

## Parenting Stress: The Role of Self-Compassion and Self-Efficacy in Mothers of Children with Special Needs

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### Abstract

Parents of children with special needs are more likely to experience parenting stress. This is because children with special needs require additional support and guidance from their parents. This study aims to investigate the role of self-compassion and self-efficacy in predicting parenting stress among mothers of children with special needs. Participants in this study were 54 mothers who had children with special needs. The measuring instruments used were the Parenting Stress Index-Short Form, the Self-Compassion Scale, and the Parenting Self-Efficacy Scale. The data analysis techniques used were simple and multiple regression analysis. Based on the results of multiple regression analysis, it was found that self-compassion and self-efficacy play a role that tends to be weak in relation to parenting stress. This means that self-compassion and self-efficacy affect a small part of the level of parenting stress and are more dominantly influenced by other variables not examined in the study.

### Abstrak

Orang tua dari anak berkebutuhan khusus lebih mungkin mengalami stres pengasuhan. Hal ini dikarenakan anak berkebutuhan khusus memerlukan dukungan dan bimbingan tambahan dari orang tuanya. Penelitian ini bertujuan untuk mengetahui peran welas diri dan efikasi diri dalam memprediksi stres pengasuhan anak pada ibu yang memiliki anak berkebutuhan khusus. Partisipan dalam penelitian ini adalah 54 orang ibu yang memiliki anak berkebutuhan khusus. Alat ukur yang digunakan adalah Parenting Stress Index-Short Form, Self-Compassion Scale, dan Parenting Self-Efficacy Scale. Teknik analisis data yang digunakan adalah analisis regresi sederhana dan ganda. Berdasarkan hasil analisis regresi ganda, ditemukan bahwa welas diri dan efikasi diri berperan cenderung lemah terhadap stres pengasuhan anak. Artinya, welas diri dan efikasi diri hanya memengaruhi sebagian kecil tingkat stres pengasuhan anak dan lebih dominan dipengaruhi oleh variabel lain yang tidak diteliti dalam penelitian.



## INTRODUCTION

Children with special needs are children who require special treatment due to developmental disorders or other abnormalities they have (Desiningrum, 2016). In Indonesia itself, it was recorded that in 2021, there were 2,197,833 children with special needs aged 5–19 years. In caring for children with special needs, parents are more susceptible to parenting stress when compared to parents who do not have children with special needs. This is because the conditions and needs of their children are different from the norm (Feizi et al., 2014; Hsiao, 2018; Ren et al., 2020). Children with special needs, such as autistic children or children with intellectual disabilities, have more behavioral problems that cause parents to experience greater stress in their care (Neece & Baker, 2008). Parenting stress of

parents of children with special needs is also explained by Miranda et al. (2019) in their study, which explains the positive correlation between parenting stress and the severity of symptoms and behavioral problems of autistic children. Evidence related to parenting stress experienced by mothers who have children with special needs can also be described through research by Sukmawati et al. (2021) with the finding that 30 of the 32 subjects of their study experienced moderate levels of stress, while from research by Hardi and Sari (2019), it is known that caring for children who have a diagnosis of autism can cause parenting stress which includes physiological, cognitive, emotional, and behavioral responses.

Parenting stress is defined by Abidin (1992) as pressure that comes from having to be a good parent. According to Ahern (2005), parenting stress consists of three aspects, namely: (1) parental stress experiences, which include characteristics that exist within the individual, such as whether parents feel capable of taking care of children, feelings of isolation from the social environment, limitations felt by parents related to their roles, relationships with husbands, parents' physical health, and parents' experiences of depression; (2) child behavioral problems, which emphasize that parenting stress can occur about problems faced by children, for example adaptability, children's demands on parents, children's moods, and children's overly active behavior; (3) dysfunctional parent-child interactions that can be caused by three things, namely, parent-child interactions do not produce feelings of comfort in children, rejection of parents, and emotional closeness between parents and children.

Several things, including demographic factors of parents, family factors, and factors of the level of seriousness of the disorder in children, can influence the parenting stress of parents of children with special needs. In addition, several variables influence parenting stress, including self-compassion, as noted in the research of Garcia et al. (2022), which reveals a negative correlation between self-compassion and parenting stress. Other research conducted by Mazumdar et al. (2022) revealed a correlation between self-compassion and parenting stress in mothers during the COVID-19 pandemic.

Neff (2012) explains that self-compassion is the ability to understand and be warm towards oneself when experiencing failure rather than blaming oneself. Neff further explains six aspects of self-compassion, namely: (1) self-kindness, meaning providing a gentle attitude such as support, attention, and tolerance towards oneself; (2) common humanity, namely the idea that failure is a common thing to happen and not blaming oneself for it; (3) mindfulness, namely being aware of and accepting negative thoughts and emotions felt when feeling pressured; (4) self-judgment, meaning that individuals attack and curse themselves because they feel dissatisfied; (5) isolation, namely feelings of alienation that individuals often feel when comparing their shortcomings with others; and (6) overidentification, namely when individuals tend to be more focused and obsessive about negative emotions.

In addition to self-compassion, another variable that is related to parenting stress is parenting efficacy. Coleman and Karraker (2000) stated that parents with high self-efficacy exhibit a high commitment and interest in parenting practices and are more effective in coping with and tolerating parenting stress. Bloomfield and Kendall (2012) found in their study that parents with low efficacy experienced higher stress related to parenting and vice versa. Another study conducted by Asiyadi and Jannah (2021) involving parents of children with intellectual disabilities also found similar results, where the results of the study explained that there was a significant negative correlation between parenting stress and self-efficacy.

Self-efficacy in parenting is defined as the cognitive abilities that influence parental competence in carrying out their role and their perception of their abilities, which positively influence parental behavior and child development (Coleman & Karraker, 2000). Coleman and Karraker explain that

there are five domains of self-efficacy in parenting: (1) parental efforts in providing support to achieve achievement at school; (2) recreation carried out as parental support to ensure the happiness of their children; (3) parents can apply discipline to children, in order to strive for their independence; (4) emotional support (nurturance) from parents so that children can improve their ability to manage emotions; and (5) maintaining children's health.

Coleman and Karraker (1998) It was also explained that parental experiences in childhood related to attachment can impact self-efficacy in parenting. The parents' environment can provide insight into their parenting practices. In addition, experiences related to children have proven to be an important source for parents in assessing their parenting competence. Additionally, cognitive and behavioral abilities will be related to how parents use appropriate or inappropriate parenting styles with their children. Social support, in the form of supportive attitudes, emotional support, and attention from partners, is also necessary for parents to increase their confidence in parenting practices.

This study has contributed to deepening parenting stress, especially that which occurs in mothers with children with special needs, and how self-compassion and self-efficacy play a role in parenting. Thus, this study hypothesizes that self-compassion and self-efficacy in parenting have an impact on parenting stress, particularly among mothers of children with special needs.

## METHODS

This research method employs a quantitative research design to measure the influence of compassion and self-efficacy on parenting stress. The study population consisted of mothers with children who have special needs, sampled using a convenience sampling technique, specifically distributing questionnaires through an online survey. The instruments used as quantitative data collection tools are the Parenting Stress Index-Short Form ( $\alpha = .85$ ), the Self-Compassion Scale ( $\alpha = .93$ ), and the Parenting Self-Efficacy Scale ( $\alpha = .85$ ). All three measuring instruments have demonstrated good validity and reliability. Data analysis was conducted using classical assumption tests, including the normality test, linearity test, multicollinearity test, and heteroscedasticity test, as well as hypothesis testing involving simple regression tests and multiple regression tests.

## RESULTS

The researcher grouped the demographic data of the participants as follows.

Table 1.  
Demographic Data

Age Group	Frequency
20–30	7 (12.9%)
30–40	28 (51.8%)
> 40	18 (35.1%)
Child Diagnosis	
Autism Spectrum Disorder	35 (64.8%)
Others (Epilepsy, Microcephaly, ADHD, GDD, PDD-NOS, Deafness, Physical Disability, Mental Disability, Asperger's, Hereditary Retinal Dystrophy, Cerebral Palsy)	18 (35.1%)
Employment Status	
Yes	25 (48.1%)
No	28 (51.8%)

According to the grouping results, it is evident that the majority of participants are aged 30–40 years, and most of them are housewives who do not work outside the home. Meanwhile, the most common special needs diagnosis for children is autism spectrum disorder.

Table 2.  
Descriptive Analysis and Categorization

Variable	Mean	SD	Categories	Interval	Frequency
Self-Compassion ( $X_1$ )	89.56	14.28	Very Low	$X \leq 68.14$	4 (7.4%)
			Low	$68.14 < X \leq 89.56$	25 (48.2%)
			High	$89.56 < X \leq 110.98$	19 (35.1%)
			Very High	$110.98 < X$	5 (9.2%)
Parenting Self-Efficacy ( $X_2$ )	137.22	16.07	Very Low	$X \leq 113.12$	3 (5.5%)
			Low	$113.12 < X \leq 137.22$	25 (46.3%)
			High	$137.22 < X \leq 161.32$	21 (40.7%)
			Very High	$161.32 < X$	4 (7.4%)
Parenting Stress ( $Y$ )	126.31	21.42	Very Low	$X \leq 94.18$	2 (3.7%)
			Low	$94.18 < X \leq 126.31$	25 (48.2%)
			High	$126.31 < X \leq 158.44$	21 (38.8%)
			Very High	$158.44 < X$	5 (9.2%)

The categorization results indicate that participants tend to have low self-compassion, accounting for approximately 48% of the total. Furthermore, 46% of participants have low self-efficacy in parenting. Meanwhile, the level of parenting stress faced is relatively low, at around 48%.

Table 3.  
Classical Assumption Test

Classical Assumption Test	Results	Conclusion
Normality	.200	Normal (Sig. $p > .05$ )
Linearity Parenting stress–self-compassion Parenting stress–parenting self-efficacy	.237 .221	Linear (Sig. $p > .05$ )
Multicollinearity	VIF = 1.585; Tolerance = .631	No multicollinearity (VIF < 10.00 & Tolerance > .10)
Heteroscedasticity Parenting stress–self-compassion Parenting stress–parenting self-efficacy	.960 .090	No heteroscedasticity (Sig. $p > .05$ )

Through the classical assumption test, it was found that the data were normally distributed and had a linear relationship between the variables. It was also observed that there was no multicollinearity or heteroscedasticity, so the analysis proceeded to the hypothesis test, specifically the multiple linear regression test.

Table 4.  
Hypothesis Test

Sig.	Correlation	R <sup>2</sup>	Description
.000 ( <i>p</i> < .05)	.495	.245	Self-compassion ( <i>X</i> <sub>1</sub> ) affects parenting stress ( <i>Y</i> ) by 24.5%
.000 ( <i>p</i> < .05)	.400	.160	Self-efficacy in parenting ( <i>X</i> <sub>2</sub> ) affects parenting stress ( <i>Y</i> ) by 17%
.000 ( <i>p</i> < .05)	.511	.261	Self-compassion ( <i>X</i> <sub>1</sub> ) and self-efficacy in parenting ( <i>X</i> <sub>2</sub> ) affect parenting stress ( <i>Y</i> ) by 26.1%

Through the results of the simple regression test, it can be seen that self-compassion and self-efficacy in parenting have distinct relationships and influences on parenting stress. This means that the existing influence only affects a small part of the high level of parenting stress that an individual has, where self-compassion influences 24.5%, and self-efficacy in parenting influences 16%. Then, simultaneously, both influence parenting stress by 26.1%.

## DISCUSSION

The results of simple regression show that self-compassion has a 25.4% effect on parenting stress. This result aligns with previous studies, which indicate a significant correlation between self-compassion and the level of parenting stress (Lestari & Ediaty, 2021; Sirois et al., 2015). Other research conducted by Allen and Leary (2010) also revealed that self-compassion can influence an individual's perspective on sources of stress, making it more positive and reducing the likelihood of individuals experiencing stress. Self-compassion is defined as an individual's sensitivity to painful experiences, accompanied by a strong desire to free themselves from suffering (Gilbert & Choden, 2014).

Neff and McGehee (2010) stated that individuals with high self-compassion are expected to be able to withstand negative emotions, such as feelings of inadequacy, and to find alternative ways to recover from adverse conditions. Although the level of seriousness of the disorder in children often plays the strongest role as a predictor of parental stress, self-compassion is considered more effective in improving the welfare and adaptability of parents (Neff & Faso, 2015). This is because self-compassion encompasses an individual's ability to manage negative emotions, making them more resilient in the face of challenges. Consequently, self-compassion can be an effective strategy for parents in dealing with parenting problems (Kristiana, 2017).

Gender is one of the factors that influence high self-compassion. Women tend to have lower self-compassion because they are more critical of themselves and use more negative self-talk (DeVore, 2013; Yarnell et al., 2015). Another factor is the family environment. When individuals are raised in a family environment that is full of support and care, they will treat themselves well and with affection (Neff, 2009). In addition, Neff et al. (2008) also stated that Asians tend to have lower self-compassion compared to Westerners, which is attributed to cultural differences in their daily environment.

Through the categorization results, it was found that the participants in this study exhibited relatively low levels of self-compassion. The varying ages of the participants can influence this, and most of them were in early adulthood, ranging from 20 to 40 years old. Parents, especially mothers in middle to late adulthood, tend to exhibit higher self-compassion than those in early adulthood. This statement is supported by research by Yarnell et al. (2015), which revealed that an individual's self-compassion increases with age because, at a more mature age, individuals are more likely to accept aspects of themselves more positively.

Meanwhile, the results of simple regression also revealed that self-efficacy in parenting plays a role of 17% in parenting stress. Self-efficacy in parenting is defined as parents' belief in their ability to provide parenting patterns that meet the needs and characteristics of their child (Jones & Prinz, 2005). Self-efficacy in parenting helps parents create positive experiences for their children. Additionally, self-efficacy in parenting can help parents understand their responses and prevent and improve parenting patterns that are less suitable for children (Sari, 2020).

These results align with research by Pratiwi et al. (2021), which demonstrates that self-efficacy in parenting has a significant impact on parenting stress. Research by Hastings and Brown (2002) explains that self-efficacy in parenting is a mediator of child behavior with depression experienced by the mother. Mothers with low self-efficacy often feel guilty about the condition of their children (Kuhn & Carter, 2006). Conversely, mothers who have high self-efficacy in parenting, such as the majority of research participants, will seek out and implement the proper parenting and educational strategies for their children to improve their child's quality of life.

Several factors influence self-efficacy in parenting, including education level, social support, environment, and family economic status (Sari, 2020). Parents with a high socioeconomic background and education are often found to have high self-efficacy in parenting, which enables them to access more knowledge about child development, thereby providing more effective parenting patterns (Coleman & Karraker, 2000). Additionally, they are better equipped to meet the material needs of their children.

The results of the categorization of parenting self-efficacy showed that 46.3% of participants had a low level of self-efficacy in parenting. This result can be influenced by age factors, where the age of parents is related to their experience in parenting, as well as their physical and cognitive maturity (Notoatmodjo, 2012; Nurmalia et al., 2021). This means that the higher the age of the parents, the better their ability to care for children, as they will have more experience with caring for children with special needs. The better the care given to children, the lower the level of parental concern about the child's condition.

Meanwhile, self-compassion and self-efficacy in parenting account for only 27.2% of the effect on parenting stress simultaneously. However, the resulting influence tends to be at a weak level, indicating that other factors may have a greater impact on parenting stress than the variables studied in this study. Mothers are figures who are more susceptible to parenting stress than fathers (Gani & Kumalasari, 2019). Through the categorization results of this study, it was found that 48.2% of participants experienced low parenting stress. This could be because 51.8% of participants were mothers who did not work. Working mothers tend to have higher levels of parenting stress. This statement is in line with research by Forgays et al. (2001), which states that working mothers have higher levels of parenting stress than mothers who do not work. Mothers who do not work will have more time to accompany and learn about the characteristics and interaction patterns of their children, thereby forming resilience (Ali & Ariana, 2022).

Johnston (2003) stated that factors influencing the level of parenting stress originate from both the individuals themselves and their surroundings. Factors that can influence an individual's personality include coping skills, problem-solving abilities, level of maturity, religiosity, education, and employment status. Meanwhile, external factors include children's bad habits, marital satisfaction levels, socioeconomic status, and social support. In addition, high levels of parenting stress in mothers can be associated with the number of children, age of motherhood, low level of education, and lack of social support (Östberg & Hagekull, 2013). Cultural factors also influence the parenting stress experienced by mothers to some extent. This is because, in Indonesia itself, women are perceived as expres-

sive figures and caregivers within the family, while men are perceived as those who earn a living for the family (Puspitawati, 2012).

The value of the influence between self-compassion and self-efficacy in parenting on parenting stress, which is relatively low in this study, is thought to occur because participants receive social support that is considered sufficient to overcome the parenting stress experienced. This is because social support itself is one of the factors that influence the levels of self-compassion, self-efficacy in parenting, and parenting stress. This is supported by research by Kusnadi et al. (2022), which states that there is a relationship between social support and parenting stress in mothers of children with special needs.

This result can also occur because the mother feels resilient to the child's behavior and interaction patterns. This statement is supported by research by Ali and Ariana (2022), which states that there is a strong and significant relationship between resilience and parenting stress experienced by mothers of children with Autism Spectrum Disorder (ASD). Additionally, it was found that emotional regulation is also a factor that plays a role in managing parenting stress (Ikasari & Kristiana, 2018). When individuals can effectively regulate the negative emotions they feel, their parenting stress will decrease.

Joining a community of parents with children with special needs, either online or offline, also helps individuals reduce the level of parenting stress they experience. The community will help individuals access information and knowledge about caring for children with special needs, which can be pretty challenging to obtain. Moreover, through the community, members can exchange stories and solutions, providing them with social support that they may not receive in their surroundings, where those who do not understand their stress may be present.

## CONCLUSION

The results of the study indicate that self-compassion and self-efficacy in parenting have a role in parenting stress experienced by mothers of children with special needs. This is evidenced by the results, which indicate that there is a role of independent variables on other independent variables, although their roles tend to be weak. This weak role may be attributed to other factors that were not examined in this study. The results of this study can serve as a reference for parents, especially mothers of children with special needs, to identify the factors that contribute to parenting stress. Apart from the study's results, which can prove the relationship between variables, this study still has several limitations. One of these factors is the limited variation in demographic data, which can be utilized in this study. Therefore, further research is expected to focus on variations in demographic data in the samples used.

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