

発達障がい児の生活行動が母親の育児ストレスに与える影響について

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要 旨

保育所入所の低年齢化により、コミュニケーションや集団行動が苦手な発達障がいの気になる子どもが増加傾向にある。発達障害は自閉症スペクトラム障害 (autism spectrum disorder: ASD)、注意欠如多動性障害 (attention deficit/hyper-activity disorder: ADHD)、学習障害 (learning disabilities/disorders) の総称とされている。発達障害児の幼児期の特徴として、ことばの遅れによるコミュニケーションの未熟さ、こだわりや多動による集団行動のとりづらさなどの症状が認められ、育てにくい、養育に関して不安を感じる養育者も多いことが報告されている。本調査では、発達障がい児の生活行動が母親の育児ストレスに与える影響について調査する。

児童発達支援施設を利用している5歳の未就学児11名程度を対象とする。個々の特性を把握するために、子どもの発達評価として適応行動評価尺度を用いて子どもの個人内差を評価する。次に親の育児ストレスの測定としてParenting Stress Index (PSI) 使用した自己評価法をおこなう。

結果および考察は、年代別ストレスにおいて、30歳代では子どもの側面のストレス下位尺度項目数は、親の側面のストレス下位尺度よりも上回っていた。

今後は、適応行動評価尺度の下位領域と育児ストレスの下位尺度の因子分析をおこない、保護者支援について詳細に検討していく必要がある。

キーワード：発達障害、幼児、保護者支援、適応行動、育児ストレス

Introduction

The decreasing age of children enrolling in daycare centers has led to an increasing number of children with developmental concerns who struggle with communication and group behaviors.¹⁻³⁾ Developmental disability is a collective term for conditions such as Autism Spectrum Disorder (ASD), Attention Deficit/Hyperactivity Disorder (ADHD), and Learning Disabilities/Disorders.¹⁾ Characteristics of young children with developmental disabilities include immature communication skills due to delayed language development and difficulties in group behaviors caused by fixations and hyperactivity. Many caregivers report finding it challenging to raise such children and feeling anxious about their upbringing.¹⁾ However, there have been no reports on the stress experienced by parents of undiagnosed children who have developmental concerns but have not sought consultation from specialized institutions. Parents who are anxious about their child's development often wonder where to seek help, and even when they find a consultation point, they experience daily anxiety during the wait for an appointment.

If children with developmental concerns are screened early in group settings, such as daycare centers, and if parents and childcare workers share information, it can lead to effective support at an early stage through family collaboration in childcare practices. Comprehensive assessment of child development for those receiving therapeutic support can be achieved through behavioral observation and developmental testing. On the other hand, assessing the inner experiences of parents is a challenge for on-site caregivers, making it difficult to provide specific support to parents. In other words, it is hard to understand the worries that parents have while raising their children at home and in the workplace, making it difficult to achieve a common understanding of the child's

development.

Therefore, we aim to investigate the impact of daily activities of children with developmental disabilities on maternal parenting stress.

Subjects and Methods

Subjects: The study focuses on approximately 11 preschoolers aged 5 who are using a child development support facility. Recruitment is conducted by posting calls for participation in the study on the bulletin board at the facility entrance, targeting preschoolers who require therapeutic support and their parents. All preschoolers in this study have been issued certificates by their municipality based on a physician's diagnosis, indicating the need for therapeutic support. The research period is set from August to September of 2024.

Methods: Semi-structured interviews were conducted with the subjects and the children (Figure 1). The Vineland-II(4) Adaptive Behavior Assessment Scale was used to evaluate intra-individual differences in the children's development. This scale allowed for a broad assessment of developmental levels in adaptive behavior, enabling relative evaluations across age groups. Starting with the raw scores from each subdomain, Vineland-II was converted into standard scores similar to those used in many standardized tests.

In the "Adaptive Behavior Assessment," standard scores were obtained in the areas of "Communication," "Daily Living Skills," "Socialization," and "Motor Skills," and an overall "Adaptive Behavior Composite Score" was calculated. Standard scores, also referred to as scaled scores, were obtained in each subdomain of these areas.⁴⁾

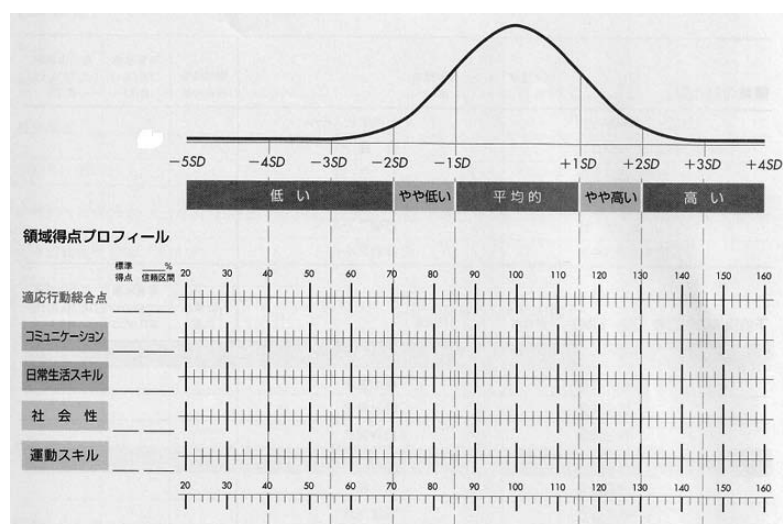


Figure 1: Vineland-II Score Profile

Next, the Parenting Stress Index (PSI)⁵⁾ was used as the most effective tool for measuring parental stress. The PSI is a self-assessment method for parents or guardians of children aged 3 months to 12 years. It consists of a total of 78 items, including stress related to child characteristics (7 subscales, 38 items) and parental stress (8 subscales, 40 items). Respondents answered using a 5-point Likert scale ranging from "completely

true" to "completely false" (Figure 2).⁵⁾ Percentile scores were used to interpret the PSI, with a standard score range considered to be between 15% and 80%, while scores above 85% were considered high.⁵⁾ If the total stress score was 260 or higher, it was recommended to seek consultation from a professional.⁵⁾

The [child aspect] and its various subscales can predict the level of psychological adaptation at that point in time, and the patterns of the subscales can indicate specific types of behavioral problems.

High scores in the [parent aspect] have been reported to be associated with stressors and potential dysfunctions in the parent-child system, related to parental functioning.⁵⁾

Using the PSI, we investigated the total scores, the average values for stress related to the child aspect (hereafter referred to as child-related stress) and the parent aspect (hereafter referred to as parent-related stress), as well as the number of parents who showed high stress levels (85% or higher) in both aspects. We then extracted the total stress scores, as well as high-scoring items from the subscales of both the child aspect and parent aspect for each parent.

PSIパーセンタイル表

	得点	平均	1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	99
総点		190.8	119	142	153	161	165	170	174	179	184	187	190	193	198	202	207	211	215	221	228	240	265
子どもの側面		85.7	49	61	66	70	74	76	78	80	82	84	86	88	89	91	93	95	98	101	105	111	122
C1 親を喜ばせる反応が少ない		12.8			8		9		10		11		12	13		14		15	16		17	19	22
C2 子どもの機嫌の悪さ		16.9	9	11	12		13		14		15	16		17		18	19		20	21	22	24	28
C3 子どもが期待どおりにいかない		10.3		5	6	7		8		9			10			11		12	13		14	15	18
C4 子どもの気が散りやすい/多動		15.4	8	10	11	12		13		14			15		16		17		18	19	20	21	23
C5 親につきまとう/人に慣れにくい		12.6	5	7		9		10		11		12			13		14		15		16	18	21
C6 子どもに問題を感じる		8.8		4	5		6		7			8			9		10		11		12	14	16
C7 刺激に敏感/ものに慣れにくい		9.4	4	5	6	7			8				9			10			11	12		13	14
親の側面		105.1	64	76	82	86	90	92	95	98	100	103	105	107	109	112	114	117	121	124	129	137	150
P1 親役割によって生じる規制		22	8	14	15	17		18	19	20		21	22		23	24		25	26	27	28	31	34
P2 社会的孤立		16.8	7	9	11	12	13		14		15	16		17		18	19	20	21	22	23	24	29
P3 夫との関係		12.3		5	6	8	9			10		11	12		13		14	15	16	17	18	20	23
P4 親としての有能さ		21.1	13	16	17		18		19		20			21		22		23		24	25	27	30
P5 抑うつ・罪悪感		10.2	4	5	7			8			9		10			11		12		13	14	15	18
P6 退院後の気落ち		9.1	4		5		6		7			8			9	10		11	12	13	14	15	18
P7 子どもに愛着を感じにくい		6.9		3	4		5					6			7			8		9		10	12
P8 親の健康状態		7.1	3		4			5				6			7		8		9	10		11	13

Figure 2: Parenting Stress Percentile Scores

Ethical Considerations

This study received approval from the Department of Ethics at Kyushu Women's Junior College. The research overview, the role of the researchers, and ethical considerations were explained verbally and in writing, and consent was obtained. To respect the human rights of research participants and ensure the protection of personal information, the descriptions were left to the discretion of the participants. Participation in the study was based on free will, and it was explained that consent could be withdrawn at any time, even after agreeing to participate.

Results

1. The results showing the percentage of items in the adaptive behavior assessment for preschoolers are shown (Table 1).

	High	Somewhat High	Average	Somewhat Low	Low
Communication	0	0	18	64	18
Daily Living Skills	0	10	36	36	18
Socialization	0	0	0	36	64
Motor Skills	0	0	27	73	0

Table 1: Percentage in Adaptive Behavior Domains (N=11)

2. The PSI was administered to 11 parents, and results were obtained for 11 children. The average total score for the PSI was 196, and 4 out of the 11 parents (36% of the total) had elevated parenting stress levels (85% or higher). The average score for stress related to the child aspect was 95, with 4 out of 11 parents (36% of the total) showing high stress. The average score for

stress related to the parent aspect was 101, with 4 out of 11 parents (36% of the total) exhibiting high stress. Among these 4 parents, 3 also had high stress related to their children (Table 2).

Child Aspect			Average Score	Parent Aspect			Average Score
Total Score			95	Total Score			101
Subscale				Subscale			
C1	Few reactions that please parents	11		P1	Restrictions arising from parental roles		18
C2	Child's irritability	22		P2	Social isolation		15
C3	Child does not meet expectations	12		P3	Relationship with spouse		11
C4	Child is easily distracted/hyperactive	15		P4	Sense of competency as a parent		22
C5	Clingy to parents/unfamiliar with people	13		P5	Depression/guilt		11
C6	Parents feel there are issues with the child	12		P6	Feelings after discharge from the hospital		9
C7	Sensitive to stimuli/slow to adjust to new things	10		P7	Difficulty feeling attachment to the child		7
				P8	Parent's health status		8

Table 2: Total Scores for Each Aspect and Average Scores for Each Subscale (N=11)

- Among the 7 subscales of stress related to the child aspect, some parents showed high stress levels on 5 of the subscales. For "C1: Few reactions that please parents," 1 out of 11 parents (approximately 9%) reported high stress. For "C2: Child's irritability," 6 out of 11 parents (54%) showed elevated stress levels. "C3: Child does not meet expectations" was reported by 5 out of 11 parents (45%), showing the second-highest level of stress. Both "C4: Child is easily distracted/hyperactive" and "C6: Parents feel there are issues with the child" were reported by 4 out of 11 parents (36%). Finally, for "C5: Clingy to parents/slow to warm up to people" and "C7: Sensitive to stimuli/slow to adjust to new things," 3 out of 11 parents (27%) reported high stress (Table 3).
- Among the 8 subscales of stress related to the parental aspect, some parents showed high stress levels on 6 of the subscales. For "P1: Restrictions arising from parental roles," 1 out of 11 parents (approximately 9%) reported high stress. "P2: Social isolation" was reported by 2 out of 11 parents (18%). For "P3: Relationship with spouse," 1 out of 11 parents (approximately 9%) indicated high stress. Both "P4: Sense of competency as a parent" and "P7: Difficulty feeling attachment to the child" were reported by 4 out of 11 parents (36%). Regarding "P5: Depression/guilt," 5 out of 11 parents (45%) exhibited elevated stress levels. Finally, for "P6: Feelings after discharge from the hospital" and "P8: Parent's health status," 3 out of 11 parents (27%) reported high stress (Table 3).
- Among the 11 parents, 5 (45% of the total) had a greater number of items in the child aspect stress subscales, which exceeded those in the parent aspect stress subscales (Table 3).

Parent	Age	Total Score	Child Aspect		Parent Aspect	
			Stress (%)	Subscale	Stress (%)	Subscale
A	41	171	75	C2, C3	5	P3
B	46	184	65	C3	25	-
C	42	171	50	C4, C7	10	-
D	41	132	1	-	5	-
E	35	182	65	C2	20	P6, P8
F	36	208	45	C2	85	P4, P5, P7
G	31	245	95	C1, C5, C6, C7	90	P2, P4, P5
H	31	137	10	-	5	-
I	35	224	99	C2, C3, C4, C6, C7	45	P5, P6, P7
J	39	241	95	C2, C3, C4, C5, C6	85	P1, P2, P4, P5, P7, P8
K	33	252	99	C2, C3, C4, C5, C6	85	P4, P5, P6, P7, P8

Table 3: Stress Values by Each Parent and Subscales with 85% or Higher (N=11)

6. By age group, in their 30s, the number of items in the child aspect stress subscales exceeded those in the parent aspect stress subscales (Table 4). In their 40s, no items exceeding 85% were identified for either the child or parent aspect stress subscales (Table 4).

Average Age	Total Score	Child Aspect		Parent Aspect	
		Stress (%)	Subscale	Stress (%)	Subscale
34	213	103	C2, C6	110	P4
43	167	82	-	85	-

Table 4: Stress Values by Age Group and Subscales with 85% or Higher (N=11)

Discussion

In this study, a tendency for low scores in the communication domain was observed in 80% of the children. Regarding socialization, it was found that including preschoolers with slightly lower scores brought the percentage to 100%. The perspective of "concerns" in childcare settings highlights issues such as restlessness, lack of concentration, fixations, inability to follow rules, difficulty in following instructions, maladaptive behaviors, difficulty making eye contact, aggression, interpersonal relationship problems, and clumsiness. It has been reported that these issues can become apparent after starting school.⁶⁾ This study also confirmed trends similar to previous research regarding communication and socialization in the adaptive behavior domain. It underscores the necessity of implementing therapeutic support tailored to the individual needs of each child through objective understanding and assessment of their actual conditions.

Parental parenting stress has been reported to be associated with factors such as "social isolation" and "feeling restricted by parental roles."^{1,7)} However, mothers of children with developmental disabilities tend to experience average levels of stress related to "child's irritability" and "parents feel there are issues with the child" When examining the subscale scores related to the parent aspect by percentage for each parent, "depression/guilt" was reported by 45%, and "difficulty feeling attachment to the child" was reported by 36%. In the child aspect subscales, "child's irritability" was reported by 54%, and "child does not meet expectations" was reported by 45%. This comparison indicates a tendency for higher stress in the child aspect, suggesting that parents experience a significant

amount of stress related to their children. When total stress scores or aspect scores are high, professional support is deemed necessary.¹⁾ Previous studies have reported that as stress related to the child aspect increases, parental stress also rises.¹⁾ This suggests that the parenting burden for mothers of children with developmental disabilities may significantly increase in the future.

Next, regarding parenting stress by age group, a comparison of the average values between parents in their 30s and 40s shows the presence of parenting stress in the 30s group. For parents in their 30s, stress is experienced in the child aspect regarding "child's irritability" and "parents feel there are issues with the child," while in the parent aspect, parents tend to feel stress related to "sense of competency as a parent." This suggests a similar trend to previous research,¹⁾ indicating that the burden of parenting tends to be greater for mothers in their 30s, who experience higher levels of parenting stress.

Future Challenges

Moving forward, it is necessary to conduct factor analysis of the subdomains of the Adaptive Behavior Assessment Scale and the subscales of parenting stress to examine support for parents in detail.

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The Impact of Life Behaviors of Children with Developmental Disabilities on Maternal Parenting Stress

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Abstract

The decreasing age of children enrolling in daycare centers has led to an increasing number of children with developmental concerns who struggle with communication and group behaviors. Developmental disability is a collective term for conditions such as Autism Spectrum Disorder (ASD), Attention Deficit/Hyperactivity Disorder (ADHD), and Learning Disabilities/Disorders. Characteristics of young children with developmental disabilities include immature communication skills due to delayed language development and difficulties in group behaviors caused by fixations and hyperactivity. Many caregivers report finding it challenging to raise such children and feeling anxious about their upbringing. This study investigates the impact of the daily activities of children with developmental disabilities on maternal parenting stress.

The subjects consisted of approximately 11 five-year-old children who were not yet in school and were using a child development support facility. To understand individual characteristics, the Adaptive Behavior Assessment Scale was used to evaluate intra-individual differences in child development. Next, a self-assessment method using the Parenting Stress Index (PSI) was conducted to measure parental parenting stress.

The results and discussion indicate that, in terms of stress by age group, for those in their 30s, the number of items in the child aspect stress subscale exceeded those in the parent aspect stress subscale.

In the future, there is a need to conduct factor analysis of the subdomains of the Adaptive Behavior Assessment Scale and the subscales of parenting stress to explore in detail the support for parents.

Key words : Developmental Disabilities, Young Children, Support for Parents, Adaptive Behaviors,
Parenting Stress