The relationship between mother’s marital satisfaction and the behavioural problems of children with down syndrome and comparing them to that of normal children

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Abstract

Marital satisfaction is a key variable in disturbing the equilibrium of the family due to behavioural problems of children. 100 mothers of students with Down syndrome (age range of 6-18) from 11 exceptional schools, and also 100 mothers of normal students at three educational levels of primary, secondary and high school (which matched the mothers of Down syndrome regarding education and location) were selected through multistage random sampling method. They completed the Marital Satisfaction questionnaire (Afroz, 2006) and Children Behaviour Checklist (Achenbuch, 2001). The findings revealed that there was no significant relationship between the marital satisfactions of the two groups. But there was a significant relationship between the internalized and externalized behavioural problems of the two groups.

Keywords: marital satisfaction, behavioral problems, internalized, externalized.

1. Introduction

Marital satisfaction effectively influences family and the physical and mental well-being of the family members and has a direct relationship with the child’s actions and reactions. The presence of stress in the marital relationship of parents can badly influence child-parent relationship and child’s psychological well-being (Fishman & Mayers, 2000). After several decades of research in the field of disease psychology, it was revealed that children and adolescents are exposed to mental disorder risks and in sum from 14% to 22% of them face behavioral disorders (Fanti, 2007) which can be divided into two groups of externalized and internalized disorders. The first group includes problems which are in contrast to other people and environments. And the second group consists of over-restrained behaviors which are directed to the inside (Achenbach & Rescorla, 2001).

Breevaart & Bakker (2011) believe that although the parents of all children may experience some pressure, raising a child with behavioral problems may often lead to high levels of parental pressure. Meanwhile, the presence of a mentally disordered child in a family can result in mental health damage and disturbance of marital satisfaction (Bumin & co, 2008; Dehle & Weiss, 2002). Today, a great deal of attention is paid to the special problems of children with Down syndrome. One of them is the behavioral problems of these children. For example, one of the
behavioral problems caused by communicative and speech problems and can be extremely seen in these children and proved to be uncontrollable is irritability and their tendency towards pertinacity or non-cooperation which—as the child grows older—are accompanied by problems such as anxiety, depression and isolation (Feeley & Jones, 2008; Alkharusi, 2010; Lavasani, Afzali & Afzali 2012; Hussein 2010). Although the behavioral problems of these children are less in number compared to those of children with other disabilities (Urbano & co, 2007). The children with Down syndrome demonstrate more problems when compared with the normal children (Fidler, 2006; Bhatia & co, 2005; Dykens & co, 2002 & Coe & co, 1999). In sum, considering the fact that the additional 21st chromosome cause special behaviors (Tingey, 1988).and problems and Down syndrome is a genetic disease (Hemmati, 2011) this question can be raised that are there any relationships between marital satisfaction and behavioral problems of these children? Therefore, this research aims at studying the relationship of mother’s marital satisfaction and behavioral problems of children with Down syndrome and its comparison to other children. For achieving this purpose following questions were raised and tested:

1. Is the marital satisfaction of children with Down syndrome different from that of mothers of normal children?
2. Are there any differences between the internalized and externalized problems of children with Down syndrome and those of normal children?
3. Is there a relationship between the marital satisfaction of the mothers of children with Down syndrome and their children’s behavioral problems?
4. Is there a relationship between marital satisfaction of mothers of normal children and behavioral problems of their children?

2. Methodology: at the first stage, the present study has been based upon a post-event plan and a correlation plan was employed at the second stage in order to investigate the relationships among the variables of the research.

2.1. Sample. the population of this study incorporates all mothers of students with Down syndrome at the age range of 6 to 18 from the exceptional schools and also the mothers of normal children at three levels of primary, secondary and high school in the education year of 2010-2011 in Tehran. For the Down syndrome group, the sample was selected by multi-stage random sampling. That is, at the first stage, 11 schools were selected from all exceptional schools. At the second stage, the average numbers of 12 mothers were chosen from every school. After removal of all the incomplete questionnaires, 100 questionnaires were studied. For ordinary group, 11 ordinary schools were selected at the three levels of primary, secondary and high school which were matched to the geographical regions and educational level of parents of children with Down syndrome.

2.2. Measures. Two scale were used in this research: Afrooz’s Marital Satisfaction questionnaire (long form), Children Behavior Checklist (CBCL) (Achenbuch, 2001)

2.2.1. Afrooz’s Marital Satisfaction questionnaire (long form): this scale was designed by Afrooz (2006) in order to evaluate the level of the couple’s satisfaction in Iranian society and it is composed of 110 questions which are measured by 4-Likret scale from completely agree, agree, disagree to completely disagree and is consisted of 10 subscales which are provided in table 2. In this research the internal consistency coefficient was 0.91.

2.2.2. Children Behavior Checklist (CBCL) (Achenbuch, 2001): this questionnaire is designed for the age range of 6 to 18 and includes 118 items which should be completed by parents. This questionnaire has two dimensions of internalized and externalized problems. The three dimensions of “anxiety-depression”, “isolation” and “physical complaints” is related to the internalized problem subscale and two dimensions of “violating conduct” and “aggressive behavior” is associated with the externalized problem subscale. The questions of this scale are formed in triple items of completely, usually and never for which the scores of 2, 1 and zero are achieved respectively. Internal consistency coefficients of this list for mothers have been estimated at 0.69 and 0.78 and for fathers 0.70 and 0.75.
3. Results

In order to answer the first and second question of the research, t-test was used for which the results are given in table 1.

**Table 1.**

The difference between marital satisfaction and internalized and externalized behavioral problems of children with Down syndrome and normal children.

<table>
<thead>
<tr>
<th></th>
<th>Down Syndrome</th>
<th>normal</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital satisfaction</strong></td>
<td>345.34</td>
<td>343.92</td>
<td>0.17</td>
<td>0.862</td>
</tr>
<tr>
<td><strong>internalizing</strong></td>
<td>12.9</td>
<td>11.13</td>
<td>0.75</td>
<td>0.034</td>
</tr>
<tr>
<td><strong>externalizing</strong></td>
<td>8.64</td>
<td>7.92</td>
<td>0.68</td>
<td>0.243</td>
</tr>
</tbody>
</table>

The mean and standard deviation of mothers with Down syndrome are estimated at 345.34 and 57.95 respectively while those of normal children’s mothers are calculated at 343.39 and 57.39. Therefore, the assumption of zero is approved and the difference between the marital satisfaction of mothers are not significant in both groups. So, in response to the first question it can be said that there is no difference between marital satisfaction of mothers of children with Down syndrome and that of normal children. In addition, there is no difference between the mean and standard deviation of internalization in the children with Down syndrome and that of normal children. Also, the mean and standard deviation of internalization in the children with Down syndrome are estimated at 12.9 and 8.12 and in normal children 11.13 and 6.29 respectively. The mean and standard deviation of externalization in the children with Down syndrome are 8.64 and 7.11 and in normal children 7.92 and 6.11 respectively. Therefore, the assumption of zero is rejected and it can be concluded that the difference between internalization of children with Down syndrome and that of normal children is significant at 0.05 level. On the other hand, for externalization the ready t with the freedom degree of 198 equals 0.68 and is less than the level of crisis value at the same freedom degree. According to the significant difference between internalizations of children in both groups, in response to the second question it can be concluded that there exists a difference between the internalized behavioral problems of children in both groups.

In order to answer the third and fourth question of the research, Pearson correlation coefficient was employed and the results have been provided in table 2.

**Table 2.**

<table>
<thead>
<tr>
<th></th>
<th>mothers of children with DS</th>
<th>Mothers of normal children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>internalized</td>
<td>externalized</td>
</tr>
<tr>
<td>Desirable thinking among partners</td>
<td>-0.33</td>
<td>-0.077</td>
</tr>
<tr>
<td>Marital satisfaction</td>
<td>-0.038</td>
<td>-0.066</td>
</tr>
<tr>
<td>Personal behaviors</td>
<td>-0.098</td>
<td>-0.124</td>
</tr>
<tr>
<td>Communicative and social</td>
<td>-0.21</td>
<td>-0.081</td>
</tr>
</tbody>
</table>
The relationship between the subscales of marital satisfaction of mothers of children with Down syndrome and children’s internalized and externalized problems is negative. Therefore, the assumption of zero was approved and in response to the third research question, it can be concluded that there is no relationship between the marital satisfaction of mothers and behavioral problems of children in two groups. But the relationship between the variables of marital satisfaction of mothers of normal children and the behavioral problems of their children in the subscales of desirable thinking of couples and marital satisfaction was significant. Therefore, in answering the fourth question of the study, it can be asserted that there is a relationship between the marital satisfaction of mothers of normal children and the behavioral problems of their children.

4. Discussion and conclusion

The findings associated with the first research question revealed that there’s no difference between the marital satisfaction of mothers in two groups. In interpretation of these findings it can be said although different researches approve the fact that the birth and presence of a disable child change the familial condition and produce some gaps in the marital relationships (Bumin & co, 2008); (Dehle & Weiss, 2002). The marital dissatisfaction is less observed in the mothers of children with Down syndrome when compared to the mothers of other exceptional children (Urbano & co, 2007)-which leads to the advantage of Down syndrome. Such advantage may be dependent upon the older parents of these children. That is, the elderly parents can better confront the birth crisis of a child with Down syndrome. Finally it can be assumed that this research can be consoling to those who radically believe that marital dissatisfaction, divorce, etc. are more common among the families with disable children. We can also infer that marital dissatisfaction is neither a necessity nor the outcome of having a child with Down syndrome. In addition, the parents can use consultation services in order to gain the required training for confronting stresses occurred in the first years.

The findings related to the second question of the research showed that there is a difference between the behavioral problems of two groups. The children with down symptoms have more behavioral problems like anxiety and depression, isolation, the feeling of being undesirable and etc. According to the items related to the dimension of internalization in children behavior checklist (CBCL), it can be concluded that this finding was consistent with the previous researches (Fidler, 2006); (Bhatia & co, 2005); (Dykens & co, 2002) & (Coe & co, 1999).

In explanation of the finding related to the third question which suggested that there’s no significant relationship between mother’s marital satisfaction and behavioral problems of children with Down syndrome, it can be said that the additional 21st chromosome produces special behaviors and problems. Some of the behavioral problems seen in the people with Down syndrome are often as the result of psychological disorders, the side-effects of drugs and body-member reason (Hemmati, 2011). In line with this finding, the study of Cunningham (1996) revealed that most families feel satisfaction about life in the families with Down syndrome members and their stress levels were approximately normal and only one third of the families experienced the high levels of stress and life dissatisfaction due to behavioral problems and stimulating temperament of these children. Hemati’s research (2006) showed that despite existing problems of these children in behavior, education, communication and speaking, etc. only 10% of these parents identify the biological factors as the causes of behavioral problems. It can probably be claimed that the behavior problems of children with Down syndrome is rooted in biology (Feeley & Jones, 2008) and its relationship with marital satisfaction has remained ambiguous.
The findings in relation to the fourth question of the research revealed that there is a relationship between the marital satisfaction of mothers of normal children and the behavioral problems of their children. Basically in a chromosomal disorder the biological factors play a more important role in comparison to the psychological factors. But based upon the idea of Turnbull & co. (2002) the effect of biologic factors in increasing behavior problems can be held true only in the severe and big behavioral problems. Therefore, this finding is in line with the research of Garber and co. (2011) who revealed that the children who have depressed mothers or feel less satisfaction about the quality of life are affected in terms of physical, mental, behavioral and social growth and they are in danger of behavioral problems. Also Fishman and Mayerz (2000) showed in their research that marital satisfaction has a relationship with the child’s behavior. The incidence of anxiety and depression in the relationship of parents and the models for resolution of that conflict will be transferred to the child, affect the child’s behavior and increase the behavioral problems of the child at home, at school and other environments.

As mentioned in the above discussions, the existing problems in marital relationships and also the behavioral problems of children can be confronted and solved by consultation and parent’s instruction.

Finally it is worth mentioning that the present study has some limitations some of which are related to the broad scope of children’s age range in two groups and un-coorporation of the fathers. By reviewing the previous studies and the limitations the study has to deal with, it is suggested that more studies be done in this area in order to explicitly assert whether there is a relationship between the marital satisfaction of mothers and the behavior problems of mothers of children with Down syndrome. Also, due to the fact that the behavior problems may be under the influence of different factors, it is better to study the role of biologic, psychological and educative factors in producing behavioral problems.

References
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