

# FATHERS INVOLVEMENT WITH THEIR DEAF CHILDREN: A COMPARISON WITH FATHERS OF CHILDREN WITH AUTISM AND FATHERS OF CHILDREN WITH MENTAL DISABILITY

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## Abstract

The aim of this study was to examine fathers' involvement with their deaf children. The following factors were examined: the disability type, fathers' beliefs concerning the parental role, the parental stress, the satisfaction fathers receive from their marital relationship and the social support they receive.

A sample of 78 fathers of preschool-age children participated in the study. Of them the 25 had deaf children, 23 had children with mental disability and 30 had children with autism. Fathers completed questionnaires measuring their child-care involvement, their beliefs concerning the parental role, their parental stress, their marital satisfaction and the social support they receive. Quantitative methods were used to analyze the data. Results revealed no difference in the overall level of childcare involvement between fathers of deaf children and fathers of children with autism and mental disability. Fathers of deaf children experience less stress than fathers of autistic and mentally disabled children. Additionally, it was found that the factor that influences directly fathers' involvement with their deaf children was marital satisfaction.

Research has primarily focused on the maternal role in child development. Recently, fathering has drawn the attention of a large number of researchers and there has been an emerging body of literature on the impact of fathers on child developmental outcomes. The issue of involvement has changed over the years from moral teaching, economic support, ideal role, and spousal support, to recent care of the child (Lamb, 2000). Positive paternal involvement seems to help children in cognitive abilities and academic achievement, psychological adaptation, self-esteem, social abilities and peer relationships (Amato & Rivera, 1999; Hakoama & Ready, 2011). Infants and school aged children of highly involved fathers have higher cognitive functioning and better academic achievement (Jacobsen & Hoffman, 1997; Radin, 1994). In addition, father involvement is positively correlated with children's overall social competence (MacDonald & Parke, 1984), empathic concern (Koestner, Franz & Weinberger, 1990) and moral maturity (Biller, 1993).

According to Lamp et al. (1985), the main components of paternal involvement are: engagement, responsibility, and accessibility. Engagement refers to the time that father interacts directly with the child in actual one-to-one basis through eating, bathing, preparing for bed, playing, helping with homework and free time. Responsibility concerns the father's role in making sure that the child is taken care of, particularly when neither parent is available. It includes scheduling activities and being accountable for the

child's welfare (e.g. buying the child's clothes, arranging doctor appointments, scheduling childcare arrangements). Accessibility refers to the father's potential availability for interaction regardless of whether any direct interaction is taking place.

Researchers have found that the amount of time fathers spend caring for their children has been increased lately (Burgers, 2004; Flouri, 2005; Pleck & Masciadrelli, 2004). Belsky (1984) argued that parenting is multiply determined by a variety of factors and forces. These include three general sources of influence on parental functioning: the developmental history of parents and their own psychological resources, the child's characteristics of individuality, and contextual sources of stress and support. Specifically, a parent's psycho-emotional functioning and childrearing beliefs and attitudes were found critical to the parent's ability to engage in empathic parenting.

Healthy father-child interaction is as essential to the development of children with disabilities as it is for non-disabled children. Lamb & Billing (1997) suggest that fathers' involvement is more beneficial in families with children with disabilities due to the fact that members need more emotional support, understanding and practical help. Research exploring fathers' involvement with children with disabilities shows an inconsistent picture. Ingber & Most (2012) did not find differences in the level of involvement between fathers of children with hearing loss and fathers of children with normal hearing. Similarly, other studies on fathers of children with mental disability did not indicate more fathers' involvement compared to fathers with children without disabilities (MacDonald & Hastings, 2010; Roach, Orsmond & Barratt, 1999). However, few studies indicated differences in the level of involvement. Smith (1986) found that fathers of children with physical disabilities devote 50% more time in child care compared to fathers with children without disabilities. In contrast, some studies support that the type of disability and the severity of it results in low levels of fathers' involvement (Bristol et al., 1988; Konstandareas & Homatidis, 1992). But other studies failed to replicate that the type of disability influences involvement (Margalit et al., 1989; McConachie, 1989; Ricci & Hodapp, 2003).

Although, it has been found that marital satisfaction has major implications for all aspects of family life, findings for happiness in families with children with disabilities are inconsistent. Some researchers suggest that families with children with disabilities experience higher levels of marital conflict than families with children without disability (Kersh et al., 2006; Konstantareas & Lampropoulou, 1995), although some report no differences in levels of marital satisfaction (Hornby, 1995; Rodrigue et al., 1992). Findings on divorce rates yield similarly conflicting results. Leyendecker (1982) and Breslau & Davis (1986) have found elevated divorce rates in parents with children with disabilities while other researchers have not found different divorce rate in comparison to parents of children without disabilities (Bristol & Schopler, 1984; Wikler et. al., 1984). Parents in other studies have reported that their children strengthened their marriages and brought the families closer together (Carr, 1988; Gath & Gumley, 1984).

Parents with a child with disability seem also to experience more than average amounts of stress (Baker et. al., 2003; Lessenberry & Rehfeldt, 2004). However, there are studies that indicate no significant differences in stress levels between parents of children with disabilities and parents with

children without disabilities (Dyson, 1991; Kersh et al., 2006). The difference in parents' stress may be attributed to the diversity of disabilities and to the fact that each child presents special abilities, behavior and challenges to the parents. Additionally, each parent has his/her own coping strategies and support systems. Some studies correlate stress with the behavior problems of children (Baker et al., 2003; Hastings et al., 2005; Ricci & Hopapp, 2003), child's temperament (Dyson, 1997; Konstantareas & Papageorgiou, 2006), social support (Duvdevany & Abboud, 2003; Olsen et. al., 1999) and marital satisfaction (Kersh et al., 2006; Young and Roopnarine, 1994). Higher levels of stress have been reported in parents of children with severe disabilities (Haveman et al., 1997; Plant & Sanders, 2007) who experience in a negative way the daily care especially when the difficult behavior of the child is involved. A number of studies did not reveal differences between fathers' and mothers' stress (Hastings et al., 2005; Keller & Honig, 2004). It seems though that social support influences directly the stress levels of parents (Dunst, Trivette & Cross, 1986; Honig and Winger, 1997).

The purpose of the present study was to examine fathers' involvement with their deaf preschool children and to compare with fathers of preschool children with autism and mental disability. Factors related to fathers' involvement such as stress, marital satisfaction, beliefs concerning the parental role and the support they receive from others, was studied.

### **Method**

The study participants were 78 fathers of preschool-age children 25 of whom had deaf children, 23 had children with mental disability and 30 had children with autism. The mean age of fathers of deaf children was 39, 56 years (SD=4,093) and their children' mean age was 4, 52 (SD=1,446). The mean age of fathers of children with mental disability and autism was 40, 20 (SD=6,174) and the mean age of their children was 3,60 (SD=0,862). Fathers who participated in this study were selected according to the following criteria: (a) being habitants of Athens, Thessaloniki and Patras, (b) having the Greek nationality, (c) being in an intact family (with the two parents together) and (d) having a child with only one disability (deafness, autism or mental disability).

The participants completed five questionnaires:

(a) Parental Involvement on Child Care Index (PICCI).

The PICCI (Radin, 1982) was developed to assess fathers' involvement with preschool-age children in five areas: general involvement (degree of involvement in caring for the child), child care responsibilities (feeding the child; having sole responsibility for child; bathing, dressing and putting the child to bed), socialization responsibilities (applying discipline, setting limits for the child's behavior, helping the child with personal problems and helping the child to learn), influence in child rearing decisions (who decides when the child should be disciplined and when she or he is old enough to try new things) and availability (how frequently the father is in the home and available to the child for specified activities – e.g. lunch, breakfast). The instrument contains 23 items, several of which are scored on a Likert-type scale, while also asking parents to determine their percentage of child responsibility. Alphas for scores by fathers were .67 and .68 (Touliatos, Perlmutter & Strauss, 2001).

(b) The Clarke Modification of the Holroyd Questionnaire on Resources and Stress (QRS).

The Clarke QRS was developed (Konstantareas, Homatidis & Plowright, 1992) as a short form of the 285-item QRS (Holroyd, 1974). The measure has 78 items, uses Likert-type responses and contains nine scales: 1. Child characteristics, 2. Community reaction, 3. Time Demands, 4. Family sharing, 5. Presenting symptoms, 6. Sacrifice/Martyrdom, 7. Supports, 8. Family Enrichment and 9. Existential Issues.

(c) The Family Support Scale (FSS).

The FSS (Dunst et al. 1988) measures how helpful different sources of social support have been to the family rearing a young child who presents developmental delays. The scale covers such sources of support as the immediate family, relatives, friends, and others in the family's social network, social organizations, and specialized professional services. It consists of 18 items that are rated on a 5 point Likert scale ranging from "Not At All Helpful" to "Extremely Helpful". Fathers are instructed to circle the response that best describes how helpful the source was to the family during the previous 3 to 6 months. Coefficient alpha was .77 (Dunst et al., 1988)

(d) Beliefs Concerning the Parental Role (BCPR).

The BCPR (Bonney et al., 1999) is a 26 item scale that measures an individual's beliefs about the father's role and the mother's role in child care. Fathers are asked to report their beliefs on both the role of the father (e.g., "It is important for fathers to spend quality time with their child every day") and the role of the mother (e.g., "It is more important for a mother rather than a father to stay home with an ill child"). Items are scored using a five-point scale ranging from 1=Agree strongly to 5=Disagree strongly. The BCPR has been reported as both a reliable and valid measure of beliefs regarding a father's role in childcare. Alphas of .87 for fathers were reported in the study of Bonney et al. (1999).

(e) Kansas Marital Satisfaction Scale (KMS)

The KMS (Schumm et al., 1986) is a three item self-administered questionnaire that assesses satisfaction with spouse, marriage and relationship with spouse. Items are scored from extremely dissatisfied to extremely satisfied using a 7 point scale from 1=Extremely dissatisfied to 7=Extremely satisfied. Scores are summed to yield an overall score of marital satisfaction. Alphas were .96 for fathers.

## Results

Results of the Mann-Whitney U test did not reveal statistically significant difference in the overall involvement of fathers of deaf children and fathers of children with autism and mental disability in the five areas measured by Parental Involvement on Child Care Index. The distributions of the two groups (fathers of deaf children and fathers with autism and mental disability) did not reveal any statistically difference ( $U=823.500$ ,  $p\text{-value}=0.084$ ,  $g=0.345$ ) in their statement of father involvement.

For the amount of father's *involvement in the childcare* the results of the Mann-Whitney U test ( $U=595.500$ ,  $p\text{-value}=0.476$ ,  $g=-0.120$ ) did not show any statistically significant difference between the fathers of deaf children and the other group of fathers of children with disabilities (autism and mental disability).

For the amount of father involvement *in the socialization of the child*, the results of the two samples (fathers of deaf and fathers with autism and mental disability) in t-test did not reveal statistically significant difference between the means of the two groups ( $t=0.588$ ,  $df=75$ ,  $p\text{-value}=0.558$ ,  $g=0.142$ )

For the amount of father involvement *in the influence in childcare decisions*, the results of the Mann-Whitney U test did not reveal statistically significant difference between the distributions of the two groups ( $U=757.500$ ,  $p\text{-value}=0.255$ ,  $g=-0.192$ ).

For the *paternal availability*, the results of the Mann-Whitney U test did not reveal statistically significant difference between the distributions of the two groups ( $U=665.000$ ,  $p\text{-value}=0.983$ ,  $g=-0.005$ ).

For the total score of father involvement, the results of the two sample in t-test did not reveal statistically significant difference between the means of the two groups ( $t=1.082$ ,  $df=75$ ,  $p\text{-value}=0.283$ ,  $g=0.261$ )

Results in marital satisfaction reveal that fathers of deaf children are more satisfied from their marriage than fathers of children with autism and mental disability. The results of the Mann-Whitney U test indicate statistically significant difference between the distributions of the two groups ( $U=887.000$ ,  $p\text{-value}=0.021$ ,  $g=-0.484$ ).

**Table 1:** Comparisons of the two groups on marital satisfaction and stress

Variable	Fathers of Deaf children			Fathers of Children with Autism and Mental D			p-value
	Mean	SD	N	Mean	SD	N	
Marital Satisfaction	16.640	4.162	25	13.849	5.002	53	0.021
Stress	151.320	21.914	25	189.792	29.688	53	0.000

For the measures from the Clarke Modification of the Holroyd Questionnaire on Resources and Stress, the results of the two sample in t-test revealed statistically significant difference between the means of the two groups ( $t=-5.772$ ,  $df=76$ ,  $p\text{-value}=0.000$ ,  $g=-1.387$ ). More stress was found in fathers of children with autism and mental disability than in fathers of deaf children (see table 1). For the beliefs concerning the parental role, results of the Mann-Whitney U test did not reveal statistically significant difference between the distributions of the two groups ( $U=709.000$ ,  $p\text{-value}=0.425$ ,  $g=0.151$ ). For the measures from the Family Support Scale, the results of the two sample of t-test did not reveal statistically significant difference between the means of the two groups ( $t=1.100$ ,  $df=76$ ,  $p\text{-value}=0.275$ ,  $g=0.264$ )

Friedman's test showed that there was significant difference between the sources of support ( $\chi^2=26.619$ ,  $df=2$ ,  $p\text{-value}=0.000$ ) for the fathers of deaf children. Wilcoxon pairwise tests with holm correction showed that there is significant difference between the support fathers receive from relatives and non relatives ( $p\text{-value}=0.000$ ) and non-relatives and professionals ( $p\text{-value}=0.000$ ), while there was no differences between the support they receive from relatives and professionals. Additionally, Friedman's test showed that there was significant difference between the sources of support ( $\chi^2=59.724$ ,  $df=2$ ,  $p\text{-value}=0.000$ ) for the fathers of children with autism and

mental disability. Wilcoxon pairwise tests with holm correction showed that there was significant difference between the support fathers receive from relatives and non relatives (p-value=0.000) and non-relatives and professionals (p-value=0.000), while there is no difference between the support they receive from relatives and professionals. Most support comes from relatives (wife, children, parents, relatives) and from professionals (early interventionists, school, professional organizations, and doctors) for the parents of deaf children and children with autism and mental disability and less from non-relatives (friends, co-workers, parents groups, social and religious organizations).

Concerning fathers of deaf children, examining the correlations between the variables of interest using the Pearson bivariate correlation coefficient, it was found that fathers' involvement had a positive significant correlation only with marital satisfaction ( $r=0.502$ ,  $p\text{-value}<0.05$ ).

Concerning fathers of children with autism and mental disability, examining the correlations between the variables of interest using the Pearson bivariate correlation coefficient, it was found that fathers' involvement had a positive significant correlation only with marital satisfaction ( $r=0.730$ ,  $p\text{-value}<0.001$ ) and beliefs concerning the parental role ( $r=0.555$ ,  $p\text{-value}<0.001$ ). Additionally, there was a weak negative correlation between marital satisfaction and stress ( $r=-0,318$ ,  $p\text{-value}<0.05$ ), beliefs concerning the parental role and stress ( $r=-0.342$ ,  $p\text{-value}<0.05$ ) and a moderate negative correlation between the support and stress ( $r=-0,460$ ,  $p\text{-value}<0.05$ ).

In order to assess the effect that the independent variables of stress, family support, beliefs concerning the parental role and marital satisfaction had on the dependent variable of involvement for parents of deaf children, a stepwise linear regression analysis was conducted. The results indicated that only marital satisfaction and stress had a statistically significant effect on involvement. The coefficient of determination  $R^2$  was 43% which means that the 43% of involvement's total information (variation) was explained by the linear regression model. From the ANOVA hypothesis test, it was concluded that there is at least one coefficient of the model that is statistically significant from zero ( $F=7.908$ ,  $df1=2$ ,  $df2= 21$ ,  $p\text{-value}=0.003$ ). The estimated coefficients of the final model are presented in table 2 together with the corresponding significance t-tests. As seen in table 2, marital satisfaction of fathers of deaf children had higher effect on their involvement than their stress since it has higher standardized coefficient (0.648 to 0.426). It seems that fathers of deaf children who are more satisfied in their relationship with their spouse interact more with their children.

**Table 2:** Regression coefficients of involvement for fathers of deaf children

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	-10,643	17,072		-,623	,540
Marriage Satisfaction (KMS)	1,695	,454	,648	3,737	,001
QRS	,212	,086	,426	2,455	,023

Concerning fathers of children with autism and mental disability, it should be noted that although both variables – marital satisfaction and beliefs concerning their parental role - have a significant correlation with their involvement, only marital satisfaction was selected in the stepwise regression model. This is happening because marital satisfaction and beliefs concerning the parental role have a positive significant correlation ( $r=0.581$ ,  $p\text{-value}<0.001$ ) so beliefs concerning the parental role does not provide more significant information to the regression model.

### **Discussion**

The results of this study revealed more similarities than differences between fathers of deaf children and fathers of children with autism and mental disability in relation to the parental involvement. It seems that the type of disability does not influence the involvement of fathers with their children. These findings are consistent with other studies (Ricci & Hodapp, 2003; Riposo, 1999).

The findings support that fathers of children with autism and mental disability have more stress than fathers of deaf children. It certainly should be assumed that children with disabilities impose debilitating stress on fathers. Fathers who have deaf children may be affected differently than fathers of children with autism or mental disability. The type of disability of the child seems to be one of the factors that cause more stress among fathers. According to Hodapp et al. (1997), the more disturbing or aggressive behavior a child exhibits, the more the amount of stress that parents experience. Pelchat et al. (1998) and Plant & Sanders (2007) found that parents of children with more severe disabilities experience the highest levels of stress. However, the findings of this research confirm the relationship between fathers' stress and their involvement only for fathers of deaf children but not for fathers of children with autism and mental disability. Other researchers have also reached similar conclusions (Ricci & Hodapp, 2003; Riposo, 1999). The fact that fathers have more stress does not make them dysfunctional and it might mean that not all fathers are equally affected by the characteristics of their children.

Fathers of deaf children are more satisfied from their marriage than fathers of children with autism and mental disability. It seems that the type of disability may contribute to the marital integration. Most researchers suggest that families with children with disabilities experience higher levels of marital conflict (Bristol et al., 1988; Kersh et al., 2006). According to Roberts & Lawton (2000), parents have less time for their spousal relationship due to the increased need for child care. Additionally, from the findings it seems that the fathers who are satisfied from their marital relationship are more involved in the care of their children. That indicates that the marital relationship is an important factor that might contribute to the quality of men's role, as a father. The correlation between marital satisfaction and parental involvement has been found in other studies not only with fathers of children with disabilities, but also with fathers of children without disabilities (Belsky & Fearon, 2004; Cummings & O' Reilly, 1997). According to research, healthy marital relationships reduce stress, increase involvement and promote well-being in children with disabilities (Hallahan & Kauffman, 2006).

One other factor that was examined is the support that parents receive from their family and their environment. The support does not seem to influence the amount of involvement and that is confirmed by Belsky (1984) who suggests that the marital satisfaction is the main factor which influence most the involvement of fathers with their children. From the findings seems that most support is received from the family and professionals and less from non-relatives. Family environment includes wife, the other children, grandparents and relatives. Other researchers as well indicate that most support comes firstly from the spouse and then from grandparents (Belsky & Fearon, 2004; Lampropoulou & Mavrogianni, 2000b). Waisbren (1980) found the acceptance of a child with a disability by the father's parents strongly influences the father's acceptance of the child. Professionals in the study, included doctors, early interventionists, schools specialists (i.e. psychologists, speech therapists, occupational therapists, educators) and professional organizations. In non-relatives, friends, other parents, co-workers, parents associations, social and religious organizations are included. In contrast, other studies (Huws, Jones & Ingledew, 2001; Lampropoulou & Mavrogianni, 2000a) have found important support is provided by parents associations and parents who experience similar problems. Possibly, the fathers who participated in this study, haven't yet asked for help from other parents due to the young age of their children.

Finally the results of this study indicated that fathers of deaf as well as fathers of children of other disabilities are involved with their children, but the kind their child's disability, as well as factors related to father characteristics, to their relationship with their spouse and the support they receive from relatives and professionals play an important role to the degree of their involvement. These results have direct implications in designing programs of early intervention and family support.

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