts and struggles [14]. Interpersonally, the mother-child interaction helps people pay attention to and take refuge in God during conflicts and sufferings, and thus cope with and try to solve problems more calmly. Spiritual well-being thus increases mothers' ability to communicate with God, control the environment, and establish effective communication with others [16].

There was a negative and direct relationship between the quality of mothers' married life and children's behavioral disorders. In other words, as the mothers' quality of married life was improved, their children's behavioral disorders were expected to decline. This finding is consistent with the results reported by Mohammadipour et al. [17]. Mothers' stress and reduced quality of married life are partially due to the birth of a child with an SLD. Having such a child imposes a certain amount of stress on parents, especially mothers and their marital relations. These mothers' most important problems include accepting the child's disability, the fatigue caused by nursing and care, leisure, the family's financial problems, and educational problems. Higher levels of parental stress are associated with poor family functioning, children's behavioral disorders, and weak relational cohesion [18]. In families of children with SLDs, factors such as the implementation of coping strategies, the generalization of parents' self-efficacy, familial cohesion, and a sense of meaning in life affect poor mother-child interactions

and increase children's behavioral disorders. Making mothers aware of their negative effects and emotions, e.g., anxiety and stress, will improve their marital relations which, in turn, reduces children's behavioral disorders [17]. In general, the quality of married life refers to situations in which couples optimally deal with environmental and interpersonal demands and requirements. Stress alleviation is associated with problem-focused coping strategies, optimal family functioning, and a sense of meaning in life, the lack thereof can impact proper mother-child interaction and increase children's behavioral disorders [20].

On the indirect path, the quality of married life mediated the relationship between parenting stress, spiritual well-being, and children's behavioral disorders. The direct path from parenting stress to children's behavioral disorders was not significant, but indirectly, parenting stress affected children's behavioral disorders by impacting the quality of mothers' married life. On the direct path, spiritual well-being significantly affected children's behavioral disorders, and on the indirect path, spiritual well-being shaped children's behavioral disorders by affecting the quality of mothers' married life. In fact, children's behavioral disorders are most affected by the quality of mothers' married life, which is a potent mediator. If parenting stress is reduced and spiritual well-being is improved, the quality of mothers' married life will also be promoted, which can reduce ineffective behaviors with the child and the occurrence and severity of behavioral disorders in children with SLDs [35]. One of the most important factors affecting psychological and social development is the parent-child relationship, which is critical to the life of a growing child. The quality of the parent-child relationship in the early years of childhood lays the ground for children's future cognitive, social, and emotional development [17]. The family plays a fundamental role in people's health and illness and is the main institution maintaining the health of individuals and society [18]. The family also has a great impact on the formation of the concepts of health and illness and normal and abnormal behavioral patterns. Most behavioral problems in children reflect the complex interpersonal conditions of their family, especially the parents [20]. That is, the presence of behavioral problems in children indicates the dysfunctional relationships among family members and is closely tied to incorrect parenting methods and the parents' ineffective interactions with children. Therefore, by promoting mothers' spiritual well-being, the quality of their married life and, as a result, their children's behavioral disorders are expected to improve. There are major conflicts and little cohesion in families of children with SLDs. Over time, the sense of parenting inadequacy spreads to the other private dimensions of the life and marital relations of these children's mothers. Having a child with an SLD is, therefore, expected to impact families with symptoms of disorders in the child

and problems for the parents, and mothers in particular [22]. All this highlights the significance of spiritual well-being and managing negative emotions and affects. With this skill, people become aware of their problems and stress and find suitable solutions which, eventually, alleviate the stress in their relationship with their children, improve the quality of their married life, and mitigate their children's behavioral disorders [17].

There were certain limitations to this study. The statistical population comprised the mothers of children with SLDs in Shiraz; as such, caution should be exercised when generalizing the results to other populations.

CONCLUSION

The adjusted model of the study had an acceptable fit and constitutes a huge step towards identifying the factors influencing children's behavioral disorders. The findings highlight the demand for specialists' greater attention and administration of psychosocial support for mothers of children with SLDs. By holding educational workshops to improve mothers' parenting stress and spiritual well-being, their quality of married life can be

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