PARENTING STRESS, PERCEIVED SOCIAL SUPPORT AND CHILDREN BEHAVIOURAL CONCERN OF PARENT WITH DIFFERENT DEVELOPMENT CHILDREN IN MALAYSIA.

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A RESEARCH PROJECT

SUBMITTED IN

PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE BACHELOR OF SOCIAL SCIENCE (HONS) PSYCHOLOGY

FACULTY OF ARTS AND SOCIAL SCIENCE

UNIVERSITI TUNKU ABDUL RAHMAN

AUGUST 2019

Parenting Stress, Perceived Social Support and Children Behavioural Concern of Parent with Different Development Children in Malaysia.

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This research project is submitted in partial fulfilment of the requirements for the Bachelor of Social Science (Hons) Psychology, Faculty of Arts and Social Science, Universiti Tunku Abdul Rahman. Submitted on August 2019

Acknowledgements

We successfully completed this thesis with the assistance and cooperation from individuals and organization who supported us throughout this journey. Firstly, we are deeply thankful to Mr Tay Kok Wai, our supervisor for his assistance and guidance for us. Thanks to his insightful comment, helpful information and suggestions for us to complete this study. We are also thankful to those person-in-charge of mental health care centres and also those group admins on Facebook for allowing us to complete our study by assisting us to approach to the respondents.

We are deeply grateful to our parents for their warm and sweet encouragement as well as their understanding. Besides, we also thanks to several friends who gave us strong moral support and ideas on our work. We would also like to thanks for all the participants for helping us with our questionnaire.

Once again, thanks for all the supports given. This thesis has been completed by having all of your efforts and contributions.

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Declaration

We declare that the material contained in this paper is the end result of our own work and that due acknowledgement has been given in the bibliography and references to ALL sources be they printed, electronic or personal.

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This research paper attached hereto, entitled “Parenting stress, perceived social support and children behavioural concern of parent with different learning needs children in Malaysia.” prepared and submitted by Lee Ik Hui, Teh Wan Xin and Wong Jean Ann in partial fulfillment of the requirements for the Bachelor of Social Science (Hons) Psychology is hereby accepted.

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ABSTRACT

The aim of this study is to compare whether a child's physical characteristics, parents' perceived social support and child's behavioural concern predicts on parenting stress. The child's physical characteristic includes children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics. Total sample sizes of 150 participants were recruited, in which all are female participants with children of either three different physical characteristics. The age range for their children was between 4–16 years old in lieu of the requirement for Strengths and Difficulties Questionnaire (SDQ). This study was a quantitative study using survey questionnaire in research method and conducted using cross-sectional design. The questionnaire consists of four sections which are demographic information, Parental Stress Scale, Multidimensional Perceived Social Support Scale and Strengths and Difficulties questionnaire. Results indicated that perceived social support and child's behavioural concern strongly predicts the parenting stress, whereas for child's physical characteristics, parents of children with disabilities without physical characteristics and parents of children with typical development was not a good predictor on parenting stress. This study brings theoretical contributions as it fills in the research gap on comparison of parents of children with different learning needs on their parenting stress level, perceived social support and child's behavioural concern. This research had studied on whether child's physical characteristics, parents' perceived social support and child's behavioural concern predicts on parenting stress.

Keywords: Parenting Stress, Child's physical characteristics, Perceived Social Support, Child's Behavioural Concern

Table of contents

List of tables

List of figures

List of Abbreviations

ASD	Autism Spectrum Disorders
ADHD	Attention Deficit Hyperactivity Disorder
TD	Typically developing
DS	Down syndrome
PSS	Parenting Stress Scale
MSPSS	Multidimensional Scale of Perceived Social Support
SDQ	Strengths and Difficulties Questionnaire

Chapter I Introduction

1.1 Background of study

Commonly Asian families will acquire similar experience in facing a grow increase in parenting stress along their children growth process. However, in raising up their children with disabilities was require high demand in caregiving and it brings stressor in terms of physical, psychological and mental toward their parents. Parents constantly contributing energy, financial, time in managing children's inappropriate behaviour (Lee, Ong, Lee, & Fairuz, 2017). From the study of Miranda, Tarraga, Fernandez, Colomer, and Pastor (2015), having a comparison between parents of children with ADHD having higher parenting stress than parents of children with ASD. Meanwhile, according to Hayes and Watson (2012) study shows that families of children with ASD experienced more parenting stress than families of children with typical developing and other diagnosed disabilities such as DS, intellectual disability.

Otherwise only in the study of Dumas, Wolf, Fisman, and Culligan (1991) used to compare different parenting stress level in parents of children with autism, down syndromes, typical development and behaviour disorder with their parenting stress, child behaviour problems and dysphoria in parents reported parents of children with ASD and behaviour disorders experienced statistically high parenting stress than parents of children with DS and TD. Whereby study of Dumas et al (1991) was conducted in 27 years ago and there have no other research in grouping Children with disabilities without physical characteristics such as Autism Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and parents of

children with disabilities with physical characteristics disabilities such as Down syndrome (DS), angelman syndrome or others disabilities in their past study.

Parents experienced higher level of stress and imbalance wellbeing when parenting child with disability in the family system (Burrell, Thompson, & Sexton, 1994). Social support refer to the formal services of one receives from professional-based organizations, basically it was important for parents of children with disabilities such as ASD, ADHD and DS. Mothers who experiencing less stressor were found receiving greater support from their spouse and relatives (Bristol, 1984). According to Smith, Greenberg, and Seltzer (2011), lower support will increase depression symptoms

The worrisome behaviour towards disability children or others may be their appearance, avoidance, verbal, sensory difficulties or inability communication skills. Children with disability always have problems with learning, communication skills or social interactions ("Fact Sheet 5: Behaviours of Concern (Challenging Behaviour)," 2009). It is very important for parents to remember that the aspect of behaviour concern is their child's behaviour are learned. If their child continues to have the difficult behaviour, that is means that they have not received the correct assistance.

1.2 Problem statements

There are lack of study in comparing different learning needs children as in specifically compare between children with disabilities with physical characteristic and children with disabilities without physical characteristics. As mentioned in the background, study of Dumas

and his colleagues (1991) was conducted in past 27 years ago likewise the proposed studies are mostly more than 10 years which can be stated as outdated and information might not be accurately apply in the current issues.

Since in the past research they are comparing separately in examine the reasons that causing parental stress either in children with ASD and ADHD or ASD and DS or ASD and TD. Such as the study of Boyd (2002), parents of children with autism and Down syndrome were less likely participated in their social circles as how a parent of typical development children does. From the past studies mostly reported the parental stressful reasons are from parents' perceived social support and child's behaviour concern meanwhile there are lack in review what type of social support their received is different from others.

Jaramillo, Moreno, and Rodríguez (2016) suggest that mothers of children with DS have a higher likelihood to be exhausted than other parents. It is important to point out that the frequency of emotional exhaustion in the families of children with DS coincided with the frequency reported by several studies of families of children with cognitive disabilities.

1.3 Research Objectives

1. To compare the parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

2. To compare the perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.
3. To compare the child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.
4. To investigate whether child's physical characteristics, parents' perceived social support and child's behavioural concern significantly predicts on parenting stress.

1.4 Significance of study

This study brings theoretical contributions such as it fills in the research gap on comparison of parents of children with different learning needs children on their parenting stress level, perceived social support and child's behavioural concern. Hence, if statistical significant result was found, this studies able to provide future researchers with materials of comparing between them. However, if there is no statistical significant result, it can gain public awareness that parents are always stress, no matter they are raising children with or without disabilities. They should not only focus on providing social support towards parents of children with special needs, but also care for parents of children with typical development.

According to Boyd (2002), raising children with autism are always the most stressful and this stress cause burdens and difficulties to them. Hence, Boyd (2002) proposed future researchers to study on their stressors. This research had study on whether child's physical

characteristics, parents' perceived social support and child's behavioural concern predicts on parenting stress. If statistical significant result was found, this study able to provide future researchers with materials of stress reason of parents of children with autism, with their child's behavioural concern and perceived social support as the predictors. They can also make use of the result to gain public awareness that perceived social support and child's behavioural concern predicting parental stress. However, if there is no statistical significant result, it indicates that child's physical characteristics, parents' perceived social support and child's behavioural concern does not predict on parenting stress. Future researches should continue in exploring reasons of parenting stress.

1.5 Research Questions

1. Is there any difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?
2. Is there any difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?
3. Is there any difference in child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?

4. Do child's physical characteristics, parents' perceived social support and child's behavioural concern significantly predicts on parenting stress in parents?

1.6 Hypotheses

1. H0: There are no significant difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

   H1: There is a significant difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

2. H0: There are no significant difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

   H1: There is a significant difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

3. H0: There are no significant difference in child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

H1: There is a significant difference in child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

4. H0: Child's physical characteristics, parents' perceived social support and child's behavioural concern are not significantly predicts on parenting stress.

H1: At least one of the factors: child's physical characteristics, parents' perceived social support and child's behavioural concern contributes significantly to the prediction on parenting stress.

1.7 Conceptual definitions

Physical Characteristics

Physical characteristics of children with disabilities means the characteristics of children with disabilities may observe through up their physical characteristics. The children disabilities that may observe them through up their physical characteristics such as DS, Angelman Syndrome and others. The physical characteristics includes small nose, slant upwards and outwards eyes, lack of colour in skin or others (National Health Service [NHS], 2017; National Health Service [NHS], 2016).

Typically developing (TD)

According to Webster (2017), typically developing best describe children who are not receiving special education. Children without disabilities are known as typical because they are

having behaviour, intellectual and functional abilities that same as majority of their age (Webster, 2017).

Without Physical Characteristics

Children with disabilities without physical characteristics means the children with disabilities may not be observe them by physical characteristics but through up their behaviour. The children disabilities such as ASD, ADHD or others may observe them by their behaviour like hyperactivity, inattention, stereotyped behaviour or others (Marner, 2018).

Parenting stress

Parenting stress is known as the reluctant and unwillingness towards parents' responsibilities (Deater-Deckard, 1998). Parenting is being stressful when they have less parenting knowledge, limited abilities and supports, most importantly, when they views their children as difficult (Mash & Johnston, 1990).

Perceived social support

Perceived social support known as the impact one's social networks have on him or her. It also refers to how much one believes that the social networks are fulfilling his or her demands for support, information and feedback (Procidano, 1978).

Child's behavioural concern

Child's behavioural concern can defined as the pressure of tendency to solve children's behaviour problems (Davies & Noble, 2018). Children with disabilities will have more challenges behaviours compared to children without disabilities. Therefore, parents with

disabled children will feel stress and concern about their children behaviour (Davies & Noble, 2018).

1.8 Operational definitions

Parenting stress

In this study, parenting stress was assessed by Parental Stress Scale (Berry & Jones, 1995). It is a self-reported measure which consists of 18 items, measure on the extent of stress experienced by parents. Stress level is calculated by summing up total score after recording reversed items, which higher score indicates higher stress level (Lessenberry & Rehfeldt, 2004).

Perceived social support

In this study, parents' perceived social support was assessed using Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988). Parents self-reported on how much support they feel that they get from their family, friends and also the significant others. MSPSS is calculated with the range from 1 to 7 by mean score. The lower support of parents will range from 1 to 2.9, moderate support will have the score ranging from 3 to 5, while a higher support will in the score ranging from 5.1 to 7.

Child's behavioural concern

Parents rated their child's behaviour using Strengths and Difficulties Questionnaire (Goodman, 1997). This questionnaire includes five subscales which consist of five items in each subscale. These subscales such as hyperactivity-inattention, conduct problems, peer problems, emotional symptoms and prosocial behaviour. All these subscales will sum together

except prosocial behaviour to get a total difficulties score after record the reversed items (Muris, Meesters, & van den Berg, 2003). The total difficulties scores will range from 0 to 40 and the higher scores report the difficulties.

Chapter II Literature Review

2.1 Parenting stress in parents of children with different learning needs

The previous study by Mackler et al (2015) reported that children with TD were positively affecting parenting stress when their behaviour outburst and it was interrelated to between children's behaviour outburst with parenting stress. There are several of studies showed that parents of children with development disabilities including children with ASD scored higher in parenting stress as compared to parents of children with typical development (Ainul et al., 2018; Pisula., 2011; Johnson et al., 2011). Besides, a study of Dabrowska and Pisula (2010) also reported the level of stress was higher in parents of children with ASD than in parents of children with DS and TD.

According to Norizan & Shamsuddin (2010), children with DS showed higher rate in behavioural problems compared children of typical development but still bearable when comparing the parenting stress with parents of children with ASD and ADHD. A study from Narkunam et al. (2012) showed that an uncooperative child with AHDH is a great influence of parenting stress. Moreover, parents of children with ADHD that older than 12 years old were 6.5 times stressed out their parents.

2.2 Perceived social support in parents of children with different learning needs

A study of Brobst, Clopton, and Hendrick (2009) shows that parents of children with ADHD has lower relationship satisfaction and lower social support compared to parents of children without disorders in developmental. In another studies of Dabrowska and Pisula (2010), the social activities of parents of children with autism had significantly being limited as compared to parents of children with typical development and children with DS.

In another study, mother of children with ADHD obtain negative social view due to children's inappropriate misbehave in the public, cause them to withdrawal from social surroundings (Johnston & Leung, 2001). Similar to Ma and Lai (2014) study, Chinese parents

of children with ADHD in Hong Kong shows that they are gradually became socially isolated due to the huge abandon from social caring.

In Rezende and his colleagues (2016) study, most caregivers of DS's children state that they do not receive outside support and have a smaller social network. In the study, it shows that he greater the caregiver assistance toward the child's social function, the greater the social support to the caregiver. However, in another study, parents of children with DS report to have high satisfaction with the support received from their friends and the community groups (Skotko, Levine, & Goldstein, 2011). According to Tsai and Wang (2009), mothers of children with DS often join their support groups to discuss about their family issues.

2.3 Child's behavioural concern in parents of children with different learning needs

The previous study by Fair (2017) reported that children with ASD+ADHD had cause the highest level of parental distress compare with the groups of children with ASD, ADHD and TD. This is because children with ASD+ADHD reported the highest level of disruptive behaviour and internalizing symptoms such as breaking the rule, disdain behaviours, anxiety or depression. Children with ASD+ADHD and ADHD reported higher parental distress than children with TD, while children with ASD reported slightly higher parental distress than children with TD. According to Robyn (2019), hyperactive and inattentive behaviour among children with ADHD and ODD will raises the negative parenting style and over-reactivity.

Besides, a study of Fidler (2005) found that children with DS were already had behavioural phenotype since infants or toddlers. The behaviour of hyperactive and inattentive among DS will showed a serious issue when in educational environment or at home (Ornoy, Rihtman, & Parush, 2011). According to Bhatia, Sapra and Kabra (2005), children with DS showed higher rate in behavioural problems compared children in control group such as the spheres of toilet training, socialization, sleep and feeding.

Although the studies had stated the behaviour concern among children with disabilities with and without physical characteristics, some of the previous studies had compared between the maternal parenting stress of children with DS and maternal parenting stress of children with other disabilities such as ASD, ADHD and others. The mothers of children with DS were show the lesser stress than the other children with disabilities (Ricci & Hodapp, 2003; Greenberg et al., 2004; Gau et al., 2008). This might be because the positive personality traits of children with DS such as loveable, happy or have lesser maladaptive behaviour than the other children with disabilities (Norizan & Shamsuddin, 2010).

2.4 Child's behaviour and perceived social support leads to parenting stress

Parental stress is mainly come from children's behaviors and it depends on it severity of the behaviour symptoms and the comorbid of emotional problem (Muñoz-Silva et al., 2017). Meanwhile there are impacts of children's behaviour on social support from the family or public context has influenced parental stress level (Anderson, 2008).

In the past studies of Rayner and Moore (2007) reported a high family stress level and poor social support in caring their children with disabilities, high stressful event happened when their parenting demands was not getting enough support from family members and health professionals. However, maintaining good social and emotional support able to progress a healthy mental health outcomes from the family (APA, 2013). In the past finding reported that children's behaviour actually affecting parental stress much more than parental stress influenced children's inappropriate behaviour (Mackler et al., 2015). Likewise the study of Theule et al. (2013) showed child and adolescent's behaviour in ADHD brings greater difficulties in their education thus lead to parenting stress.

2.5 Theoretical Framework

The Lazarus Theory (Lazarus & Folkman, 1984)

Person and Situation Factors

Stress is viewed in latest version of Lazarus (1991) as in relationship of dealing between individuals and their environment. Psychological stress happened when the individual's relationship in their significant environment has faced in high demand which exceed their coping resources. Therefore, Lazarus proposed two central mediators of cognitive appraisal and coping strategies.

Cognitive Appraisal of Stress

Primary Appraisal is a specific dealing of an individual with the environmental and determines the significance of the environment to an individual's well-being (Folkman, 1984; Lazarus and Folkman, 1984). In dealing with the environment, one may or may not experienced in 3 categories which is having positive social well-being, second, not even acquire a relevant social circle and last having stressful event that bring threat, harm/lost and challenges (Oliver and Brough, 2002). First two categories do not evoke negative emotions or the need for subsequent coping actions. But in the last category, dealing with the stressful situation such as threat and harm are highly provokes negative emotions, physically harm or self-damage. Meanwhile, challenges is different from the other stressful stage as they bring positive emotion while working in personal explore that bring growth and rewards in payoff (Hobfoll, 1989; Lazarus, 1991).

Secondary Appraisal is a specific situation that deals with high demand of stress and determines what actions should take in moderating stress or distress (Dewe and Cooper, 2007). To determines the suitable actions was involved cognitive process through how individual identifies and obtain their coping resources from personal resources and situational resources.

Personal resources involve of self-efficacy, emotional regulation and health condition. Situational resources involve of employment status, living environment (Jerusalem, 1993).

Coping Strategies

Problem-Focused and Emotion-Focused Coping

According to the transactional theory, coping involves of constantly changing cognitive and behavioral efforts to manage external and internal demands that are burdening their achievable resources (Lazarus & Folkman, 1984). Problem-focused and emotion-focused coping were used in transactional theory with the target to reduce stressful events and regulate negative emotion in poor psychological well-being, self-care and quality of life,

Coping strategies is process-oriented and dynamic, rather than trait-based (Brough, Driscoll, & Kalliath, 2005) and involves conscious, purposeful actions.

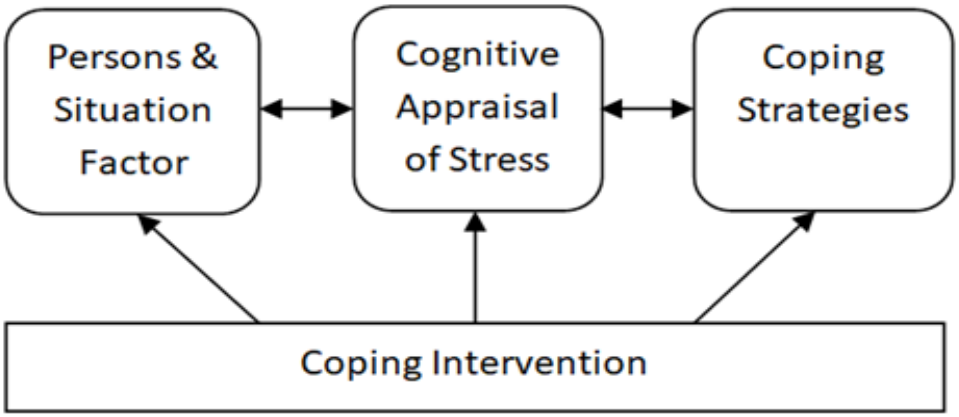

Figure 2.1 Framework of stress and coping process

2.6 Conceptual Framework

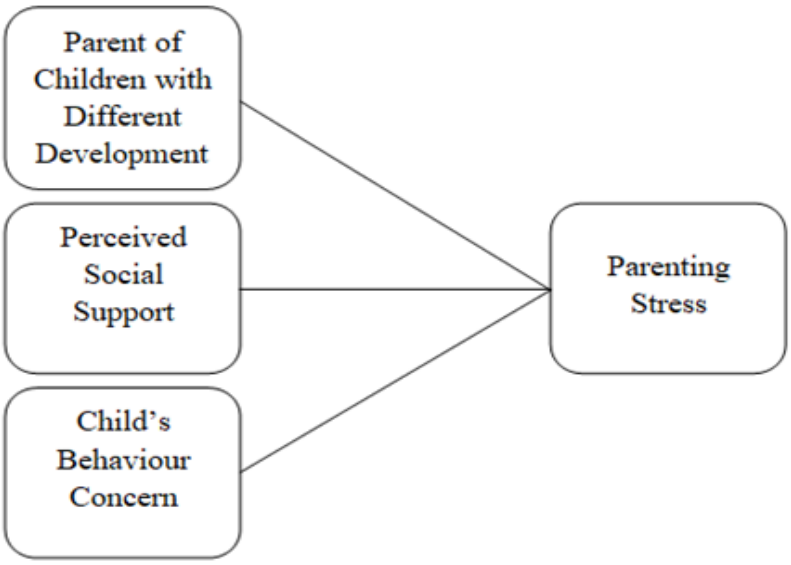

Figure 2.2 Multiple Regression Model in examine the relationships of parents of children with different development, perceived social support and child's behaviour concern in parenting stress.

Firstly, parent of children with different development were highly require social support from the society, with a significance environment that available in supporting the parents will reduce their demand in caregiving. Secondly, parents with high demanding caregiving were actually lead their parents in a stage of irrelevant well-being which form when their perceived less social support from their significant environment. Hence it brings high parenting stress in raising their children. Meanwhile, child's behaviour concern was also relevant in how parents obtain social support from significant other in providing positive well-being thus reduce parenting stress. Thirdly, coping strategies required when parents are in the stage of highly stressful appraisal whereby require coping intervention from problem focused and emotion focused or other clinical intervention as well.

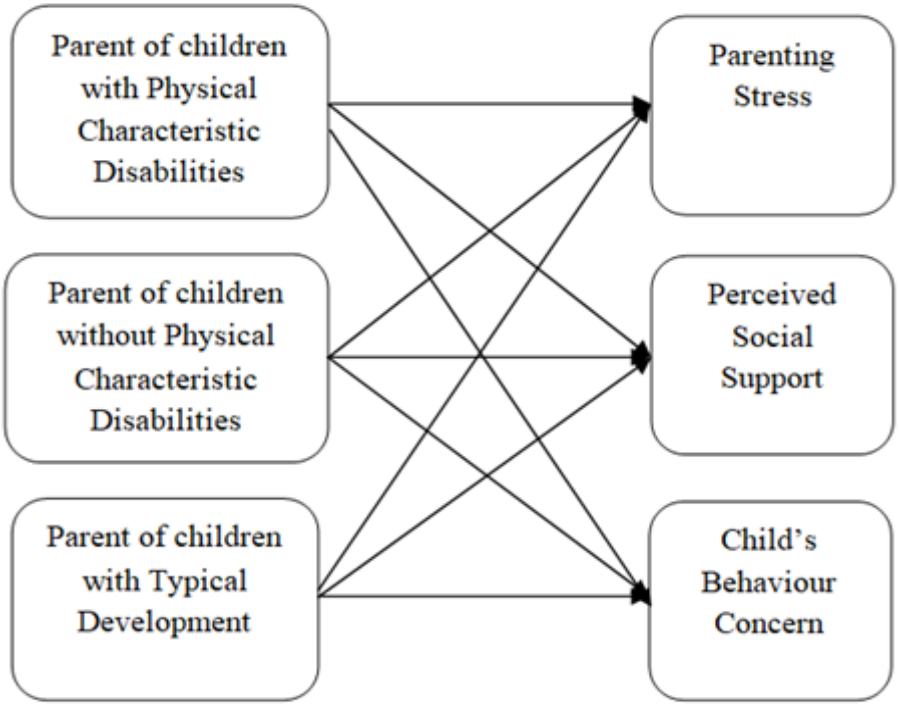

Figure 2.3 One Way ANOVA Model in comparing parents with children of different development in their parenting stress, perceived social support, and child's behaviour concern.

Firstly, is to identify significance environment that available in parent of children with different development needs. Parents of children with physical characteristic disabilities has commonly being accepted by the society of their children with limited abilities. Therefore, parents still able to obtain significant supporting environment compared to parents of children with disabilities without physical characteristic symptoms.

Secondly, parents' cognitive appraisal toward their significant social support from family members, professional group and public was managed to develop a positive well-being in their high demand caregiving. Meanwhile for the parents of children with disabilities without physical characteristic was not being treated similar as well, their children not necessary being view as with disabilities through their physical appearance. Hence, their parents might not really form a relevant environment in supporting their children with special behaviour intervention needed that lead them into highly stress level.

Thirdly, child's behaviour concern for physical characteristic and without characteristic children was having different in demand. High demanding in caregiving was contributing challenging appraisal that brings positive parenting stress in providing future thought of coping strategies available in helping their children.

Chapter III Methodology

3.1 Methodology

This chapter explains details such as research design, research samples, research location, instruments and research procedures.

3.2 Research Design

This study was a quantitative study as survey questionnaire was used as the research method. Quantitative study minimizes the subjectivity of judgment in the study (Kealey & Protheroe, 1996). This study was conducted using cross-sectional design, which allows researchers to recruit a quantity of samples from the population at one time. The cross-sectional design also focuses on portraying a population's characteristics and the differences among the population at one time (Shaughnessy, Zechmeister, & Zechmeister, 2015).

3.3 Research Sample

A total sample size of 150 participants were recruited for this research study in which 50 were parents of children with disabilities without physical characteristics, 50 were parents of children with typical development and another 50 were parents of children with disabilities with physical characteristics. The age range for their children was between 4–16 years old in lieu of the requirements of the Strengths and Difficulties Questionnaire (SDQ). As the relationship between children's age and parenting stress are generally inconsistent (Theule et al., 2013), hence we consider it may be useful to use a wide range of age, which is to include children and adolescents altogether. The sample size was calculated using G*Power (Faul, Erdfelder, Lang, & Buchner, 2007). For *one-way ANOVA*, G*Power reported a sample size of 132 with given ($f^2 = .35$, $\alpha = .05$ and number of groups = 3) and for *multiple regression*, G*Power reported a sample size of 54 with given ($f^2 = .35$, $\alpha = .05$ and number of predictors = 3) (Faul et al., 2007). Bigger sample size of 132 were used in this study as it included in sample size of 54, which

means, at least 132 samples have to be recruited in this study. Convenience sampling was used for this study as the sample being selected due to convenient accessibility to the researcher. Researchers collect the samples through the distribution of online questionnaire and to approach mental health care centres which are near to them. It enables researchers to collect responses easily and save time. The participants were invited to participate in this study through both paper-and-pen questionnaire and online survey.

3.4 Research Location

Participants were recruited in mental health care centres. It includes mental health care centres around Malaysia, especially in Sarawak, Kuala Lumpur and Kedah. The reason recruiting participants from different states was to reduce biases. Participants are required to answer paper-and-pencil questionnaire. Other than that, researchers also approach participants through online groups such as “ADHD/ADD Malaysia”, “Autisme Malaysia”, “Persatuan Sindrom Down Malaysia” on Facebook. They were required to fill in the Qualtrics online questionnaire.

3.5 Instrumentations

The questionnaire consists of four sections which are demographic information, Parental Stress Scale, Multidimensional Perceived Social Support Scale and Strengths and Difficulties questionnaire.

Demographic Information

The participants are required to report on their gender, age, race, children’s age and children’s characteristics as either with disabilities without physical characteristics, with typical development or with disabilities with physical characteristics.

Parental Stress Scale (PSS)

A short version of Parenting Stress Index, Parenting Stress Scale (PSS) was used in measuring parental stress in this study. PSS was developed by Berry and Jones (1995). PSS assesses both positive and negative parenting aspects. The positive aspects are such as personal development and emotional advantages; and the negative aspects are restrictions style and demands on resources style parenting. This questionnaire is made up of 18 self-report likert scale questions. The likert scale was rated from 1 to 5 (1 = strongly disagree to 5 = strongly agree). 8 reverse items which is question 1,2,5,6,7,8,17 and 18 were found in this questionnaire. The reverse items likert-score were 5 = 1, 4 = 2, 3 = 3, 2 = 4, and 1 = 5. The analyzation of the score is done by summing up the score after reversing the reversed items score. Lower score represents the lower level of stress and the higher score represents the higher level of stress in the range of 18 to 90.

An overall score of .83 by using Cronbach's coefficient alpha shows a good internal consistency in PSS (Berry & Jones, 1995). The Perceived Stress Scale and PSS scores were compared to assess the validity of PSS and to define the magnitude of covariation. The study of Berry and Jones (1995) showed the significant correlation, r (233) = .50, p< .01.

According to Berry and Jones (1995), PSS is appropriate for both parents of children with and without disabilities and is easy to score and administer.

Table 3.1

List of Sample Items for Parental Stress Scale

Sample Items
*I am happy in my role as a parent
*There is little or nothing I wouldn't do for my child(ren) if it was necessary.
Caring for my child(ren) sometimes takes more time and energy than I have to give.
I sometimes worry whether I am doing enough for my child(ren).

*Items reversed in scoring

Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) was 12 self-reported items questionnaire that is developed by Zimet, Farley, Dahlem and Zimet (1988). This questionnaire was designed to measure the likeliness of a parents feeling in receiving social support. All the 12 items are 7 point likert-scale questions (1 = strongly disagree to 7 = very strongly agree) and it is divided into three dimensions, (a) friends; (b) family; and (c) significant others. Mean score will be calculated through summing the items and divide it by 12. Mean score from 1 to 2.9 will be categorized into lower support, 3 to 5 as moderate support and 5.1 to 7 as higher support.

A good internal consistency score .88 Cronbach alpha have been found in an overall score of MSPSS (Zimet et al., 1988). Good reliability scores of .87, .91 and .85 were also found in family, significant others and friends subscale accordingly. Besides, Kazarian & McCabe (1991) studies had proved MSPSS to have a good concurrent validity through their findings of strongly correlation with Social Support Behaviour scale.

In addition, MSPSS also easy to be administered, understand and simple. Also it has been widely used by Malaysian researchers. (Zimet et al., 1988) Indirectly, it means quite a lot of researchers had approved the use of this questionnaire in Malaysia context.

Table 3.2

List of Sample Items for Multidimensional Scale of Perceived Social Support

Groups	Sample Items
Family	I can talk about my problems to my family
	My family really tries to help me
Friends	My friends really try to help me
	I can count on my friends when things go wrong
Significant Others	I have a special person who is a real source of comfort to me
	There is a special person in my life who cares about my feelings

S*trengths and Difficulties Questionnaire (SDQ)*

Strengths and Difficulties Questionnaire (SDQ) was a questionnaire developed by Goodman (1997) to measure the children's attributes within the age of 4 years old to 16 years old. This questionnaire consists of 25 items and 3 points scale from 0 to 2 (0 = not true, 1 = somewhat true and 2 = certainly true) for each questions. Beside it also consists of 5 dimensions. The five dimensions and the questions distribution of each dimension are questions 3,8,13,16 and 24 for emotional problem, 5,7,12,18 and 22 for conduct problem, 2,10,15,21,25 for hyperactivity-inattention, 6,11,14,19 and 23 for peer problems and 1,4,9,17 and 20 for prosocial dimension. Also, questions 7,11,14,21 and 25 are the reverse question. In addition, each dimension consists of 4 prosocial behaviour and 1 difficulty question to rate. The reverse scorings are 0 = 2, 1=1 and 2=0. A total score is calculated by summing up all the score after reversing the reverse item score. Higher scores indicate the level difficulties or prosocial

behaviour of the children. For example, difficulties score is calculated through summed up all the subscale scores except the prosocial behaviour.

A score with α=.73 was showed in a good internal consistency in SDQ. According to Goodman (2001), a good reliability that found in the total difficulties scores was α above .80. SDQ were compared the Rutter questionnaires and the total scores of SDQ, and results in high correlation to assess the concurrent validity (Goodman, 1997).

The advantage of SDQ is wider coverage of peer relationships, inattention, and prosocial behaviour. It is accessible to parents and teachers and also widely used in the research study and screening. It also is free for research uses (Goodman, 1997).

Table 3.3

List of Sample Items for Strengths and Difficulties Questionnaire

Sample Items
Considerate of other people's feelings
Restless, overactive, cannot stay still for long
Often complains of headaches, stomach-aches or sickness
Shares readily with other children (treats, toys, pencils etc.)

3.6 Research Procedures

Before the data collection, ethical approval was gained from Universiti Tunku Abdul Rahman. Both online questionnaire and paper-and-pencil questionnaire were used in this study. Before they start to answer, a brief explanation about the purpose of this research study and confidentiality were given. It was shown in the first section of Qualtrics. An informed consent form was also shown at the same time, for participants to decide whether they agree to

participate in the study. Participants were asked to leave their email address voluntarily. After that, they were given approximately 30 minutes to complete the questionnaire.

After collecting the data, data cleaning was done and a total of 11 responses were removed for reasons include incomplete data, male participants, children's age not within the range of 4-16. The final total sample that were used to run the data analysis was 150.

The SPSS version 16.0 was used to analyse the data. *One-way ANOVA* was used to compare between parents of children with disabilities without physical characteristics, parents of children with typical development and parents of children with disabilities with physical characteristics on their parenting stress, perceived social support and child's behavioural concern. In addition, *Multiple Regression* was used to examine whether children's physical characteristics and parents perceived social support predicts on parenting stress.

After analysing the data, participants at risk of high parenting stress were identified and will be contacted through email to share some self-help strategies and provide them with some hotline contact numbers.

Chapter IV Results

In this study, the researchers hypothesized that there is a significant difference in parenting stress, perceived social support and child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics. Whereas, at least one of the factors: child's physical characteristics, parents' perceived social support and child's behavior concern contributes significantly to the prediction on parenting stress. In order to test the hypotheses, one-way ANOVA, and multiple regression analysis were performed.

Descriptive Statistics

Total 150 samples were collected in this study. Table 4.1 shows the demographic data of the study's participants. The 150 participants are with the average age of 39.35 years-old (SD=6.32). There are 150 females (100.0%) as we only study on mothers. Most of the participants were Chinese (62.0%), followed by Malays (33.3%), other ethnicities (4.0%) and Indians (0.7%). Moreover, the child's characteristics are equally distributed, which 50 of their children with disabilities without physical characteristics (33.3%), 50 are with typical development (33.3%) and 50 are with disabilities without physical characteristics (33.3%).

Table 4.1

Demographic data of participants (N=150)

	N(%)	*Mean*	*SD*	*Max*	*Min*
Age		39.35	6.32	26	56
Gender					
Male	0 (0.0)				
Female	150 (100.0)				
Ethnicity					
Malay	50 (33.3)				
Chinese	93 (62.0)				
Indian	1 (.7)				
Others	6 (4.0)				
Child's physical characteristics					
Children with disabilities without physical characteristics	50 (33.3)				
Children with typical development	50 (33.3)				
Children with disabilities with physical characteristics	50 (33.3)				

Note. SD: Standard Deviation

Table 4.2 showed the scores on child's physical characteristics, parenting stress, perceived social support and child's behavioural concerns. Parenting stress had mean score of 46.01 (SD=8.23), perceived social support had mean score of 5.09 (SD=1.04), while the mean score of child's behavioural concern was 14.98 (SD=5.95).

Table 4.2

Frequency distributions of study variables (N=150)

Variable	*N(%)*	*Mean*	*SD*
Parenting stress	150 (100.0)	46.01	8.23
Children with disabilities without physical Characteristics	50 (33.3)	47.78	8.20
Children with typical development	50 (33.3)	44.66	7.57
Children with disabilities with physical characteristics	50 (33.3)	45.58	8.74
Perceived social support	150 (100.0)	5.09	1.04
Children with disabilities without physical Characteristics	50 (33.3)	4.87	1.27
Children with typical development	50 (33.3)	5.19	.88
Children with disabilities with physical Characteristics	50 (33.3)	5.21	.93
Child's behavioural concern (Total difficulties)	150 (100.0)	14.98	5.95
Children with disabilities without physical Characteristics	50 (33.3)	16.54	5.68
Children with typical development	50 (33.3)	14.42	6.04
Children with disabilities with physical Characteristics	50 (33.3)	13.98	5.93

Note. SD: Standard Deviation

Inferential statistics

In this section, one-way ANOVA and multiple regression was performed based on the research questions

RQ1: Is there any difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?

H0: There are no significant difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

H1: There is a significant difference in parenting stress between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics

To compare the difference in parenting stress between the three different categories of parents, a one-way ANOVA test was conducted. Assumptions were met before conducting the analysis, which that the DV is continuous which is measuring in ratio level, the participants participate only once in the research and are independence, each group of scores are normally distributed and have equal amount of variability. There are also more than two IV groups, no significant outliers and homogeneity of variances (Allen & Bennett, 2012). A normal Q-Q plots and detrended Q-Q plots had proved the normal distribution. Similarly, scatterplot of the variables proved that the variables had a linear and heteroscedastic relationship.

As shown in table 4.3, the result of one-way ANOVA showed there is no significant differences in parenting stress between three different categories of parents (parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics), F (2, 147) = 1.919, $p > 0.05$. Hence, the

null hypothesis was failed to be rejected. Additionally, among the parents' categories, parents of children with disabilities without physical characteristics (M =47.78, SD =7.57) scored higher in the PSS than parents of children with typical development (M =44.66, SD =12.60) and parents of children with disabilities with physical characteristics (M

=45.58, SD = 8.74)

Table 4.3

One-way ANOVA of parenting stress between parents of children with different learning needs

Source	Sum of Squares	*Df*	Mean Square	F	*p*
Between	257.013	2	128.507	1.919	.150
Within	9841.980	147	66		
Total	10098.993	149			

*Note: $p < 0.05$

RQ2: Is there any difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?

H0: There are no significant difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

H1: There is a significant difference in perceived social support between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

To compare the difference in perceived social support between the three different categories of parents, a one-way ANOVA test was conducted. Assumptions were met before running the test. It was in a normal distribution and the variables had a linear and heteroscedastic relationship.

Table 4.4 showed the result that there is no significant differences in perceived social support between the three different categories of parents, F (2, 147) = 1.653, $p > 0.05$. Hence, the null hypothesis was failed to be rejected. Parents of children with disabilities with physical characteristics (M =5.21, SD =.93) scored higher in the MSPSS than parents of children with typical development (M =5.18, SD =.88) and parents of children with disabilities without physical characteristics (M =4.87, SD = 1.27).

Table 4.3

One-way ANOVA of parenting stress between parents of children with different learning needs

Source	Sum of Squares	*Df*	Mean Square	F	*p*
Between	3.555	2	1.777	1.653	.195
Within	158.066	147	1.075		
Total	161.620	149			

*Note: $p < 0.05$

RQ3: Is there any difference in child's behavioural concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics?

H0: There are no significant difference in child's behaviour concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

H1: There is a significant difference in a child's behaviour concern between parents of children with disabilities without physical characteristics, children with typical development and children with disabilities with physical characteristics.

One-way ANOVA test was conducted to compare the difference in child's behavioural concern between the three different categories of parents. Assumptions were met before running the test. It was in a normal distribution and the variables had a linear and heteroscedastic relationship.

In table 4.5, the results showed there is no significant differences in child's behavioural concern between the three different categories of parents, $F(2, 147) = 2.705$, $p > 0.05$. Hence, the null hypothesis was failed to be rejected. Parents of children with disabilities without physical characteristics ($M = 16.54$, $SD = 5.68$) scored higher in the total difficulties than parents of children with typical development ($M = 14.42$, $SD = 6.038$) and parents of children with disabilities with physical characteristics ($M = 13.98$, $SD = 5.930$).

Table 4.5

One-way ANOVA of child's behavioural concern between parents of children with different learning needs

Source	Sum of Squares	*Df*	Mean Square	F	*P*
Between	187.360	2	93.680	2.705	.070
Within	5091.580	147	34.637		
Total	5278.940	149			

*Note: $p < 0.05$

RQ4: Do child's physical characteristics, parents' perceived social support and child's behaviour concern significantly predicts on parenting stress in parents?

H0: Child's physical characteristics, parents' perceived social support and child's behaviour concern are not significantly predicts on parenting stress.

H1: At least one of the factors: child's physical characteristics, parents' perceived social support and child's behaviour concern contributes significantly to the prediction on parenting stress.

Subsequently, multiple regression analysis was conducted to examine whether at least one of the factors: child's physical characteristics, parents' perceived social support and child's behaviour concern significantly predicts on parenting stress in parents. As the child's physical characteristics is in categorical and have three levels, hence dummy coding was performed before the test. Two dummy variables were created, first variable is children with disabilities without physical characteristics (= 1) and else (= 0), and second variable is children with typical development (= 1) and else (= 0).

Assumptions were met before conducting the analysis, which that a reasonable ratio of cases to predictors, each continuous variable is normally distributed, outliers removed, no multicollinearity, and normality, linearity and homoscedasticity of residuals achieved (Allen & Bennett, 2012). Also, the DV is continuous, consists of more than two independent variables and residuals are independent.

Each variable in the regression was normally distributed. Skewness also proved that there are no outliers in the regression as the statistics is within ±2. A normal probability plot and the scatterplot proved the assumptions of normality, linearity and homoscedasticity of residuals.

Refer to table 4.6, the model significantly predicted 28.2% of the total variance, R^2 = .282, F (4, 145) = 14.214, p = .000. Results indicated that perceived social support (β= -.331, t (150) = -4.579, p = .000) and child's behavioural concern (β= .340, t (150) = 4.669, p = .000)

strongly predicts for the parenting stress, while for child's physical characteristics, parents of children with disabilities without physical characteristics (β=.006, *t* (150) = .078, *p* = .938) and parents of children with typical development (β=-.068, *t* (150) = -.842, *p* = .401) was not a good predictor on parenting stress. As there are two factors predicting the parenting stress, hence, H1 was failed to be rejected.

Table 4.6

Multiple regression analyses in predicting parenting stress from child's physical characteristics, perceived social support and child's behavioral concerns

Criterion variable	Predictor variables	F	R^2	Df	β	t	*p*
Model		14.214	.282	(4,145)			
Parenting stress	Children with disabilities without physical characteristics				.006	.078	.938
	Children with typical development				-.068	-.842	.401
	Perceived social support				-.331	-4.579	*.000
	Child's behavioural concerns				.340	4.669	*.000

*Note: $p < 0.05$

Chapter V Discussion and conclusion

This chapter discussed the statistical result on parenting stress, perceived social support, child behaviour concerns among parents of children with different learning needs.

5.1 Parenting stress among parents of different learning needs of children

The result showed there is no significant different in parents of children with disabilities without physical characteristic (M =47.78, SD = 8.20), parents of children with typical development (M = 44.66, SD =7.57) and parents of children with disabilities with physical characteristic (M = 45.58, SD =8.74) in parenting stress; F (2, 147) = 1.919, $p > 0.05$. Hence, the null hypothesis failed to reject. To summarize, there are no differences between parents of children with disabilities without physical characteristics, parents of children with typical development and parents of children with disabilities with physical characteristic in parenting stress.

Past researches do not support our current study. There are findings from several past studies showed significant differences in parenting stress among parents of different development children (Ainul et al., 2018; Pisula, 2011; Johnson et al., 2011). There is a study from Mackler et al. (2015) showed that, there might be reasons some parents have low tolerance for their typical development child when they experience stress hence during self-reporting questionnaire, they may involve higher expectations and demanding on their child's behaviour. Meanwhile, parents of children with disabilities with physical characteristics were fully recruited online through Facebook social support group. This community must be fully utilize parenting support over Facebook group in releasing parental stress and receiving emotional support (Karst & Van Hecke, 2012).

Although our findings found no significant differences, there are similarities with previous studies from Dabrowska and Pisula (2010). Parents of children with disabilities without physical characteristics scored slightly higher in parenting stress than children with disabilities

with physical characteristics. This is followed by children with typical development as they scored higher in cognitive function and independent social management in contrast to children with developmental disabilities which scored higher in life dependency level. Although children with typical development were also resilient, they are still manageable within a timeframe. Consequently, parents of children with developmental disabilities require additional time to take care of their daily routine functions due to the lack of independence and problem regulating skills which results in the children's vulnerability to spurts of anger (Riper, 2007).

On the other hand, parents of children with disabilities with physical characteristic scored lower mean (M=45.58) than parents of children with disabilities without physical characteristic (M=47.78) as parents of children with DS receive more social support and their children's symptoms are easily identifiable during birth. Also, a study from Norizan and Shamsuddin (2010) reported that children with Down syndrome were more loveable by the public as a result of their positive personality traits such as lovely, cheerful, and helpful as compared to children with ASD and ADHD. A study from Ainul et al. (2018) has stated that children with ASD experiences delays and deficits in several developmental stages such as gross, fine motor, communication, cognitive, and social-emotional skills but the challenging part is when handling children with ASD compare to children with DS, parents tend to be stressful when dealing with their behaviour tantrum and behaviour of self-harm or hurting others (Pisula, 2011).

As for parents of children with ADHD, they experience more parenting stress compared to parents of children with Down syndrome as a result of the children with ADHD being uncooperative. A study from Malaysia, Narkunam et al. (2012) elaborates that Asian families typically prefer their child to be academically adequate and skilful. If the child's disabilities are acknowledged, it will result in a bad reputation for the family. As a result, the act of seeking help from a psychiatrist is stigmatised.

5.2 Perceived social support in parents of children with different learning needs

The result showed that there is no significant differences in perceived social support between parents of children with disabilities with physical characteristics (M =5.21, SD =.93), parents of children with typical development (M =5.18, SD =.88) and parents of children with disabilities without physical characteristics (M =4.87, SD = 1.27); F (2, 147) = 1.653, $p > 0.05$. Hence, the null hypothesis was unable to be rejected.

Insignificant difference in perceived social support between the three categories of parents was found in this study. The possible reason for the insignificant group difference is that participants were recruited from parent support groups on Facebook and mental health care centre which may be able to provide them with support and parenting knowledge (Schroeder & Kelley, 2009). Since the parents joined these social networks which may have provided them support, it is reasonable to conclude that significant difference was unable to be distinguished.

As for the group comparison, parents of children with disabilities without physical characteristics were found to have the lowest perceived social support. According to Brobst, Clopton and Hendrick (2009), some parents of children with autism and ADHD are not willing to discuss about their issues. Moreover, the burden to raise child with ASD limit the social activities of the parents (Dabrowska & Pisula, 2010). As a result, there is a lack of social support for the parents of children with disabilities without physical characteristics. They are encouraged to enhance their social networks by joining more support groups. (Brobst et al., 2009).

In contrast, parents of children with disabilities with physical characteristics were found to have the highest perceived social support. From previous studies, it is prevailing that families of DS children are often perceived as warmer and more harmonious (Skotko et al., 2011). Parents of children with DS have also been reported to have higher satisfaction with the support received from their friends and society. According to Tsai and Wang (2009), mothers of children

with intellectual disabilities often exchange experiences and engage in social bonding activities. They are more willing to discuss about their families to their support group.

5.3 Child's behavioural concerns in parents of children with different learning needs

The results showed that there is no significant differences in child's behaviour concern between parents of children with disabilities without physical characteristics (M =16.54, SD =5.68), parents of children with typical development (M =14.42, SD =6.038) and parents of children with disabilities with physical characteristics (M =13.98, SD =5.930). Hence, the null hypothesis was failed to be rejected.

Parents concern about the behaviour of their children was a very common thing. The central concern of parents was that they hope their children can develop in a nature and nurture environment and can interact with them (Maccoby, 2000). The behaviour problems of children showed the highest salience such as disruptive, aggressive or in multiple contexts that results in the concern of parents (Sheldrick, Neger, & Perrin, 2012). The behaviour problem of children will lead to depression among the parents (England & Sim, 2009).

The result showed that parents of children with disabilities without physical characteristics scored higher in the total difficulties than parents of children with typical development and parents of children with disabilities with physical characteristics. According to Robyn (2019), hyperactive and inattentive behaviour among children with ADHD and ODD will aggravate negative parenting style and over-reactivity among parents. However, the positive personality traits of children with DS such as loveable, happy or have lesser maladaptive behaviour may reduce the stress of parents (Norizan & Shamsuddin, 2010).

The chairman of National Autism Society of Malaysia, Feilina Feisol remarked that parents would experience difficulty in receiving early intervention service due to the lack of special needs society or centres (Kaur, 2018). Therefore, there is no significant difference

between the behaviour concerns among three different categories of children because of parents' lack of knowledge or the availability centres.

5.4 Child's behaviour and perceived social support leads to parenting stress

Table 4.6 showed the results from multiple regression of prediction between a child's physical characteristics, perceived social support and a child's behaviour concern towards parenting stress. The total variance explained by the model as a whole was 28.2% variance R^2 = .282, F (4, 145) = 14.214, p = .000 in parenting stress. The results showed that perceived social support (β= -.331, t (150) = -4.579, p = .000) tend to be the strongest prediction for parents of children with different development toward parenting stress followed by child's behaviour concern (β= .340, t (150) = 4.669, p = .000). The results of the current study is supported by the past studies of Muñoz-Silva et al. (2017) which states that parents of children with ADHD experience stress when they receive less social support due to restriction of the family from participating in social activities due to the children's comorbid symptoms. Likewise the study from Theule et al. (2013) children with ADHD was bringing stress to parents in term of their misbehaviour and academic skill. A family with a strong bonding and involvement with a children's maladaptive behaviour may be able to anticipate the presence of parenting stress in the family (Anderson, 2008).

In regards to the child's behaviour concern, a past study by Rayner and Moore (2007) elaborated that the more parents concerned regarding the children's behaviour, higher parenting stress will be resulted as parents tend to control their child's inappropriate behaviours and are overly concerned about the child's possible behaviour in a negative way. Parents with controlling behaviour are the authoritarian type of parenting skill which involves more often one way instruction giving and lesser two ways communication. Therefore, the authoritarian type of parenting conclusively resulted stress in the environment. Apart from this, a similar study from Mackler et al (2015) showed that parents of children with typical development

would experience continuous increasing parenting stress in coping with children ‘s misbehaviour when child are early to middle stage of development process. To elaborate on transactional theory, parents with a problem may tend to resort to problem or emotion-focused coping methods to reduce stress whereas parents with problem-focus coping may deal with higher stress as they were less communicate and self-centred in problem solving, which is aligned with the previous study of (Rayner & Moore, 2007).

Implications

This study brings theoretical contributions as it fills in the research gap on comparison of parents of children with different learning needs on their parenting stress level, perceived social support and child’s behavioural concern. As no significant group differences were found, hence, it can gain public awareness that parents are always stressed, no matter if they are raising children with or without disabilities. They should providing social support and care towards all parents, including parents of children with typical development.

This research had studied on whether child’s physical characteristics, parents’ perceived social support and child’s behavioural concern predicts on parenting stress. As the perceived social support and child’s behavioural concern were found significantly predicts on parenting stress, this study able to provide future researchers with materials of stress reason of the parents. Moreover, public awareness will be gained society able to address the importance of these two factors (PSS and CBC) in lowering parenting stress.

Limitations of study

There are some limitations of the present study, for instance our study recruitment sample is not focused in a particular setting as they come from rural and urban areas. As a result, the social support groups will vary in terms of provided services and is subjected to availability which will affect the parenting stress level.

Also, our study does not measure the welfare or daily routines of the caregiver of the child. As such, there will be varying levels of understanding of the child's issue which will result in inaccurate form filling of the questionnaires. As an example, in our study it is found that the variable measured does not present significant differences in the figures. This may be a result of underlying issues in the typically developing children, that these children may be having clinical concerns, as there is 23 out of 50 were in the clinical range of difficulties in their emotional symptoms, conduct problems, peer relationship problems and hyperactivity. Thus, there was almost half the parents of children with typical development rated their children as very high in difficulty.

Besides this, there is an unaddressed factors such as ethnicity different, SES, numbers and ages of children in the family was not studied in our current study. There might be an issues to research about their culture different, economic status and number of responsibility need to be bear in affecting parenting stress. For a clear understanding, there is an obvious difference in the ethnicity recruitment in our study that indian only hold a population of 1% among a sample of 135.

Recommendations of study

A suggestion for the above mentioned limitation of varying efficiency of social support groups would be to conduct a more focused study in a particular setting, either rural or urban and to identify the variables which may produce a change in the levels of parenting stress as a result of the parent's living circumstances.

The insignificant group differences in parenting stress of low tolerance for 23 typical developed children have clinical concerns. Future studies are suggested to screen for typically developing children for their difficulties scores before proceeding to data analysis, so that the results will be more valid and unaware underlying issues will be eliminated.

In future demographic design might consider the input of marital status, occupation, income, and education level for parents to fill. Moreover, ethnicity recruitment might need equally distributed among different ethnicity in Malaysia.

Conclusion

This study aims to compare the differences in parenting stress, perceived social support and child's behavioural concern between parents of children with three different learning needs, and also to investigate whether child's physical characteristics, parents' perceived social support and child's behavioural concern significantly predicts on parenting stress. The findings indicated that all the three variables does not have significant differences between the parents, while parents' perceived social support and child's behavioural concern significantly predicts on parenting stress. Moreover, participants were recruited from parent support groups on Facebook and mental health care centre, hence they might received similar levels of social support. For child's behavioural concern, parents' concern about the behavior of their children were perceived as a common phenomena as they hope that their children can develop in a nature and nurture environment and can interact with them. Future studies were suggested to conduct a more focused study in a particular setting and to identify the variables which may produce a change in the levels of parenting stress.

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Appendix A

Informed Consent

Welcome to the research study! Introduction This research study is being conducted to study Parenting stress, perceived social support and children behavioural concern of parent with different learning needs children in Malaysia as a requirement for the subject UAPZ3013 Final Year Project I. To collect the required data, your participation is needed for our research study. Procedures This questionnaire consists of four parts, Section A, Section B, Section C and Section D. The study should take you around 30 minutes to complete this questionnaire. Confidentiality All information provided by the participants will be subjected as private and confidential. The information used is solely for this research. The information provided will never reveal to the third party nor used for any other purposes others than study. All the information will be kept in a secure database and only accessible to our group members and supervisor.

Participation and withdrawal

Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason. If you choose to stop participating or refuse to answer any question, you can exit the survey at any time without penalty.

Enquiries If you have any questions, may contact us at:

huilee217@1utar.my

wanxintea@1utar.my

a.ann96@1utar.my

Appendix B

To:

Cc: huilee217@1utar.my, wanxintea@1utar.my, a.ann96@1utar.my

From: taykw@utar.edu.my

Subject: Thanks for participating in our research

Dear all,

Thank you for participating in our research some months ago. Here, we would like to spread the importance of mental health and how we can help ourselves in facing parenting stress. Here are some useful and important information for you. You are welcome to share it to your peers.

Here are some important basic self-care strategies that can keep you functioning well and to deal with stress:

1. Get Enough Sleep. Find relaxation techniques to help you fall asleep and get quality sleep all night.
2. Maintain Proper Nutrition. Learn to maintain a healthy diet when stressed. Stress can be handled when your body is well-nourished.
3. Exercise Regularly. Find resources for getting started with an activity that suits you.
4. Maintain Social Support. Develop supportive friendships and expand your social circle, so you will have someone to lean on when stressed.
5. Have The Right Attitude. Looking at things from an optimistic frame of mind.

If you wish to talk to someone in safe and confidential manner, there are also some hotlines for you:

1. Befrienders 03-79568144
2. Life Line Association Malaysia 03-42657995
3. Than Hsiang Mitra Welfare Center (Mitraline) 03-79815300 / 03-79815301
4. Young Buddhist Association of Malaysia PELITA 03-78053030

Once again, thanks for your participation in our study. Have a nice day.

This e-mail is sent to all participants in the research. All your information will remain private and confidential.

On behalf of the student research team, thank you for your research participation.

Regards (on behalf),

Tay Kok Wai

Lecturer

Department of Psychology and Counselling

PF-004, Faculty of Arts and Social Science

Kampar Campus

Universiti Tunku Abdul Rahman

Appendix C

Questionnaires

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	. Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	. It is difficult to balance different responsibilities because of my	

	child(ren).	
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	
14	. If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	
17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

Parental Stress Scale (PSS)

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months.**

Strengths and Difficulties Questionnaire		Not True	Somewhat True	Certainly True
1.	Considerate of other people's feelings	O	O	O
2.	Restless, overactive, cannot stay still for long	O	O	O
3.	Often complains of headaches, stomach-aches or sickness	O	O	O
4.	Shares readily with other children, for example toys, treats, pencils	O	O	O
5.	Often loses temper	O	O	O
6.	Rather solitary, prefers to play alone	O	O	O
7.	Generally well behaved, usually does what adults request	O	O	O
8.	Many worries or often seems worried	O	O	O
9.	Helpful if someone is hurt, upset or feeling ill	O	O	O
10.	Constantly fidgeting or squirming	O	O	O
11.	Has at least one good friend	O	O	O
12.	Often fights with other children or bullies them	O	O	O
13.	Often unhappy, depressed or tearful	O	O	O
14.	Generally liked by other children	O	O	O
15.	Easily distracted, concentration wanders	O	O	O
16.	Nervous or clingy in new situations, easily loses confidence	O	O	O
17.	Kind to younger children	O	O	O
18.	Often lies or cheats	O	O	O
19.	Picked on or bullied by other children	O	O	O
20.	Often volunteers to help others (parents, teachers, other children)	O	O	O
21.	Thinks things out before acting	O	O	O
22.	Steals from home, school or elsewhere	O	O	O
23.	Gets along better with adults than with other children	O	O	O
24.	Many fears, easily scared	O	O	O
25.	Good attention span, sees chores or homework through to the end	O	O	O

Strengths and Difficulties Questionnaire (SDQ)

Appendix D

SPSS tables

Descriptives

pss_sum

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
My children is with disabilities without physical characteristics	50	47.78	8.197	1.159	45.45	50.11	32	68
My children is with typical development	50	44.66	7.569	1.070	42.51	46.81	29	58
My children is with disabilities with physical characteristics	50	45.58	8.739	1.236	43.10	48.06	23	63
Total	150	46.01	8.233	.672	44.68	47.33	23	68

ANOVA

pss_sum

		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	257.013	2	128.507	1.919	.150
	Linear Contrast	121.000	1	121.000	1.807	.181
	Term Deviation	136.013	1	136.013	2.031	.156
Within Groups		9841.980	147	66.952		
Total		10098.993	149			

SPSS result of RQ1

Descriptives

mspss_mean

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
My children is with disabilities without physical characteristics	50	4.87	1.265	.179	4.51	5.23	2	7
My children is with typical development	50	5.18	.876	.124	4.94	5.43	3	7
My children is with disabilities with physical characteristics	50	5.21	.927	.131	4.95	5.47	3	7
Total	150	5.09	1.041	.085	4.92	5.26	2	7

ANOVA

mspss_mean

		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	3.555	2	1.777	1.653	.195
	Linear Contrast Term	2.862	1	2.862	2.661	.105
	Deviation	.693	1	.693	.644	.423
Within Groups		158.066	147	1.075		
Total		161.620	149			

SPSS result of RQ2

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
difficulties_sum	My children is with disabilities without physical characteristics	50	16.54	5.683	.804	14.92	18.16	7	31
	My children is with typical development	50	14.42	6.038	.854	12.70	16.14	5	29
	My children is with disabilities with physical characteristics	50	13.98	5.930	.839	12.29	15.67	3	30
	Total	150	14.98	5.952	.486	14.02	15.94	3	31

ANOVA

			Sum of Squares	df	Mean Square	F	Sig.
difficulties_sum	Between Groups	(Combined)	187.360	2	93.680	2.705	.070
		Linear Term Contrast	163.840	1	163.840	4.730	.031
		Deviation	23.520	1	23.520	.679	.411
	Within Groups		5091.580	147	34.637		
	Total		5278.940	149			

SPSS result of RQ3

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.531[a]	.282	.262	7.073	.282	14.214	4	145	.000

a. Predictors: (Constant), difficulties_sum, dummy coding, mspss_mean, dummy coding

b. Dependent Variable: pss_sum

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2844.489	4	711.122	14.214	.000[a]
	Residual	7254.505	145	50.031		
	Total	10098.993	149			

a. Predictors: (Constant), difficulties_sum, dummy coding, mspss_mean, dummy coding

b. Dependent Variable: pss_sum

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	52.639	3.645		14.441	.000
	dummy coding	.112	1.445	.006	.078	.938
	dummy coding	-1.192	1.415	-.068	-.842	.401
	mspss_mean	-2.616	.571	-.331	-4.579	.000
	difficulties_sum	.470	.101	.340	4.669	.000

a. Dependent Variable: pss_sum

SPSS result of RQ4

Appendix E

UNIVERSITI TUNKU ABDUL RAHMAN
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Re: U/SERC/79/2019

30 May 2019

Dr Chie Qiu Ting
Head, Department of Psychology and Counselling
Faculty of Arts and Social Science
Universiti Tunku Abdul Rahman
Jalan Universiti, Bandar Baru Barat
31900 Kampar, Perak.

Dear Dr Chie,

Ethical Approval For Research Project/Protocol

We refer to the application for ethical approval for your students' research projects from Bachelor of Social Science (Hons) Psychology programme enrolled in course UAPZ3023. We are pleased to inform you that the application has been approved under expedited review.

The details of the research projects are as follows:

	Research Title	Student's Name	Supervisor's Name	Approval Validity
1.	Parenting Stress, Perceived Social Support and Children Behavioral Concern of Parents of Children with Different Learning Needs in Malaysia	1. Lee Ik Hui 2. Teh Wan Xin 3. Wong Jean Ann	Mr Tay Kok Wai	30 May 2019 – 29 May 2020

The conduct of this research is subject to the following:

(1) The participants' informed consent be obtained prior to the commencement of the research;

(2) Confidentiality of participants' personal data must be maintained; and

(3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.

Kampar Campus : Jalan Universiti, Bandar Baru, 31900 Kampar, Perak Darul Ridzuan, Malaysia
Tel: (605) 468 8888 **Fax:** (605) 466 1313
Sungai Long Campus : Jalan Sungai Long, Bandar Sungai Long, Cheras, 43000 Kajang, Selangor Darul Ehsan, Malaysia
Tel: (603) 9086 0288 **Fax:** (603) 9019 8868
Website: www.utar.edu.my

Should the students collect personal data of participants in their studies, please have the participants sign the attached Personal Data Protection Statement for records.

Thank you.

Yours sincerely,

Professor Ts Dr Faidz bin Abd Rahman
Chairman
UTAR Scientific and Ethical Review Committee

c.c Dean, Faculty of Arts and Social Science
Director, Institute of Postgraduate Studies and Research

Kampar Campus : Jalan Universiti, Bandar Barat, 31900 Kampar, Perak Darul Ridzuan, Malaysia
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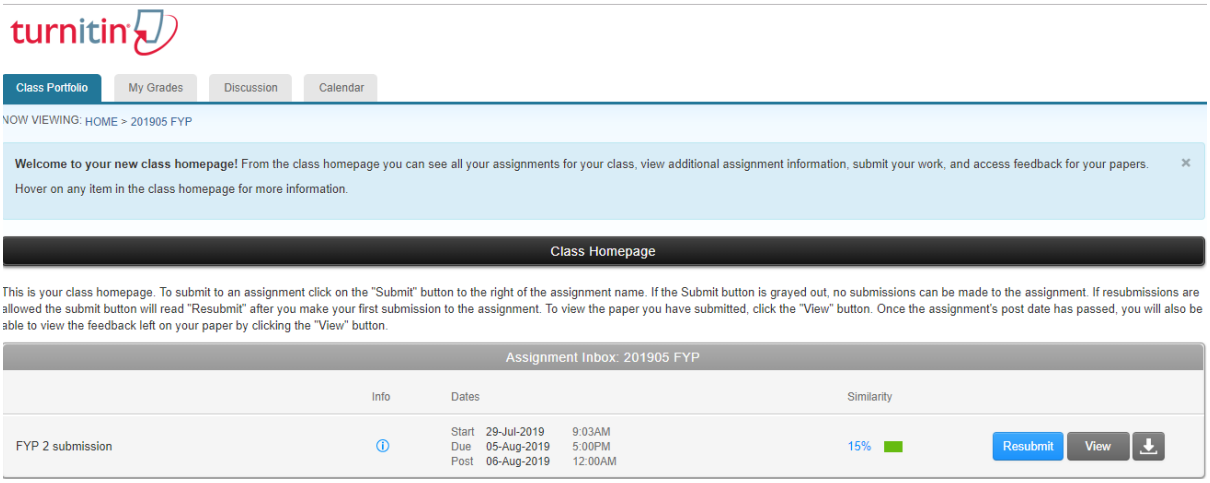
Tel: (603) 9086 0288 **Fax:** (603) 9019 8868
Website: www.utar.edu.my

Ethical approval form

Appendix F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Dates
Similarity
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Due 05-Aug-2019 5:00PM
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