



# An investigation of the relationship between parental self-efficacy and marital adjustment levels of parents of disabled individuals

Mehmet Yavuz<sup>a\*</sup>, Ahmet Yıkmış<sup>b</sup>

<sup>a</sup> Trakya University, Faculty of Education, Department of Special Education, Edirne, Turkey

<sup>b</sup> Abant İzzet Baysal University, Faculty of Education, Department of Special Education, Bolu, Turkey

## Abstract

As a primary goal, the aim of this study is to examine the parental self-efficacy and marital adjustment levels of the parents of disabled individuals in terms of various variables and to examine the relationship between parental self-efficacy and marital adjustment, as well. Correlational survey model was used in the research. The participants of the study are parents of disabled children attending Special Education and Rehabilitation Centers (SERC) in Edirne, Tekirdag and Istanbul in the 2019-2020 academic year. In order to collect the data of this research, the parental self-efficacy scale, developed by Guimond, Moore, Aier, Maxon & Diken (2005) and adapted to Turkish by Aksoy & Diken (2007), whose reliability study was carried out by Cavkaytar, Aksoy & Ardic (2014) was used. Besides, the Marriage Adjustment Scale (MAS), which was developed by Locke & Wallace (1959) and adapted to Turkish by Tutarel Kıslak (1999), was also used. According to the results of the research, the self-efficacy levels of the parents were found to be average; and in terms of gender variable, no significant difference was observed from the male parents considering age, monthly income level, education level and the type of disability variable of the child. In addition, marital adjustment levels of the parents were detected to be low. There was a significant difference in marital adjustment levels in favor of male parents, in favor of parents with a low-income level, and in favor of secondary school graduate parents in the educational level variable. No significant difference was observed in terms of age and the child's disability type variable. According to the results of this study, a positive relationship was observed between self-efficacy and marital adjustment.

**Keywords:** parental self-efficacy, marital adjustment, family, disabled, autism spectrum disorder, mental disability

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## 1. Introduction

### 1.1. Introduce the problem

The birth of a normal child causes major changes and problems in the family, whilst a child born with a disability causes even more problems in family life. This situation causes some problems in the family (Damiani, 1999). Sometimes it can even

\* Corresponding author: Mehmet Yavuz  
E-mail address: [mehmetyavuz23@gmail.com](mailto:mehmetyavuz23@gmail.com)

lead to the breakdown of the relationship between spouses. The reason for these problems is that parents are confronted with a situation they do not expect and do not know about (Damiani, 1999; Cavkaytar & Özen, 2010; Karaaslan, 2010). This unexpected situation brings various problems and burdens on parents (Dönmez, Bayhan & Artan, 2000). Among these burdens are the additional economic burden on the family (Dönmez, Bayhan & Artan, 2000; Symon 2001; Ohaeri, 2003), the child's need for education (Dönmez, Bayhan & Artan, 2000; Symon 2001), the negative attitudes of the people around them (Ciftci Tekinarslan, 2010), the family's inability to participate in social activities (Dönmez, Bayhan & Artan, 2000), the child's health problems (Akkök, Askar & Karanci, 1992; Symon 2001), and care problems related to the disability (Ohaeri, 2003). All these problems may cause various other problems in parents such as feelings of shame, sadness, disappointment (Kücüker, 1997), anger, grief (Einfeld & Emerson, 2008; Emerson, 2003; Hedov, Anneren & Wikblad, 2002), and stress (Kücüker, 1997; Einfeld & Emerson, 2008; Emerson, 2003; Hedov, Anneren & Wikblad, 2002). They negatively affect the lifestyle of the family, changing home routines (Ohaeri, 2003), and negatively affect the relationship between the couple and within the parent-child relationship (Dogan, 2001). Furthermore, parents may experience the problem of accepting the child's disability (Cavkaytar & Özen, 2010).

Whether the parents of disabled individuals struggle with all these difficult conditions, adapt to these difficult conditions and accept this situation is related to their self-efficacy perceptions (Cattik & Aksoy, 2018; Cetin, Yeloglu & Basim, 2015; Karaaslan, 2016). Self-efficacy is the belief of an individual that he/she will produce the desired results with his/her actions (Bandura, 1997). Self-efficacy is the perception of skills in a particular field. Different concepts of self-efficacy can be used in different fields (Bandura, 1989). One of these different perceptions of self-efficacy is parental self-efficacy. Parental self-efficacy is defined as the perceptions of parents towards their ability to affect their children's development positively (Junttila, 2010). Parental self-efficacy is the primary factor that determines the behaviour of trying to cope with a problem and continuing to reach the goal (Bandura, 1977). In parents with a low self-efficacy perception, depression, unhappiness, and inability to fulfil parental duties and responsibilities (Johnston & Mash, 1989), being negatively affected by their children's behavioural problems, and experiencing more stress can be observed (Rezendes & Scarpa 2011). Parents with a high self-efficacy perception, on the other hand, adapt more quickly to difficult conditions (Cattik & Aksoy, 2018; Cetin, Yeloglu & Basim, 2015). Moreover, it is observed that parents with a high self-efficacy perception communicate better with their children and take more responsibility, create better environments for their children's development and punish them less (Coleman & Karraker, 2000).

Another variable that affects parental self-efficacy is the marital adjustment (Hastings & Brown, 2002). The marital adjustment refers to the happiness and satisfaction the individual receives from marriage (Kislak Tutarel & Cabcak, 2002).

According to another definition, marital adjustment is a marriage in which couples communicate healthily and harmoniously and produce a solution to a problem in their marriage that will be accepted by both spouses (Sabatelli, 1988). The marital adjustment can be affected by factors such as personality traits of the couples, the conditions and environment of upbringing, the meaning they attach to marriage, the education they have received, their beliefs, tendencies (Dilmac & Eksi, 2007), the mutual couples provide each other, social support from friends and relatives (Renty & Roeyers, 2007), etc. can be affected by these factors. It is observed that parents of disabled individuals generally have problems in marital adjustment. Behavioural problems of children, low psychological adjustment of parents with children, and a negative relationship between the child and parent can be listed among the leading problems (Fishman & Meyers, 2000).

When we look at the literature, we come across various studies examining the parental self-efficacy levels of parents of disabled individuals. Barlow, Powell, & Gilchrist (2006) examined the self-efficacy levels of the parents of children with cerebral palsy, autistic spectrum disorder (ASD), learning disability (LD), epilepsy, dyslexia, dyspraxia, Down syndrome, respiratory problems and other disabilities (Russell - Silver syndrome, hydrocephalus, lissencephaly); Cattik & Aksoy (2018), of the parents of children with ASD, mental disability (MD), other groups of disability; Ceran (2020), of the parents of children with Cerebral Palsy; Diken (2007), of the mothers of children with speech disorder; Kandari & Al-Qashan (2010), of the parents of children with ASD, MD and Down syndrome; Karlioglu & Sari (2019), of the fathers of children with MD; Maclnnes (2009), of the parents of children with Down syndrome; Williams, Cullen & Barlow (2005) Telef (2013), of the parents with disabled children; Weiss, Tint, Paquette-Smith & Lunsy (2016), of the parents of children with ASD; and Karadag (2019), of the parents of children with attention deficit hyperactivity disorder (ADHD).

When we look at the literature, we come across various studies examining the marital adjustment levels of parents of disabled children. Sarisoy (2000), Pisula & Kossakowska (2010), Gau, Chou, Chiang, Lee, Wong, Chou & Wu, (2012), Aydemir (2015), Karpas & Girli (2012) and Naz, (2019) conducted studies with parents of children with ASD; Florian & Liora Findler (2001); with the mother of children with cerebral palsy; Emerson, Hatton, Llewellyn, Blacker, & Graham (2006), with mothers of children with MD; Rajabi, Afroz, Arjmandnia & Nojani (2012), with parents of children with Down syndrome; Toros (2002), with mothers of children with MD and physical disabilities; Witt, Riley, & Coiro (2003), with parents of children with disabilities; and Capan & Sariyıldız (2017), with parents of children with ASD, MD, and LD.

In the literature, there is no research examining the self-efficacy and marital adjustment levels of parents of disabled individuals. On the other hand, there are studies that examine the relationship between marital adjustment and self-efficacy of mothers of

children with cerebral palsy (Florian & Findler, 2001). Additionally, there is a study examining the relationship between self-efficacy, marital adjustment, and quality of life in women with Polycystic Ovary Syndrome (Shahbaz, Masuleh, Fallahi & Shafti, 2017).

The high level of self-efficacy and marital adjustment of the parents of disabled individuals is important for them to take care of their children in a qualified manner and for their own psychological health. For this reason, in this study, the variables affecting self-efficacy and marital adjustment levels of the parents of disabled children were attempted to be determined. The results of the study are important in terms of guiding the support services to be provided to parents and the education to be given to their children. Moreover, this study is also important in that it will provide data for other studies in this field. Therefore, the purpose of this study is to examine the self-efficacy and marital adjustment levels of the parents of disabled individuals in terms of various variables and to determine the relationship between parental self-efficacy and marital adjustment.

1. Do parents' self-efficacy levels and marital adjustment levels differ significantly by the variables of gender, age, monthly income, education level, and their child's type of disability?
2. Is there a relationship between parents' self-efficacy levels and marital adjustment?

## **2. Method**

In this section, the research model, study group, data collection tools, data collection process, and data analysis will be included.

Succinct, with no subheadings.

### *2.1. Research Model*

This study aimed to examine the relationship between the self-efficacy and marital adjustment levels of parents of disabled children. For this reason, the relational scanning model was used in the study. The relational screening model is a research model that aims to determine the existence and/or degree of covariance between two or more variables (Karasar, 2013).

### *2.2. Study Group*

The study group consists of the parents of disabled children attending Special Education and Rehabilitation Centres (SERC) in Edirne, Tekirdag, and Istanbul in the 2019-2020 academic year.

Table 1. Demographic information of teachers participating in the study

<b>Age</b>	<b>N</b>	<b>%</b>	<b>Monthly Income</b>	<b>N</b>	<b>%</b>
Below 30 years	44	12.3	2500 TL and below	63	17.5
31-40 years	53	14.8	2501- 3500	138	38.4
41-50 years	189	52.6	Between 3501-4500 TL	97	27.0
50 and above	73	20.3	4500 and above	61	17.0
Below 30 years	44	12.3	2500 TL and below	63	17.5
<b>Education Level</b>	<b>N</b>	<b>%</b>	<b>Type of Disability</b>	<b>N</b>	<b>%</b>
Primary School	90	25.1	Mentally Disabled	142	39.6
Secondary School	98	27.3	ASD	170	47.4
High School	102	28.4	Other	47	13.1
University	69	19.2			
<b>Gender</b>	<b>N</b>	<b>%</b>			
Female	107	29.8			
Male	252	70.2			

### 2.3. Data Collection Tools

The Demographic information form, Parental Self-Efficacy Scale (PSES), and Marriage Adjustment Scale (MAS) were used to collect research data.

#### 2.3.1. Demographic Information Form

The demographic information form was developed by the researcher and included questions investigating the parents' gender, age, monthly income, education level, and the type of disability of the child.

#### 2.3.2. Parental Self-Efficacy Scale (PSES)

The scale was developed by Guimond, Moore, Aier, Maxon & Diken (2005) and adapted to Turkish by Diken (2007). The PSES, which has a 7-point Likert type scoring scale, consists of 17 items. The scoring of the scale is composed of “strongly disagree” (1), “disagree” (2), “partially disagree” (3), “undecided” (4), “partially agree” (5), “agree” (6), and “strongly agree” (7). The reliability study of the scale was conducted by Cavkaytar, Aksoy & Ardic (2014). In the study, Cronbach's Alpha internal consistency coefficient was measured and the test-retest reliability of the scale was performed. Pearson's correlation coefficient of the test-retest reliability was determined as  $r=0.79$ ,  $p<0.001$ . The

Cronbach's Alpha internal consistency coefficient of the scale was determined as  $\alpha=0.95$  and for this study was found to be 0.90.

### 2.3.3. *Marriage Adjustment Scale (MAS)*

The scale was developed by Locke & Wallace (1959) and adapted into Turkish by Tutarel Kislak (1999). In the adaptation study of the scale into Turkish, it was observed that the internal consistency coefficient was 0.90, the split-half (singles-pairs) reliability coefficient was 0.84, and the test-retest reliability coefficient (every 2 weeks) was 0.57. Furthermore, the scale convergent validity was found to be related to the Interpersonal Relations Scale by 0.12 ( $p<.05$ ) and with the Attribution Scale by -0.54 ( $p<.01$ ). The scale consists of a total of 15 items and two sub-dimensions. The first nine questions are about the general adjustment, emotion, sexuality, and social rules (GAESSR) sub-dimension, and the next six questions are regarding the leisure time activity, conflict resolution, and trust (LTCT) sub-dimension. When it comes to the scoring of the scale, the first item is the general adjustment question; this is a seven-point Likert type question and scored between 0 and 6. The next eight questions aim to measure the possible areas of adjustments of the participants. These are six-point Likert type questions. These questions are scored as follows (5) "we always get along", (4) "we almost always get along", (3) "we sometimes disagree", (2) "we often disagree", (1) "we almost always disagree", and (0) "we always disagree". The other six are Likert-type questions but scored in different degrees. For example, question 14 is scored as follows: "If you could live your life again; (2) you would marry the same person, (1) you would marry a different person, and (0) you would never marry". Cronbach's Alpha internal consistency coefficient of this research was found to be 0.88.

### 2.4. *Collection of Data*

The data of the study was collected from the parents of disabled children attending SERCs in Edirne, Tekirdag, and Istanbul provinces. Firstly, the SERCs were visited and the aim of the study was explained to the parents by conducting face-to-face interviews. The volunteering parents were given instructions on how to fill in the scales.

### 2.5. *Analysis of Data*

A total of 800 scales were distributed to parents in the study, and 385 scales were collected back. As a result of the examinations, it was observed that some scales were filled incorrectly or incompletely. For this reason, the analysis of the research data was carried out on a total of 359 scales. First of all, the normality test was carried out. As a result of the normality test, it was observed that both MAS and PSES data did not show normal distribution. Therefore, the Mann-Whitney-U test, Kruskal Wallis, and Spearman-Brown rank-difference correlation analysis were used to analyse the data. SPSS 24.0 package program was used for the data analysis.

### 3. Results

The findings of the relationship between variables such as gender, age, monthly income, education level, and the type of disability of their children, regarding self-efficacy and marital adjustment of the parents will be included in this section.

Table 2. Parents' self-efficacy levels

Scale	N	M	$\bar{x}$	Ss.
Parental self-efficacy	359	17	5.04	0.97

As seen in Table 2, the self-efficacy average of the parents is 5.04.

Table 3. Mann Whitney U test results of parents' self-efficacy levels in terms of gender

Gender	N	Mean Rank	Rank Sum	U	P
Mother	107	142.86	15286.00	9508.000	0.000
Father	252	195.77	49334.00		

As seen in Table 3, according to the results of the Mann-Whitney-U test, the self-efficacy levels of the parents showed a significant difference in terms of the gender variable ( $U=9508,000$ ,  $p=0.000$ ) in favour of male parents.

Table 4. The Kruskal Wallis test results of Parents' self-efficacy levels by age

Age	N	Mean Rank	SD	$\chi^2$	p
Below 30 years	44	191.66	3	1.838	0.360
31-40 years	53	167.33			
41-50 years	189	175.18			
50 and above	73	194.66			

As seen in Table 4, according to the results of the Kruskal Wallis test, no significant difference was observed in the general scale findings of the parents' self-efficacy levels by the age variable ( $\chi^2$  (sd=3 n=359)=607,  $p>0.05$ ).

Table 5. The Kruskal Wallis test results of Parents' self-efficacy levels by monthly income

Monthly Income	N	Mean Rank	SD	$\chi^2$	p
2500 TL and below	63	144.14	3	72.392	0.000
2501- 3500	138	154.19			
Between 3501- 4500 TL	97	256.30			
4500 and above	61	154.10			

As seen in Table 5, according to the results of the Kruskal Wallis test, a significant difference was observed in the general scale findings of the parents' self-efficacy levels by the monthly income level variable ( $\chi^2(sd=3, n=359)=000, p<0.05$ ). The Mann-Whitney-U test was applied to determine whether there was a significant difference between income levels. According to the results of the Mann-Whitney-U test, a significant difference was observed between monthly incomes levels of 3501-4500 TL compared with 2500 TL and lower, in favour of those with an income level of 2500 TL and below.

Table 6. The Kruskal Wallis test results of Parents' self-efficacy levels by education level

		<b>N</b>	<b>Mean Rank</b>	<b>SD</b>	$\chi^2$	<b>p</b>
<b>Education Level</b>	Primary School	90	160.46	3	6.022	0.111
	Secondary School	98	185.48			
	High School	102	178.53			
	University	69	199.87			

As seen in Table 6, according to the results of the Kruskal Wallis test, no significant difference was observed in the general scale findings of the parents' self-efficacy levels by the age variable ( $\chi^2(sd=3, n=359)=607, p>0.05$ ).

Table 7. Kruskal Wallis test results for parents' self-efficacy levels by the child's disability

		<b>N</b>	<b>Mean Rank</b>	<b>SD</b>	$\chi^2$	<b>p</b>
Type of Disability	Mentally Disabled	142	189.51	2	4.860	0.088
	ASD	170	180.06			
	Other	47	151.04			

As seen in Table 7, according to the results of the Kruskal Wallis test, no significant difference was observed in the general scale findings of the parents' self-efficacy levels by the variable of child's type of disability ( $\chi^2(sd=2, n=359)=088, p>0.05$ ).



Table 8. Parents' marital adjustment levels

Scale	N	M	$\bar{x}$	Ss.
	359	15	2.50	0.43
GAESSR	359	9	2.40	0.43
LTCT	359	6	2.50	0.71

As seen in Table 8, the average marital adjustment level of the parents is 2.50.

Table 9. The Mann-Whitney-U test results of marital adjustment levels of parents by gender

Gender		N	Mean Rank	Rank Sum	U	P
	Female	107	142.86	15286.00	11199.000	0.011
	Male	252	195.77	49334.00		
GAESSR	Female	107	155.61	16650.50	10872.500	004
	Male	252	190.36	47969.50		
LTCT	Female	107	194.18	20777.50	11964.500	0.082
	Male	252	173.98	43842.50		

As seen in Table 9, according to the results of the Mann-Whitney-U test, a significant difference was observed in the marital adjustment levels of the male parents in terms of the general scale findings (U=11199.000, p=0.011) and the GAESSR sub-dimension (U=10872.500, p=0.004). No significant difference was observed in the LTCT sub-dimension (U=11964.500, p=0.082).

Table 10. Kruskal Wallis test results of the marital adjustment levels of the parents by age

	Age	N	Mean Rank	SD	$\chi^2$	p
	Below 30 years	44	174.14	3	1838	0.607
	31-40 years	53	171.00			
	41-50 years	189	178.63			
	50 and above	73	193.61			
GAESSR	Below 30 years	44	160.14	3.188	0.364	
	31-40 years	53	179.88			
	41-50 years	189	178.86			
	50 and above	73	195.02			
LTCT	Below 30 years	44	231.35	13.168	0.183	
	31-40 years	53	176.76			
	41-50 years	189	171.26			
	50 and above	73	174.03			

As seen in Table 10, according to the results of the Kruskal Wallis test, no significant difference was observed in the general scale findings ( $\chi^2$  (sd=3, n=359)=607,  $p>0.05$ ), in the GAESSR ( $\chi^2$ (sd=3 n=359)= 0.364,  $p>0.05$ ), and LTCT sub-dimensions ( $\chi^2$ (sd=3 n=359)=0.183,  $p>0.05$ ) in the marital adjustment levels of parents by the age variable.

Table 11. Kruskal Wallis test results of the marital adjustment levels of parents by monthly income

	Monthly Income	N	Mean Rank	SD	$\chi^2$	p
	2500 TL and below	63	241.26	3	52.729	0.000
	2501- 3500	138	199.37			
	Between 3501-4500 TL	97	133.71			
	4500 and above	61	146.52			
GAESSR	2500 TL and below	63	232.34		49.588	0.000
	2501- 3500	138	203.84			
	Between 3501-4500 TL	97	134.13			
	4500 and above	61	144.94			
LTCT	2500 TL and below	63	229.27		20.183	0.000
	2501- 3500	138	171.57			
	Between 3501-4500 TL	97	176.24			
	4500 and above	61	154.16			

As seen in Table 11, according to the results of the Kruskal Wallis test, a significant difference was observed in the general scale findings ( $\chi^2$  (sd=3, n=359)=000,  $p>0.05$ ), in the GAESSR ( $\chi^2$ (sd=3 n=359)=000,  $p>0.05$ ), and LTCT sub-dimensions ( $\chi^2$ (sd=3 n=359)=000,  $p>0.05$ ) in the marital adjustment levels of parents by the monthly income variable. The Mann-Whitney-U test was applied to determine whether there was a significant difference between income levels and a significant difference was observed in the marital adjustment levels of the parents who had an income level of 2500 TL and below compared to those with other income levels.

Table 12. Kruskal Wallis test results of the marital adjustment levels of parents by education level

	Education Level	N	Mean Rank	SD	$\chi^2$	p
	Primary School	90	156.54	3	20.874	0.000
	Secondary School	98	166.20			
	High School	102	171.92			
	University	69	219.66			
GAESSR	Primary School	90	152.35		22.127	0.000
	Secondary School	98	166.16			
	High School	102	181.33			
	University	69	218.87			
LTCT	Primary School	90	136.49		16.729	0.001
	Secondary School	98	183.02			

As seen in Table 12, according to the results of the Kruskal Wallis test, a significant difference was observed in the general scale findings ( $\chi^2$  (sd=3, n=359)=000,  $p>0.05$ ), in the GAESSR ( $\chi^2$ (sd=3 n=359)=000,  $p>0.05$ ), and LTCT subdimensions ( $\chi^2$ (sd=3 n=359)=001,  $p>0.05$ ) in the marital adjustment levels of parents by the education level variable. The Mann-Whitney-U test was applied to determine whether there was a significant difference between education levels, and it was observed that the marital adjustment levels of those who were high school and university graduates were higher than those who were secondary school graduates.

Table 13. Kruskal Wallis test results of the marital adjustment levels of parents by the child's disability type

	Type of Disability	N	Mean Rank	SD	$\chi^2$	p
GAESSR	Mentally Disabled	142	185.43	2	7.016	0.156
	ASD	170	171.08			
	other	47	195.86			
	Mentally Disabled	142	194.11			
	ASD	170	164.77			
	other	47	192.45			
LTCT	Mentally Disabled	142	154.96		15.446	0.142
	ASD	170	199.86			
	other	47	183.82			

As seen in Table 13, according to the results of the Kruskal Wallis test, no significant difference was observed in the general scale findings ( $\chi^2$  (sd=2, n=359)=252,

p>0.05), in the GAESSR ( $\chi^2(sd=2 n=359)= 0.56, p>0.05$ ), and LTCT sub-dimensions ( $\chi^2(sd=2 n=359)=0.142, p>0.05$ ) in the marital adjustment levels of the parents by the variable of child’s disability type.

Table 14. Relationships between parental self-efficacy and marital adjustment of the parents

		Self-efficacy levels of the parents	Marital Adjustmen t	General Adjustmen t	Leisure Time
Self-efficacy levels of the parents	Correlation Coefficient	1			
	Sig. (1-tailed)	.			
	N	359			
Marital Adjustment	Correlation Coefficient	0.795**			
	Sig. (1-tailed)	0.000	.		
	N	359	359		
GAESSR	Correlation Coefficient	0.547**	0.053		
	Sig. (1-tailed)	0.000	0.158	.	
	N	359	359	359	
LTCT	Correlation Coefficient	0.187*	.105*	0.202**	
	Sig. (1-tailed)	0.030	0.023	0.000	.
	N	359	359	359	359

Correlation is significant at the 0.01 level (1-tailed).\*\*

Correlation is significant at the 0.05 level (1-tailed).\*

As seen in Table 14, there is a positive relationship between Parental Self-Efficacy ( $r=0.759, p<0.01$ ) and Marital Adjustment. In addition, there is a positive correlation between GAESSR ( $r=0.547, p<0.01$ ) and LTCT ( $r=0.187, p<0.01$ ), which are sub-dimensions of the Parental Self-Efficacy and Marriage Adjustment Scale.

#### 4. Discussion and Conclusions

According to the results of this research, it was observed that the parents had a medium level of self-efficacy. When we look at the literature, we come across different research findings. Beral (2010), Serin & Girli (2012) observed that parental self-efficacy levels are above average. Additionally, Hastings & Brown (2002) observed a moderate

level of parental self-efficacy. However, in general, it is observed that the self-efficacy perceptions of the parents of disabled individuals are low (Boothroyd, 1997; Ricci & Hodapp, 2003; Kandari, 2005; Eisenhower & Blacher, 2006; Paczkowski & Baker, 2007; Gallagher, Philips, Lloyd, & Hastings, 2009; Altındag Fabric & Sumer, 2019; Ben-Naim, Gill, Laslo-Roth & Einav, 2019). According to the results of this study, the reason why parents' self-efficacy levels are observed at a medium level may be because parents do not know how the future of their children will be. According to Kaner & Bayraklı (2009), parents' concerns about the future of their children affect their stress and self-efficacy levels.

According to the results of this study, the self-efficacy of the parents showed a significant difference by the gender of the parent in favour of the male parents. Despite the limited number of studies in the literature, there are conflicting results. MacInnes (2009), Telef (2013), Cattik and Aksoy (2018), & Ceran (2020) did not observe a significant difference in the self-efficacy levels of the parents in terms of gender. Beral (2010) found that mothers who had children with ASD had a higher level of parental self-efficacy. Sofronoff & Farbotko (2002) observed higher levels of self-efficacy in mothers in an intervention program. According to the results of this research, the reason for the high self-efficacy of male parents may be because mothers are generally given the duty to take care of the child and fathers to bring income to the home in Turkish society. Mothers are more stressed by staying at home with the child all day long. This stress may have negatively affected their parental self-efficacy.

No significant difference was observed in the parental self-efficacy in terms of the age variable. Despite the limited number of studies in the literature, there are conflicting results. Coleman & Karraker (2003), Al-Kandari & Al-Qashan (2010), Karlioglu (2017), Cattik & Aksoy (2018), and Ceran (2020) did not observe a significant difference in the self-efficacy levels of parents in terms of age in their studies. According to the results of this study, the reason that no significant difference was observed in the parents' self-efficacy by the age variable can be attributed to the fact that the age variable does not always reflect experience. According to Alçay (2015) and Karadag (2019), age may not always increase the experience and knowledge level of individuals positively.

In terms of the effect of monthly income on the parents' self-efficacy levels, a significant difference was observed in favour of parents with lower income according to the general scale findings. When we look at the literature, we come across different findings. Telef (2013), Cattik & Aksoy (2018), and Ceran (2020) did not observe in their study that parents' self-efficacy changes according to monthly income. However, in a study conducted by Karadag (2019), it was observed that parents with higher income had higher self-efficacy. On the other hand, Altındag, Kumas & Sümer (2019) found significant differences between the self-efficacy scores of mothers with low income, and middle- and high-income levels. Similarly, Karlioglu (2017) observed that working

fathers have a high level of parental self-efficacy in his study. According to the results of this study, the reason for the significant difference observed in terms of income level in those with a low-income level may be that this variable did not directly affect parental self-efficacy. Parental self-efficacy may have been effected by their disabled child or from other variables. According to Karadag (2019), economic problems do not directly affect parental self-efficacy. Parents can be supportive of each other even if the parents have economic problems when there are supporting factors for the parents. This can positively contribute to their parental self-efficacy.

In terms of the variable of education level, no significant difference was observed in terms of general scale findings. There are research findings in line with these research findings in the literature. Sanders and Woolley (2005), Karlioglu (2017), Cattik & Aksoy (2018), and Ceran (2020) did not observe changes in the self-efficacy levels of the parents according to their education level. On the other hand, Telef (2013), and Uzun (2019) found in their studies with mothers of disabled children that parental self-efficacy increased as the education level increased. Altindag, Kumas & Sümer (2019) found significant differences only between the education level of mothers and the self-competencies of mothers. As the level of education increases, couples can communicate better, empathize and try to understand their spouse (Tynes, 1990), provide better education for their children, and cope with their children's behavioural problems (Velez, Johnson, & Cohen, 1989). On the other hand, despite their low level of education, the parents may have closed the gap with today's technological facilities.

No significant difference was observed in the general scale findings in terms of the child's type of disability. Beck, Daley, Hastig, & Stevenson (2004), Emerson, Hatton, Llewellyn, Blacker, & Graham (2006), and Kaner (2007) found that mothers of mentally disabled children perceived themselves as inadequate compared to mothers of normal children. In a study conducted by Karadag (2019), it was observed that parents with a diagnosis of attention deficit hyperactivity disorder had lower self-efficacy levels than parents without. According to the results of this study, the reason for not observing a significant difference in terms of the child's disability type variable can be attributed to the fact that the parents, regardless of the disability group of their children, face similar problems.

According to the results of this research, it was observed that the marital adjustment levels of the parents were low. There are studies in the literature reporting that parents' levels of adjustment are generally low (Ince & Tüfekci, 2015; Florian & Findler, 2001; Gau, Chou, Chiang, Lee, Wong, Chou & Wu, 2012; Heyman, 2013; Lee, 2009; Lickenbrock, Ekas & Whitman, 2010; Ben-Naim, Gill, Laslo-Roth, & Einav, 2019; Toros, 2002). (Ben-Naim, Gill, Laslo-Roth & Einav, 2019). According to the results of this study, it can be said that the low marital adjustment levels of the parents are because

their children bring an additional burden on themselves, experience behavioural and communication problems, thus negatively affecting their marital adjustment.

According to the results of the research, it was observed that marital adjustment levels were higher in men. When we look at the literature, we also come across studies reporting that men's marital adjustment levels are high (Ince & Tüfekci, 2015; Gau, Chou, Chiang, Lee, Wong, Chou & Wu, 2012; Pisula & Kossakowska, 2010; Stoneman & Gavidia-Payne, 2006). However, Can (2015), Karpat (2011), Naz, (2019), and Rimmerman, Turkel & Crossman (2003) did not observe a significant difference between the gender variable and the marital adjustment of the parents in their studies. The reason for the high marital adjustment levels of men in this study is because “mothers take care of disabled children, in general” (Demir, Özcan & Kizilirmak, 2010; Sari, 2007). Therefore, their stress levels can be high, which may have negatively affected their level of marital adjustment.

According to the results of the study, no significant difference was observed in marital adjustment levels in terms of the age variable. When we look at the literature, we come across studies with similar research findings. Gau, Chou, Chiang, Lee, Wong, Chou, & Wu (2012) and Aydemir (2015) did not observe a significant difference between the marital adjustment of parents of individuals with ASD and age. Similarly, Capan & Sariyildiz (2017), in their study, did not observe a significant difference in terms of the age variable in the mothers of children with MD, ASD, and learning difficulties. On the other hand, Ince & Tüfekci (2015) observed that those between the ages of 40-49 had a high level of marital adjustment. According to the results of this research, it can be said that the age variable does not always affect marital adjustment levels.

It was observed that the marital adjustment levels of parents with low income levels were high. In the literature however, there are studies indicating that as the income level increases, the marital adjustment level increases (Karpat, 2011; Mills, 2014; Naz, 2019; Ülgüt, 2019). In addition, we see studies reporting that there is no significant difference between the income level of the parents and their marital adjustment (Can, 2015; Ince & Tüfekci, 2015; Stoneman & Gavidia-Payne, 2006). There are also studies reporting that there is no relationship between income level and marital quality (Norton, Dyches, Harper, Roper & Caldarella, 2016). According to the results of this study, the reason for the higher marital adjustment levels of parents with low income compared to other high-income parents may be that the disability of their children may have formed a stronger connection between the parents. According to Ince & Tüfekci (2015), the child's disability can sometimes bring couples closer together.

Secondary school graduate parents find themselves more adjusted in their marriages. They are followed by primary school graduates, undergraduates, and graduates. There are different findings in the literature. Studies indicate that the higher the education level, the higher the level of marital adjustment (Can, 2015; Ince &

Tüfekci, 2015; Mills, 2014). Studies also report that there is no significant difference between parents' education level and marital adjustment (Karpas, 2011; Stoneman & Gavidia-Payne, 2006). Studies also observed a relationship between parents' education level and marital quality (Norton, Dyches, Harper, Roper & Caldarella, 2016). Education level is a variable that predicts marital adjustment. As the level of education increases, the individual has a higher level of income, and can provide better opportunities for their children's education. On the other hand, according to the results of this study, the high marital adjustment of secondary school graduate parents, as discussed in the income level variable, may be because the disability of their children brought the parents closer together.

No significant difference was observed in the marital adjustment levels of parents in terms of the child's type of disability. Capan & Sariyildiz (2017), in their study, did not observe a significant difference in mothers of children with MD, ASD, & learning difficulties. In their study, Rajabi, Afrooz, Arjmandnia & Nojani (2012) did not observe a significant difference in mothers of children with behavioural problems who had and did not have Down syndrome. Moreover, Florian Findler (2001) examined the marital adjustment of the parents of children with and without cerebral palsy and found that the parents of children without cerebral palsy had better marital adjustment. Naz (2019) observed, in his research, that the parents of children without ASD had a higher level of marital adjustment than those with children with ASD. Hurmeydan (2019) observed, in his research, that the mothers of children without ASD had a higher level of marital adjustment than those with children with ASD. According to the results of this study, the lack of a significant difference in the marital adjustment levels of the parents in terms of the child's type of disability is associated with there being a disability rather than its type (Cattik & Aksoy, 2018).

A positive relationship was observed between marital adjustment and self-efficacy. When we look at the literature, we come across a limited number of studies. Ben-Naim, Gill, Laslo-Roth & Einav (2019) observed a positive relationship between marital adjustment and self-efficacy in their study conducted with the parents of individuals with attention deficit and hyperactivity disorder. Jasemi, Mousavi, Saki & Javadifar (2020) observed a positive relationship between mothers' marital adjustment and breastfeeding self-efficacy. Kwok, Cheng, Chow & Ling (2015) Kwan, Kwok & Ling (2015) observed a positive relationship between marital adjustment and parental self-efficacy in their study with the parents of normally developing children. In general, parents with high parental self-efficacy take care of their children in a more qualitative manner, punish them less, are more interactive and responsible (Coleman & Karraker, 2000). For this reason, parents with a high level of parental self-efficacy should take the necessary responsibilities for marriage and establish positive couple relationships.



If we look at the limitations of the study, the degree of disability in the groups was not examined in this study. An investigation can be carried out by looking at the degree of each disability group. The data were not collected by face-to-face interviews with the parents. Conducting a semi-structured interview is thought to reveal more valid and reliable data. In addition, this research was conducted with mothers and fathers. A study that includes siblings can be carried out. Moreover, the study can be conducted with additional variables (e.g. life satisfaction, burnout, etc.) along with self-efficacy and marital adjustment levels. Based on these results, it can be suggested to develop and implement healthy living programs for parents. Additionally, it is recommended that institutional and systematic support services available to parents with disabled children should be expanded in our country.

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