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Orginal Article

The Relationship between Family Social Support and Self-efficacy of Mothers of Children with Intellectual Disabilities

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Abstract

Background: Self-efficacy can play a role not only in a person›s feelings towards herself but also in achieving goals. This concept, which makes up the central core of Bandura›s social cognitive theory, emphasizes the role of observational learning and social experience in creating individuals' personalities. Accordingly, the present study aimed to examine the relationship between family social support and self-efficacy of mothers of children with intellectual disabilities.

Methods: The participants in this cross-sectional study were selected through convenience sampling. The research sample consisted of 55 mothers of children with intellectual disabilities studying in primary schools for exceptional children (aged 7 to 12) in Tehran, Iran. Data were collected using the Family Social Support Questionnaire and the General Self-Efficacy Scale. The normality of the data distribution was checked using the Kolmogorov-Smirnov test. The correlation between the variables was assessed through the Pearson's correlation test with SPSS version 25 software.

Results: The data showed a significant positive correlation ($r=0.624$) between family social support (with a mean score of 242.53) and the self-efficacy of mothers of students with intellectual disabilities (with a mean score of 48.51) ($P<0.001$). There were also significant relationships between different support dimensions (emotional, informational, instrumental, and seeking support) and self-efficacy ($P<0.001$), and the correlation coefficients for them were 0.515, 0.427, 0.753, and 767, respectively. Seeking support and instrumental support had a higher correlation with self-efficacy.

Conclusion: The findings confirmed social support and all its components (emotional support, informational support, instrumental support, and seeking support) had a direct and positive relationship with the self-efficacy of mothers with intellectually disabled children. Educational and clinical planners and experts can plan effective interventions to gain awareness of and access to social family support and promote self-efficacy and mental health in mothers of children with intellectual disabilities.

Keywords: Family social support, Self-efficacy, Mothers of children with intellectual disability

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Introduction

Becoming a mother involves positive feelings in most women, but at the same time, it may negatively affect the self-efficacy of mothers due to the heavy burden of responsibility for children with intellectual disabilities (1). Given the pressure caused by the daily needs of their mentally retarded children, mothers are more exposed to various psychological problems than fathers. Two to three children out of every thousand are born with intellectual disabilities. This disorder has physical and psychological aspects, and identifying intellectual disability in a child worries the parents (2).

Social support is a factor that induces a sense of security and self-worth in a person and has a significant impact on the development of personality and physical and mental health of people. Mental health is significantly associated with social support and life satisfaction (3). A review of empirical studies in the literature reveals that social support has a direct role in strengthening mental and physical health. With the diagnosis of intellectual disability in the child, the mother experiences many difficulties and various feelings such as depression, anxiety, and stress (4). Support from family and others can be effective in improving women's health (5). When family patterns are beneficial to achieve the goals and ideals of the mothers, they will be functionally self-efficacious. However, when these patterns

are not useful, the interactions will be accompanied by stress, dysfunctional behaviors will take place, and the family members, especially mothers of children with intellectual disabilities, will act ineffectively (6).

Social support is a concept that is characterized by a range of personal and interpersonal interactions through the exchange of information (7). Social support is one of the most important social components that have a direct relationship with mental health, and the absence of such support causes mental health problems (8). Alloway and Bebbington (9) believe that social support is a construct that consists of two important structural and functional dimensions. The structural dimension of social support consists of quantitative and objective characteristics, and the functional dimension consists of qualitative and subjective characteristics of social support. A widely accepted belief is that human life begins from birth among other people and relationships are formed, which lead to the formation of a person's personality and behavior. Accordingly, social learning begins and the individual's behavior gradually acquires a social color. Social support is cooperation and emotional, informational, and instrumental assistance received from the social network (10), and when such support is from the family, family social support is formed. Studies have shown that low levels of social support can predict low psychological well-being. Thus, for parents who are exposed to negative life events, social support is considered a powerful source of external coping and plays an effective role in parents' psychological well-being (11). Similarly, empirical evidence shows that social support as a source of coping plays a very important role in predicting the mental well-being of mothers in the face of stressful events, such as the birth of a child with intellectual disability (12). Siklos and Kerns (13) found that by increasing social support and meeting the needs of parents, their psychological well-being increases and their stress and depression levels decrease.

Research have identified that family and significant other support decreases the stress, anxiety and depression and increases positive affect. (14). Studies have shown a significant relationship between high levels of anxiety and lack of self-efficacy with lower levels of social support and have demonstrated that higher levels of social support are correlated with lower levels of anxiety and high levels of self-efficacy (15,16).

Mothers' self-efficacy is an important cognitive construct related to parenting performance. Self-efficacy is parents' assessment of their ability to play their parenting roles (17). To feel self-efficacy, parents need knowledge and information about effective childcare methods. They should trust their abilities and be sure that their performance will have a positive effect on children's behavior. Previous studies have indicated that the negative effects of having a child with intellectual disabilities cause stress in family members, especially the mother (18) because the mother is the first person who communicates directly with the child. Since childhood is one of the most important stages of life and a person's personality is formed during this period (19) and the family is the first and most important context for all-round human development, it is not far from expected that mother-child interaction is one of the most important factors affecting the psychological and social development of every child. In addition, the quality of mother-child interaction in the early years of childhood lays the foundation for their future cognitive, social, and emotional development (20). Parents and especially mothers of children with intellectual disabilities experience different types of emotional and cognitive reactions. These reactions can range from complete rejection to complete acceptance, from great anger to love, and from neglect to excessive care (21).

Most of the studies on social support have paid less attention to the role of the family and various aspects of family support and have mainly focused on the role of institutions. To this end, the present study, using a new tool, specifically focuses on family social support and its different components or aspects (emotional, informational, instrumental, and seeking support) in mothers of children with intellectual disabilities and examined the relationship between the components of family social support and self-efficacy.

Materials and Methods

This descriptive-analytical cross-sectional study examined the correlation between family social support and self-efficacy. The research population consisted of all mothers of children with intellectual disabilities who were studying in schools for exceptional children (aged 7 to 12) in Tehran, Iran in the academic year 2021-2022. The participants were selected through convenience sampling from the school introduced by the Exceptional Education Organization.

Taking 80% test power, 5% type 1 error, and the correlation coefficient of 0.5 between social support and parental self-efficacy, the sample size was estimated at 30 persons. To moderate the effect of confounding variables such as age, education, income level, and having a disease, 5 persons (50 persons in total) were added to the research sample for each variable. Thus, taking into account the possibility of the participants' dropout, a total of 55 persons were considered as the sample size in this study.

Instruments

A. Family Social Support Questionnaire: This questionnaire was developed by Khodapanahi et al. (2008) based on other social support tools such as the Social Support Questionnaire- Short Form by Sarason et al (22), Berlin Social Support Scales (BSSS) (23), and Aymanns's Social

Support Questionnaire (24). The Family Social Support Questionnaire contains 79 items, which are scored on a four-point Likert scale from strongly agree to strongly disagree. The responses to each item are scored from 1 to 4 and the score of each factor is calculated separately. The items measure emotional, informational, instrumental, and seeking support. Khodapanahi et al confirmed the validity of the questionnaire with Cronbach's alpha of 0.97 (25).

B.General Self-efficacy Scale: The scale contains 17 items. This scale measures three aspects of behavior including initiation, perseverance, and maintenance effort. The scale was developed in 1979 by Sherer et al and revised in 1981. The scale contains 17 items, all of which measure general self-efficacy. The items are scored on a four-point Likert scale from 1 to 4. The total score on this scale ranges from 10 to 40. A score of 10 to 20 shows low self-efficacy, a score of 21 to 30 indicates medium self-efficacy, and a score greater than 30 shows a high level of self-efficacy (23). The scale has been used in 23 countries and its reliability has been confirmed with Cronbach's alpha coefficient of 83%. Moreover, Rajabi et al. reported Cronbach's alpha coefficient of 0.82 for all students (26) and Jalali Farahani reported Cronbach's alpha coefficient of 0.81 for the general population (27).

Procedure

After obtaining the required permission and the code of ethics from the University of Welfare and Rehabilitation Sciences and the Organization of Exceptional Education in Tehran, four exceptional elementary schools were selected. The researcher visited exceptional schools and provided some information to the school officials about the objectives and significance of the study. Then, the mothers of children with intellectual disabilities who were willing to participate in the study were asked to complete the items in the Family Social Support Questionnaire and General Self-Efficacy Scale online via a link on Porsline. The participants' responses were scored and the collected data were analyzed.

Data analysis

The collected data were analyzed with SPSS software. Data were summarized using descriptive statistics including frequency, mean, and standard deviation. Before conducting inferential statistics and further analysis of the data using parametric or non-parametric tests, the Kolmogorov-Smirnov test was used to check the normality of the data distribution. Since the data in this study were normally distributed, Pearson's correlation test was used to examine the relationship between family social support (and its components) and the self-efficacy of mothers with intellectually disabled children in Tehran. A parametric test measures the strength and direction of the relationship between two variables in a linear way; if one variable increases, the other variable also increases, and if it decreases, the other variable decreases.

Results

The data in this study showed that the mean age of the mothers was 40.98 years with an age range of 26 to 55 years. The mean age of children with intellectual disabilities whose mothers were evaluated was 10.12 with an age range of 6 to 12 years. The majority of mothers in the present study had a high school diploma (48.1%) (Table 1).

The results indicated that the mean self-efficacy score for the mothers was 48.51 with a minimum score of 31 and a maximum score of 81. The mean score for emotional support was 52.85 with a minimum score of 35 and a maximum score of 64. The mean score for informational support was 28.67 with a minimum score of 12 and a maximum score of 40. In addition, the mean score for seeking support was 16.75 with a minimum score of 7 and a maximum score of 24. The mean score for instrumental support was 17.07 with a minimum score of 7 and a maximum score of 24. Moreover, the mean score for family social support in the mothers was 242.53 with a minimum score of 142 and a maximum score of 314 (Table 2).

The findings showed a significant positive correlation between family social support and self-efficacy of mothers of children with intellectual disabilities. Similarly, emotional, informational, seeking, and instrumental support were significantly correlated with self-efficacy (Table 3).

Discussion

This study sought to find out if there is any relationship between family social support and self-efficacy in mothers of children with intellectual disabilities. The findings confirmed a positive correlation between self-efficacy and family social support, indicating that with the increased level of social support for mothers of children with intellectual disabilities, the sense of self-efficacy in mothers

Table 1. The descriptive statistics for the participants' demographic characteristics

Variable	Categories	Frequency (%)
Mother's age group (y)	<30	3 (5.4%)
	30-40	19 (33.9%)
	40-50	27 (48.2%)
	>50	7 (12.5%)
Mother's education	Lower education	27 (26.79%)
	High school diploma	15 (48.1%)
	Higher education	14 (25%)
Mother's age	40.98±7.01	
Child's age	10.12±1.60	

Table 2. Self-efficacy and family social support among mothers children with intellectual disabilities in

Variable	Mean ± SD	Min	Max
Self-efficacy	48.51 ± 8.10	31	81
Emotional support	25.85 ± 8.36	35	64
Informational support	28.67 ± 6.56	12	40
Seeking support	16.75 ± 4.09	7	24
Instrumental support	17.07 ± 3.64	7	24
Family social support (total)	242.53 ± 38.07	142	314

Table 3. The correlation between family social support and self-efficacy of mothers

Variables	Frequency	Pearson's correlation	Sig.
Family social support < > Self-efficacy	56	0.624**	0.001
Family emotional support < > Self-efficacy	56	0.515**	0.001
Family informational support < > Self-efficacy	56	0.427**	0.001
Seeking support < > Self-efficacy	56	0.767**	0.001
Family instrumental support < > Self-efficacy	56	0.753**	0.001

** Correlation is significant at the significant level of 0.01 (2-tailed).

also increases as confirmed in the previous studies (28- 32). Suzuki et al examined the social support and self-efficacy of mothers of American and Japanese preschool children and found that in both countries, women who experience higher parental self-efficacy, have positive memories of parental support in childhood, as well as more satisfaction with support from their spouses and friends. Mothers in the United States are significantly more self-efficacious than their Japanese counterparts. Japanese women's lower levels of parenting self-efficacy are partially attributed to their low satisfaction with spousal support (33,34). Japanese women were significantly less satisfied with their mothers' support than their American counterparts, and this may be due to their high expectations of the amount of support their mothers provide, and the mother-in-law does not still necessarily have a positive role in supporting young Japanese mothers (35). They may not be able to establish intimate friendships with non-family members based on their cultural norms (36). Another study showed that Chinese mothers have a higher level of parental self-efficacy than mothers in Western societies (29). This may be related to Confucian values that emphasize the importance of parental responsibility in child care and development (37). Women are responsible for child care and housework, while husbands often tend to engage in their work (29). During pregnancy, a woman guarantees the safety and health of her fetus by following cultural customs (38). After birth, she raises her baby well and takes care of him/her. Mojaver et al showed that social support is associated with parental self-efficacy in mothers of intellectually disabled students in Iran, and social support can predict 35% of parental self-efficacy (39). Kakabaraee et al examined social support and showed that parents of exceptional children had less social support experiences than parents of normal children and had less support in all three dimensions of family, friends, and others, but family support was higher than the two other social factors (31). Mothers who are not supported by family, friends, and others have lower psychological well-being and weaker self-efficacy. Mothers of exceptional children have less opportunity to pursue interests in social activities and increase their skills, and they face challenges such as negative reactions from the people around them and relatives. Relatives and friends usually have less understanding of the subject and their reactions are mainly sympathy and pity. Thus, mothers usually turn to a kind of isolation and social withdrawal, which reduces their intimate and social relationships and affects their mental health and self-efficacy. Mental health problems, such as parental depression, anxiety, and marital conflict decrease the self-efficacy of parents of exceptional children. Since parental self-efficacy is affected by social support from the community (32), inadequate facilities and lack of social support in Iran are among the factors leading to low levels of self-efficacy among parents of children with intellectual disabilities.

The findings from this study also showed a positive correlation between self-efficacy and emotional support of the family, indicating that an increase in the level of family emotional support increases the self-efficacy of mothers of children with intellectual disabilities. Other studies have reported similar findings (29,37-41). Morelli et al (40), found that among emotional and instrumental support, the emotional support consistently predict provider well-being. Bandy et al (41) found that when mothers receive emotional support in raising children and adolescents, their children will have better social and behavioral functioning. Parents of children with special needs face many challenges in raising these children and these challenges affect their mental health and they are exposed to the risk of depression, marital problems, and personal stress (42). They are not satisfied with being parents, and their ability to adapt to the child decreases, as a result, their parenting ability and self-esteem are lower than the parents of normal children (43). Emotional support is a verbal or non-verbal technique that is consciously used to show one's attention and affection to others. When others receive emotional support, they feel reassured, accepted, encouraged, cared for, valued, and important. With this behavior, they are helped to feel that they are not alone and to cope better with discomfort or challenging situations in their lives. Emotional support is a skill that can be developed with a little practice (44).

The data from the present study demonstrated a positive correlation between self-efficacy and family informational support, suggesting that with the increased

level of information support for mothers of children with intellectual disabilities, the sense of self-efficacy in mothers also increases as confirmed in the previous studies (25,29). Informational support is providing information, guidance, and counseling to help a person adapt to stress (45) and improve her health. According to Bandura, the formation and change of self-efficacy are influenced by information sources such as direct experience, indirect experience, verbal persuasion, and physical and psychological states (39). When patients face physiological, psychological, social, and other problems caused by illness or treatment, their self-confidence in coping is affected by their own experiences and various external information. Informational assistance is the exchange of views on work, advice, or opportunities that may make people's lives easier. Guidance and advice by adults, providing practical and effective information for choosing a house, a car, or a suitable job, introducing attractive places for travel, and introducing valuable books and conferences for personal development are all classified as informational support and may simply create positive and significant effects on the lives of others (44).

The present study found a positive correlation between seeking support and the self-efficacy of mothers of children with intellectual disabilities, implying that the self-efficacy of mothers of children with intellectual disabilities increases with an increase in seeking support. Other studies (30,31,46,47) reported similar findings. Li et al (46) showed that seeking social support to solve problems plays a greater role in reducing withdrawal from problems than self-efficacy and resilience. In different cultures, the search for social support is different. For example, in China, family interest is always put ahead of the individual interest and the group is highly valued, but in American culture, which values individuality, people are encouraged to solve their problems individually (47).

The findings from the present study also suggested that there was a stronger correlation between seeking support and self-efficacy in the mothers than between other support sources and self-efficacy. Being supported in general means belonging, being noticed and accepted, as well as being needed. We receive social support when the community considers us a part of itself and values us. With such spiritual support, we are confident that we are not alone in the event of a problem or danger, and that there are people who rush to our aid and take the lead in solving our problem. Throughout our lives, we have benefited from the support of others. For instance, when we have financial needs, we call our friends; when we disagree with our spouse, we consult with our relatives and seek advice; when a brilliant business idea comes to our mind, we go to a specific organization for advice and investment or we talk to people around us to choose the right house. Indeed, it is not possible to do many daily tasks without using social support, and without it, a person can face many problems.

The data in the present study also showed a positive correlation between instrumental support and self-efficacy of mothers of children with intellectual disabilities, implying that the self-efficacy of mothers of children with intellectual disabilities increases with an increase in instrumental support as confirmed in previous studies (25,44). Actions such as helping to solve other people's financial problems, nursing a patient, taking care of another child, helping in daily life tasks, providing personal food in case of need, providing necessities for people in need, etc. are considered examples of instrumental and physical support. Instrumental support can be considered a prerequisite for emotional support, and in fact, this type of support along with other support sources can provide social support for a person from significant others in his/her life (25). Peterson et al (44) examined the relationship between parents' social support and self-efficacy in the physical activities of female and male adolescents and showed that instrumental social support has a direct relationship with girls' physical activities. They stated that self-efficacy in overcoming problems can be an important construct to understand the relationship between parents' instrumental social support and children's engagement in activities. The findings showed that in addition to a strong correlation between seeking support and self-efficacy, there was a significant correlation between instrumental support and self-efficacy of mothers, highlighting the importance of this relationship.

The data in the present study showed that the mothers of children with intellectual disabilities generally received relatively good social support from the family (a mean score of 242.5 in the range of 142-314), but they received less instrumental support (a mean score of 17.70 in the range of 7-27). Therefore, such mothers should receive more instrumental support in addition to other kinds of support. Moreover, the mean score for self-efficacy in the mothers (48.51 in the range of 31-81) confirmed the low self-efficacy reported by the mothers. Accordingly, more training interventions and comprehensive support should be planned for this group of mothers.

Overall, it seems that mothers of children with intellectual disabilities need multifaceted support to strengthen their self-efficacy. The mothers of these children do not have effective and supportive resources, and mothers in the Iranian culture completely devote themselves to their children. Sometimes, supporting a weak child is such that the mother neglects all her physical, mental, spiritual, and social needs. These mothers consider their children a blessing and a divine trust for them (48). Sometimes, the shortage of cultural, economic, and support facilities affects the care provided to children with disabilities. The mothers of such children have reported that there are not enough facilities to meet the special needs of their children and that there is no public or private institution to

support these families and their children. Sometimes, the support provided is not persistent and considerable. The social services needed for children with mental disabilities impose a lot of cost on the family and the mother is often worried about how to handle such substantial costs. There are some cultural problems and these children are not accepted in the community. Sometimes, people show unusual reactions to these children such as pity, labeling, or humiliation. Poor social communication may also lead to problems for family members. For instance, sometimes the father does not effectively support the mother and the child. Thus, mothers may suffer from serious issues such as poor social relations, marital dissatisfaction, lack of support, and public blaming (49). Accordingly, mothers are looking for various support sources and they need help and support from their family, others, and related organizations to be able to deal with these problems and to improve their self-efficacy and health.

This study was conducted with some limitations. First, data were collected online due to the COVID-19 outbreak. Moreover, the participants were selected from only Tehran. Thus, the findings may have limited generalizability to other groups and communities. Therefore, future studies need to explore the relationship between family social support and maternal self-efficacy using other data collection techniques such as interviews with participants from various regions with cultural differences.

Conclusion

The results of this study showed a significant positive correlation between family social support and self-efficacy of mothers of students with intellectual disabilities. Similarly, emotional, informational, instrumental, and seeking support were significantly correlated with mothers' self-efficacy. Based on the insights from this study, organizations such as exceptional education and welfare organizations and even clinics serving these parents and children can organize workshops or training interventions for parents, especially mothers with exceptional children (children with intellectual disabilities) in schools, healthcare centers, and clinics to teach them about how to search and how to get support from relevant organizations, centers, experts, and even family and friends, and also plan and execute necessary training interventions and programs.

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Authors' Contribution

Conceptualization: Fatemeh Aghamohamad Tabrizi, Narges Adibsereshki, Nikta Hatamizadeh.
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Writing–review & editing: Narges Adibsereshki, Nikta Hatamizadeh, Razieh Bidhendi Yarandi.

Competing Interests

The authors declared no conflict of interest in this study.

Ethical Approval

The participants received some information about the objectives of the study and the confidentiality of their information and signed a written consent form to indicate their willingness to participate in the study. This study was conducted after receiving the code of ethics (IR.USWR.REC.1401.166) from the University of Welfare and Rehabilitation Sciences and permission from the Organization of Exceptional Education in Tehran.

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