

**RELATIONSHIP BETWEEN COPING SKILLS AND MARITAL
SATISFACTION AMONG PARENTS OF PUPILS WITH
LEARNING DISABILITIES IN SELANGOR**

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**FACULTY OF EDUCATION
UNIVERSITY OF MALAYA
KUALA LUMPUR**

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RELATIONSHIP BETWEEN COPING SKILLS AND MARITAL SATISFACTION AMONG PARENTS OF PUPILS WITH LEARNING DISABILITIES IN SELANGOR

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ABSTRACT

It is widely recognized in research that children with learning disabilities generate heightened concern, stress and tension within their families. Parents of pupils with learning disabilities encounter a variety of severe hardships in caring for their children's needs and coping with the challenge and maintain a good quality of marriage. This study aims to study about the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities in Selangor Darul Ehsan. Demographical details such as level of education of the parents and monthly income of the parents were used in the research to study about the relationship of these two demographic details with coping skills and marital satisfaction among parents of pupils with learning disabilities. A survey research design was conducted to gather the data in this study. The collected were analyzed by using *Statistical Packages for Social Science (SPSS)*. An adapted version of *Family Crisis Oriented Personal Scales (F-COPES)* was used to gather data about the coping skills and an adapted version of *ENRICH (Evaluating & Nurturing Relationship Issues, Communication, Happiness) Marital Satisfaction Scale (EMS) Scale* was used to gather data about the marital satisfaction among parents of pupils with learning disabilities. The Pearson r value ($p > .05$) indicated that there is no any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities. The General Linear Multivariate ($p > .05$) indicated that there is no any significant relationship between coping skills with level of education and monthly income among parents of pupils with learning disabilities. The General Linear Univariate ($p > .05$) indicated that there is no any significant relationship between marital satisfaction with level of education and monthly income among parents of pupils with learning disabilities. The study on the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities should be given more attention by researchers in Malaysia. This is in order to assist the parents of pupils with learning disabilities to identify and utilise the right coping skills to deal with their daily crisis. Moreover, effective coping skills help the parents of the pupils with learning disabilities to have a satisfying married life. In addition, the findings from this study also will be insightful for counselors, therapist, religious leaders and teachers to understand better about the preferred

coping skills and the marital satisfaction among parents of pupils with learning disabilities and provide them with meaningful and effective assistance in dealing their daily crisis.

Keywords: coping skills, marital satisfaction, parents, learning disabilities

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HUBUNGAN KEMAHIRAN DAYA TINDAK DENGAN KEPUASAN PERKAHWINAN DALAM KALANGAN IBU BAPA MURID BERMASALAH PEMBELAJARAN DI SELANGOR

ABSTRAK

Kebanyakan kajian lepas menunjukkan bahawa kanak-kanak dengan keperluan bermasalah pembelajaran menjana kebimbangan yang tinggi, tekanan dan ketegangan dalam kalangan ahli keluarga mereka. Ibu bapa murid bermasalah pembelajaran menghadapi pelbagai kesukaran yang membimbangkan dalam menjaga keperluan anak-anak mereka dan menghadapi cabaran dalam mengekalkan kualiti perkahwinan mereka. Kajian ini bertujuan untuk mengkaji tentang hubungan antara kemahiran daya tindak dan kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran di negeri Selangor. Butiran demografi seperti tahap pendidikan dan pendapatan bulanan ibu bapa digunakan dalam penyelidikan untuk mengkaji tentang hubungan kedua-dua butiran demografi berikut dengan kemahiran daya tindak dan kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran. Reka bentuk kajian soal selidik digunakan dalam menjalankan kajian ini. Analisis data dibuat dengan menggunakan "Statistical Package for Social Science" (SPSS). Instrumen adaptasi *Family Crisis Oriented Personal Scales (F-COPES)* digunakan untuk mengumpul data tentang kemahiran daya tindak dan instrumen adaptasi *ENRICH (Evaluating & Nurturing Relationship Issues, Communication, Happiness) Marital Satisfaction Scale (EMS) Scale* digunakan untuk mengumpul data tentang kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran. Nilai Pearson r ($p > .05$) dalam dapatan kajian menunjukkan yang tiada hubungan antara kemahiran daya tindak dan kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran. Ujian "General Linear Multivariate" ($p > .05$) menunjukkan tiada hubungan yang signifikan antara tahap pendidikan dan pendapatan bulanan ibu bapa dengan kemahiran daya tindak dalam kalangan ibu bapa murid bermasalah pembelajaran. Ujian "General Linear Univariate" ($p > .05$) menunjukkan tiada hubungan signifikan antara tahap pendidikan dan kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran, tetapi terdapat hubungan yang signifikan ($p < .05$) antara pendapatan bulanan ibu bapa dan kepuasan perkahwinan dalam kalangan ibu bapa murid bermasalah pembelajaran. Kajian tentang hubungan antara kemahiran daya tindak

dan kepuasan perkahwinan dalam kalangan ibu bapa dengan anak-anak dengan keperluan bermasalah pembelajaran harus diberi perhatian oleh para penyelidik di Malaysia. Perkara ini adalah untuk membantu ibu bapa dengan anak-anak bermasalah pembelajaran mengenal pasti dan menggunakan kemahiran daya tindak yang lebih efisien untuk menangani krisis harian mereka. Lebih-lebih lagi, kemahiran daya tindak yang berkesan membantu ibu bapa dengan anak-anak dengan keperluan bermasalah pembelajaran untuk menikmati kepuasan perkahwinan pada tahap yang lebih baik. Di samping itu, dapatan kajian ini juga dapat membantu kaunselor, ahli terapi, pemimpin agama dan guru untuk memahami lebih baik mengenai kemahiran daya tindak yang digemari oleh ibu bapa dan kepuasan perkahwinan dalam kalangan ibu bapa dengan anak-anak dengan keperluan bermasalah pembelajaran serta para professional ini dapat memberikan mereka bantuan yang bermakna dan berkesan dalam menghadapi krisis harian mereka.

Kata Kunci: kemahiran daya tindak, kepuasan perkahwinan, ibu bapa, bermasalah pembelajaran

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LIST OF ABBREVIATIONS

| | |
|------|--|
| LD | Learning Disabilities |
| ADHD | Attention Deficit Hyperactivity Disorder |
| EMS | ENRICH Marital Satisfaction |
| PPKI | “Program Pendidikan Khas Integrasi” |

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CHAPTER 1

INTRODUCTION

1.1. Background of the study

Parents of pupils with learning disabilities (LD) are confused with the different abilities and learning disabilities of their own children. In this study, learning disabilities refers to an array of disorders such as Autism, Dyslexia, Down Syndrome (developmental disability), Attention Deficit Hyperactivity Disorder (ADHD) and slow learner. Woodman (2014) stated that the behaviour of children's with disabilities is quite hard to be comprehended by their parents. Moreover, parents of offspring with LD feel negative that they are not doing good enough for their children. There have been few coping skills parents of offspring with disabilities used such as structure without rigidity, clear guidance or instruction for children, consistent approval of positive behaviour and addressing a child's special needs and interests help parents of offspring with LD to feel good thus also make their children to feel the same. Researchers also stated that both parents of the offspring with intellectual disabilities and their children were able to accept the facts that an individual's differences doesn't necessarily lead to inferiority (Meppelder, Hodes, Kef & Schuengel, 2015).

According to Perry (2004), parents of offspring with development disabilities stated that formal and informal social support services are the common support systems that exist in families of children with LD. Some of the informal social supports stated in the research are such as assistance from family members, friends, social organisations, neighbours and religious communities.

Informal social support among parents of offspring with Autism also decreases the occurrence of negative outcomes such as stress and other negative feelings (Dunn et al., 2001).

Benson (2006) in his studies stated that informal social support from peers and family members reduces the stress accumulation and symptoms of depression among parents of offspring with Autism. Weiss (2002) indicated in his studies that esteem-boosting relationship results in lower level of depression and a greater sense of achievement among mothers of typical children, children with Autism and children with mental retardation. There is an increase in positive parental outcomes when mothers of offspring with Autism receive support from family members and friends (Ekas et al., 2010). The findings of this study also highlighted that certain type of informal social support perhaps would be beneficial among mothers of offspring with Autism. In addition, caregivers of offspring with Autism who received less informal social support reported that there was an increased burden placed on them (Stuart & McGrew, 2009).

Perhaps, the weak informal social support would aggravate the stress experienced among parents of offspring with learning disabilities and lead to undesirable outcomes. It is also stated that parents of offspring with development disabilities also seek formal social support and services to deal with their children's development disabilities. Perry (2004) stated that these formal social supports could be "professional or para-professional interventions, including education or treatment program, family interventions such as individual, marital, or family counseling, respite care, behaviour management training and parent support groups".

In a meta-analysis of comparative research of the occurrence of depression among mothers of offspring with and without development disabilities, it is found that formal social support and services was helpful to reduce distress among these mothers (Singer, 2006).

Similarly, formal social supports such as respite services and school services have been reported to be helpful as a stress relief among parents of offspring with Autism (Tehee, Honan, & Hevey, 2009). The study also showed that parents of offspring with Autism benefitted from such formal social supports in ways similar to parents of offspring with other disabilities. Another study done by Ki & Joanne (2014) indicated that parents of offspring with disabilities felt most stressful in handling the emotions and behaviours of their children with disabilities. This finding is consistent with other previous findings done by a few researchers. For instance, parents' level of stress increases when they are dealing with the behavioural and emotional issues of children with development delays, development disabilities and pervasive development disorders and development delay (Baker, Blacher, Crnic, & Edelbrock, 2002; Baker et al., 2003; Hastings, 2002; Herring et al., 2006).

It is also vital to comprehend that how the coping skills of parents of pupils with learning disabilities alleviate the impact of parenting stressors on their marital quality. It is observed that adaptive coping skills used by parents of offspring with Autism and development disabilities also had reduced the effect of child-related stressors on parental psychological well-being (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Glidden, Billings, & Jobe, 2006).

Moreover, the studies showed that there was a vast difference in the psychological well-being between parents of these children that used problem-focused coping than parents who reported using escape-avoidance and other

maladaptive emotion-focused coping skills. Parents who used problem-focused coping skills or positive reappraisal coping skill reported more desirable and positive psychological well-being. In contrast, parents who used escape-avoidance and other maladaptive emotion-focused coping skills reported negative psychological well-being.

Apart from that, it is also stated that parents of offspring with Autism who reported that the acceptance of high level of social support from family and friends and employing adaptive coping skills in dealing with their child-related stress may not be at risk for negative marital interactions. However, the same study quoted that parent of offspring with Autism who used maladaptive coping skills may be at risk for marital conflict. In support of this statement, parents of offspring with Autism that reported using escape-avoidance coping skill indicated more marital issues than parents of children with Autism who did not use this coping skill (Dunn et al., 2001). The same study also revealed that the use of positive reappraisal by parents of offspring with Autism was related to lesser marital problems. Similarly, Stoneman and Gavidia-Payne (2006) examined the use of problem-focused coping by parents of offspring with disabilities. The study indicated, the use of problem-focused coping skills were positively associated to marital satisfaction among parents of offspring with disabilities. It is highlighted, more positive ratings on marital satisfaction was observed among parents of pupils with disabilities when the parents used more problem-focused coping skill to deal with stressors.

According to Hock, Timm, & Ramisch (2012), the children's special needs may affect the parents either positively or negatively. Past studies showed intensified parenting stress, poorer mental health, disruption to career, decrease in leisure time were common among parents of offspring with Autism and other development

disabilities and they were more likely to divorce than parents of children without any disabilities (Brobst, Clopton, & Hendrick, 2009; McConkey, Truesdale-Kennedy, Chang, Jarrah, & Shukri, 2008; Risdal & Singer, 2004; Rogers & Hogan, 2003). Rogers and Hogan (2003) stated that one individual's stress may affect other family members in the family system.

Furthermore, parenting stress is related with children's negative outcomes such as negative behavioural issues and ends in negative interaction between parent-child. Thus, it is vital to comprehend the sources of stress among parents of offspring with disabilities and enable the related parties to tailor interventions for the special needs children and responding to the needs of the parents of offspring with disabilities (Smith, Oliver, & Innocenti, 2001).

In another study, it is found that offspring with disabilities were more likely to live with their mother as compared to their fathers (Cohen & Petrescu-Prahova, 2006). In a longitudinal study, Simmerman, Blacher, and Baker (2001) found that both parents of children with disabilities marital adjustment were influenced by the mother's perception and satisfaction with the father's involvement in assisting their children with disabilities. Mirgain and Cordova (2007) stated that desire and satisfaction were the two factors used to evaluate marital satisfaction among married couples. In an institution of family, the occurrence of less marital satisfaction may be more likely among parents of children with LD.

In recent days, studies shown that parents' marital satisfaction is influenced by the presence of a child with or without disabilities. This is one of the biggest challenges faced by parents of children with LD.

Parents who are coping with the impact of children with LD also might be accompanied with other different problems by other immediate family members. It is

said that marital satisfaction among parents of offspring with intellectual disabilities were influenced with the occurrence of stress among the parents and could damage proper family functioning (Bayat, Salehi & Bozorgnezhad, 2011; Duvdevany & Abboud, 2003).

The feeling of bereavement is also observed on parents of offspring with intellectual disabilities. Mothers of children with intellectual disabilities reported, the children's special needs had a bad effect on their family functioning and thus causes marital dissatisfaction among them (Bayat, Salehi & Bozorgnezhad, 2011). Marital conflict, depression, divorce, anxiety and suicide attempts and hopelessness are among the negative effects occurred among parents of children with disabilities and associated with having children with disabilities or intellectual disabilities and these can impair mental health and affect marital relations among parents. Physical, social and economic problems too are common among parents of children with special needs. (Baxter, Cummins & Yiolitis, 2000; Duvdevany & Abboud, 2003;).

1.2. Statement of the Problem

It is never easy for parents to discover that their child has a particular learning disability or also commonly known as special need. The whole process of identifying the special needs of their child can be both confusing and painful, especially when it is concerned with learning disabilities. Learning disabilities are generally difficult to detect as there are multiple types of it which are difficult in nature. Thus, it can be hard for parents to know whether things are normal or not with their child, especially if the child is firstborn of a couple. There are neither clear-cut nor specific behaviours that can confirm the existence of learning disabilities in a child. For instance, it is difficult to tell from the appearance and behaviour of a very active

toddler whether he is just a normal, healthy kid or a kid with any specific learning disability.

Similarly, a child with motor skills problem can be easily mistaken for being just a little clumsy. As such, it may take some time for the parents to discover that their child may need special attention in terms of learning. On top of that, most of the parents struggle with mixed feelings and various concerns after their children are being diagnosed with a particular learning disability. They may also show various reactions such as shocked, denial and anger after knowing that their child has intellectual disability (Gupta & Kaur, 2010). They may experience deep sorrow, low self-esteem, escapism and tend to have unrealistic goals on the child and themselves (Berdine & Blackhaust, 1985) which result in tremendous stress (Wikler, 1981). Therefore, this study will research on the coping skills used by the parents of offspring with learning disabilities to cope with the negative reactions manifested by them when dealing with their children with learning disability.

Apart from stress, the future may also lead to great anxiety among the parents, as raising a child with learning disability will have aversive effects on other siblings in terms of parental care and support. It may also affect family bonding and cause unwanted misunderstandings besides affecting their interaction with neighbours and relatives. Thus, this study will investigate about the coping skills used by parents of children with learning disability to improve on their family bonding and to have a positive interaction with neighbours and relatives.

Despite acceptance of the child and subsequent adaptation processes by the family, having a child with learning disability may take a significant toll on the parent's marital satisfaction as a result of poor coping skills. Besides that, financial crisis may also occur due to presence of a child with Down Syndrome in the family

as a result of additional expenses for the child's learning needs and therapies (Alexander & Walendzik, 2016). Nevertheless, these concerns are common among parents only until a point where they can willingly accept the truth that their child has special needs. The parents may go through stages of grief, fear and guilt for having the child, including thoughts that changing neighbourhood, school or even doctor might solve their problem, until finally they can accept the child's strengths and weaknesses and try to figure out an action plan (Kubler-Ross, 1980; Smith, 1995). Thus, this study will highlight about the adaptive coping skills that can be used by the parents of pupils with learning disability to cope with the needs of their children and take a desirable or positive decisions in daily life.

Marriage has been regarded as the most important and fundamental human relationship because it provides the ground for establishing a family relationship and rearing the next generation. People are generally happier and healthier when they are married as a good marriage provides individuals with a sense of meaning and identity in their lives. Marriage and established family life are the unique qualities of human being, which makes them an integral element of the society. Marriage helps two individuals to enjoy personal growth and enrichment from established family life. This would only be possible if relationship between couples is coherent and satisfying. Different factors have significant influence on marital satisfaction.

This is because marriage involves interaction and mutual understanding between two unique personalities, and thus, there are chances for conflict and adjustment problems. In regards to this, presence of children may have both negative and positive impact on marital satisfaction. Thus, this study will provide meaningful insights such as whether there is a positive or negative impact on marital satisfaction among parent of pupils with learning disabilities in Selangor.

It is widely accepted that parenting is a highly stressful aspect in life. As such, becoming a parent to a child with learning disability would be even more stressful as caring for the child can be physically and mentally exhausting. Although marital satisfaction is a multidimensional construct, coping skills (Falconier et al., 2015) and shared values on parenting commitments (Abidin et al., 2012) are often regarded as strong influencing factors.

As satisfying marriage is fundamental in building a stable family institution which can support the development of child with learning disability, it is important that the parents know how to manage their thoughts, feelings and actions well. They should not over-react in any situation to avoid conflicts that may affect their relationship. Literature has shown that there is a strong relationship between the quality of marital relationships and quality of an individual's mental health. In this study, the researcher will look at the mental health of the parents of pupils with learning disabilities by assessing the coping skills used by them.

Marital satisfaction and psychological well-being among Malaysian married couples are believed to be positively correlated (Ismail et al., 2015). In this case, it is important to ensure that parents who have children with learning disability are equipped with sufficient knowledge on both marriage institution and parenting skills to face the ups and downs in their family.

Under these circumstances, coping skills become significantly important in the parents' life. So, this study will look at whether the marital satisfaction among the parents of children with learning disability is influenced by the coping skills used by the parents. It was reported that 4.2 millions of Malaysians are suffering from some form of mental health issues (National Health and Morbidity Survey, 2015) and prevalence of mental health issues among adults above 16 years old is 29.2% or

4.2 millions of people. One of the common factors to which poor mental health has been associated is marital breakdown.

Lack of coping skills and strategies may affect parent's marital stability and increase possibilities of marital breakdown (Revenson et al., 2005). Coping is an effective attempt to deal with stressful situations. Coping skills help to eliminate, modify and manage stressful events or crises (Thompson, 2000). It is essential for parents to learn how to cope with their stress efficiently in order to reduce negative psychological, emotional, and physical consequences of having a child with learning disability. Thus, the researcher will look into a few coping skills such as reframing, passive appraisal, acquiring social support, and mobilizing to acquire and accept help and seeking spiritual support used by the parents of pupils with learning disabilities to manage their stressful events or crises in their daily life.

Besides that, coping skills are also useful to facilitate adaptation and to achieve a balance in family resources and functioning. According to statistics by Ministry of Education (2018), there were approximately 33399 children with different learning disabilities including Dyslexia, Attention Deficit Hyperactivity Disorder (ADHD) and Autism throughout Malaysia. This is an alarming figure that needs attention. In this study, the researcher intends to study the coping skills used by the parents to deal with their children's learning disability and whether there is a relationship between coping skills among parents of children with learning disability and learning disability of the children.

Other statistics by National Registry Department (2018) revealed that 49956 divorce cases took place in year 2017 with 17372 cases happened within the first five years of marriage. It had been stated by majority of the couples that lack of understanding was the main reason for their marriage breakdown.

This could be partially due to the fact that many couples became parents during the first eight years of their marriage (Twenge et al., 2003). As the couples become parents, marital satisfaction often decrease as a result of the demands of their new roles (Purdom et al., 2006). Hence, maintaining marital satisfaction would be more challenging for parents when the child is born with some kind of disability. Thus, this study will provide some light whether the presence of a child with learning disability in a family affects the marital satisfaction among parents of children with learning disability.

The presence of children with learning disabilities also is often accompanied with feelings similar to those of bereavement. Children with learning disabilities spend most of their time at home (Bayat,Salehi & Bozorgnezhad, 2011) and this situation can have a bad effect on marriage and family functioning, especially among mothers. Presence of a child with learning disability can affect parent's quality of life in terms of their communication, companionship, sexual intimacy and commitment to each other as spouses. In this research, the researcher intends to study whether the presence of a child with learning disability can be associated with the coping skills and marital satisfaction among parents of pupils with learning disability.

Previous studies have also shown that an increased risk of divorce observed among parents of offspring with Autism and disabilities as compared to parents of normal children (Hartley et al., 2010; Witt et al., 2003). It was reported by Hartley et al., (2010) that the divorce rate is higher among parents of offspring with learning disabilities (23.5%) than among parents of offspring without learning disabilities (13.8%).

Besides that, marital satisfaction may affect physical and mental well-being of the family members and has a direct relationship with the child's actions and

reactions. The presence of stress in the marital relationship of parents can badly influence child-parent relationship and child's psychological well-being (Fishman & Mayers, 2000). Therefore, it is important for parents to adopt appropriate coping strategies. Parents with good coping skills are generally more positive towards each other during conflicts. Thus, in this study the researcher will carry out a research whether which coping skills are used widely by parents of children with learning disability and their marital satisfaction.

This is particularly important in families with disabled children as there are high tendencies for parents to blame each other for the disability and to refrain from carrying out their parenting responsibilities. Parents may openly show their disappointment towards their partner in negative ways such as quarrelling, yelling and physically attacks. These would not only affect the relationship between parents themselves, but may also negatively impact the disabled children and their siblings in many ways. They may feel sad, depressed, have low self-esteem, isolate and blame themselves for the problems in the family. Things could get even worse if conflicts are left unresolved, as parents may end up in separation and divorce, which would further intensify the children's emotional sufferings. These would put them at an increased risk of various psychological disorders; even studies have showed that marital satisfaction of parents is closely associated with symptoms of child depression (Lin et al., 2017).

On the other hand, with proper coping skills, parents will be able to channel their anger, frustration, sorrow and stress in other ways that would not affect the children and family relationship. They would be more liberal at accepting each other's weaknesses and this will improve their marriage satisfaction. As such, they can play better parental roles towards the disabled children and their siblings.

Therefore, this study will provide how well parents of pupils with learning disabilities use various coping skills in coping with the children's special needs.

Previous studies, both in the global and Malaysian context were focused on parental stress of children with learning disabilities. Caruso (2017), Carter (2008), Hastings (2003), Lee et al., (2017), Kamarulzaman & Nordin (2015) and Neelaveni et al., (2012) showed that parents of offspring with learning disabilities suffer with clinically significant level of parental stress. This study would provide more insights about the coping skills that can be used by parents of pupils with learning disability in reducing the stress level among them while dealing with the children's learning disability.

The study by Neelaveni et al., (2012) indicated that mothers were at higher risk of developing stress and non-Malay parents of offspring with learning disabilities were generally more stressed than the Malay parents; while Kamarulzaman & Nordin (2015) stated that parents of female offspring with learning disabilities experience high level of stress.

On the other hand, having children with learning disabilities had been described as moments of crises which can affect functioning of a family by Martins & Couto (2014), Pereira & Kohlsdorf (2014), Cohen & Petrescu-Prahova (2006), MacInnes (2008), McConkey et al., (2008), Rogers & Hogan (2003) and Da Paz & Wallander (2017). Meaden et al., (2010), Brobst et al., (2009) and Sigan et al., (2011) elaborated on the stress of having a child with learning disabilities and the negative pressure it might have on parent's relationship and how their marriages could end up with divorce (Doherty, 2008; Solomon & Thierry, 2006). Nevertheless, past researches were focused on parental stress of having children with learning disabilities, its impact on family functioning and their coping skills. Thus, this study

would provide meaningful findings about coping skills used by parents of pupils with learning disabilities in Selangor.

The effect of the demographic variables such as financial strength, level of education and learning disabilities of children on the coping skills and marital satisfaction among parents of children with learning disabilities had also been scarcely studied. Family life and marital satisfaction predicts overall quality of life of parents (Stutzer & Frey, 2006). Thus, this study will study the association between these demographical variables and coping skills and marital satisfaction.

This is because marital satisfaction has a huge impact on the physical and mental health of both spouses (Holt-Lunstad et al., 2008) which can directly affect the children's development, well-being, academic performance, social skills, and relationships (Cummings & Davies, 2010). Past studies have shown that there is a huge variability in characteristics, functioning, and symptoms of children with learning disabilities and their families, as the level of stress and challenges faced by parents differ based on the condition of child and family factors (Abbeduto et al., 2004).

Thus, this study will research on whether there is a relationship between marital satisfaction among parents and learning disabilities of the children. A study by Pritzlaff (2001) revealed a positive correlation between coping skills of parents who have children with disabilities and their income level. A family raising a child with disabilities may often face financial problems due to hospital bills, therapies and adaptive equipment. Thus, parents of child with learning disability may also face similar financial issues that may put a strain on their coping strategies and marital satisfaction. In this study, the researcher intends to focus on the relationship between monthly income of parents of children with learning disability and coping skills.

Some families may have an advantage when it comes to stressful situations due to higher income. This is possibly due to the increased affordability of resources required to cope and adapt with the child's disabilities. Parents with higher income may have the access to more resources to help make the situation less stressful and they may look at their situation as an opportunity for growth rather than as a crisis. A family's resources may place parents at a greater advantage for coping with a child with special needs (Friedrich et al., 1985).

Furthermore, children with disabilities usually live at home with the parents up to their late adult years. Thus, financial implication of the child's disability on the parents' life is inevitable. When most of the children leave their home for tertiary education and job opportunities, children with disabilities remain at home and continue to require high cost for their specialized care (Parish, et al., 2010).

Parents are obliged to the role as primary caregivers to these children beyond early childhood into adolescence and adulthood, which can negatively affect their financial well-being, especially in terms of income, expenses and savings (Parish et al., 2010). Hence, parents may have to make various sacrifices to accommodate ever-growing financial demands of the family. Due to the continuous financial constraint, parents may end up with stress, anxiety and frustration which could lead to marital dissatisfaction. Thus, this study will reveal meaningful findings whether there is a relationship between monthly income and coping skills among parents of pupils with learning disabilities in Selangor.

Besides, the parents' education level is also thought to influence coping skills and marital satisfaction of parents who have offspring with learning disabilities to a certain extent. This is because those who have higher level of education are generally good problem solvers (McCubbin et al., 1982) and may have better coping skills

when faced with crises. They are typically more resourceful, and thus, may be able to seek and provide a few better interventions for the children with learning disabilities. In addition to that, parents with higher education are also more positive towards raising children with disabilities. It has been reported that wishful thinking and self-blame were more frequently used by mothers who have less education and a lower socioeconomic status (Judge, 1998). Therefore, higher level of education is believed to help parents to cope and adapt to their child's condition without putting much pressure on their marital satisfaction. The researcher in this study looks into whether there is a relationship between level of education with coping skills and marital satisfaction among parents of pupils with learning disabilities in Selangor.

A few variations in parental stress and well-being may also be attributed to the child's diagnosis. Previous study by Abbeduto et al., (2004) has found significant differences in the psychological and physical well-being of parents of children with Autism in terms of the nature of their child's diagnosis. Thus, differences in experiences and stress level due to diagnoses of the child are more likely to contribute to adoption of various coping skills of the parents. This is because some of the learning disabilities may take a heavier toll on marriages than the other. Hence, there is a possibility for diagnosis of the child to adversely affect coping skills, as well as marital satisfaction of parents of child with learning disability.

On overall, a study to understand coping skills and marital satisfaction among parents of offspring with learning disabilities, and also how differences in demographic variables such as level of education, financial strength and diagnosis of children may affect them is essentially required. As such, this study would contribute to the pool of latest findings on relationship between coping skills, marital satisfaction and the relationship between these two variables with demographic

variables (level of education, financial strength and diagnosis of children) among parents of pupils with learning disabilities in Selangor.

1.3. Purpose of the Study

The purpose of this descriptive study is to determine existing coping skills of parents of pupils with learning disabilities and determine which coping skills used mostly among parents of pupils with learning disabilities in their daily live.

An adapted questionnaire created by McCubbin, Olson, and Larsen, (1981), called the Family Crisis Oriented Personal Evaluation Scales(F-COPES) has been utilised to identify the coping skills which families develop in response to problematic situations or difficulties (McCubbin, Thompson, & McCubbin, 1996).

The adapted F-COPES skills are divided into five subscales which are reframing, seeking spiritual support, acquiring social support, mobilizing family to acquire and accept help, and passive appraisal. The demographic variables such as level of education, monthly income and diagnosis of children used to determine whether there is a significance relationship between these variables and coping skills among parents of pupils with learning disabilities.

An adapted questionnaire created by Fournier et al., (1983) ENRICHES (Evaluating & Nurturing Relationship Issues, Communication, and Happiness) Marital Satisfaction Scale (EMS) has been utilised to identify the marital satisfaction among parents of pupils with learning disabilities. There are two main subscales in this instrument which is idealistic distortion scale and marital satisfaction scale. The demographic variables such as level of education, monthly income and diagnosis of children used to determine whether there is a significance relationship between these variables and marital satisfaction among parents of pupils with learning disabilities.

Lastly, the researcher also used the collected data to study the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities in Selangor using Statistical Packages for Statistical Studies (SPSS). The interpretation of the data is further explained in Chapter 3.

1.4. Objectives of the Study

The objectives of the study are: -

- 1) To determine the level of usage of coping skills among parents of pupils with learning disabilities.
- 2) To determine the level of marital satisfaction among parents of pupils with learning disabilities.
- 3) To determine if there is a relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities.
- 4) To determine if there is a relationship between the demographic variables (level of education and monthly income) and coping skills among parents of pupils with learning disabilities.
- 5) To determine if there is a relationship between the demographic variables (level of education and monthly income) and marital satisfaction among parents of pupils with learning disabilities.

1.5. Research Questions

This research attempts to answer the following questions:

1. What is the level of usage of coping skills among the parents of pupils with learning disabilities?

2. What is the level of marital satisfaction among parents of pupils with learning disabilities?
3. Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities?
- 4a. Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities?
- 4b. Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities?
- 5a. Are there a significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities?
- 5b. Are there a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities?

1.6. Alternative Hypothesis (H_A) and Null Hypothesis (H_O)

1.6.1. H_a and H_O for Research Question 3

1. H_a - There is a significance relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities.

H_O - There is no significance relationship between copings skills and marital satisfaction among parents of pupils with learning disabilities.

1.6.2. H_a and H_O for Research Question 4(a) and 4(b)

1. H_a - There is a significance relationship between coping skills and level of education among parents of pupils with learning disabilities.

H_O - There is no significance relationship between coping skills and level of education among parents of pupils with learning disabilities.

2. **H_a** - There is a significance relationship between coping skills and monthly income among parents of pupils with learning disabilities.

H₀ - There is no significance relationship between coping skills and monthly income among parents of pupils with learning disabilities.

1.6.3. H_a and H₀ for Research Question 5(a) and 5(b)

3. **H_a** - There is a significance relationship between marital satisfaction and level of education among parents of pupils with learning disabilities.

H₀ - There is no significance relationship between marital satisfaction and level of education among parents of pupils with learning disabilities.

4. **H_a** - There is a significance relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities.

H₀ - There is no significance relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities.

1.7. Significance of the study

Very few studies (Keller & Honig, 2004) investigated the sources of coping skills and their associations with marital satisfaction of parents with children with disabilities. Though there were studies in Hong Kong that examined the stress faced by families with children with disabilities (Ma, Lai, & Pun, 2002), none has looked at the associations among sources of parenting coping skills, marital satisfaction and sharing of child care responsibilities. Shek (2006) highlighted the importance of research on Chinese families based on the huge size of the Chinese population and the strong emphasis of family in Chinese culture. This study will provide theoretical implications for furthering the understanding the relationship of coping skills and marital satisfaction of parents with children with disabilities in Selangor.

Parents of offspring with learning disabilities experience high levels of stress, which put them in need to use various strategies to cope. Many studies examined the primary role of coping skills used by parents to handle these stresses, but results of these studies did not provide enough evidence about efficiency of these skills in reducing levels of stress in light of disability's type, or reasons in which parents prefer specific coping skills but no other. One may suggest that type of disability and related restrictions and limitations in child and family life, parents' characteristics, and cultural differences may interfere with their preference of strategies they used to cope. Thus, the researcher in this study aimed to determine the preferred coping skills used by the parents of children with LD in dealing with the disabilities of their children.

The findings in this study will provide us with information about how well the parents use certain type of coping skill in dealing with their children with learning disabilities. This finding would be a major contribution to counseling services provided to those parents. In addition, since supportive services for families with children with disabilities are crucial for adaptation (Tétreault et al., 2012), the findings of this study can inform social workers and other professionals such as family therapists and nurses about how to provide specialized assistance and counseling to parents with children with disabilities in local culture. Parents of children suffering from disabilities report "lower satisfaction with their parental role, lower self-efficacy, higher levels of depression, lower marital satisfaction, and higher rates of divorce" (Shechtman & Gilat, 2005).

The turning point in these families' lives is when they first hear that their child has a disability. The child may be diagnosed as an infant, or their disability may reveal itself slowly as the children age. Regardless of when this information is

revealed to the parents, it can have a significant effect on their family dynamics. Fantasies of cheering for a son who is playing baseball, or watching a daughter walk across her undergraduate or high school graduation stage are shattered (Ziolko, 1991). The discrepancy between their child's real self and their expectation become hard to bear.

The amount a family is being affected can be judged by –sleep disturbances the child's disability might cause the parents; physical burdens related to dressing, lifting, feeding, and so on that an illness or disability might create for the parents; complicated diets which require extra time; extra housekeeping which might be necessary; financial stress and strain; adaptations that may be needed in housing and furnishings; and the unpredictability of the disease or disability” (Tétreault et al., 2012).

The greater these areas of the lives of the family members are affected, the greater amount of stress and burden that the family experiences. Sometimes the burden placed on the family member will escalate into occasional outbursts of anger towards the child, thus promoting a painful cycle of resentment, guilt, overprotection, and permissiveness (Abrams & Kaslow, 1977). As mothers are more likely to be responsible for day-to-day care taking, most studies have focused their research in the past on the effect that a child's disability has on mothers' stress levels and coping skills.

Mothers whose children possess –higher levels of behavior problems and low levels of functional skills seem to be more at risk” in facing stress in their daily life (Knussen & Sloper, 1992). Margalit, Raviv, and Ankonina (1992) concluded that the great discrepancies in how mothers and fathers rate their family dynamics demonstrate low degrees of agreements regarding personal coherence, family

opportunities for personal growth, and avoidant coping skills. Mothers are more likely to experience health issues (Shechtman & Gilat, 2005). Many fathers view their child's disability as a representation of their masculinity and struggle with directly participating in activities with their child (Ziolko, 1991). Frequently, fathers view their child's disability as less laborious and sometimes deny the majority of the problem (Shechtman & Gilat, 2005). Collectively, all parents of children with LD members are inevitably affected by their children's learning disabilities. Research has shown that these family members are negatively influenced by their situation and that only through adjustment and coping skills can they learn to confront and manage their difficulties.

The current study will provide vital information about the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities in Selangor. The study will highlight the importance of these factors that contributes to a successful marriage and different coping skills used among parents of pupils with learning disabilities.

1.8. Operational Definition

1.8.1. Coping skills

Coping Skills refer to conscious efforts to adopt with/solve stressful situation (Glidden,& Natcher, 2009), they are practical active ways of responding to threatening situations. Coping skills are also interpreted as group of efforts or cognitive and behavioral activities an individual uses to handle stressful situation in order to reduce internal and external demands associated with this situation, in an attempt to re-gain state of psychological equilibrium individual used to live before. For the purpose of the current study, coping skills are expressed by score obtained on

adapted Family Crisis Oriented Personal Evaluation Scale (F-COPES). Due to the interval nature of the data, scores obtained and parametric statistical analyses can be carried out on the findings. The scores can be obtained for each dimension or for the total instrument.

1.8.2. Marital satisfaction

According to Shackelford and Buss (2000), marital satisfaction is a mental state that reflects the perceived benefits and costs of marriage to a particular person. The more costs a marriage partner inflicts on a person, the less satisfied one generally is with the marriage partner. Similarly, the greater the perceived benefits are, the more satisfied one is with the marriage and with the marriage partner. For the purpose of the current study, marital satisfaction are expressed by score obtained on adapted ENRICH Marital Satisfaction Scale. Parents ENRICH Marital Satisfaction Scale score are obtained by revising Marital Satisfaction scores to correct for Idealistic Distortion scores with a given formula which is further explained in Chapter 3.

1.8.3. Learning Disabilities

According to the Department of Social Welfare of Malaysia (2019), learning disabilities are referred to an individual with intellectual capabilities that do not conform to biological age. Those that fall within this category are Late Global Development, Down syndrome, and intellectual disabilities. This category also includes conditions affect the learning ability of an individual such as Autism (Autistic Spectrum Disorder), Attention Deficit Hyperactivity Disorder (ADHD) and specific learning difficulties such as (dyslexia, dyscalculia and dysgraphia). For the purpose of the current study, the learning disabilities pupils are from the "Program Pendidikan Khas Integrasi (PPKI)" established in government schools in Selangor

which has an array of disorders such as Autism, Down syndrome, Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Global Development Disorder (GDD) and other related disorders.

For the purpose of the current study, parents of pupils with learning disabilities are referred to as mother and father of pupils with learning disabilities at primary school that attends the "PPKI" program at schools in Selangor Darul Ehsan. They can be either biological or adopted parents to the pupils with learning disabilities.

Universiti Malaysia

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

Having child with learning disabilities (LD) could be a major event that adversely affects parents, and force parents to re-evaluate their plans, goals, and relationship in light of restrictions and limitations associated with the child's LD, and resultant stresses in parents, and their efficiency in coping with these stresses. As mentioned in Chapter 1, the learning disabilities in this study refer to an array of disorders such as Autism, Dyslexia, Down Syndrome (developmental disability), Attention Deficit Hyperactivity Disorder (ADHD) and slow learner. Thus, the researcher in this study has reviewed many past studies among parents of children with these learning disabilities. According to Woodman and Hauser (2013), during the re-evaluation process, mothers of children with developmental disabilities tend to utilize available support resources, or look for an alternative, as an attempt to adopt strategies to regain equilibrium between family's resources and disability demands to cope with stresses associated with the children's learning disabilities. Knowing the nature and stress faced by the parents of children with down syndrome and efficiency of coping skills or strategies they use, are vital issues in parents of children with LD counseling programs, and should be main pillar in training programs for those parents, as they are more prone to face the developmental deficiencies and challenges in child with down syndrome (Glidden, 2012)

In the last decade, researchers have found that parents of children with Autism, pervasive developmental disorder face higher levels of stress than parents of typically developing children or with other types of developmental disabilities. Other

studies also reported that parent use of coping strategies to help overcome stress associated with raising a child with Autism and other developmental disabilities (Baker-Erczen et al., 2005; Montes & Halterman, 2007; Schieve et al., 2007).

Previous studies has shown raising a child with learning disabilities gives parents a unique set of challenges that impact their family including relationships among family members (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). In many different studies, parents of children with LD have reported positives effects of having a child with learning disabilities (Bayat, 2007; Marcus, Kuncze, & Schopler, 2005). Also, parents of children with LD reported their children's learning disabilities had led to greater meaning to their lives, and enhanced empathy for others (Marcus et al., 2005).

In addition to having a closer relationship with their child with learning disabilities, parents of children with LD reported better coping skills for the day to day challenges of parenting than parents of typically developing children (Montes & Halterman, 2007). While many parents report positive aspects of having a young child with LD, parents are also reporting higher stress levels then parents of typically developing children. Some causes of stress when raising a child with LD are medical decisions, behavioral challenges, and financial impact (Plant & Sanders, 2007).

Parents of children with LD in Western culture reported moderate level of marital satisfaction (Tway, Connolly, & Novak, 2007). According to Eddy and Walker (1999), having a child with disabilities may not necessarily result in marital distress. An alternative explanation is that the norms of harmony in Asian culture might have led parents to report their marital satisfaction in a positive light (Stander, Hsiung, & MacDermid, 2001).

Yet, there are many other research also that suggests that many parents of children with LD report average to above-average levels of marital satisfaction (e.g., Flaherty & Glidden, 2000; Stoneman & Gavidia-Payne, 2006) and have longstanding marriages (e.g., Hartley et al., 2010; Seltzer et al., 2001; Urbano & Hodapp, 2007).

In addition to stress, studies have demonstrated about parents of children with LD also experience anxiety, depression, and strained martial relationships (Baker-Erczen, Brookman-Franzee, & Stahmer, 2005; Lyons, Leon, Phelps, & Dunleavy, 2010; Pottie, Cohen, & Ingram, 2009). By contrast, the nature of other disorders appears to be more taxing on families and may take a toll on parents' marriages. For instance, the behaviors associated with LD have been found to be stressful for parents and may result in added strain to marriages (Wymbs et al., 2008). The rate of divorce in a sample of 282 parents of children with LD was found to be twice as high as the divorce rate in a comparison group of parents of children without LD (Wymbs et al., 2008). However, according to Sigan et al., (2011), although some parents of children with LD may be at an increased risk of marital discord and divorce, the marriages of many other parents do not appear to be negatively impacted by having a child with LD. Therefore, the past studies indicated that there is a strong relationship between learning disabilities of children with marital satisfaction among parents.

2.2. Coping Skills

Often, one type of coping strategy parents use when raising a child with Autism is formal social support (Altiere & Kluge, 2009). Moreover, formal social support can be provided by doctors, psychologists, social workers, counseling and/or teachers. According to Altierre and Kluge (2009), many times after receiving formal social support, parents begin to receive informal social support from friends, family

members, and support groups. According to Montes and Halterman (2007), parents of children with Autism and pervasive developmental disorders referred to coping as having someone to turn to for emotional support such as a family member or close friend, as a way to reduce stress. Montes and Halterman (2007) found that parents of children with Autism and pervasive developmental disorder would not only seek a support group to help them cope and to provide support. Parents of children with Autism and pervasive developmental disorder also reported having someone they could turn to for day to day emotional help with parenting their children's special needs.

Many studies described the use of social supports by parents of children with LD. Schieve and colleagues (2007) compiled data which found that parents of children with Autism were more likely to seek support groups or others for support in learning about their child's disability and stress related to their child's disability.

According to Pottie et al. (2009), there are two types of social support used by parents of children with Autism. One type of support is received support which refers to receiving assistance from others which has been found to be most useful the day the support is received.

The other type of support is perceived support, which refers to "one's perceptions of the availability of support and satisfaction with the support which is provided". Pottie and colleagues (2009) also hypothesized that received support can result more practical implications for interventions than perceived support.

Received support can be better for a parent of children with Autism because the parent is receiving tangible support whereas, in perceived support, a parent may think they are receiving support when no support is actually provided. According to a study, the parents of children with Autism and other developmental disabilities said

that the term stress refers to negative emotional experiences followed by predictable, cognitive, physiological, and behavioural changes, which lead to changes in perceiving the stressful situation and ability to deal with it (Wang, Michaels & Day, 2011). This definition indicated an individual perception of stress depending on personal explanation of the situation, for instance, stress in core arose from cognitive processes by parents of children with Autism and other developmental disabilities to evaluate their personal potentials to determine whether they were sufficient to face the demands of stressful situation (Seymour, et al., 2013). According to (Hartley, et al., 2012) if a father of children with Down Syndrome, Fragile X Syndrome and Autism has enough potentials to cope with the stressful situation, they are expected to have low levels of stress, if these potentials were less than needed, or parents children with these special needs believes that a lot of efforts should be presented to deal with this stressful situation, high levels of stress are more likely to be expected.

According to Glidden & Natcher (2009), coping skills referred to conscious efforts to adopt with/solve stressful situation, they are practical active ways of responding to challenging situations which is observed among parents of children with developmental delays. Coping skills are divided in two major categories, (a) problem-focused coping skills which represent an attempt to do what an individual believes it might affect the circumstances that led to stressful situation, this include re-interpretation, re-evaluation and analysis of the stressful situation. And (b) emotion-focused coping skills which represent efforts to regulate emotions resulted from the stressful situation, this include feelings of incompetence of changing situation, anger, anxiety, hopelessness, discomfort and stress in general (Lazarus, & Folkman, 1984).

According to (Picci, et al., 2015), perceived social support, past experiences, nature of stressful situation are examples of preference factors of adopting coping skills among parents of children with rare diseases. Lopes, et al.,(2008) also indicated that the nature of stressful situation may determine kind of skills used to cope with, i.e. parents of children with developmental delays tend to use emotion-focused strategies in situations where they are incapable to provide direct efforts to handle these situations such as health problems, while they tend to use problem-focused strategies in situations where they can handle and control, such as family conflicts. (Pastor, et al., 2009) in the other hand, summarized this by declaring that in stressful situations where a parent of children with disabilities is able to execute productive actions to handle these situations; it's preferred to use problem-focused strategies, whereas emotion-focused strategies are preferred in stressful situations where parents are incapable to handle, and forced to accept these situations as they are.

Learning disabilities of a child have negative effects in the child and also in the parents due to deep consequences in developmental progress of the child, for instance, children with rare trisomy conditions have wide range of effects on all developmental domains of the child's and parents' life (Bruns, & Foerster, 2011).

Raising a child with developmental disabilities put parents in need to have ongoing changes in their life style and arrangements to face constant changes with child growth, this need would be doubled for parents of children with learning disabilities. Increasing demands of raising children with learning disabilities with all the expected developmental and functional deficiencies put the parents in particular in confrontation with resultant stresses, (Woodman, & Hauser, 2013).

The negative psychological effects of having a child with developmental disorders, Autism and intellectual disability emerged in the results of many studies such as (Picci, et al., 2015; Woodman, & Hauser, 2013; Wang, Michaels, & Day, 2011, Dukmak, 2009) which all indicated low self-esteem, and high levels of stress and depression in parents of children with these special needs, especially when compared to parents of non-learning disabled children, (Lopes, et al., 2008). Mount & Dillon (2014) described stresses experienced by parents of children with Autism as unique type of stresses, as those parents expressed permanent feelings of crisis, and as a result, are facing daily challenges due to their inability to act or do any effort to handle developmental and behavioral challenges in their child. Wang, Michaels, and Day (2011) study indicated that parents of children with Autism particularly are facing much more challenges and these challenges affect all family members when parents spend time and efforts caring the child with Autism.

In a longitudinal study (Hauser, et al., 2009) indicated that life well-being of parents of children with disabilities would be negatively affected, as they realize by time the everlasting dependency of the child, and feelings of isolation and rejection from society. Wang, Michaels, & Day (2011) stated that negative responses of society members toward individuals with Autism increases levels of stress in those individuals and their parents. Dempsey, et al., (2008) and Gallagher, et al., (2008) also proposed that parents' perception about their capacity raising their child with intellectual disability and developmental disabilities act as a crucial role in levels of stress.

Woodman, & Hauser (2013) also highlighted that levels of stress in parents tend to increase alongside with child growing, as the gap between disabled and non-disabled children become more obvious. Glidden (2012) indicated that lack of

specialized professional support, negative stigma, and fear from future of the child are major determinants of stress in parents of children with intellectual disabilities. The burdens of caring a child with learning disabilities will increase levels of stress in parents, which lead them to look for, develop, and use strategies to handle these stresses. According to (Seymour, et al., 2013) the outcomes of using such strategies might be in behavioral appearance such as neglecting responsibilities at home and work, or cognitive appearance such as weakness in problem-solving or emotional appearance which includes negative feelings toward the child with Autism. In this context, (Woodman, & Hauser, 2013) referred to coping skills as continuous change in cognitive and behavioral efforts by parents to handle the increasing external and/or internal demands of caring the child with certain learning disabilities.

According to (Picci, et al., 2015), parents of children with rare diseases tend to use various skills to cope stress such as, looking for support, avoidance strategies, self-blame, drug abuse, making jokes, reconstruction of stressful situation in positive manner, or denial. Taanila, et al.,(2012) referred to avoidance strategies and self-blame as coping skills, while other parents tend to search for positive issues in caring the child with physically or intellectually disabled such as seeking spiritual support, which is considered as an important coping skills among parents of children with LD in eastern countries.

Variation in the use of coping skills is correlated to many factors, (Woodman, & Hauser, 2013; Wang, Michaels, & Day, 2011) indicated that parents tend to use emotional-focused and avoidance strategies in early stages of diagnosing learning disability, and as the child grows, parents tend to use problem-focused strategies. This variation in coping strategies was found between parents of children with learning disabilities, the results of (Seymour, et al., 2013; Hartley, et al., 2012;

Glidden, & Natcher, 2009) indicated that parents of children with learning disabilities were looking for social support and concerned more about emotions, and also tend to use avoidance and problem-focused strategies. Understanding strategies used by parents of children with learning disabilities to cope with stress of caring child with learning disability is considered as a major component of psycho-social support programs, especially if we knew that if parents depend on negative strategies to cope with stress, levels of stress might be increased, in other words, different levels of stress in parents of children with developmental disabilities means different skills of coping they use (Singer, et al., 2007).

According to Neelaveni et al., (2012) in their study conducted in local context, a total of 95 parents participated in the research. The proportion of parents of children with ADHD who reported significant stress in this study was much higher than in most studies ($n = 69, 73\%$) while 26 parents (27%) were not. Total Stress in the study reflects the stress reported indicates clinically significant levels of stress such as in areas of parental distress, stress derived from the parents' interaction with their children's learning disability, specifically ADHD. There was also a significant correlation between the parents' stress level and having children older than 12 years with ADHD.

Logistic regression indicated that three out of four variables have significant association with stress among parents and their children with ADHD. Parents of children with ADHD older than 12 years were 6.5 times more likely to be stressed than parents who had children younger than 12 years old (Odds Ratio-OR 6.47, 95% Confidence Interval-CI 1.55-27.01). Mothers were at higher risk (OR-0.16, 95% CI 0.05-0.51) of developing stress as compared to fathers. In addition, there was a significant association between race and stress among parents of children with

ADHD comparing Malay and Non-Malay parents (OR 3.92, 95% CI 1.29–11.94), which is Non-Malay parents of children with ADHD were more stressed than the Malay parents.

In another study done by Lee JX, Ong, Lee Vy and Fairuz (2017), the findings of the study indicated that parents of children with Autism recorded significantly higher levels of parenting stress compared to the typical development group ($p < 0.001$). Furthermore, parents of male children with Autism recorded significantly higher levels of parenting stress compared to the parents of male children of typical development group ($p < 0.001$).

Moreover, parents of female children with Autism also recorded significantly higher levels of parenting stress compared to the parents of female children of typical development group ($p < 0.001$).

Kamarulzaman and Nordin (2015) conducted a study to investigate the level of stress among the parents of children with learning disabilities at primary schools in the district of Tanjong Malim in the state of Perak. The results were solicited from Parental Stress Scale – a self-report scale which involved 110 parents. The results revealed that a total of 21 (19.1%) parents experiencing stress at high level and they were in the state of normal. Whilst 80 (72.7%) of the parents were suffering average level of stress (a score of 14 to 19) which is considered as mild. Moreover, the analysis also showed that only 9 (8.2%) of them experienced high level of stress which is classified as severe.

The findings also indicated that parents of female children with learning disabilities were associated with higher stress. Parents of children with learning disabilities engaged in more lucrative and prestigious occupations had more stress than parents of children with learning disabilities engaged in less prestigious and

lucrative occupations irrespective of their income. The findings also showed there is no significant difference in terms of stress between the different ethnic groups (Malays, Chinese and Indian) and religious group (Muslims, Christians, Buddhists and Hindus) in Tanjong Malim. Furthermore, religion was found to be a common coping skill used by the parents. This study implies that there are critical roles for parents of children with learning disabilities in coping with their emotional stress.

Based on the data analysis from the studies above, stress among parents of children with learning disabilities is still quite an alarming issue. Parents of children with Autism are at an increased risk of acute and chronic stress compared to parents of children without learning disabilities (Davis & Carter, 2008; Hastings, 2003). Some researchers have demonstrated that this is in part a result of the severity and ongoing nature of the characteristics of a child with Autism (Ingersoll & Hambrick, 2011).

Moreover, the stress of having a child with Autism can negatively influence the parents' relationship (Meadan, Halle, & Ebata, 2010). For instance, the study indicated that the divorce rate is higher among parents of children with Autism which was at 23.5% than among parents of children without Autism which was at 13.8% (Hartley et al., 2010).

In addition, parents of children with intellectual disabilities report lower relationship satisfaction than do all other parents of children without learning disabilities (Brobst, Clopton, & Hendrick, 2009). In other words, parents of children with intellectual disabilities are more likely to experience divorce and decreased relationship satisfaction than are parents of children without intellectual disabilities. Further, as the divorce rates are higher among parents of children with Autism

(Hartley et al., 2010), there is also a greater number of divorced parents co-parenting their child with Autism.

Parents of children with disabilities indicated that having children with disabilities imply great stress and anxiety in the family life and the parents typically referred the challenging situation with their children as moments of crises (Martins & Couto, 2014, Pereira & Kohlsdorf, 2014).

Moreover, the subsequent living arrangements, child bearing decisions, allocation of time for caring of other children, and caring labor may be affected and lead to poor family functioning (Cohen & Petrescu-Prahova, 2006; MacInnes, 2008; McConkey et al., 2008; Rogers & Hogan, 2003).

According to Da Paz & Wallander (2017), parents of children with Autism also stated that having a child with Autism usually perceived as a particularly problematic moment of crisis. In addition, having a child with special needs is also associated with physical and psychological stress, frustration, anxiety, and perceived inability to cope with the situation in an appropriate way (Caruso, 2017).

Apart from that, the increased level of stress and anxiety on parents of children with Autism and Cerebral Palsy can, in turn, increase their likelihood of having depression, with a relevant negative impact on their quality of life (Caruso, 2017; Pereira & Kohlsdorf, 2014). Parents of children with LD reported that their children's learning disabilities have a structural change and represents a stressful event in their family. The vulnerability of a child with a disability or at hazard of atypical advancement may lead to an increase in the levels of parental and family stress, implying an additional effort in terms of adaptation and organization of the family system (Alves & Nex, 2015; Pereira & Kohlsdorf, 2014).

Studies conducted with parents having children with special needs, three types of stressors (Howard, Williams, Port, & Lepper, 2001): acute components, related to periodic incidents associated with the child's disability; chronic components, checking concerns about the future, financial limitations and acceptance of individual differences by society; and transition factors, appearing up in major life moments. According to the researchers, these stress factors influence the type of relationships that parents establish with their children of special needs, also depending on the characteristics of the child.

In addition, there are researchers who conducted research to study the stress and anxiety among mother and fathers of children with neuromuscular disease. Yilmaz, Yildirim, Turan, Kiliç, and Ozer (2013) evaluated psychological indicators of parents of 35 children with neuromuscular disease. The level of trait anxiety of mothers was higher comparing to fathers; the levels of state anxiety do not differ between parents; fathers presented higher values of anxiety, depression and lower quality of life before a male child with neuromuscular disease whereas mothers did not differ according to the sex of the child. Mothers who spend more time caring for their children with neuromuscular disease were more depressed and had lower quality of life. As well, Isa et al. (2013) shown that mothers with children with disabilities had a less adequate functioning compared to fathers. In another study, Olsson and Hwang (2001) detailed that fathers presented lower rates of stress than mothers when dealing with their children diagnosed with intellectual disability.

The fact that mothers with children with developmental disabilities are more likely to describe symptoms of stress than fathers (Bailey, Golden, Roberts, & Ford, 2007) may explain this gender difference, together with the fact that mothers are

usually responsible for most of the additional care that needs to be given to the disabled child.

On the other hand, according to Silva and Dessen (2001), fathers show less satisfaction with family life, which influences family interactions and marital connections. Shin and Nhan (2009), in a comparative study regarding stress and perceived social support among parents of children with or without cognitive delay, found that parents of children with cognitive delay experience more stress and more health disorders than the parents of children without cognitive delay. However, other studies found that the parents of children with Autism and developmental disabilities did not differ significantly from parents of children without Autism and developmental disabilities in terms of parental stress, social support or family functioning (Hayes, & Watson, 2013; Dyson, 1997).

The sociodemographic characteristics and financial status of the family play an important role on the adjustment of families to the condition of raising children with LD. The results of the study by Llewellyn, McConnell, Gething, Cant, and Kendig (2010) revealed worse mental health among younger parents having children with learning disabilities. When applying the Brief Family Distress Scale to parents of children with learning disabilities, Weiss and Lunsy (2011) showed a positive association between coping strategies and quality of life of the caregiver, and a negative association between stressors (e.g., severity of aggressive behavior, negative life events) and caregiver's mental health problems.

It is often confusing to parent children with learning disabilities and related disorders. One of the biggest confusions and challenges parents face is the large pause between what the children can do and what they cannot do. Often they are very smart, know a great deal, and reason well, yet cannot read or write.

School teachers and family may be telling them to try harder, and they are usually trying their best. They tend to work ten times harder than everyone else does, but still they may be called lazy (Bazzano et, al., 2015). Learning disabilities can be hard on a family. One parent of children with developmental disabilities may recognize and face the problem sooner or more readily than the other. Misunderstanding and conflict can result in the family system that has children with developmental disabilities (Bazzano et, al., 2015). Parents also feel stressed up when their other children often oppose the amount of attention given to a child with special needs and may proclaim knowingly that the child is a spoiled brat who is perfectly capable.

Parents of children with learning disabilities also feels stressed when their parents tend to blame them for not doing enough, not being disciplined enough, organized enough, or not giving enough direct help to the child. Parents of children with developmental disabilities also face frustration and fail to cope with their neighbours who can be intolerant with their child's developmental disabilities (Bazzano et, al., 2015). Parents of children with Autism often stated that they feel stressed when their children with learning disabilities are prone to depression. The parents also revealed that their sense of defeat and failure is contagious and, sometimes, the whole family feels their helplessness and despair. Often parents, otherwise incredibly competent in their daily lives, feel incredibly incompetent when with these children.

This can take a toll on parents of children with Autism and support and education may be necessary to bolster parents' sense of confidence and competence in coping with the child's learning disabilities (Lai,Goh, Oei & et al., 2015).

A study done by Antshell & Joseph (2006) indicated that parents of children with nonverbal learning disability reported higher level of stress than parents of children without the needs. There are also researchers that researched on the relationship between learning disabilities and parental stress. They found that parents of children with learning disabilities displayed higher levels of stress when dealing with their children with LD, in particular, when the children with LD are less socially competent and show more behavioural problems (Dyson,2003; Landieri, Blacher & Swanson, 2000). Parents of children with learning disabilities require and need a high level knowledge access to resources, information and services (Taderera & Hall, 2017) in bringing up their children. According to the same researchers, they stated that the parents coping skills and marital satisfaction is affected by financial instability, as well as lack of knowledge regarding services and programs for children with learning disabilities.

Most of the past the researches indicated about the stress faced by the parents of children with learning disabilities as reviewed above. In this study, the researcher will focus mainly on the coping skills used by the parents to overcome these crises in their daily life when dealing with a child with LD.

Although extensive research has been done on the stress level of parents with children with learning disabilities, most research had been conducted in Western cultures with very few exceptions (McConkey et al., 2008) and overlooked on the potential cultural differences in Asian countries. Markus and Kitayama (1991) indicated that Western cultures and many Asian cultures differ in the interdependence between self and others and in their interpretation of the self, and others.

These differences in turn have implications for cognition, emotion and motivation (Markus & Kitayama, 1991). For example, Chinese culture values group harmony whereas American culture typically emphasizes independence (Higgins, Zheng, Liu, & Chun, 2002). These fundamental cultural differences are likely to influence the experience of parenting children with learning disabilities, the susceptibility to different sources of parenting stress, the perception of sharing of child care responsibilities and the evaluation of marital satisfaction. Hence, in this study, the researcher would get meaningful insights on the coping skills and marital satisfaction among parents of children with learning disabilities in local culture. Hence, the objective of this study was to explore the associations among different coping skills used by parents of children with learning disabilities and the marital satisfaction of parents with children with disabilities in local culture, namely, Selangor.

Research on marital satisfaction in Asian couples has been rare as Asian culture considers marital satisfaction –a private matter between a husband and wife rather than an issue that can be comfortably subject to open discussions” (Guo & Huang, 2005).

Research has found cultural differences in the differentiation of good and bad marriages (Pimentel, 2000). With regard to marital satisfaction, Wong and Goodwin (2009) found that Western participants valued companionship more but Asian participants placed more emphasis on harmonious marital relationship. For Asian couples, divorce was less frequently considered a resolution to marriage compared to Westerners (Pimentel, 2000). Consequently, Asian couples may endeavor to avoid the development of disharmony as divorce is not a culturally appropriate exit for marriage (Pimentel, 2000).

Traditionally, in Asian culture, “the ultimate purpose of a marriage is to produce an heir to carry on the family line” (Lu, 2006). Therefore, in the Asian cultural context, children are expected to be an essential element of a family whereas many Westerners may be more ambivalent about childbearing (Pimentel, 2000). Consequently, the birth and subsequent care of a child with learning disabilities may have a particularly strong impact on Asian couples who view children as the purpose of marriage (Lu, 2006). Moreover, given the traditional of some group of people in Asia believe that the learning disabilities of a child are the consequences of something that the mother or her family has done (Holroyd, 2003), such cultural uniqueness in the conceptualization of marital satisfaction, parenting and attribution of children with disabilities warrants the examination of the associations among the sources of stress and marital satisfaction of parents with children with disabilities in Asian culture.

According to Ki & Joanne (2014), handling the emotions and behaviours of children with disabilities was the most stressful for parents. This is consistent with previous findings in Western culture which showed that the behavioural and emotional problems of children with learning disabilities had impacted their parents’ coping skills (Baker, Blacher, Crnic, & Edelbrock, 2002; Baker et al., 2003; Hastings, 2002; Herring et al., 2006).

According to Howe (2006), children with disabilities may have difficulty in expressing their mental states, therefore, social workers and other professionals may endeavor to tailor training programs to enhance the coping skills among parents of children with learning disabilities which may help reduce parents’ stress in managing the behaviours and emotions of the children.

In contrast, accompanying their child to training in the Early Education and Training Centre was the least stress-inducing for parents. It could be due to the effectiveness of the training programs or opportunities to interact with other parents. According to Resch, Benz, and Elliott (2012), compared to demographics of parent and child as well as the severity of the child's disability, the availability of social support and resources had a larger direct effect on the well-being of the parents. Previous research has also shown that parents of children with learning disabilities benefited from receiving emotional, social as well as practical support from other parents with children with any disabilities (Kerr & McIntosh, 2000). These centers might have served as a platform for parents to provide mutual support to each other, hence alleviating their level of stress of accompanying their child to training.

According to Glidden, Billings, and Jobe (2006), finding resources and accessing care services are challenges for parents with children with developmental disabilities. Therefore, the government and non-government organizations need to collaborate to maximize the capacities of training and child care centers for children with learning disabilities to assist the parents.

Among the sources of stress, the source "allocating time between child care and work or housework" was a significant predictor of marital satisfaction. The more stress parents of children with LD had with time allocation, the less satisfied they were with their marriage (Ki & Joanne, 2014). Therefore, professionals who work with these parents can equip them with time management skills.

2.3. Marital Satisfaction

According to St. John, Pai, Belfer, & Mulliken (2003), they asked parents of 275 children with craniofacial anomaly how their children's condition had affected their

marriage. Overall, the largest group of parents (44.1%) reported that having a child with a craniofacial anomaly strengthened their marriage, and the next largest group (34.9%) felt having a child with craniofacial anomaly had neither a strengthening nor weakening effect on their marriage. Nevertheless, a minority (21.0%) felt that having a child with craniofacial anomaly weakened their marriage. The small subgroup of parents (6.8%) who had divorced, however, expressed very different opinions from the majority who remained married. Among non-divorced parents, 47% believed that having a child with a craniofacial anomaly strengthened their marriage and 40% believed having a child with a d craniofacial anomaly had no effect on their marriage. Only 13% of parents felt that it had weakened their marital relationship.

Among those who divorced, only 5% believed that having a child with craniofacial anomaly strengthened their marriage while most (54%) believed having a child with a craniofacial anomaly had no effect on their marriage.

Nevertheless, many (41%) of those who divorced considered the child's craniofacial anomaly to have a negative effect on the marriage. These findings raised two interesting scenarios: (1) having a child with a craniofacial anomaly has different and sometimes opposite effects on different parents, and (2) parents of children with craniofacial anomaly who divorce, regardless of the reasons, are likely to consider the child's craniofacial anomaly as a contributing factor.

One of the best evidences on divorce rates from a single study comes from Seltzer, Greenberg, Floyd, Pettee, and Hong (2001). This study is unique in that it was a true prospective, longitudinal study that followed a cohort of 7000 Wisconsin High School Graduates from age 18 to age 54.

This design is essential for differentiating the effects of having a child with a g disability from the effects of other factors, because participants were matched prior

to the birth of the child rather than after. Parents who had children with any disabilities did differ from parents who had other children on variables such as employment, income, and social participation, but did not differ from other parents in physical health, psychological wellbeing, or marital satisfaction. Thus, the single best-designed study reports no difference in divorce rates.

Kulagina's (2003) extensive review of the conditions of parents of children with any kind of handicap in Russia includes an extensive survey of a sample of 613 parents of children with handicap living in Moscow, in the year 2000. Although the parents were divorced in 21% of the families, this was ~~not~~ greater than the percentage of divorces in Moscow as a whole" (p. 46), where two divorces are recorded for every three marriages recorded. Among divorced parents of children with handicap, 4.5% felt that the child's handicap led to the family breakup.

Nearly nine out of ten families of children with learning disabilities reported that marital relations remained the same (77.5%) or improved (8.1%) after having a child with a handicap, but 10.3% reported that relationships worsened over time.

Stoneman and Gavidia-Payne (2006) provide an insightful review of studies of marital adjustment of parents of children with disabilities. They list six studies that report various degrees of lower marital adjustment among parents of children with disabilities and ten studies that found no significant differences. They attribute the differences between the two groups of studies primarily to operational definitions and methodology.

They suggested implicitly that the researchers posed the wrong questions in asking whether parents of children with disabilities collectively are different from all other parents without children with disabilities. They point out that research shows that most parents of children with disabilities function at average or above average

levels of marital adjustment, and that group differences can be largely explained by a larger than randomly expected number of parents with serious difficulties. Therefore, they believe the question that should be asked is why a minority of parents of children with disabilities does so poorly while the majority appear to be functioning very well.

Stoneman and Gavidia-Payne (2006) continued with their own research that does identify two factors that differentiate parents of children with disabilities exhibiting successful marital adjustment from those who exhibit unsuccessful adjustment. Their study of 67 parents produced two very helpful findings. First, the factors that predict successful adaptation in parents of children with disabilities are basically the same as factors that predict successful adaptation in all parents. Secondly, they showed that parents of children with disabilities who utilized effective ~~pr~~ "problem-focused" coping skills had better adjustment.

This finding may have particular value because it suggests that a specific intervention, assisting the parents of children with disabilities to develop this style, could help some parents.

According to a study marital satisfaction was rated according to desire and satisfaction among marriage (Mirgain & Cordova, 2007). This concept was determined according to people's ideals and couples' interactions in various aspects of their lives that serve to a parent's mental health and to control stress and facilitate a properly functional family.

Although marital dissatisfaction among couples' relations leads to stress, anxiety and even family disruption, a few studies have supported the hypothesis that a satisfactory relationship can improve a couples' mental and physical health (Shackleford, Besser & Goetz, 2008; Cowan et. al, 2005; Feeny & Fowers, 2002;

Jose & Alfons, 2007). Nowadays, couples can have problems maintaining friendly and intimate relations and marital satisfaction (Atari & Abbasi, 2007; McDonald, Beck, Allison & Norsworthy, 2010; Najm, 2005; Collins, 1990).

With parents of children with learning disabilities, there may be less satisfaction in a parents' relationship and less marital satisfaction. Nowadays, children have a significant role in their parent's marital relationship. This is one of the biggest challenges for parents of children with learning disabilities. Several parents of children with learning disabilities who are coping with the impact of children with learning disabilities might accompany different problems for family members.

The presence of children with intellectual disabilities impacts a parent and has a qualitative impact ways and quantity of marriage relations and can be dissimilar relation of family members and induces stress in parents and can damage proper family functioning that reduces satisfaction (Bayat, Salehi & Bozorgnezhad, 2011; Duvdevany & Abboud, 2003)

The presence of children with intellectual disabilities also is often accompanied with feelings similar to those of bereavement. Children with learning disabilities spend most of their time at home with their mothers and this situation can have a bad effect on family functioning and causes marital dissatisfaction among parents of children with intellectual disabilities, especially in mothers (Bayat, Salehi & Bozorgnezhad, 2011).

Marital conflict, divorce, depression, hopelessness, anxiety and suicide attempts are among the negative outcomes of having children with learning disabilities and these can impair mental health and affect marital relations among parents of children with learning disabilities. Parents of children with intellectual

disabilities and any disabilities experience physical, social and economic problems (Duvdevany & Abboud, 2003; Baxter, Cummins & Yiolitis,2000). There is a hypothesis that claims that the problem of training children in a home affects the mental life of a parent, particularly in mothers (Esdaile & Greenwood, 2003).

According to a few studies, parents of children with Autism reported that their child's learning disability had negatively impacted their marital quality (Doherty, 2008; Solomon & Thierry, 2006). According to Sigam, Marsha, Erin & Jan (2011), parents of children with developmental disabilities indicated that their quality of marriage was affected by their children's special needs.

Several studies have also looked at the rate of divorce in parents of children with learning disabilities. Findings from these studies are also varied. Several studies indicated that parents of children with Autism and other disabilities have an increased risk of divorce as compared to parents of children without learning disabilities (Hartley et al., 2010; Witt, Riley, & Coiro, 2003). However, other studies have not found a higher risk of divorce in parents of children with Autism and Down Syndrome as compared to comparison groups of parents (Freedman, Kalb, Zablotzky, & Stuart, 2011; Joesch & Smith, 1997; Urbano & Hodapp, 2007). In their meta-analysis of six studies examining divorce in parents of children with disabilities, Risdal and Singer (2004) found that parents of children with disabilities had an average of 5.97% more divorces than did comparison groups of parents. However, this kind of statistics is not available in Malaysia or across the different states except a general statistics of divorce rate.

According to the findings from the Fifth Malaysian Population and Family Survey (MPFS), 2014 conducted by the National Population and Family Development Board (NPFDB) highlighted some facts concerning marriage and

marital stability among men and women aged 15 to 59 in Malaysia. Based on the status of first marriage, divorce rate among men is at 6.5% whereas the divorce rate among women is at 9%.

The finding has identified a few reasons for first marriage ending in divorce is no-understanding between couples with 56.2% among men and 38.0% among women. Other factors that affected a marriage among men are as follow 11.8% infidelity, 10.0% interference from in-laws and 22.0% others. Other factors that affected a marriage among women are as follow 20.6% infidelity, 15.2% irresponsible spouse, 6.0% interference from in-laws, 2.8% refusal to allow husband to remarry, 4.7% financial problems, 2.4% spouse involved in drugs and 10.4% others. However, this statistics did not indicate specifically about the divorce rate among parents of children with learning disabilities or any special needs. However, the percentage of other factors in the findings could have included the learning disabilities among children that could have contributed to divorce rate among parents based on an assumption. But, we could not establish this as a concrete assumption. Therefore, this research would provide concrete findings about the marital satisfaction among parents of children with learning disabilities, specifically in Selangor Darul Ehsan.

In Malaysia, The number of marriages decreased 4.9 per cent from 200,274 (2016) to 190,532 (2017). Thus, the crude marriage rate (CMR) per 1,000 population declined from 6.3 (2016) to 5.9 (2017). The number of Muslim marriages recorded in 2017 was 134,008 decreased 6.1 per cent as compared to 142,712 (2016). CMR decreased from 7.4 (2016) to 6.8 (2017) per 1,000 Muslim population. Similarly, non-Muslim marriages declined 1.8 per cent to 56,524 as compared to 57,562 (2016).

Thus, CMR for non-Muslim decreased from 4.7 (2016) to 4.5 (2017) per 1,000 non-Muslim population.

The number of divorces improved by 3.2 per cent from 51,642 (2016) to 49,965 (2017). However, the crude divorce rate (CDR) remained at 1.6 per 1,000 populations. The number of Muslim divorces recorded in 2017 was 39,709, decreased 3.2 per cent as compared to 41,030 (2016). Consequently, CDR decreased from 2.1(2016) to 2.0 (2017) per 1,000 Muslim population. Similarly, non-Muslim divorces declined 3.4 per cent from 10,612 (2016) to 10,256 (2017).

Hence, CDR for non-Muslim slightly improved from 0.9 (2016) to 0.8 (2017). However, this statistics are very general and did not specifically quote the divorce rate among parents of children with learning disabilities in Malaysia or across the states. Thus, this study would provide a good understanding about the level of usage of coping skills and marital quality and the relationship between these two variables among parents of children with learning disabilities in Selangor Darul Ehsan

Based on the above stated crises faced by parent of children with learning disabilities and marital satisfaction among parents of children with learning disabilities in western culture and limited research in local culture, the researcher in this study was triggered to research on the relationship between coping skills and marital satisfaction among parents of children with learning disabilities in Selangor Darul Ehsan.

2.4. Theoretical Framework of the Study

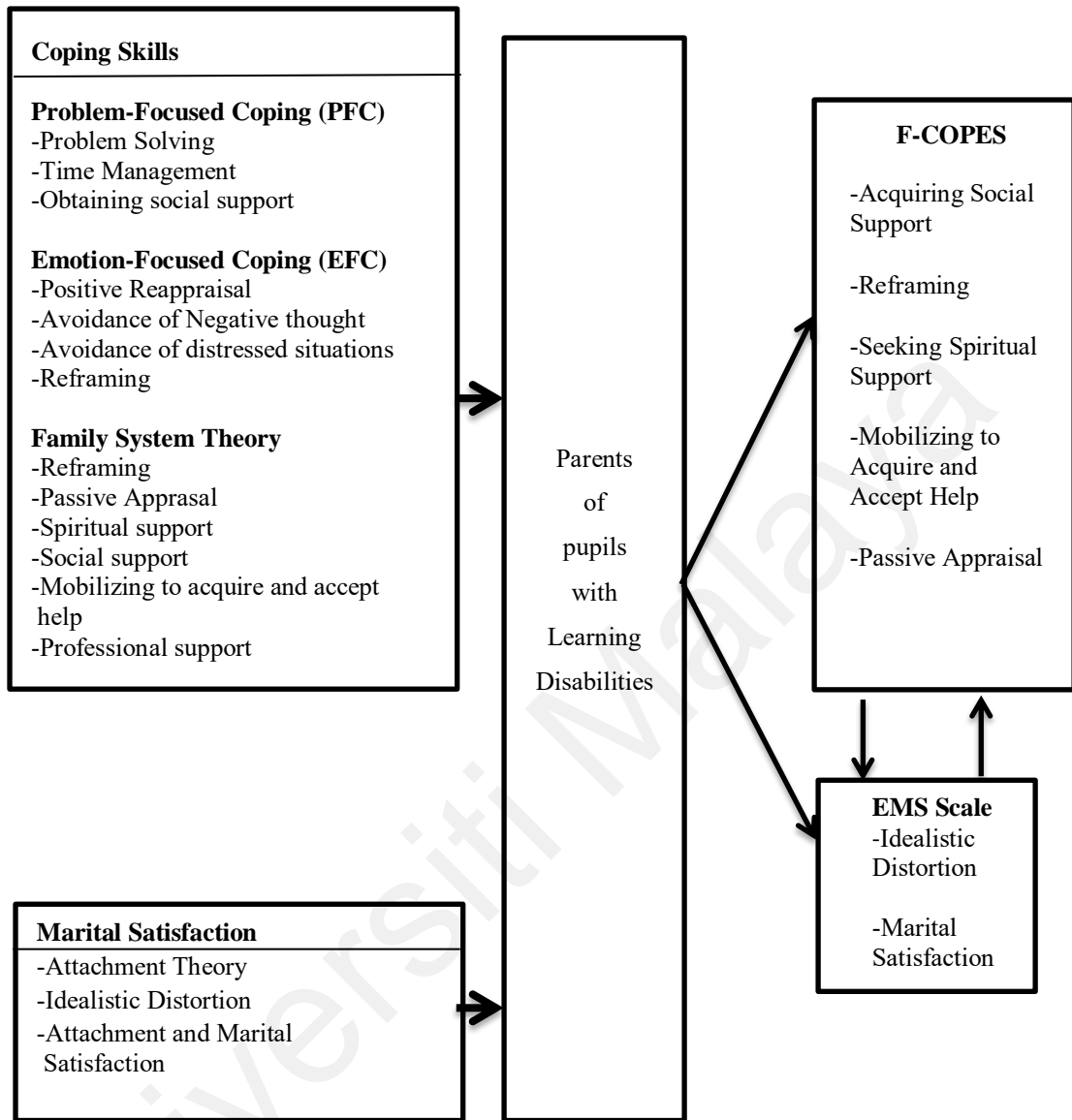


Figure 2.1 Theoretical Framework of the Study

2.4.1. Problem-Focused and Emotion-Focused Coping

There are two types of coping skills that were widely used by parents in dealing with their daily crises in life. They are known as problem-focused coping skills and emotion-focused coping skills (Carver et al., 1989; Lazarus and Folkman, 1985; Leventhal et al., 2012). Problem-focused coping skills focus on solving a specific problem by finding a few ways to handle the specific problem and engage back into a situation in a positive way. The emotion-focused coping skill helps

parents to manage their negative emotions caused by undesired experiences. There are a few types of emotion-focused coping skills used by parents such as concealment or expression of one's feeling with others, gives importance to negative contemplations, positive reappraisal or cognitive reframing of situation, keeping away from stressful events, keeping away from negative contemplations and using relaxation techniques and alcohol or other substance use or inundation in pleasurable activities.

Most of the parents' uses either emotion-focused or problem-focused coping skills in dealing with their daily issues or distress. It is stated that the more effective problem-focused coping used, it reduces the emotional distress faced by parents, thus reducing the use of emotion-focused coping skill.

Both types of coping skills can be accommodating or inconvenient, depending on the circumstances and how it's utilised by the parents. Problem-focused coping skill is said to be adaptive when a problem is able to be solved and maladaptive when a problem is uncontrollable. For instance, an individual using problem-focused coping skill may end up in disappointment while searching for treatments. In the case of emotion-focused coping skill, it yields positive results if the stress is reduced, however it can be maladaptive when it leads to unhealthy behaviour such as drug abuse.

Past research indicated that adaptive coping skills used by parents results in positive outcomes. More positive psychological well-being was observed among parents who used social support, problem-focused coping skills and positive reappraisal than using maladaptive emotion-focused coping skills or escape-avoidance (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Glidden, Billings, & Jobe, 2006).

Marital dissatisfaction is observed among parents who uses maladaptive coping skills and positive marital interaction were observed among parents who used adaptive coping skills in dealing with child-related stress. Parents of children with Autism reported more marital problems when using escape-avoidance coping skill than parents who did not use this coping skill (Dunn et al., 2001).

In contrast, less marital dissatisfaction were observed among parents of children Autism when they use positive reappraisal to deal with their child-related stress (Dunn et al., 2001). Similarly, Stoneman and Gavidia-Payne (2006) examined the use of problem-focused coping among mothers and fathers of young children with disabilities. The findings of the research indicated that fathers had positive marital satisfaction rating while using problem-focused coping skill when dealing with their children's disabilities. However, there was no any significant relationship between marital satisfaction and problem-focused coping skills among mothers. But, mothers indicated more positive rating on their marital satisfaction when their spouses used more problem-focused coping skill to deal with stressors.

It is therefore can be said that these findings indicated the need for research to include these coping skills when studying the effect of child-related stress among parents. Parents' marital relationship is not affected when they are better in managing their child-related stress by using adaptive coping skills. However, previous findings (Stoneman & Gavidia-Payne, 2006) also highlight that ratings of marital satisfaction of married spouses may differ from each other and be influenced by different mechanisms.

Higher psychological well-being and lower depressive symptoms, subjective burden and pessimism were observed among parent of children with mental illness and Autism who use problem-focused coping skill (Seltzer et al. 1995; Abbeduto et

al. 2004). Lower psychological well-being and higher depressive symptoms, subjective burden and pessimism were observed among parents when they use emotion-focused coping skill when dealing with child-related stress (Seltzer et al. 1995;; Abbeduto et al. 2004; Glidden et al. 2006; Smith et al. 2008).

Raising a child with learning disability can be challenging and parents need to use the right coping skills to face the challenges. The process which the parents respond to stressors is referred as coping. The objective of solving a problem or doing something to change a stressor is categorized under problem-focused coping skill, whereas the emotion-focused coping skill focuses on reducing or managing the feelings of distress (Carver, Scheier, & Weintraub, 1989). In a study, it is found that mothers of children with severe functional limitation had lower levels of depression over time when they used problem-focused coping skill to cope and it was vice versa when the parents used emotion-focused coping skill (Essex et al., 1999). In addition, it had been found that planning and positive reinterpretation of growth coping skills that falls under the problem-focused coping skill modulates the effects of caregiving impact on depressive symptoms among mothers of adults with mental retardation (Seltzer et al., 1995).

In spite of the fact that adapting skills has been found to act as a buffer in the situation of caregiving stress among mothers of individuals with mental retardation (Essex et al., 1999; Seltzer et al., 1995), the part of adapting for mental wellbeing and well-being among mothers of children with learning disability is less clear. For instance, there were no evidence of a buffering effect of coping with behavioural symptoms among mothers of children with Autism, Fragile-X and Down Syndrome. Perhaps reflecting the potential ineffectiveness of coping strategies in the face of the

uncontrollable stress that may arise from the unpredictable behavior problems associated with Autism and Fragile-X (Abbeduto et al. (2004).

The problem-focused coping skills emphasizes on the modification of the stressors. This is said to be an effective method coping skills when it is practical, and the cause of the stress is modifiable. The main objective for this type of coping skill is to lessen or discard the cause of the stressor. For instance, this type of coping skill aims on individuals taking control of the relationship between the stressor and themselves (Lazarus, 1991). Furthermore, the problem-focused coping skill also includes developing strategies or employing information seeking in order to avoid the cause of the stress. It is said that the effectiveness of problem-focused coping skill relies on whether the stressor can be handles by changing it (Laureate Education, Inc., 2012). In terms of biology, Carver (2011) stated that problem-focused coping skills had a biological effect on stress, in which it lowers the cortisol levels and yielding recovery from the stress. Carver (2011) also indicated that this kind of coping skill is ineffective when an individual cannot use control over a situation or stressor.

Emotion-focused coping skills are said to have positive effect in managing stressors that cannot be changed (Baldacchino & Draper, 2001; DeGraff & Schaffer, 2008). This type of coping skill involves a cognitive reappraisal process which has taking control over an individual's emotions and self-reflection (Carver, 2011). The emotional response to the stressor is what emotion-focused coping skill all about, rather than changing the problem as in problem-focused coping. Folkman and Moskowitz (2004) found that emotion-focused coping skill relieved anger and depression in certain situations. Moreover, this type of coping skill can ease

processing and expressing emotions as a kickoff to reappraising stressors that cannot be changed (Stanton, Kirk, Cameron, & Danoff-Burg, 2000).

For instance, the diagnosis of a terminal illness of an individual's spouse cannot be changed. In this circumstance, the best way to manage the stress is for the healthy spouse to change his or her appraisal or opinion of the stressor (Laureate Education, Inc., 2012). One of the inappropriate means of addressing ineffective coping skills in parents of children with learning disability is emotion-focused coping skill. This is because of the isolating and adverse thoughts associated with parenting the children with learning disability. It is beneficial for the parents of children with learning disability to see the value to have a child with learning disability. This type of coping skill is suitable because they have the possibility to change the thoughts associated with the stressor, even though it is not possible to change the stressor, which is the children's learning disability.

According to Folkman and Moskowitz (2004), their population in the study, in specific parents reported to become more depressed and angry regarding their circumstances and the researchers indicated that emotional-focused coping skill was useful for relieving anger and depression among these parents. Moreover, this type of coping skill has been observed to be instrumental in the reappraisal process of stressors that cannot be changed (Stanton, Kirk, Cameron & Danoff-Burg, 2000). The aim of coping skills must consider the changeability of the stressor and the perception or emotional reaction to the stressor. The focus of coping skills must consider the unique circumstances of the parents, such as the unusual stress of parents raising children with learning disability. Parents who are provided with appropriate adaptive coping skills can reduce negative health outcomes and increase the ability to manage their ongoing stress.

2.4.2. Family System Theory

Turnbull and colleagues (2011) describe the family system theory which includes five “life management skills” (p.18) to assist parents to cope with having a child with a disability: a) reframing- changing how you are thinking, b) passive appraisal setting aside your worries, c) spiritual support- finding comfort and guidance from spiritual beliefs, d) social support- receiving social and emotional support from friends and family, e) professional support- receiving assistance from professionals and agencies.

While many studies use the term ‘coping’, Turnbull and colleagues (2011) defines the term to mean responding to a crisis situation whereas “life management” is a family’s three responses to various daily situations (e.g., feeding issues, therapy, and social interactions with their children). Parents who reported positive aspects of having a child with Autism stated they used coping skills. One coping skill mentioned is the use of social supports (Marcus et al., 2005; Montes & Halterman, 2007; Pottie, Cohen, & Ingram, 2009; Schieve, Blumberg, Rice, Visser, & Boyle, 2007; Vidyasagar & Koshy, 2010). According to Twoy (2007), social supports develop from interactions between individuals such as families, peer groups such as co-workers, and other social circles (parents of their child’s peers in school programs, hobbies, sports, etc).

The term coping skills in the Family System Theory also refers to the techniques that people use to solve their problems (Scorgie, Wilgosh, & McDonald, 1999). Olson et al. (1983) identified five coping skills, and subsequent researchers have validated those findings:

Reframing: changing how you think about a situation in order to emphasize its positive aspects over its negative ones (Hastings & Taunt, 2002; Lin, 2000). —Picking up the pieces of our life’s puzzle and reworking it into a different” picture (Bailey, Skinner, & Sparkman, 2003).

Passive or positive appraisal: setting aside your worries (Thompson, Hiebert-Murphy, & Trute, 2013). —try not to worry about where Eric will get a job after he graduates from high school. I try not to think about what his adult life will be. It works best for me to just take a day at a time. There is no use getting all upset over something that is years away” (Poston & Turnbull, 2004).

Spiritual and/or religious support: deriving comfort and guidance from your spiritual beliefs (Poston & Turnbull, 2004; Rallison & Raffin-Bouchal, 2013; Skinner, Correa, Skinner, & Bailey, 2001). —We are told that love conquers all. This is so, even death. But faith makes bearable the otherwise unbearable” (Turnbull et al., 2010a, p. 37).

Social support: receiving practical and emotional assistance from your friends and family members (Brown, Anand, Fung, Isaacs, & Baum, 2003; Kyzar, Turnbull, Summers, & Gómez, 2012). —My parents—especially my mom—are supportive. Both of them have taken the time to learn more about the diagnosis, which I think has helped in their acceptance of it” (Hutton & Caron, 2005, p. 187).

Professional support: receiving assistance from professionals and agencies (Romer, Richardson, Nahom, Aigbe, & Porter, 2002; Soodak & Erwin, 2000; Zions, Zions, Harrison, & Bellinger, 2003). —I mean, I was like information! I couldn’t get enough. . just anything, everything. You find something, your first help . . . whatever it was that [makes you go] Oh thank God, somebody can talk to me,” (Resch et al., 2010).

In this study, all these five skills are assessed among parents of pupils with learning disabilities to gather more information about the coping skills among parents of pupils with learning disabilities.

2.4.3. Attachment Theory and Marital Satisfaction

The theory of attachment offered some understanding for the mechanisms contributing to marital satisfaction among married spouses. Attachment theory began with the pioneering work of Bowlby, followed by Ainsworth (Ainsworth, 1989). Bowlby indicated that attachment was driven by human beings' inherent need for relationships. In specific, Bowlby recognized that humans sought out, trust, proximity to affectionate and supportive attachment figures as part of their survival and therefore viewed the loss of such proximity and contact as distressing and dysfunctional (Bowlby, 1988). Ainsworth engaged in the clinical observations of Bowlby's theoretical understanding of attachment. Through her creation of the Strange Situation, Ainsworth was able to observe the different patterns of attachment behavior exhibited by the newborn. She found three main patterns of behavior categorized as secure, anxious/ambivalent, and anxious/avoidant (Ainsworth, Blehar, Waters, & Wall, 1978). Caregivers of securely attached newborns were seen as available and consistent sources of comfort for the newborn.

Caregivers of anxious/ambivalent newborn were seen as inconsistent in their responses to their newborns' distress and as a result, hyperactivation of attachment behaviors was observed among caregivers. Caregivers of anxious/avoidant newborn were seen as non-responsive to the newborn's distress on a recurrent basis, fomenting a deactivation of attachment behaviors.

In this way, Ainsworth was able to demonstrate that newborn's behavior is affected by a caregiver's responses to signals of distress communication (Ainsworth, 1993).

Both Bowlby and Ainsworth argued that attachment continued throughout the lifespan, an assertion that has since been supported by a few empirical researches.

Attachment and marital satisfaction. Attachment's continued influence in adult relationships and with romantic partners helped to explain variances in marital satisfaction for married couples. Research has shown that married couples who demonstrated attachment security as opposed to high levels of attachment-anxiety or avoidance will react and behave differently in long-term romantic relationships (Dillow, Goodboy, & Bolkan, 2014). Secure attachment styles predicted reliability, availability and a corresponding increase in marital satisfaction (Mikulincer, Florian, Cowan, & Cowan, 2002), while attachment-related insecurity leads to greater marital dissatisfaction (Kobak, Ruckdeschel, & Hazan, 1994). In a relationship, situations that demonstrate a partner's unavailability, infidelity, abuse, or rejection can create times of either deactivation or hyperactivation of attachment behaviors. These attachment issues are incorporated into the married couple's working model of the relationship and continue the negative feedback between the couple (Vorauer, Cameron, Holmes, & Pearce, 2003). As an overall, married couples with insecure attachment consistently demonstrate lower rates of marital satisfaction (Chung, 2014; Karantzas et al., 2014; Towler & Stuhlmacher, 2013).

Attachment has been supported in the literature review as a unique variable affecting marital satisfaction after controlling for possible confounding variables such as depression, self-esteem, or sex-role orientation (Carnelley, Pietromonaco, &

Jaffe, 1994; Jones & Cunningham, 1996; Noffle & Shaver, 2006; Shaver & Brennan, 1992; Whisman & Allan, 1996).

The differences between the two dimensions of attachment in predicting marital satisfaction ratings has not significantly demonstrated major differences in marital satisfaction at a general level, but has been shown to demonstrate differing patterns of behaviors in the marital satisfaction. Married couples who have high avoidance attachment tend to demonstrate more skepticism at the beginning of the relationship as well as disengagement from the relationship when distress occurs (Brock & Lawrence, 2008; Karantzas et al., 2014).

This itself leads to poor communication skills and conflict resolution skills (Morey, Gentzler, Creasy, Oberhauser, & Westerman, 2013; Saavedra, Chapman, & Rogge, 2010). Married couples who have high anxiety attachment tend to demonstrate more commitment and intimacy early in the relationship and become reactive if commitment and intimacy are not reciprocated by the spouse (Madey & Rodgers, 2009; Chopik, Moors, & Edelstein, 2014). In this way, hyperactivation leads to negative beliefs about the relationship, blaming, and overall negative affectivity (Overall, Girme, Lemay, & Hammond, 2014).

The behaviors that are linked with insecure attachment or secure attachment are often seen as mediators between the attachment-marital satisfaction and not necessarily as always specific to either dimension of attachment.

These behaviors tend to negatively reinforce attachment insecurities, resulting in a negative feedback loop that occurs between attachment-insecurities and ineffective coping skills undertaken in relationships (Karantzas et al., 2014; Rholes, Kohn, & Simpson, 2014).

With this, attachment is associated with behaviors that can be further detrimental for marital satisfaction as well as buffering factors that could help improve marital satisfaction, even with attachment insecurities.

Hadden, Smith, and Webster (2014) found that relationship duration moderated the association between attachment insecurities and marital satisfaction. In addition, characteristics such as commitment and intimacy, forgiveness, and relationship-enhancing behaviors appear to buffer the relationship between insecure attachment and marital satisfaction ratings (Chung, 2014; Madey & Rodgers, 2009; Pepping & Halford, 2012). As a conclusion, attachment theory is a building block that individuals use to understand their world and create internal working models. This theory further helps to understand the idealistic distortion and marital satisfaction among parents of pupils with learning disabilities in this current study.

Thus, in this research the researcher used adapted Family Crisis oriented Personal Evaluation Scale (F-COPES) to determine the level of coping skills and adapted ENRICH Marital Satisfaction Scale (EMS) to determine the level of marital satisfaction among parents of pupils with learning disability and to find whether there is a relationship between coping skills and marital satisfaction. Having analyzed all these three theories, the researcher came out with the below conceptual framework to carry out the research.

2.5. Conceptual Framework of the Study

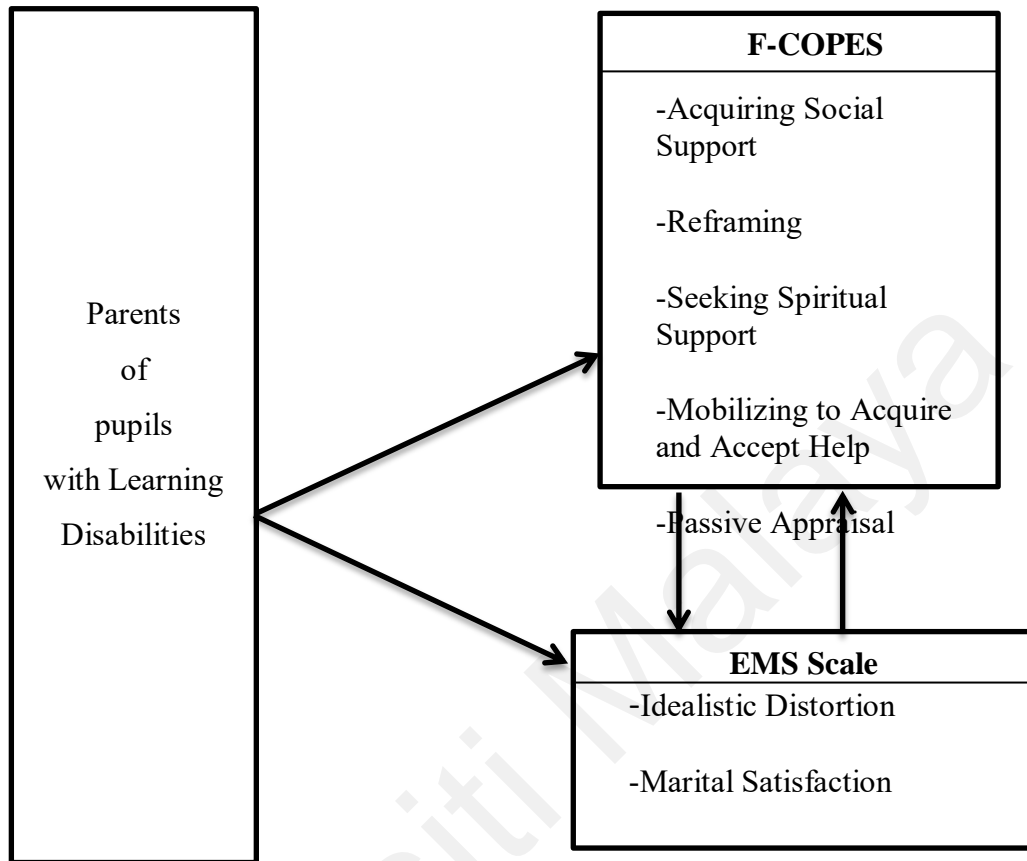


Figure 2.2 Conceptual Framework of the Study

CHAPTER 3

METHODOLOGY

3.1. Introduction

This study has five main objectives which are to understand the needs and current coping skills among parents of pupils with learning disabilities using Adapted Family Crisis Oriented Personal Evaluation Scale (F-COPES) and to determine the marital satisfaction among the parents of pupils with learning disabilities using ENRICH Marital Satisfaction Scale (EMS), and to determine whether there is a relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities. The methodology that would be used in this study is a quantitative approach.

3.2. Research Design

In this study, the researcher will be using survey research design. The broad area of survey research encompasses any measurement procedures that involve asking questions of respondents. Survey research is used to assess people's thoughts, opinions, and feelings. It can also be specific and limited in scope or more global in their goals. The best way to determine whether results of a survey are biased is to examine the survey procedures and analyses (Shaughnessy, Zechmeister. E, & Zechmeister. J, 2011). In addition, survey research involves selecting a sample (or samples) and using a predetermined set of questions.

Other than that, careful selection of a survey sample allows researchers to generalize findings from the sample to the population (Penny, Krosnick , & Lavrakas, 2015).

3.2.1. Population

A population is the set of all cases of interest. For instance, in this research the population will be all the parents of children with learning disabilities in Selangor. Contacting everyone in a large population is often practically impossible. Therefore, the researcher will only select a subset of the population to represent the population as a whole (Shaughnessy, Zechmeister. E, & Zechmeister. J, 2011).

3.2.2. Sampling Method

In this research, the researcher uses cluster probability sampling technique in which clusters of participants that represent the population are identified and included in the sample. Cluster sampling is also a method that involves identification of cluster of participants representing the population and their inclusion in the sample group. The main objective of cluster sampling can be specified as cost reduction and increasing the levels of efficiency of sampling Jackson (2011). There are nine hundred and thirty-seven schools in Selangor Darul Ehsan. Out of nine hundred and thirty-seven schools, only two hundred and twenty-one schools in Selangor offers –Program Pendidikan Khas Integrasi”(PPKI). There are ten education district offices in Selangor. Thus, the researcher will distribute ten questionnaires to parents with children with learning disabilities in each district by choosing one school from each district which has the PPKI and the randomly chosen schools will represent each district.

The researcher obtained hundred and fifty questionnaires from the parents of children with learning disabilities and that represented the population of parents of children with learning disabilities in Selangor Darul Ehsan. However, out of hundred and fifty questionnaires, only hundred and fifteen questionnaires were used as the

other thirty-five questionnaires were either incomplete or filled up by widows or separated couples which are irrelevant to this study.

3.2.3. Locations

The researcher will conduct the research in schools in Selangor. Schools with Program Pendidikan Khas Integrasi (PPKI) will be shortlisted and visited by the researcher to distribute the questionnaires.

3.3. Research Instruments

3.3.1. Family Crisis Oriented Personal Scales (F-COPES)

This is a 30-item instrument that is used to study about problem solving and behavioural strategies used by families in undesired situations (McCubbin, Olson, and Larsen, 1991). The F-COPES assist in identifying the coping levels of families, which provide useful insights about the ability of the families to adapt to stressful situations. It is said that families that has more coping skills adapt better to stressful events than families with less coping skills. An adapted version of this instrument is used in this study.

The F-COPES consist of five subscales which are acquiring social support that measures a family's ability to acquire support from friends, relatives, neighbors, and extended family (items 1,4,5,6,7,8,17,18,20,22), reframing that assesses the family's ability to redefine stressful events to help them be manageable by the family (items 10,11,23,24,25,26,27,28), seeking spiritual support that examines the family's ability to acquire spiritual support. (items 13,14,15,16, mobilizing family to acquire and accept help that measures the family's ability to seek community resources and accept help from others (items 2,3,19,21) and passive appraisal that assesses the family's ability to accept difficult issues minimizing reactivity (items 9,12,29,30).

The participants used a 4-point scale to complete the F-COPES. The scores ranged from 1 to 4 which follows as 1 (strongly disagree), 2 (moderately disagree), 3 (moderately agree) and 4 (strongly agree). Items 9,12,29,30 which are under the category of passive appraisal coping skill are reversed scored. Scores for subscales and total are derived by summing all item scores.

The F-COPES indicated good internal consistency with an alpha of .86. Individual subscales have alphas that are between .63 to .83. The instrument also had good stability with a four-week test-retest correlation of .81. Individual subscales have test-retest correlations that are between .61 to .95. It also has very good factorial validity and good concurrent validity, correlating with several other family measures (McCubbin, Olson, and Larsen ,1991).

3.3.2. ENRICH (Evaluating & Nurturing Relationship Issues, Communication, Happiness) Marital Satisfaction Scale (EMS) Scale

This instrument was developed by Olson and colleagues (Fowers and Olson, 1993). The EMS scale comprises of two subscales which are Idealistic Distortion that aims to neutralize the idealization of the relationship (items 4,6,8,10,12) and Marital Satisfaction Scale comprising different categories of marital satisfaction (items 1,2,3,5,7,9,11,13,14,15). The participants used a 4-point scale to complete the F-COPES. The scores ranged from 1 to 4 which follows as 1 (strongly disagree), 2 (moderately disagree), 3 (moderately agree) and 4 (strongly agree). The higher the EMS score, the higher the marital satisfaction and the lower the EMS score, the lower the marital satisfaction among the parents (Putri et al., 2016). The EMS score is calculated based on the below formula :-

$$\text{EMS score} = \text{PCT} - [(.40 \times \text{PCT})(\text{ID} \times .01)]$$

Explanation:

EMS = ENRICH Marital Satisfaction

PCT = Percentile score for individual marital satisfaction scale

ID = Percentile score for individual idealistic distortion scale

3.4. Procedure of the Study

The researcher got the approval letter from the Faculty of Education for approval to conduct the research. Then, the researcher forwarded the research proposal to Education Policy Planning and Research Division (EPRD) to get approval to conduct the research. The approval letter from EPRD will be attached together with proposal and sent to Jabatan Pendidikan Negeri Selangor to allow the researcher to conduct the research in schools.

After obtaining the approval from the Jabatan Pendidikan Negeri Selangor, the researcher distributed the questionnaires to parents in selected schools with Program Pendidikan Khas Integrasi (PPKI).

3.5. Data Gathering and Data Analysis

The data collected through questionnaires will be gathered and will be analyzed using Statistical Packages for Social Sciences (SPSS).

The mean score interpretation for this study will be based on the mean score interpretation for descriptive statistics in Table 3.1.

Table 3.1

Mean score interpretation for descriptive statistics

| Mean Score | Interpretation |
|------------|----------------|
| 1.00-2.33 | Low |
| 2.34-3.66 | Moderate |
| 3.67-5.00 | High |

(Source : Sumarni (2000) and Jamil (2002))

The correlation score interpretation for this study will be based on the degree of correlation between two variables in Table 3.2.

Table 3.2

Degree of correlation between two variables

| Mean Score | Interpretation |
|------------|----------------|
| 1.00-2.33 | Low |
| 2.34-3.66 | Moderate |
| 3.67-5.00 | High |

(Source : Jackson (2006))

Table 3.3

Statistical Analysis of Data

| Research Question (RQ) | Statistical Analysis |
|---|--------------------------|
| RQ 1 What is the level of usage of coping skills used by the parents of pupils with learning disabilities? | Mean, Standard Deviation |
| RQ 2 What is the level of marital satisfaction among parents of pupils with learning disabilities? | Mean, Standard Deviation |
| RQ 3 Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities? | Pearson r Correlation |

| Research Question(RQ) | Statistical Analysis |
|--|-----------------------------|
| RQ 4(a) | General Linear Multivariate |
| Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities? | |
| RQ 4(b) | General Linear Multivariate |
| Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities? | |
| RQ 5(a) | General Linear Univariate |
| Are there a significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities? | |
| RQ 5(b) | General Linear Univariate |
| Are there a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities? | |

3.6. Validity of the Instruments

Ghazali & Sufean (2018) stated the validity of the extent to which the instrument can measure what is supposed to be measured.

Manion et. al., (2005) have suggested that a researcher use the legitimacy of the instrument through an agreement from a number of experts, as also put forward by Fraenkel & Wallen (2013). On this recommendation the researchers have used the instrument validity techniques through agreements from a number of experts.

The validity of the content means the extent to which the content of the instrument can measure what to measure (Cohen, Manion, & Morrison, 2000). In addition, the validity of the content also refers to the capabilities and capabilities of an informational instrument that consists of components or areas to be studied (Pallant, 2013, Creswell, Plano, & V.L. 2011, Chua, 2012). While Palaniappan (2009) states that the validity of the content refers to the extent to which the items in the instrument represent the aspects of the test. A group of experts are comprised of those trained in a particular field (Mullen, 2013). According to Akbari & Yazdanmehr (2015), there are three characteristics as experts;

1. Experts in the field exceed five years of experience
2. Have a specific experience
3. The individual is directly involved in a related study

Hence, in order to fulfill these features, the researcher has appointed 3 experts who are experts in psychology, counseling, instrument and sociology. Among them are as in table 3.1 below;

Table 3.4

List of Panel Experts (Field Experts)

| No. | Panel of Expert | Field | Institution | Experience |
|-----|---|--|--|------------|
| 1. | Associate Professor Dr.Diana-Lea Baranovich | Developmental Psychologist (Family Relations) | University Malaya | 32 years |
| 2. | Nurul Hidayah bt Mohamad Abdillah | Executive | Bahagian Latihan & Kejurubahasaan, Insititut Terjemahan & Buku Malaysia | 6 years |
| 3. | Cr. Sivan Koran | Lecturer and Registered Counselor | Universiti Tunku Abdul Rahman | 15 years |

After a pilot test, the researcher found that some changes and improvements to the questionnaire were needed. The panel experts commented on the content validity of the instruments. Among the changes are as follows:

1. Use bold (Bold) to the subject of the study on the front page of the instrument so that respondents are clear and know the title of this study.
2. However, some of the enhancements need to be done as the aspects of matching, spelling, translation preferences and exact sentence structure.
3. Incorporate measurement scales on each page to facilitate respondents to review and answer

3.7. Reliability of the Instrument

Reliability of the instrument means the level of consistency of items tested multiple times through the test and retest still shows a consistent or stable score when tested multiple times. Wainer and Braun (1988) explain, reliability means that when the same item is tested multiple times on the same subject at different intervals it still

gives the score of the same or nearly identical results or answers. Its main purpose is to obtain consistent features of the instrument whenever it is used at different times, places and samples.

According to Reber (1985) the reliability test using the questionnaire should be tested through a pilot study to test the capabilities of the items using the alpha coefficient to measure each item in its construct to obtain the alpha coefficient. While Wiersma (2000) explains the reliability of the instrument is a measure of the value to determine the consistency of each item's score.

3.8. Pilot Test

The total sample size in the pilot study according to Gorsuch (1983) was not less than 100, not less than 20 samples in pilot test using the test-retest reliability method according to Dermott and Sarrela (1996), Mac Callum, Widaman and Zhang & Hong (1999) suggested that the ideal number of pilots should be over 100. Forza (2002) stated that 15 people, Hair et.al (2003) set 5 - 30 people only. Cooper & Schindler (2006) argues that the amount of sample size in the pilot study should not be statistically determined because in the pilot study is not to measure the findings of the reverse response only to see the clarity of questions / items alone.

Nevertheless, in practice the sample size in pilot study was small as suggested by Cooper & Schindler (2006) between 25 - 100 persons. Next Dermott and Sarrela (1996) interpreted the reliability index as;

... the difficulty index estimates the difficulty of an item on an achievement test (e.g an item might have a difficulty index of $a = .80$, indicating that 80 percent of the subject answered the item correctly).

Based on the above passage, the value of coefficient of $\alpha = .80$ above indicates the degree or confidence level of the sample against the instrument of the questionnaire is 80 percent ($.80 \times 100$). Since the researcher had adapted the items in a set of questionnaires based on literature reviews, the researchers have tested the reliability of the questionnaire instrument through pilot test using Test-Retest Reliability (Test-Retest Reliability). Reliability test and re-test are used to see the reliability of the instrument through consistent score always at all times when it is tested multiple times.

The same instrument is assessed repeatedly to the same sample group, at different times (at intervals of some 2 or 3 weeks).

According to Mohd. Majid Konting (1993), Ghazali Darusalam and Sufean Hussin (2016) an acceptable interpretation of acceptable reliability coefficients based on research practitioners in social science is more than a \Rightarrow . Whereas Nunally (1978) states that the value of 'Cronbach Alpha' should exceed a $\Rightarrow .70$ to be considered acceptable. The interpretation of cronbach alpha (α) correlation coefficients is as follows:

0.00 hingga + 1.00 = pada dasarnya (Lyman, 1986)

.60 hingga .70 = Puashati (satisfied coefficients)

.70 hingga .80 = Stabil (stability coefficients)

.80 hingga .90 = Kebiasaan (customary coefficients)

.90 hingga .95 = Mencukupi (sufficient coefficients) (Borg & Gall (1979)

.80 hingga .90 = Boleh diterima (acceptable reliability)

.90 hingga + 1.00 = Sangat baik (very good reliability) (Vierra & Pollock (1992)

.95 hingga + 1.00 = Keseragaman ketekalan dalaman yang diterima (acceptable

standardised test for internal consistency (Kubiszyn & Borich, 1993).

Pilot or pilot test was conducted in several government schools around Selangor involving parents of pupils with learning disabilities by taking samples of n = 30 parents as shown in table 3.5 below:

Table 3.5

Pilot Test of „Family Crisis Oriented Personal Evaluation Scales (F-COPES)“ and „ENRICH Marital Satisfaction Scale“

| Construct | Number of items | | Cronbach's alpha |
|---------------------------------------|-----------------|-------|------------------|
| | Initial | Final | |
| Acquiring Social Support | 10 | 10 | .930 |
| Reframing | 8 | 8 | .948 |
| Seeking Spiritual Support | 4 | 4 | .922 |
| Mobilizing to Acquire and Accept Help | 4 | 4 | .915 |
| Passive Appraisal | 4 | 4 | .867 |
| Idealistic Distortion | 5 | 5 | .948 |
| Marital Satisfaction | 10 | 10 | .869 |

The findings of the pilot test shows the degree of understanding of parents of pupils with learning disabilities in Selangor against the items in the questionnaire. explain if alpha α coefficient. => .80 is considered to be customary coefficients while Vierra & Pollock (1992) states it as acceptable reliability For acquiring social support skill, the construct alpha coefficient, cronbach is α . = .930, reframing skill, the construct alpha coefficient, cronbach is α . = .948, seeking spiritual support skill, the construct alpha coefficient, cronbach is α . = .922, mobilizing to acquire and

accept help, the construct alpha coefficient, cronbach is $\alpha = .915$, passive appraisal, the construct alpha coefficient, cronbach is $\alpha = .867$,

Idealistic distortion, the construct alpha coefficient, cronbach is $\alpha = .948$ and marital satisfaction the construct alpha coefficient, cronbach is $\alpha = .869$. It can therefore be summarized here that the questionnaire that has been constructed can be administered to the actual sample as the whole constructs tested through pilot study exceed the alpha coefficient $\alpha \Rightarrow .80$.

3.9. Summary

This study has five main objectives which are to understand the needs and current coping skills among parents of pupils with learning disabilities and marital satisfaction among parents of pupils with learning disabilities; to determine the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities. The methodology that would be used in this study is a survey research design, comprising of quantitative methods. This survey research administered with 115 samples who are all parents of pupils with learning disabilities. Adapted Family Crisis Oriented Personal Evaluation Scale (F-COPES) and Adapted ENRICH Marital Scale was administered for data collection. The descriptive data was analyzed using Statistical Package for Social Sciences (SPSS).

CHAPTER 4

RESULTS

4.1. Introduction

This chapter presents all findings based on the objectives and questions of the research. There are five research questions that have been developed in this research; (1) What is the level of usage of coping skills among the parents of pupils with learning disabilities? (2) What is the level of marital satisfaction among parents of pupils with learning disabilities? (3) Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities? (4a) Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities? (4b) Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities? (5a) Are there any significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities? (5b) Are there any significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities?

From the statistical analysis aspect, descriptive and inference reports will be used to answer the appropriate research questions (Ghazali Darusalam and Sufean Hussin, 2016).

4.2. Demographic Data

Demographic data in this study encompasses details of parents of pupils with learning disabilities that include; gender, race, religion, level of education, marital

status, monthly income, diagnostic, and relationship. All data will be described through descriptive statistics.

4.2.1. Demographic Details of the Parents

4.2.1.1. Gender

Table 4.1 below shows the distribution of parents by gender. The findings show that female is 63.5 percent (73) more than men which is only 36.5 percent (42).

Table 4.1

Respondents Distribution of Parents by Gender

| Profile | Frequency | Percentage |
|----------------|------------------|-------------------|
| Male | 42 | 36.5 |
| Female | 73 | 63.5 |
| Total | 115 | 100.0 |

4.2.1.2. Race

Table 4.2 above shows the distribution of respondents among parents according to race. The findings show that the majority of 59.1 per cent (68) Malays are more than the 20.0 per cent (23) of Chinese and Indians 20.9 per cent (24).

Table 4.2

Respondents Distribution of Parents by Race

| Profile | Frequency | Percentage |
|----------------|------------------|-------------------|
| Malay | 68 | 59.1 |
| Chinese | 23 | 20.0 |
| Indian | 24 | 20.9 |
| Total | 115 | 100.0 |

4.2.1.3 Religion

Table 4.3 below shows the distribution of respondents among parents according to religion. The findings show that 59.1 percent (68) are Muslim parents, while 20.0 percent (23) are Hindus, 14.0 percent (17) Buddhists and at least 6.1 percent (7) are Christians.

Table 4.3

Respondents Distribution of Parents by Religion

| Profile | Frequency | Percentage |
|--------------|-----------|------------|
| Islam | 68 | 59.1 |
| Christianity | 7 | 6.1 |
| Hinduism | 23 | 20.0 |
| Buddhism | 17 | 14.0 |
| Total | 115 | 100.0 |

4.2.1.3. Level of Education

Table 4.4 below shows the distribution of respondents among parents according to the level of education. The findings show that 80 parents possess Certificate with percentage (61) and 51 parents possess Degree with percentage (39).

Table 4.4

Respondents Distribution of Parents by Level of Education

| Profile | Frequency | Percentage |
|---------------|-----------|------------|
| SPM/SPVM | 46 | 40.0 |
| STPM | 7 | 6.1 |
| Diploma | 20 | 17.4 |
| Degree | 26 | 22.6 |
| Post Graduate | 16 | 13.9 |
| Total | 115 | 100.0 |

4.2.1.4. Monthly Income

Table 4.5 below shows the distribution of respondents among couples according to monthly income. The findings show that 1.7 percent (2) of the parents consists of those earning below RM2000 per month, while 21.7 percent (25) of the parents consists of those earning between RM2000-RM3000 per month, followed by 22.6 percent (26) of the parents consists of those earning between RM3000-RM4000 per month, 47.8 percent (55) of the parents consists of those earning between RM4000-RM5000, 5.2 percent (6) of the parents consists of those earning and 0.9 percent.

Table 4.5

Respondents Distribution of Parents by Monthly Income

| Profile | Frequency | Percentage |
|---------------|-----------|------------|
| <RM2000 | 2 | 1.7 |
| RM2000-RM3000 | 25 | 21.7 |
| RM3000-RM4000 | 26 | 22.6 |
| RM4000-RM5000 | 55 | 47.8 |
| RM5000-RM6000 | 6 | 5.2 |
| RM6000-RM7000 | 1 | 0.9 |
| Total | 115 | 100.0 |

4.2.1.5. Learning Disabilities

Table 4.6 below shows the distribution of respondents in spouse's children according to the learning disabilities of the children. The findings show that 29.6 percent (34) couples have children with Attention Deficit Hyperactivity Disorder (ADHD), while 31.3 percent (36) have children with Autism, 20.9 percent (24) are children with slow learning, 9.6 percent (11) have children with dyslexia and at least 8.7 percent (10) of children with Down syndrome.

Table 4.6

Respondents Distribution of pupils by Learning Disabilities

| Profile | Frequency | Percentage |
|---------------|-----------|------------|
| ADHD | 34 | 29.6 |
| Autism | 36 | 31.3 |
| Slow learner | 24 | 20.9 |
| Dyslexia | 11 | 9.6 |
| Down syndrome | 10 | 8.7 |
| Total | 115 | 100.0 |

4.2.1.6. Relationship with Children

Table 4.7 below shows the distribution of respondents of parents according to the relationship with the children. The findings show that 98.3 percent (113) of the parents have their own biological children while 1.7 percent (2) of the parents adopted their children.

Table 4.7

Respondents Distribution Of parents by Relationship with the Children

| Profile | Frequency | Percentage |
|---------------|-----------|------------|
| Own child | 113 | 98.3 |
| Adopted child | 2 | 1.7 |
| Total | 115 | 100.0 |

4.3. Research Question 1

What is the level of usage of coping skills among the parents of pupils with learning disabilities?

The items for the five coping skills were measured on a scale of 1 to 4 which is 1 indicating disagreement and 4 indicating agreement to the statement. For each skill, the responses for the items were averaged. For each respondent, the coping skills score ranged from 1 to 4. The summary is presented in Table 4.8.

As shown in Table 4.8, the respondents used all the five coping skills, with the highest being Seeking Spiritual Support with mean 3.05 (SD=.85) and the lowest being Reframing with mean 2.84 (SD=.45). All the skewness values are less than 2 and all the kurtosis values are less than 7. Hence, the distributions are fairly normal.

Table 4.8

Level of Usage of Coping Skills among parents of pupils with learning disabilities

| Coping skills | Mean(SD) | Skewness | Kurtosis |
|---|------------|----------|----------|
| F1. Acquiring Social Support Skills | 2.88(0.66) | -0.85 | -0.68 |
| F2. Reframing | 2.84(0.45) | -0.76 | -0.71 |
| F3. Seeking Spiritual Support | 3.05(0.85) | -0.73 | -0.89 |
| F4. Mobilizing to Acquire and Accept help | 2.95(0.73) | -1.00 | -0.16 |
| F5. Passive Appraisal | 2.85(0.47) | -0.54 | -1.06 |

4.4. Research Question 2

What is the level of marital satisfaction among parents of pupils with learning disabilities?

The EMS scores are shown in Table 4.9. As shown in Table 4.9, the overall EMS score was 52.73 which is above average. The skewness value is less than 2 and the kurtosis value is less than 7. Hence, the distribution is fairly normal

Table 4.9

EMS Score

| Variable | Mean(SD) | Skewness | Kurtosis |
|----------|------------|----------|----------|
| EMS | 52.73±9.17 | -0.12 | -0.46 |

4.5. Research Question 3

Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities?

Pearson's correlation coefficients were used to test the relationship between the five coping skills and marital satisfaction. The results are shown in Table 4.10.

As shown in Table 4.10, there were no any significant relationship between the five coping skills and marital satisfaction as all p-values are more than 0.05.

Table 4.10

Pearson's Correlation Coefficient between Coping Skills and Marital Satisfaction

| Statistics | Acquiring Social Support Skills | Reframing | Seeking Spiritual Support | Mobilizing to Acquire and Accept Help | Passive Appraisal |
|--------------------------|---------------------------------|-----------|---------------------------|---------------------------------------|-------------------|
| Pearson's correlation, r | 0.044 | 0.064 | 0.062 | -0.026 | 0.065 |
| p-value | 0.643 | 0.496 | 0.510 | 0.784 | 0.487 |

4.6. Research Question 4(a)

Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities?

The General Linear Multivariate procedure was used to test the relationship between the coping skills and level of education. The results are shown in Table 4.11.

In Table 4.11, all p-values are more than 0.05. Hence there is no any significant relationship between coping skills and level of education among parents of pupils with learning disabilities.

Table 4.11

The relationship between Coping Skills and Level of Education among Parents of pupils with Learning Disabilities.

| Coping skills | SPM/SPVM | Diploma | Degree | Post graduate | p-value |
|---------------|------------|------------|------------|---------------|---------|
| F1 | 2.89(0.67) | 2.93(0.66) | 2.75(0.68) | 2.99(0.61) | 0.604 |
| F2 | 2.77(0.46) | 2.87(0.48) | 2.83(0.43) | 3.00(0.38) | 0.472 |
| F3 | 3.00(0.87) | 3.08(0.89) | 2.94(0.88) | 3.28(0.72) | 0.669 |
| F4 | 2.91(0.78) | 2.94(0.76) | 2.90(0.69) | 3.14(0.61) | 0.633 |
| F5 | 2.83(0.47) | 2.81(0.49) | 2.83(0.54) | 3.00(0.32) | 0.638 |

4.7. Research Question 4(b)

Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities?

The General Linear Multivariate procedure was used to test the relationship between the coping skills and monthly income among parents of pupils with learning disabilities. The results are shown in Table 4.12.

In Table 4.12, all p-values are more than 0.05. Hence there is no any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities.

Table 4.12

The relationship between Coping Skills and Monthly Income among Parents of pupils with Learning Disabilities.

| Coping skills | RM3000 & below | RM3000-5000 | RM5000 & above | p-value |
|---------------|----------------|-------------|----------------|---------|
| F1 | 2.90(0.74) | 2.84(0.66) | 2.89(0.63) | 0.840 |
| F2 | 2.81(0.48) | 2.77(0.47) | 2.88(0.43) | 0.816 |
| F3 | 3.00(0.95) | 3.02(0.84) | 3.08(0.83) | 0.993 |
| F4 | 2.94(0.86) | 3.96(0.68) | 2.94(0.70) | 0.800 |
| F5 | 2.81(0.49) | 2.83(0.47) | 2.87(0.47) | 0.966 |

4.8. Research Question 5(a)

Are there a significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities?

The General Linear Univariate procedure was used to test the relationship between marital satisfaction and level of education among parents of pupils with learning disabilities. The results are shown in Table 4.13.

In Table 4.13, the p-value is more than 0.05. Hence, there is no any significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities.

Table 4.13

The relationship between Marital Satisfaction and Level of Education among Parents of pupils with Learning Disabilities.

| Variable | SPM/SPVM | Diploma | Degree | Post graduate | p-value |
|----------|------------|-------------|-------------|---------------|---------|
| EMS | 50.4(9.84) | 54.22(8.41) | 51.46(8.45) | 51.38(9.90) | 0.112 |

4.9. Research Question 5(b)

Are there a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities?

The General Linear Univariate procedure was used to test the relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities. The results are shown in Table 4.14.

In Table 4.14, the p-value is less than 0.05. Hence at least one pair of mean differ significantly. Based on post hoc multiple comparison test, mean EMS score among those earning RM5000 and above was significantly higher compared to those earning RM3000 and below.

Table 4.14

The relationship between Marital Satisfaction and Monthly Income among Parents of pupils with Learning Disabilities.

| Variable | RM3000 & below | RM3000-5000 | RM5000 & above | p-value | Variable |
|----------|----------------|-------------|----------------|---------|----------|
| EMS | 50.70±7.86 | 53.16±11.68 | 53.43±8.51 | 0.047 | EMS |

4.10. Summary

Findings of the research are presented in this chapter. Descriptive analysis showed that all the five coping skills studied in the research used at a moderate level by parents of pupils with LD in dealing the daily crisis while dealing with their children with learning disabilities , they are as follow, acquiring social support skill with mean 2.88 (SD= .66); reframing with mean 2.84 (SD=.45); seeking spiritual support skill with mean 3.05, (SD= .85) ; mobilizing to acquire and accept help with mean 2.95, (SD= .73) and passive appraisal with mean 2.85, (SD= .47).

As per marital satisfaction scale, the parents of pupils with LD reported their marital satisfaction at moderate level also with mean 52.73, (SD= 9.17). The findings on the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities showed that there is no any significant relationship between these two variables with the value of Pearson coefficient of r is more than .05.

There was no any significant relationship found between coping skills and level of education of the parents, with value of Pearson coefficient of r is more than .05. In terms of coping skills and monthly income of the parents, there was no any significant relationship found between coping skills and monthly income of the parents with value of Pearson coefficient of r is more than .05.

There was no any significant relationship found between marital satisfaction and level of education of the parents, with value of Pearson coefficient of r is more than .05. In terms of marital satisfaction and monthly income of the parents, there was a significant relationship found between marital satisfaction and monthly income of the parents with with value of Pearson coefficient of r is less than .05. Further discussions of these findings shall be presented in Chapter 5.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1. Introduction

This chapter explained in detailed about the findings, conclusions and recommendations based on the data analysed in the previous chapter. Some limitations have been identified. The focus of this study was to determine the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities. This research used a few research objectives to study about the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities. The background of this study was done by studying the literature on the situations internationally and nationally. The background of the research problem covers the impact of marital satisfaction and coping skills among parents of pupils with learning disabilities.

The literature study was done in chapter two on the researches already conducted on the marital satisfaction and coping skills of children with learning disabilities both internationally and nationally. The research questions of this study were:-

1. What is the level of usage of coping skills among the parents of pupils with learning disabilities?
2. What is the level of marital satisfaction among parents of pupils with learning disabilities?
3. Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities?

- 4a. Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities?
- 4b. Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities?
- 5a. Are there a significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities?
- 5b. Are there a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities?

The research approach used in this study was a quantitative method and the data collected were analysed using Statistical Packaging for Social Science (SPSS). The research population was parents of children with learning disabilities. The research population was obtained from government schools which conducts PPKI programme for children with learning disabilities in Selangor Darul Ehsan. The sampling method used in this method was cluster sampling method. This method involves identification of cluster of participants representing the population and their inclusion in the sample group. The main objective of cluster sampling can be specified as cost reduction and increasing the levels of efficiency of sampling Jackson (2011). The number of respondents who took part in this research was 115.

Questionnaires were administered with 115 respondents using adapted Family Crisis Oriented Personal Scales (F-COPES) and adapted ENRICH (Evaluating & Nurturing Relationship Issues, Communication, Happiness) Marital Satisfaction Scale (EMS). The findings were presented and discussed in Chapter 4 by making use of frequency and percentage table.

The findings revealed that the majority of the respondents were female which is 63.5 percent (N=73) and male respondents of 36.5 percent (N=42). In terms of

level of education The findings show that 40.0 percent (N=46) possess SPM/SPMV, 6.1 percent (N=7) possess STPM, 17.4 percent (N=20) possess Diploma, 22.6 percent (N=26) possess Degree and 13.9 percent (N=16) possess Post Graduate Degree.

Based on the financial status of the respondents, The findings show that 1.7 percent (N=2) of the parents consists of those earning below RM2000 per month, while 21.7 percent (N=25) of the parents consists of those earning between RM2000-RM3000 per month, followed by 22.6 percent (N=26) of the parents consists of those earning between RM3000-RM4000 per month, 47.8 percent (N=55) of the parents consists of those earning above RM4000-RM5000 per month, 5.2 percent (N=6) of the parents consists of those earning above RM5000-RM6000 per month and 0.9 percent (N=1) of the parents consists of those earning above RM6000-RM7000 per month.

Based on the diagnosis of the children, the findings show that 31.3 percent (N=36) couples have children with Autism, while 29.6 percent (N=34) have children with Attention Deficit Hyperactivity Disorder (ADHD), 20.9 percent (N=24) have children with slow learning needs, 9.6 percent (N=11) have children with dyslexia and at least 8.7 percent (N=10) of children with Down syndrome.

In terms of the relationship of the respondents with the children in this study, 98.3 percent (N=113) of the parents have their own biological children while 1.7 percent (N=2) of the parents adopted their children.

When one becomes a parent it is always necessary to adjust to a new way of life and all parents wish for a healthy baby, but some parents though not by their choice are gifted with child with learning disabilities. Some are able to cope up with such a situation and some experience psychological stress. Parenting those children

is not an easy task. Having a child with special needs places strain on the whole family (Nissel & et al , 2003). Parents having a child with special needs experience a variety of 'psychological stress' related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which is, indeed, easier for them while the child is still a baby.

An anxious love, on the part of the mother, may do much to exacerbate the defective's disability (Plumb, 2011). Following the diagnosis of a chronic health condition in a child, changes occur in the family's day to day routines, plans for the future, feelings and meaning about self (Kuster & et al , 2004). The child with special needs and his or her family are both affected by the child's condition and way of living. Each member of the family experiences effects related to the child's special needs. Family members' experiences and their responses to the child's illness influence each other directly (Larcan et. al, 2008). Mothers who have children with special needs report higher amounts of stress compared to mothers who do not have children with special needs.

A mother's ability to adapt to stressful situations depends upon a number of variables, including an individual's psychological strengths, individual and family resources, and the type of coping strategies utilized (Fariedah,2012).

5.2. Summary of the Findings

The findings of this study indicated that the parents of pupils with LD use coping skills at a moderate level to face the challenges they come across in daily life. The findings also indicated that there is no any relationship between coping skills and marital satisfaction among parents of pupils with LD. Moreover, there were no any significant relationship between coping skills among parents of pupils with LD and

level of education of the parents and monthly income of the parents. The findings also further indicated that there is no any significant relationship between marital satisfaction among parents of pupils with LD and level of education of the parents. However, there was a significant relationship between marital satisfaction and monthly income of the parents.

5.3. Discussion 1

What is the level of usage of coping skills among the parents of pupils with learning disabilities?

As shown in Table 4.8 in Chapter 4, the respondents used all the five coping skills, with the highest being seeking spiritual support with mean 3.05 (SD=.85) and the lowest being reframing with mean 2.84 (SD=.45), acquiring social support with mean was 2.88 (SD=.66), mobilizing to acquire and accept help with mean 2.95 (SD=.73) and passive appraisal with mean 2.85 (SD=.47).

5.3.1. Acquiring Social Support Skill

This result is in line with many past studies indicated that social support as an important coping skill used by parents of children with learning disabilities. Perry (2004) shared that informal social support includes “emotional sustenance and/or tangible help actually received and/or perceived to be available from extended family members, friends, neighbors, social organizations, and religious communities” (p. 9). In general, an increase in informal social support among couples parenting children with LD decreases the likelihood of negative outcomes such as stress (Dunn et al., 2001). Specifically, Benson (2006) stated that informal social support from peers and family members decreases stress proliferation and depressive symptoms among parents. Weiss (2002) identified that esteem-boosting friendship predicts lower levels

of depression and a greater sense of accomplishment among parents of children with LD.

Finally, family, partner, and friend support can both directly and indirectly reduce negative parental outcomes while increasing positive parental outcomes (Ekas et al., 2010). Taken together, these findings suggest that certain forms of informal social support may be beneficial for parents of children with LD. Social support assistance provided by others known as one form tangible assistance. In addition, social support also assesses an individual's confidence and adequate the support when needed. Social support plays an important role as a coping strategy of parents as supported by the result of this research.

This statement was supported by Roohafza et. al, (2014). He stated on his study that the social support is an effective psychological coping and the society possibly underdeveloped and people accept the tolerance, instead of acceptance. Besides that, Hsu HC (2010) also mentioned on her study that low social support is one of the predictors and lead towards psychological problems.

The role of social support is imperative due it is known as mechanism to buffer against life stressors. In this case, the findings highlight that the patterns of relationship of social support and coping styles shows positive significant. According to the results, some of past studies revealed that social support can increase the proactive coping (Hsu Hc, 2010). The engagement of parents with neighbours in form of social support could increase the beneficial engagement of coping skills of parents because individuals believe their social network includes someone who is willing to listen and offer a help (Faleel SF et. al, 2012). The findings of this research found to be in agreement to Hsu Hc (2010); Roohafza et. al, (2014). According to Ryan (1996), social support is a helpful tool. Social support is the basic human need

for the connection. The ability to achieve the level of social support will differ depending upon different aspects such as characteristics, availability of resources, and the culture (Woodman, A. C, 2013).

The capacity to trust others and permit oneself to become dependent upon others is a key variable in establishing social support and leads towards the marital satisfaction (Woodman, 2013). The social support increases the positive parental attitudes towards their children especially on disability children. Duggan et al., (2015) study was found that participation on social supports offer parents the opportunity to meet other parents and establish potential childcare.

The social support allows someone to discuss their concerns and problems more deeply and exchange the knowledge, experiences and information of disabilities. This is indirectly allows parents to feel connected to others and being alienated from the rest of society.

Acquiring social support has been positively associated and contributes most towards the marital satisfaction. It is also known as positively associated with family strength and greater family confidence among the families and parents who are having children with learning disabilities (Hlanze, 2015). According to Pilisuk (2009), parents who had social support shows positive impact on raising disability children. The research results and findings also agree with Pilisuk (2009).

Another emerging area of research is parents' of children with learning disabilities use of technology and media as a source of social support. In a survey of parents of pupils with learning disabilities by the Pew Research Institute, nearly three-quarters of respondents reported receiving social support from others on social media (Duggan et al., 2015). Forty-two percent of parents using social media (more mothers than fathers) reported that they had received social or emotional support

specifically for a parenting issue on social media in the past month. Eight percent and 16 percent of parents, respectively, said they received social or emotional support for a parenting issue “frequently” or “sometimes” over the past month (Duggan et al., 2015).

Based on the researches in the past which is two decades ago, the findings of this study is consistent with previous findings in Western culture which showed that social support is vastly used by the parents of children with learning disabilities to cope (Beckman, Newcomb, Frank, Brown & Filer, 1993; Trivette, Dunst, Hamby, & LaPointe, 1996).

According to Peer and Hillman (2012), they did a literature review on both quantitative and qualitative articles written in English and published between 1986 and 2012 and found out that three empirically supported resilience factors were used by parents of pupils with learning disabilities: dispositional optimism, problem-focused coping and social support. It is said that social support may be enacted or perceived and formal or informal.

The evidence suggests that it is the perception of social support from informal sources and the feeling of belonging that may be most uplifting among parents of children with learning disabilities (Hsiao, 2014; Samadi et al., 2014; Dunn, 2001; Horton & Wallander, 2001; Tway et al., 2007).

In addition, parents of children with LD who report positive aspects of having a child with learning disabilities state they use coping strategies. One coping strategy mentioned is the use of social supports (Marcus et al., 2005; Montes & Halterman, 2007; Pottie, Cohen, & Ingram, 2009; Schieve, Blumberg, Rice, Visser, & Boyle, 2007; Vidyasagar & Koshy, 2010). According to Tway (2007), social supports develop from interactions between individuals such as families, peer groups such as

co-workers, and other social circles (parents of their child's peers in school programs, hobbies, sports, etc).

5.3.2. Reframing

Reframing is known as way of an individual perceive an experience or problem that influences and leads towards possible solution. According to Wong (2006), reframing approach is one of effective coping strategy for parents for handle children with learning disability. He added on his research that the reframing goes beyond reflective listening and provide deeper understanding of a conflict and creates possibilities for new ways to addressed issues. Reframing helps parents to understand their children with learning disability perception and the reality of the situation. Reframing requires high level of critical thinking and confident to face any issue or problem (Wong, 2006). This study finding shows that parents of children of learning disability are well known to addressed their problem using reframing strategy. Similar findings had been reported by Wong (2006).

Gehan (2012) examined on coping skill among parents of children with learning disabilities and claims that parents with children of learning disabilities uses a lot reframing in their daily life. Reframing construct in the study can also be understood as how it assesses the parent's capability to redefine stressful events in order to make them more manageable.

For instance, knowing that they have the strength within their family to solve the problems. The result of the study also showed that there is significance relationship between age and reframing and passive appraisal, as well as between birth order and mobilizing family to acquire and accept help.

Furthermore, the educated parents are more exposed to the prevailing facilities that will improve their child's condition and enhance the strategies that they can adopt to cope effectively with the psychological stress and they had frequent contacts with experts and professionals. Other than that, Pritzlaff (2001), who did a research to examine the coping strategies of the parents who have children with disabilities, found that, the two most frequently used coping strategies were acquiring, social support and reframing. Seeking spiritual support was the least utilised.

5.3.3. Seeking Spiritual Support

It clearly shows that respondents believe on spiritual and seeking solution from spiritual support. Spiritual support is one of the best predictors of emotional adjustment. According to Pargament (1999), spiritual is difficult to define because different people have different perception.

Pargament (1999) also explained that spirituality helps people to more appreciate what themselves cannot control. Spiritual support shows positive significant relationship and plays a vital role as coping strategy of parents. This study results also shows positive effect and relationship towards marital satisfaction. This study results also supported by the finding of Ryan (2009); Manuel JI et. al, (2012). The results found that individuals appear to involve themselves with the spiritual and meet the greater extent in more stressful situation than in less stressful moments of their life. The result of this study which was addressed that spiritual supports helps to parents of learning disability pupils. This results also supported by Manuel JI et. al, (2012).

According to him, faith, religious and spiritual support are effective coping methods. This method also is most frequently used by parents who have children

with disabilities. Spiritual support also offers a guideline for living and offers a sense of stability among parents of learning disability of pupils. Parents of learning disability of pupils view the difficult situation as an opportunity for spiritual growth (Manuel et al., 2012).

Past research indicates that some parents of children with learning disabilities find comfort in embracing their religion and spiritual practices during times of stress (Graham, Furr, Flowers, & Burke, 2001). In a study of 119 of parents of children with learning disabilities, greater levels of maternal religious belief were associated with positive coping skills such as a higher self-esteem and a more optimistic life perspective (Ekas, Whitman, & Shivers, 2009).

Furthermore, in a survey about the role of religion in families of children with learning disabilities, 66% of families reported personal prayer as a means of expressing their beliefs and seeking comfort (Coulthard & Fitzgerald, 1999). Some parents report experiencing a heightened sense of spirituality resulting from learning to cope with the day-to-day struggles associated with caring for their child with learning disabilities (Ekas et al., 2009).

The results of this finding are also in line with a few other researches. A study done by Gupta, Mehrotra, & Mehrotra (2012) supported this situation whereby more than half of the respondents turned to God, mosques and temples for coping, after they had exhausted all avenues of treatment and were told by the physicians that there was "no hope" of a cure for their children with learning disabilities.

Many researchers from India have reported that people often find relief in religious propitiation and surrender to the will of God when faced with intractable disease and disability of their children (Brown et al., 2003; Farheen et al., 2008; Gupta, 2011).

5.3.4. Mobilizing to Acquire and Accept Help

According to Rima (2009), mobilizing to acquire and accept help is the subscale for mobilizing among parents especially among parents. The mobilizing of parents to acquire and accept help measures the parents' ability to seek community possessions. This is also known as one form of coping skills utilized by parents of children with learning disabilities. This study finding supported and shown that parents also use this mobilizing to acquire and accept help as one of coping skills. This coping skill helps to easily seek information and advice from the respective people. This coping skill also makes parents easily to communicate and address their problem. This statement was supported by Rima (2009) on her studies.

5.3.5. Passive Appraisal

Passive appraisal is the family's ability to accept problematic issues that minimize reactivity (e.g., believing if we wait long enough, the problem will go away). Passive or positive appraisal is also referred to as setting aside your worries. In this study, passive appraisal is preferred the most by the parents of pupils with learning disabilities while dealing with a crisis. This result is in line with other researches (McCubbin et al., 1991; Thompson, Hiebert-Murphy, & Trute, 2013).

5.4. Discussion 2

What is the level of marital satisfaction among parents of pupils with learning disabilities?

As shown in Table 4.9 in Chapter 4, the overall EMS score was 52.73 which is above average. This result is in line with past studies (Atari & Abbasi, 2007; McDonald, Beck, Allison & Norsworthy, 2010; Najm, 2005; Collins, 1990) claiming that marital satisfaction is influenced to some extent by the presence of a

child with learning disabilities. It is also said that parents of children with LD may be less satisfied in their marriage and that leads to less marital satisfaction. Yet, many other research also suggested that many parents of children with LD reported average to above-average levels of marital satisfaction (e.g., Flaherty & Glidden, 2000; Stoneman & Gavidia-Payne, 2006) and have longstanding marriages (Hartley et al., 2010; Seltzer et al., 2001; Urbano & Hodapp, 2007).

Parents of children with learning disabilities reported higher rates of divorce and separation than both couples in the general population and parents of children with other disabilities (Risdal & Singer, 2004). Furthermore, while the divorce rate of parents of typically developing children declines after their children reach adolescence, the divorce rate of parents of children with LD does not (Hartley et al., 2010). The ongoing probability of divorce illuminates a difference among parents of children with LD and parenting of typically developing children.

Having a child with LD may distinctively disrupt functions of healthy couple interactions continuously through the marriage and not only during times of family life transition (e.g., entry into parenthood).

Marital satisfaction among parents of children with LD tends to be lower than the general population (Risdal & Singer, 2004); however, the reason for this is not clear. When compared to parents of children without learning disabilities, both mothers and fathers of children with LD report lower relationship harmony and agreement (Gau et al., 2012), which is a strong predictor of marital satisfaction (Kurdek, 1993).

This could suggest that there are patterns of interaction among this population that are different from those of parents of other children and could negatively influence marital satisfaction. Though parents of children with LD tend to report

lower relationship satisfaction (Risdal & Singer, 2004), others reveal that marital satisfaction can buffer against the stress of having a child with LD (Risdal & Singer, 2004). In addition, even when controlling for coping style, marital satisfaction among these couples is lower than that of the general population (Higgins, Baily, & Pearce, 2005). Perhaps typical coping styles may not be enough to buffer against the stress of parenting a child with LD. Thus, it is important to understand what is most salient in influencing marital satisfaction for these parents of children with LD.

Marital satisfaction plays an imperative role in the normal functions of the family (Yilmaz, 2004). The current situation and the expected situation are compliance of marital satisfaction. Besides that, marital satisfaction is the imperative aspects of compatibility. Marriage and marital life require a stable level of compatibility between husband and wife.

The marital satisfaction will ensure the current situation in a marital relationship with what they had and expected to conform. Winch (2010) stated that the relationship with the spouse is a form or source of emotional and social development and lack of marital satisfaction. This will lead to the damages of ability among couples in relationships with each other, children, and others. The greatest problem in marital satisfaction is related to the lack of communication. So that, it clearly shows that proper and effective communication plays an important role in solving the marriage problems. Marital satisfaction is one of the strongest predictors of mental health (Noller et. al, 2012). The more intimate the couples are, their marital satisfaction increased, and their mental problems decreased (Noller et. al, 2012).

The current study highlights that there are few different dimensions in the scale which is related to the marital satisfaction. The first dimension is marital harmony. This dimension defining the concept of items that are generally connected

to the concept of ~~marital~~ "marital harmony". The sub-scale used under this dimension was called as the ~~relationship~~ "relationship happiness" (Nichols, W. 2005). The happiness in the relationship between spouses reflects their marital harmony. The feeling of satisfaction with the marriage covers concepts like the spouses' general feelings about marriage (Nichols, W. 2005). For the example, their getting along well with each other, love, the amount of love, sexual intercourse and the consensus with the spouse (Nichols, W. 2005).

Besides that, the factor that was referred as ~~closeness~~ "closeness" in this scale pertaining to the presence of the concepts such as mutual love in the relationship, care, sympathy with the spouse, the pleasure of spending time together with the spouse and admiration for the spouse. Studies shows that the issues related to whether a friendly communication can be promoted in the relationship and whether there is a common interest in the marriage are revealed through the items in this scale. The second dimension are referred to ~~anger~~ "anger".

This scale reveal the violence in the relationship, the emotional and physical violence and abuse. The emotional anger that spouses exhibit to each other take into consideration. The third dimension of the scale is communication (Nichols, W. 2005). This dimension aiming to reveal the disagreements and disputes arising from the spouse family. The fourth dimension of the scale is called as ~~economic~~ "economic understanding". This dimension contains items related to the disputes arising from financial issues, concerns about family budget, the distrust in the spouse in terms of financial issues and the disputes stemming from all these issues. The fifth dimension of the test is called as ~~understanding~~ "understanding of parenting" (Carrano et al., 2003).

According to Winch(2011), the first factor or first dimension which is marital harmony on marital satisfaction is happiness, satisfaction, harmony, conflict,

closeness to the spouse and balancing the tensions are all related to the marital harmony that has a direct influence on marital satisfaction and this was supported by Bradburn, 2007 in his studies. The result in this study also support the finding of Nichols (2005), which was the marital harmony refers to the satisfaction and the happiness in the marriage as a result of the harmonious togetherness of the couples.

The increasing the level in marital dissatisfaction is significantly related to the violence cases (Smith, 2008). The scale of communication concludes that that the major problems of the marriages in western country stemming from poor communication. The uneasiness and the quarrels stemming from the influence of marital couple's relationship are related to the marital dissatisfaction.

5.5. Discussion 3

Are there any significant relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities?

As shown in Table 4.10 in Chapter 4, there were no any significant relationship between the five coping skills and marital satisfaction. Thus, the alternative hypothesis is rejected, and the null hypothesis is accepted.

It is also important to understand how the coping resources of parents mitigate the effect of parenting stressors on marital interactions. Past research has shown that the impact of having a child with LD on parental psychological well-being is reduced when adaptive coping skills are used. Parents of children with LD who reported having high levels of social support and who reported using high levels of problem-focused coping (i.e., attempts to alter the stressor) or positive reappraisal coping (i.e., reframing event in a more positive light) reported more positive psychological well-being than do parents who reported using escape-avoidance and

other maladaptive emotion-focused coping efforts (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Glidden, Billings, & Jobe, 2006).

Parents of children with LD who had high levels of family and friend social support and who employed adaptive coping skills to deal with child's LD may similarly not be at risk for negative marital interactions, whereas parents of children with LD who employed maladaptive coping skills may be at risk for marital discord. In support of this notion, parents of children with LD who reported using escape-avoidance coping skills reported more marital problems than parents who did not use this coping skills (Dunn et al., 2001). In contrast, the use of positive reappraisal was related to fewer marital problems within these parents (Dunn et al., 2001).

Similarly, Stoneman and Gavidia-Payne (2006) examined the use of problem-focused coping by mothers and fathers of young children with LD. After accounting for the experience of daily hassles, they found that the use of problem-focused coping skills was positively related to ratings of marital adjustment in fathers.

However, the use of problem-focused coping was not significantly related to marital adjustment in mothers. Rather, for mothers, ratings of marital adjustment were related to their spouse's use of problem-focused coping. When fathers of young children with a LD used more problem-focused coping to deal with stressors, mothers had more positive ratings of their marital relationship. These results highlighted the need for research to incorporate measures of coping when examining the impact of children's LD on parental outcomes, including marital relationship. Parents of pupils with LD who are better able to manage child-related stress through adaptive coping skills or by relying on sources of support outside of their spouse may be less vulnerable to have this parenting stress affect their marital relationship.

However, previous findings (Stoneman & Gavidia-Payne, 2006) also highlighted that ratings of marital adjustment of married spouses may differ from each other and be influenced by different mechanisms.

Coping skills are very important in marital satisfaction. Parents of pupils with learning disabilities should always concern on this coping skills. According to Pamela (2012), coping skills makes parents to think wider especially among the parents of children with learning disabilities. Parents who are having a child with a disability in a positive way shows and obtained more successful adaptation and family strengths (Paul, 2016). Besides that, ENRICH Marital Satisfaction Scale was used to measures Idealistic Distortion for each individual and account the potential bias. This study also supported to the idealistic distortion in marital satisfaction bring positive contribution by using ENRICH Marital Satisfaction Scale.

The higher the score in ENRICH Marital Satisfaction Scale and Family Crisis Oriented Personal Evaluation Scales (F-COPES) among parents of children with learning disabilities, it contributes the positive impact and higher contribute rate at coping skills and marital satisfaction. The dimension of marital satisfaction was studied carefully, and the results obtained thru this research also indicate that there is a significant moderate positive relationship between coping skills and marital satisfaction among parents of children with learning disabilities. It is also stated that marital satisfaction is one of the strongest forecasters of mental health among parents of children with LD (Noller, P, 2012).

Parents marital satisfaction increased and will leads to positive traits such as less stress, high level of confident gained to raise learning disability children (Noller, P, 2012). The findings of this research found to be in agreement to Noller P (2012). Similar findings also had been reported by Pamela (2012). Previous studies have

shown that some factors such as attachment to God (a coping skill under seeking spiritual support construct) have an impact on mental health (Feeny,2002; Flannelly& Galek, 2010; Mikulincer& Shaver,2004; Belavich& Pargament, 2002; Meyers& Landsberger,2002) and marital satisfaction (Feeney,1994). Moreover, studies have shown that religious practice has a positive relation with marital satisfaction (Hazan,1987)

The results showed that coping skill (attachment to God) was only responsible for a 51% change in marital satisfaction. These results were similar to a few previous studies (Atari & Abbasi, 2007; McDonald, Beck, Allison & Norsworthy, 2010; Najm, 2005; Collins, 1990,) which reported that a person with a secure attachment to God had a positive relation with emotional adjustment.

Such people were more satisfied about their lives and also had more psychological adjustment than those without a secure attachment to God (Kirkpatrick & Shaver,1992; Heydarian & Amanelahi ,2015). Having a secure attachment to God determined a more meaningful attitude towards the world. Individuals who lacked faith in God did not have solidarity and relaxation in the difficult situations of life. This lack caused several problems in marital lives. Belief in God and religious practice can help people consider God as a source of attachment and support in their lives. God provides a means of support which people can turn to during difficulties in their lives.

Although God has never had a physical presence, human beings can feel the presence of God in their daily lives. Those who have faith, find that God is the base of a secure life. A person's strong attachment to God helps him/her to overcome problems they may encounter throughout their life. They have special self-esteem and are often known as supporters of others and developers of skills to solve other

people's problems. This coping skill can increase the marital satisfaction among parents of children with learning disabilities (Cassidy & Shaver 1999).

Seeking spiritual support has a positive and significant relation and preoccupied and fearful subscales of attachment to God have negative and significant relations with mental health. Overall, mental health and marital satisfaction determined positive and significant relations.

Results of a study also revealed that a seeking spiritual support was responsible for a mere 47% change in mental health. The results of other studies (Belavich & Pargament, 2002) also determined an association between marital adjustment and a secure attachment to God (Patrick & Davis, 1994). Attachment and belief in God caused a meaningful attitude towards life. Preoccupied and fearful attachment to God caused a lack of solidarity between people which led to difficulties in personal and family life.

A secure attachment to God induced tolerance when people encountered problems and increased their mental health and improved their psychiatric health. Although the parents of children with LD encountered chronic stress and difficulties, problems with tolerance, however, the adverse impacts of such problems were decreased, and mental health was maintained.

Seeking spiritual support (coping skill) was considered as one of the main factors in decreasing risks of problems and improving mental health (Kim, 2015). As a result, the marital satisfaction among parents of children with LD in problematic and stressful situations increased.

5.6. Discussion 4(a)

Are there any significant relationship between coping skills and level of education among parents of pupils with learning disabilities?

The General Linear Multivariate procedure was used to test the relationship between the coping skills and level of education. The results are shown in Table 4.11 in Chapter 4 and indicated that there is no any significant relationship between coping skills and level of education among parents of pupils with learning disabilities. Thus, the alternative hypothesis is rejected, and the null hypothesis is accepted.

In this case, level of education does not affect the coping skills among parents of pupils with learning disabilities. It clearly shows that education does not play a major role in handling children with learning disabilities. Education level among parents of pupils with learning disabilities does not contribute or affect parent's behaviour. The parent's mentality or thinking skills is not affected by their education. According to Hock (2012), parents who are educated and parents who are uneducated also shows the same interest and concern in handling their children and at the same time the marital satisfaction between that two categories is in same level. However, this study contradicted with Plumb (2011), who stated that parents with higher educational status had low psychological stress and high coping skills scores.

According to this researcher, most of the parents of children with learning disabilities are educated and seek for professional help in order to coping. Educated parents were also able to provide appropriate and timely treatment for various problems of the child. The parents were aware of attending seminars and workshops to enhance their coping skills and deal with the learning disabilities of the child successfully.

This current generation of parents of children with learning disability are also well-versed about their children's problem and learning disabilities (Karmen, 2016).

Karmen (2016) on her studies mentioned that learning disabilities of children impacted the parents lifestyle and educated parents are more concerned about their children. This statement was opposed by Paul (2016).

5.7. Discussion 4(b)

Are there any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities?

The General Linear Multivariate procedure was used to test the relationship between the coping skills and monthly income among parents of pupils with learning disabilities. The results are shown in Table 4.12 in Chapter 4 and indicated that there is no any significant relationship between coping skills and monthly income among parents of pupils with learning disabilities. Thus, the alternative hypothesis is rejected, and the null hypothesis is accepted. Therefore, the current study indicated that monthly income of the parents of pupils with LD has no effect on their coping skills. However, there are many studies showed that there are relationship between monthly income and coping skills of parents of children with learning disabilities.

According to a study done by Gupta, Mehrotra, & Mehrotra, (2012) parents of children with LD who engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative irrespective of their income occupations. In their role as parents of children with LD, those who worked as professionals, managers and had small businesses experienced higher stress than those who worked as labourers and clerks, due to impaired sense of competence, restrictions placed on other life roles, marital conflict, lack of social support and depression. This finding is in contrast to most published studies which report higher stress among parents of low social economic status. The parents in less prestigious occupations may have lower expectations of their children and may be accustomed to

feelings of helplessness (Plumb, 2011). Gehan (2012) also stated that there was a significant relationship between family income among parents of children with LD and coping skills.

One possible reason for this may be that parents who have a higher income may also have more resources available to them, which helps make the situation less stressful. Totiska & et al., (2011) who reported that when caregivers are supported, they are better able to cope with the challenges of providing care for a child with special needs.

According to Dervishaliaj (2013), monthly income also one of the consider factor for the parents of children with learning disabilities. Parents who earned high income spend more on their children who are having learning disabilities. Dervishaliaj (2013) mentioned on his research that high level income of parents put extra effort such consulting external parties to handle their children who are having learning disabilities. This kind of effort makes a mutual understanding among parents and leads towards marital satisfaction.

This statement was supported by the result of this study. In addition, Lickenbrock, Ekas & Whitman (2011) on her study regarding children of learning disability mentioned that monthly income of parents of children who are having learning disabilities are important to take care children of learning disabilities well-being. She added that the higher monthly income obtained by parents' children with learning disabilities having less conflict among the parents or couples. This is due to they find a better solution and seeking other people help by sending their learning disability of children to special centres in order to treat them fairly and properly Lickenbrock, Ekas & Whitman (2011).

5.8. Discussion 5(a)

Are there a significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities?

The General Linear Univariate procedure was used to test the relationship between marital satisfaction and level of education among parents of pupils with learning disabilities. The results are shown in Table 4.13 in Chapter 4 and indicated that there is no any significant relationship between marital satisfaction and level of education among parents of pupils with learning disabilities. Thus, the alternative hypothesis is rejected and the null hypothesis is accepted. The findings of this study was in line with a study done by Sigan et al., (2011), which indicated that there were no significant relationship between marital satisfaction and level of education of the parents of children with LD. However, other limited resources quoted that within the general population, parents of children with LD who are less educated are at greater risk of divorce (Bramlett & Mosher, 2002; Karney & Bradbury, 1995; Ono, 2009).

5.9. Discussion 5(b)

Are there a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities?

The General Linear Univariate procedure was used to test the relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities. The results are shown in Table 4.14 and indicated that there is a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities. Thus, the alternative hypothesis is accepted, and the null hypothesis is rejected.

The findings of this study was contradictory with a study done by Sigan et al., (2011), there were no significant relationship between marital satisfaction and

monthly income of the parents of children with learning disabilities. However not many studies were done to study the relationship or differences between monthly income and marital satisfaction among parents of children with LD. Another study conducted by Ki & Joanne (2014) also stated that level of family income was not significantly correlated with marital satisfaction.

There are many studies done to study about the relationship between monthly income and parents of children with typical development. Zeynep and Isil (2014) in their study supported the relationship between monthly income and marital satisfaction. In terms of the marital satisfaction, the results showed that satisfaction with financial status was the best predictors of marital satisfaction. People who were financially satisfied were more satisfied with their marriage. This strongly supports earlier research results on the relationship between financial satisfaction and marital satisfaction.

Blumstein and Schwartz (2015) also found that couples dissatisfied with their financial situation frequently consider their entire relationship a failure.

In contrast, Pimentel and House (2009) found that household income and having children didn't significantly relate to marital satisfaction. This study provides evidence focusing once again on the financial domain, finding evidence to suggest that individuals who adopt satisfaction with financial status increase their marital satisfaction. In this study, it was clearly indicated that there is a significant relationship between monthly income and marital satisfaction among parents of children with LD.

5.10. Implication of the research

The research findings and literature review has shown that parents of children with LD uses coping skills at a moderate level while dealing any kind of crises pertaining to their children's LD. Parents of children with LD often face greater levels of stress, anxiety, depression, and psychological distress than other parents of children with typical development children. Results appeared to indicate that parents of children with LD may experience more stress due to the unique characteristics of their children's disability. It is important to remember, while parents may report a higher level of stress when raising a child with LD, not all parents experience this added stress. It is also important to learn more about parents with lower stress levels. An additional potential stressor is the financial impact of having a young child with LD. The reviewed research has provided many coping skills to help parents of children with LD to overcome the crisis in raising a child with LD.

Children with a LD have many unique characteristics. Each set of parents raising children with LD experience different behaviors. Their children also demonstrate a range of symptoms. Parents have to be willing to try various types of coping skills to adjust to these behaviors and symptoms related to LD. While each child with LD has unique characteristics, each family is also made of different characteristics such as racial background, level of education and financial status.

According to Turnbull and colleagues (2011), professionals need to support parents of children with LD such as strengthening the marriage subsystem and exposing them to an appropriate coping skills when dealing with their children with LD. Parents reported lower marriage satisfaction when they have a child with LD (Brobst, Clopton, & Hendrick, 2009). Turnbull et al. (2011) states that professionals need to build partnerships with parents. This can be especially critical for parents

raising a child with LD. A partnership can give parents another adult to talk to about their child, sibling relationships marriage and the like.

Professionals who are close to families with young children with LD or work with the parents need to be able to provide different coping skills for parents of children with LD. The activities will provide parents with activities to participate in with their children. Also, providing school and community wide activities geared to children with LD can help parents meet other parents with children with LD and build formal and informal social supports.

Parents do not always tell professionals what they are feeling, problems they are having at home or overall stress level. Professionals have to know when to provide extra attention to the parents. A professional may be the first person a parent approaches when they are experiencing added stress related to their child with LD.

While teachers and other professionals seek out professional development on assessment tools and teaching strategies, they may not look for research on parental stress and coping skills. It is imperative professionals educate themselves in these areas and share this information with other professionals who may work with parents of children with LD.

Most schools offer counseling to children and parents of typical development children. It is the key to offer counseling and related resources to children and parents of children with LD as well. Social workers can also provide counseling to parents of children with LD and help them determine which type of coping skills works for them. Teachers and therapists should offer a listening ear to parents and help parents talk through their problems and offer solutions. Parents experience so many different things when their child is diagnosis with any kind of LD that they

need to have someone that they can talk to whether it is at a hospital, school, or community agency or program.

Special education teachers focus on meeting their pupils' academic, behavioral and social needs but it is also equally important to work with and build relationships with parents of children with LD (Dunst, 2002). Many teachers only focus on their pupils' needs when the focus should include family unit and assistance to address the needs of all family members. For example, teachers can encourage parents of children with LD, actively listen to parents of children with LD, and offer resources to address stress and provide guidance on coping skills. Teachers should also suggest ways to elevate stress and introduce coping skills that may be useful to parents.

According to Baker- Erczen and colleagues (2005), one reason parents of children with LD may report more stress is because children in preschool are not being taught social skills. This perceived lack of social skills training was viewed by parents as necessitating more emphasis in classroom instruction (Baker-Erczen et al., 2005) when in fact the core foundations in preschools are to help children develop social skills in the areas of play, communication, and etiquette.

The researcher recommends that all parents, especially those of children with learning disabilities attempt to improve their attachment to God and develop their religious belief in order to increase their mental health. As Malaysia is a multiracial country with different religious belief system, health care workers and religious leaders can apply religion as a coping skill in mental health programming in societies. Psychiatrists can help people form their beliefs and induce their trust. In short, in terms of marital satisfaction, the findings of this study showed that the parents of children with LD are satisfied with their marriage at a moderate level. Moreover,

evidence for increased marital discord and divorce rates among parents of children with learning disabilities is weak and inconsistent.

Many more parents of children with learning disabilities report positive effects on their marriages than report negative effects, and many others recognize that having a child with a learning disability has little to do with the quality or durability of their marriage relationship. There may be a very small increase in the incidence of divorce among parents of children with learning disabilities as compared to the general population, or there may be no increase at all. Findings are weak and inconsistent.

Even if a small increase in the incidence of divorce exists, it is probably more likely that this increase is attributable to differences in parents' attitudes and behaviour rather than any effect of children with learning disabilities on their parents. Whatever the causal factors, many families with children, including many families of children with learning disabilities, experience marital discord or divorce. Whether or not having a child with a learning disability is a contributing factor in some cases, marital discord and divorce are difficult for all family members. Researchers should focus future efforts on understanding how children with learning disabilities and their families experience divorce and what can be done to assist them during what is often a difficult time in their lives.

5.11. Limitation of the Research

This study had several limitations. The participants were parents of pupils with LD in Selangor Darul Ehsan only. Therefore, the findings of this study couldn't be generalized to the population in other states of Malaysia. Future research can recruit parents from multiple sites for a more representative sample to increase the

generalizability of the results. Only quantitative data was collected in this study, future studies may use interviews to understand the reasons behind the different sources of coping skills and other factors that contribute to marital satisfaction of parents with children with learning disabilities in a wider cultural context.

In particular, mothers and fathers reported different level of usage of coping skills and experiences marital satisfaction differently, thus past studies and given that previous research has found differences in coping skills and marital satisfaction among parents of children with learning disabilities based on gender (Berge, Patterson, & Rueter, 2006), future research can aim at exploring the potential discrepancies in the experience of coping skills and marital satisfaction among parents of pupils with LD based on the gender differences. Future research can also compare maternal and paternal coping skills in parents with children with learning disabilities in Malaysia culture. The current study did not differentiate among the different types of learning disabilities that children had. Future research can examine the potential differences in coping skills and marital satisfaction of parents with children with specific learning disabilities, different severities of learning disabilities, and at different stages in the developmental of the child. Such knowledge would be essential for professionals when they provide services and counseling for parents of children with learning disabilities and this would help the parents of pupils with LD to improve on their coping skills and marital satisfaction.

5.12. Recommendation for Future Research

Future research is needed in determining the long term effects of various coping skills used by parents of pupils with LD and the relationship with marital satisfaction. A longitudinal study needs to be completed to determine if the coping

skills are effective in eliminating stress parents face when raising a young child with LD in Malaysia. Another topic for further research is additional comparisons of mothers and fathers of children with LD.

This is necessary because it appears that mothers and fathers react differently to stress (Davis & Carter, 2008; Plant & Sanders, 2007) and corresponding coping skills may be different. Research needs to be completed with larger sample sizes. The lack of large samples does not provide adequate representation of the population of parents of children with LD. In addition, small sample size studies can then confirm data gathered in large studies and provide researchers with specific details about how parents adjust to having a child with LD in the family. Additional studies need to be completed with larger sample sizes in different areas of Malaysia with an emphasis on recruiting diverse families. In addition, in depth case studies and multiple interviews should be considered as additional means to investigate about coping skills and marital satisfaction. Studies should also be conducted to study the relationship between the severity of the learning disabilities of the children and coping skills among parents. Overall, findings from studies examining marital satisfaction or marital adjustment and divorce in parents of children with LD are mixed. Across these studies, there is evidence that having a child with LD can negatively influence marriages, though the effect is small, and many marriages remain intact and are reported to be of high quality.

What is clear both within and across studies is the substantial variability in the marital quality of parents of children with LD. The unique challenges of having a child with LD may lead to marital strain in some couples, but have no effect, or possibly even a positive effect, on the marriages of other couples. A further limitation of previous studies is that many are several decades old. As previous

researchers have pointed out (Glidden & Schoolcraft, 2007), there have been important historical changes in marital quality for the general population.

Large population-based studies show marked fluctuations in marital satisfaction and rates of divorce over the past few decades. For instance, there was an overall downward trend in marital quality between 1980 and 2000 (Amato, Johnson, Booth, & Rogers, 2003). Thus, studies that were conducted several decades ago may not be representative of marital quality currently experienced in families of children with LD. Furthermore, in addition to these broader historical shifts, there have been important societal changes in public awareness and acceptance of DD conditions in recent years. There has also been a shift in the timing of diagnosis of many LD (Mandell et al., 2010) and availability and delivery of disability services (Thomas, Ellis, McLaurin, Daniels, & Morrissey, 2007) that has likely altered the impact of having a child with LD on marital quality. Thus, new studies are needed in order to capture the impact of these shifts on the current experiences of parents who have a child with LD.

5.13. Conclusion

The main aim of conducting this research is to examine the relationship between coping skills and marital satisfaction among parents of pupils with learning disabilities in Selangor. The implementation of this research was supported by literature review and survey studies. The study highlighted the importance of the coping skills and marital satisfaction among parents of pupils with learning disabilities. In addition, this study also highlighted the importance of the factor that contributes to a successful marriage and relationship among parents of pupils with learning disabilities. In today's era of globalization, parents are well-known to handle

the children with learning disabilities and related disorders. The demographic variable in this study analysed for the statistical significance and the aim is to identify the relationship to each of the subscales.

The data also shown that all the five coping skills; acquiring social support, reframing, mobilizing to acquire help, seeking spiritual support and passive appraisal are used at moderate level by parents of pupils with LD in Selangor Darul Ehsan. The strong parental coalition is the high predictor of parental adjustment and reduced the stress level. Parents of children with learning disabilities reported that higher amounts of people had stress compared to families who do not have children with special needs.

There are number of variables need to take into consideration is a family ability to adapt the stressful situation including parents psychological strengths, parents resources or outcomes and type of coping skills that utilized. The researcher utilized the adapted F-COPES scale of measurement to assess the coping skills used among parents of children with LD. The demographic variables examined the statistical significance relationship of each subscales which used in this study. The research objectives were met in this research. The literature review on this study suggests that effective ways of coping skills leads to marital satisfaction among parents of pupils with learning disabilities. This is further supported by the findings of the study which indicated that there is a moderate positive significant relationship between coping skills and marital satisfaction. Moreover, there were no any significant relationship between level of education, monthly income of the parents and coping skills among parents of pupils with learning disabilities in Selangor Darul Ehsan.

The adapted EMS score indicated that the parents of pupils with learning disabilities in Selangor Darul Ehsan are satisfied with their marriage at a moderate level too. However, there were no any significant relationship between level of education and marital satisfaction among parents of pupils with learning disabilities in Selangor Darul Ehsan.

However, there was a significant relationship between marital satisfaction and monthly income among parents of pupils with learning disabilities. This is the first study to examine the associations among coping skills and marital satisfaction among parents of pupils with LD in Selangor Darul Ehsan. The findings suggest that more emphasis should be placed on helping these parents of pupils with LD to handle the emotional and behavioural problems of their children to alleviate the stress of the parents. For enhancing marital satisfaction, alleviating the stress of time allocation and increasing the sharing of child care responsibilities will be beneficial. Social workers and other professionals working with parents of pupils with learning disabilities should pay more attention to educating parents of pupils with learning disabilities about time management, sharing of child care responsibilities and how to handle the emotional and behavioural problems of the children.

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