



An Examination of the Relations among Social Support, Self-Efficacy, and Life Satisfaction in Parents of Children with Developmental Disabilities *

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Abstract

The purpose of this research was to demonstrate the relationship among social support, self-efficacy, and life satisfaction perceived by parents of children who have developmental disabilities in early childhood (0-6 years) and present the variables of this relationship that may be predictors. The study group consisted of 225 parents of children diagnosed with developmental disabilities during the early years. A total of 225 participants were included in the study, 139 mothers and 86 fathers. A "Personal Data Form" was created by the researchers, and used to obtain personal data from the children with developmental disabilities and their parents involved in this research. The *Revised Parental Social Support Scale/RPSSS* was used to assess the levels of social support received by the parents. The *Parenting Self-Efficacy Scale-Turkish Version/PSES-TV* was used to evaluate parents' perceptions of self-efficacy. Finally, the *Life Satisfaction Scale (LSS)* was used to assess parents' levels of life satisfaction. Results revealed a weak but significant relation between parents' perceptions of levels of social support and levels of income. Also, perceived parenting self-efficacy varied by the types of diagnosis of their children. However, it was concluded that there was a strong and significant relation between parenting self-efficacy and social support variables, and parents' life satisfaction levels. Both variables appeared to explain a significant part of the total variance in life satisfaction. The result of the analyses suggested that both variables were significant predictors of life satisfaction. Findings are discussed.

Keywords

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Life satisfaction
Parents of children with developmental disabilities
Parenting self-efficacy
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Introduction

Life satisfaction is an umbrella term, which is affected by positive or negative factors, and an indicator of a person's psychological well-being and quality of life (Veenhoven, 1996, p. 2). Life satisfaction refers to a person's age, sex, working conditions, sociocultural environment, individual characteristics, marital status, social life, and biological factors, and is a state achieved through a comparison of people's future expectations to what they currently experience (Köker, 1991, p. 1; Özer & Karabulut, 2003, p. 73; Selçukoğlu, 2001, p. 3). Myers and Diener (1995, p. 1019) indicated that people who have high levels of life satisfaction could generate solutions to ongoing events and problems more easily by using positive emotional phases. On the other hand, those with lower levels of life satisfaction cannot use appropriate emotional mechanisms and reach solutions, as they are not able to overcome challenges and show anxiety, depression, and anger symptoms.

Studies on life satisfaction in parents of children with disabilities reveal that positive factors, such as high levels of household income and marriage compatibility (Ende İnce & Güdücü Tüfekçi, 2015, p. 102) increase life satisfaction, while negative variables, such as stress (Bilge et al., 2014, p. 611; Cho & Hong, 2013, p. 230; Darling, Senatore, & Strachan, 2012, p. 270; Eapen, Crncec, Walter, & Ping Tay, 2014, p. 2; Huang, Chang, Chi, & Lai, 2014, p. 176), despair (Akandere, Acar, & Baştuğ, 2009, p. 24), high levels of anxiety, severity of children's behavioral problems and disabilities (Allik, Larsson, & Smedje, 2006, p. 2; Baker, Blacher, & Olsson, 2005, p. 575) decrease life satisfaction.

Studies on life satisfaction in parents of children with developmental disabilities reveal that there are significant relations between the variables of social support (Cappe, Wolff, Bobet, & Adrien, 2011, p. 1279; Davis & Gavidia-Payne, 2009, p. 153; Duvdevany & Abboud, 2003, p. 264; Migerode, Maes, Buysse, & Brondeel, 2012, p. 487; Smith, Greenberg, & Seltzer, 2012, p. 1818) and self-efficacy (Barlow, Powell, & Gilchrist, 2006, p. 55; Williams, Cullen, & Barlow, 2005, p. 107), and parents' life satisfaction. Social support is described as "providing people with verbal/nonverbal information and advice, which will benefit them emotionally and behaviourally offering financial assistance or giving support in improving their relationships with others around them" (Gottlieb, 1983, p. 278). Researchers analyzing social support and life satisfaction together have shown that there is a medium-high level of positive correlation between the perception of levels of social support received by parents of children with developmental disabilities and their life satisfaction (Cappe et al., 2011, p. 1279; Davis & Gavidia-Payne, 2009, p. 153; Duvdevany & Abboud, 2003, p. 264; Kaner, 2004, p. 1; Migerode et al., 2012, p. 487; Smith et al., 2012, p. 1818).

Parenting self-efficacy is described as beliefs and judgement held by a parent regarding his or her ability to successfully complete the tasks related to parenting a child" (Montigny & Lacharite, 2005, p. 387). Studies examining both self-efficacy and life satisfaction suggest that the perception of self-efficacy of parents of children with developmental disabilities is improved through intervention programs offered to parents, and, therefore, their life satisfaction is affected positively (Barlow et al., 2006, p. 55; Williams et al., 2005, p. 107).

Life satisfaction is the level of happiness with someone's job, marital life, and life in other areas (Myers & Diener, 1995, p. 1020). In other words, life satisfaction is more than a directly interceptible variable such as self-efficacy and social support; is a total happiness and satisfaction perception that is formed by the combination of many different psychological parameters. Satisfaction with life is not a variable that can be changed directly with psychological or educational interventions. Satisfaction with life is a variable that can be interfered with by increasing the levels of variables contributing to its formation or by reducing the levels of negative variables such as stress and depression (Myers & Diener, 1995).

The purpose of the current study was to define the relations among levels of social support, parenting self-efficacy levels, and life satisfaction perceived by parents of children with developmental disabilities in the early childhood period and to determine the predictable variables of these relations. For this purpose, the following questions were asked:

1. What levels of social support do parents of children with developmental disabilities perceive?
2. What levels of parenting self-efficacy are perceived by parents of children with developmental disabilities?
3. What are the life satisfaction levels of parents of children with developmental disabilities?
4. Are there significant relations among social support, parenting self-efficacy, and life satisfaction levels that parents of children with developmental disabilities perceive?
5. To what extent do the levels of social support and parenting self-efficacy perceived by parents of children with developmental disabilities predict their life satisfaction levels?

Method

Research Model

This research is a descriptive-correlational study that seeks to introduce the relation between perceived social support and parenting self-efficacy and the life satisfaction levels of parents of children with developmental disabilities. Descriptive-correlational studies aim to determine the existence and/or the extent of the relations between two or more variables. The results obtained from descriptive-related research do not give a complete cause-and-effect relation; it allows some estimation by providing some clues about the variables studied (Karasar, 2013).

Participants

When selecting the participants for this study, the criterion sampling method, which is one of the purposeful sampling methods, was used. Criterion sampling is defined as the creation of persons, events, objects, or situations with characteristics that have been determined in relation to the problem of researching the group to be studied (Büyüköztürk Çakmak, Akgün, Karadeniz, & Demirel, 2017). As a result of the criterion sampling, a research institute that provides research and education activities for individuals with developmental disabilities in Eskisehir province and specialist education and rehabilitation centers in Eskisehir and Zonguldak provinces under the Turkish Ministry of National Education yielded parents of children who have been diagnosed with developmental disabilities to be included in the study.

The study group consisted of parents of children diagnosed with developmental disabilities during early childhood. A total of 225 parents participated in the research, 139 (61.8%) mothers and 86 (38.2%) fathers. Of those parents, 72 were parents of the same child. Participants were individuals between 22 and 60 years of age. The mean age of the parents was 35.8 and the standard deviation was 7.2. As for the educational backgrounds of the participants, 68 of them (30.2%) were primary school graduates, 33 (14.7%) secondary school graduates, 59 (26.2%) high school graduates, 56 (24.9%) university graduates, and 9 (4%) postgraduates. The participants' average monthly income was 1,656 TL (Turkish lira) with a minimum of 0 TL and maximum of 7,500 TL.

The mean age of the children with developmental disabilities whose parents participated in this research was 52.3 months of age; the youngest child was 15 months old while the oldest was 71 months old. The standard deviation was 12.76. There were 82 (36.4%) girls and 143 (63.6%) boys involved in the research. As for the types of diagnoses, 71 children (32%) were diagnosed with ASD, 77 (34%) with intellectual disabilities, and 77 (34%) with other types of disabilities.

Measurements

Life Satisfaction Scale (LSS). The *Life Satisfaction Scale* (LSS), developed by Diener (1985) and adapted into Turkish by Köker (1991), was used as a measure of life satisfaction levels. The LSS is a 5-item and a 7-point Likert style scale. Diener reported a coefficient Alpha of .87 for the scale. The validity of the Turkish version of the LSS was examined by Yetim (1993). The Alpha coefficient was calculated as .86, and test-retest reliability coefficient was .73. The Cronbach's Alpha coefficient of internal consistency for the five items in the LSS included in this research was calculated as .88 (n=225).

Revised Parental Social Support Scale (RPSSS). The *Revised Parental Social Support Scale* (RPSSS) was developed by Kaner (2010) to measure levels of perceived parental social support (PSS). The RPSSS is a 28-item and 4-point Likert style scale, and measures levels of the availability of social support. Kaner analyzed the internal consistency of the scale and all other subscales to assess the reliability of the RPSSS. The Alpha coefficients were calculated for subscales as 0.83-0.95 and 0.85-0.96, respectively. The Cronbach's Alpha coefficient of internal consistency calculated for 28 items in the scale was .95 (n=225). The Cronbach's Alpha coefficient of internal consistency calculated for the subscales of the RPSSS were .88 (10 items) for the Social Companionship Support subscale, .87 (6 items) for the Information Support subscale, .89 (8 items) for the Emotional Support subscale, and .81 (4 items) for the Caring Support subscale.

Parental Self-Efficacy Scale (PSES). The *Parental Self-Efficacy Scale*, developed by Guimond, Moore, Aier, Maxon, and Diken (2005) and adapted into Turkish by Diken (2007), measures the self-efficacy perceptions of parents of children with special needs. The scale consists of 17 items, and is a 7-point Likert style scale. Cavkaytar, Aksoy, and Arduç (2014) calculated the Cronbach's Alpha coefficient for internal consistency and test-retest reliability to assess the reliability of the scale. The Pearson Correlation Coefficient for the test-retest reliability of the scale was calculated as $r = 0.79$, $p < 0.001$. The Cronbach's Alpha internal consistency coefficient was calculated as $a = 0.95$. The Cronbach's Alpha internal consistency coefficient calculated for the 17 items included in the PSES was .98 dir (n=225).

Personal Information Form. The Personal Information Form consisted of two main sections: (a) questions related to personal information on the parents, and (b) questions related to information on the children with developmental disabilities. The form consisted of questions related to each parent's sex, age, educational background, and monthly income, and questions related to age, sex, and diagnosis of each child with a developmental disability.

Process

The LSS, RPSSS, and PSES were implemented in five schools in two cities (Eskişehir and Zonguldak). A total of 350 scales were distributed to the schools, and 249 (87.1%) of them were returned. Fourteen of the scale forms were not included in the analysis since they were not completed appropriately (due to too many unfilled items, multiple responses to the same item, or incomplete data on the information form). Analyses were performed based on 225 forms. Distribution and collection of the scale forms took about 1½ months.

Method of Analysis

While analyzing the data, t-test was used in cases where group means were significant; ANOVA was used in analyses where relations among the variables were examined, and Multiple Regression Analysis was used in cases where the Pearson product-moment correlation coefficient and prediction relations were analyzed. Data processing and analysis were performed using the IBM SPSS 22.0 data analysis program.

Results

This research sought to examine whether life satisfaction, which was the dependent variable of this research, of parents of children with developmental disabilities, varied significantly by demographic variables, or the availability of relations.

Parents' life satisfaction did not vary significantly by sex [$t(223)=1.34$, $p>.05$], educational background [$F(3,224)=1,041$, $p>.01$], and income level ($r = .131$, $p>.05$). Similarly, it appeared that there was no relation between parents' life satisfaction and ages ($r = .12$, $p>.05$). Parents' levels of life satisfaction did not vary significantly by the sex [$t(223)= -.384$, $p>.05$] and diagnosis [$F(2-224)=0,403$ $p <.05$] of their children, and there was no significant relation with children's ages ($r = -.076$, $p>.05$).

Perceptions of availability of social support received by parents did not vary significantly by the parent's sex [$t(223)=1.83$, $p>0.05$] and educational background [$F(3-224)=2,394$, $p >.01$]. Also, there was no significant relation between social support and a parent's age ($r = .09$, $p>.01$). However, the research showed a significantly positive relation between the perceptions of availability of social support received by parents and their income levels ($r = .17$, $p<.05$). The higher their income levels were, the more they perceived social support. The research findings indicate that there was not a significant relationship between the ages ($r = -.05$, $p>.05$) of the children and their parents' perceptions of levels of social support.

Similarly, parents' levels of perceived social support did not vary significantly by the sex [$t(223)=-.667$, $p>0.05$] and diagnosis types [$F(2-224)=0,360$, $p >.01$] of their children.

Analyses conducted for demographic variables related to parenting self-efficacy, which was the study's second independent variable, showed that levels of perceived parenting self-efficacy in parents of children with developmental disabilities did not vary significantly by parents' sex [$t(223)=1.45$, $p>0.05$], educational background [$F(3-224)=1,273$, $p >.01$], or income levels ($r = .023$, $p>.05$). Similarly, it appeared that there was not a relation between perceived parenting self-efficacy and parents' ages ($r = .023$, $p>.05$). While the levels of parenting self-efficacy of the participants did not vary significantly by children's ages ($r = .018$, $p>.05$) or sex [$t(223)=-.760$, $p>.05$], they varied significantly by children's diagnosis types [$F(2-224)=3,139$, $p <.05$]. The analysis conducted to determine the cause of this difference showed that parenting self-efficacy in parents of children with intellectual disabilities was higher than that of parents of children with other categories of developmental disability.

The Multiple Regression Analysis was conducted to examine whether or not the scores of the research participants on the PSES and RPSSS predicted their scores on the LSS, and the results showed that parenting self-efficacy and social support together explained life satisfaction by 46%.

The Pearson Correlation Coefficient was calculated to examine whether there were relations among the parents' scores on the three scales. Analysis results showed a positive significant relation between parental life satisfaction and availability of perceived social support ($r = .52$, $p <.01$), and parenting self-efficacy levels.

Table 1. The Results of the Multiple Regression Analysis Regarding the Prediction of Life Satisfaction

Variable	B	Standard Error B	β	T	p	Brivariate r	Partial r
Constant	18.315	2.669	-	6.861	.000	-	-
Parenting Self-Efficacy	1.723	.193	.497	8.928	.000	.631	.514
Social Support	.128	.025	.286	5.132	.000	.518	.326
R = .679		R ² = .462					
F(2, 222) = 95.158		p = .000					

The results of the Multiple Regression Analysis regarding the prediction of life satisfaction according to the variables of parenting self-efficacy and social support are presented in Table 1. The bivariate and partial correlations between parenting self-efficacy and social support, which were predictor variables, and the dependent (predicted) variable show a positive and moderate relation ($r = .63$) between parenting self-efficacy and life satisfaction. However, the correlation between the other two variables was calculated as $r = .514$ when the other variable was controlled. There is a positive or moderate relation ($r = .52$) between social support and life satisfaction. However, when the other variable was controlled, the correlation between the two variables was calculated as $r = .33$.

The parenting self-efficacy and social support variables together show a strong and significant relation with life satisfaction scores ($R = .679$, $R^2 = .462$, $p < .01$). The two variables together explain the 46% of the total variance in life satisfaction.

Discussion

The purpose of this study was to define relations among levels of social support, parenting self-efficacy, and life satisfaction perceived by parents of early childhood children with developmental disabilities, and to determine the predictable variables of these relations. Results related to life satisfaction, perceived social support, and parenting self-efficacy are discussed in this section.

The findings from this research show that levels of parents' life satisfaction did not vary significantly by sex, educational background, or income level. Similarly, results show no relation between parents' life satisfaction levels and their ages. Parents' levels of life satisfaction did not vary significantly by the sex and diagnoses of their children with developmental disabilities, and did not have a significant relation with children's ages.

Studies in the literature on parents of children with developmental disabilities indicate that parents' life satisfaction does not vary significantly by their sex (i.e., if they are mothers or fathers; Akandere et al., 2009, p. 29; Deniz, Dilmaç, & Arıcak, 2009, p. 962; Karande & Kulkarni, 2009, p. 101). The fact that life satisfaction does not vary by sex can be explained by the potential impact, in a similar way, of being a parent of a child with a developmental disability on life satisfaction.

Studies examining the relation between parents' ages and life satisfaction indicate various findings in the literature. Huang et al. (2014, p. 180) and Lee et al. (2009, p. 235) suggested that there is not a relation between the ages of parents and their life satisfaction. However, Akandere et al. (2009, p. 29); Lloyd and Hastings (2009, p. 965), and Krauss and Seltzer (1993, p. 60) indicated that older parents have higher levels of life satisfaction compared to middle-aged and young parents. While Karande and Kulkarni (2009, p. 101) stated that parents below the age of 40 have higher levels of life satisfaction, Meral, Cavkaytar, Turnbull, and Wang (2013, p. 240) reported that there is no relation between parents' ages and the quality of their family lives.

The fact that findings in the literature regarding the relation between parents' ages and life satisfaction levels vary greatly demonstrates that the age variable should be considered along with external factors, such as educational backgrounds, income levels, and access to social supports; and internal factors, such as stress, depression, and marital status in terms of life satisfaction. Age can be considered as a factor whose effect is revealed along with other variables in a model rather than being a mere predictor variable. In their study on mothers of children with intellectual disabilities, Krauss and Seltzer (1993, p. 60) suggested that older mothers have higher levels of life satisfaction since they have nothing new to learn regarding the disabilities of their children. However, according to Karande and Kulkarni's (2009, p. 101) study findings, young parents have higher levels of life satisfaction compared to older parents as they have more resources and higher energy levels to cope with difficulties. The current study did not reveal a relation between age and life satisfaction, and this can be explained by the fact that these parents' children were young and close in age, and the average parent's age was 35.8.

Some research on parents' life satisfaction levels and educational backgrounds indicates that there is not a relation between educational background and life satisfaction (Akandere et al., 2009, p. 30; Lee et al., 2009, p. 235; Pozo, Sarriá, & Brioso, 2014, p. 452). However, Karande and Kulkarni (2009, p. 101) did find a relation between life satisfaction and educational background, and that a high level of education related to a high level of life satisfaction. Akandere et al. indicated that mothers' life satisfaction levels do not vary by educational background; however, fathers with higher educational levels had higher levels of life satisfaction compared to those with lower educational levels. Stein and Book (2003) stated that educated individuals, who can overcome challenges and generate more efficient solutions, have higher levels of life satisfaction. Individuals who are well educated may have an advantage over individuals with lower educational levels in terms of accessing information sources regarding the disabilities of their children. When facing a challenge, individuals can access appropriate sources of information in a more efficient way, thanks to their educational levels. However, psychological states, such as shock, and denegation, which are experienced in the first phases of having a child with developmental disability, may restrict the impact of being educated on life satisfaction until reaching the adaptation or acceptance phase. This finding can be explained by the fact that the parents in this study may not yet have reached the adaptation phase since their children were young and recently diagnosed.

The finding from this research related to the fact that parents' life satisfaction levels do not vary significantly by their income levels can be explained in a way similar to that used to explain their educational levels and life satisfaction levels. According to Huang et al. (2014, p. 180), Karande and Kulkarni (2009, p. 101), and Perumal, Veeraraghavan, and Prakash Lekhra (2014, p. 795), parents' life satisfaction levels do not vary significantly by income levels. Nevertheless, Lee et al. (2009, p. 232) and Meral et al. (2013, p. 240) reported that life satisfaction level correlates with income level. Akandere et al. (2009, p. 30) and Pozo et al. (2014, p. 452) suggested that mothers' life satisfaction levels do not vary by income levels; however, fathers with higher income levels had higher levels of life satisfaction compared to those with lower income levels.

The current study shows that parents' life satisfaction levels did not vary significantly by children's sex and type of disability diagnosis, and have a significant relation with the age of the child. Similar studies in the literature show that parents' life satisfaction levels do not vary significantly by the sex of children with developmental disabilities (Akandere et al., 2009, p. 30; Huang et al., 2014, p. 179; Karande & Kulkarni, 2009, p. 101; Perumal et al., 2014, p. 794). The findings from this research correspond to the findings in the literature. Just as children's sex does not have an impact on the variables of social support and self-efficacy, life satisfaction levels may not have varied by sex due to similar reasons. A possible explanation for this finding is that parents of children in early childhood do not yet focus on role differentiation based on sex, such as gender roles and a behavioral repertoire that the child will experience in the future. Since it is still too early for potential social problems that the child would face due to his or her disability, a child's sex may not have a significant impact on the life satisfaction levels of his or her parents.

While Meral et al. (2013, p. 240) indicated that there is a relation between children's ages and their families' quality of life, Huang et al. (2014, p. 179), Karande and Kulkarni (2009, p. 101), and Pozo et al. (2014, p. 452) suggested that there is no relation between children's ages and parental life satisfaction. That no relation was found between parents' life satisfaction and children's age in the current study can be explained by the fact that the parents' children were very close in age, and, therefore, in the same range of developmental stages. Life satisfaction levels of parents did not vary significantly by the types of disability diagnoses of their children, either. Karande and Kulkarni (2009, p.101) and Lee et al. (2009, p. 236) reported that there was no relation between parents' life satisfaction

levels and the diagnoses of their children. The current study found that life satisfaction did not vary significantly by diagnosis type, and the possible explanation for this may be high levels of dependency of both children with developmental disabilities and typically developing children during early childhood. Parents' reason for giving intensive care to their children in early childhood development may be the young age of children in this stage.

The perceived availability of social support to the parents who participated in this research did not vary significantly by parents' sex and educational background. Also, no significant relation was found between the perceived availability of social support and parents' ages. A limited number of studies in the literature have reported differences among these variables and have reported that the perceived availability of social support did not vary by sex, educational background, or age (Hall, 2012, p. 129; Karpata & Girli, 2012, p. 81; Kırbas & Özkan, 2013, p. 176).

The findings of this research show that the higher the income levels are the better the perceived levels of social supports are. For instance, in Turkey, access to the majority of supports provided for special educational needs, and psychological support, particularly for children with developmental disabilities and their parents, can only be possible in return for certain fees.

The findings from this research also indicate that parental perception levels of social support did not vary significantly by the age, sex, and diagnosis of the parents' children. In their study, Ben-Zur, Duvdevany, and Lury (2005, p. 60) reported that there was no relation between parents' perceived social support and their children's ages. Coşkun and Akkaş (2009, p. 224) indicated that perceived social support in parents of children with developmental disabilities did not vary significantly by children's sexes.

On the other hand, as suggested in Kaner's (2004) study, the levels of parents' perceptions of social support and their satisfaction with this support are expected to be varied due to the nature of their children's disabilities. However, no such difference was revealed in the current study. One possible explanation for this is that the gap in developmental levels between the children whose parents participated in this research and their typically developing peers or children with other types of disabilities had not widened yet as they are in the age range of 15-71 months. Also, in accordance with the theoretical explanations put forward by the models that interpret parents' responses to disabilities, relatively new diagnoses of children may cause the parents' perceptions related to these variables not to vary significantly from each other. That is, parents may not vary from one another within the frame of nuances caused by the diagnosis of the disability, in dealing with psychological problems related to having a child with a disability, and adapting to it. For parents, whether or not a child has a disability may be more important than the type of disability. A comparison among the parents of typically developing children of the same age group may provide deeper consideration for the clarification of this finding.

The analyses performed on the demographic variables regarding parenting self-efficacy, which is this study's second independent variable, reveal that the levels of perceived self-efficacy in parents do not vary significantly by parents' sexes, educational backgrounds, and income levels. Similarly, there is no relation between the parents' perception of parental self-efficacy and their ages.

With a similar approach to explaining the findings of this research, Maclnnes (2009) and Telef (2013, p. 42) suggested that parenting self-efficacy did not vary significantly by parents' sex. In the current study, a considerable part of the data was obtained from parents as couples; therefore, this may explain why the levels of parenting self-efficacy of the participants did not vary by sex. In this study,

data were obtained from 72 couples. Self-efficacy levels of the couples may have drawn close because they shared the same social environments and experienced similar challenges.

With regard to the studies on the age variable, which was another variable in the current study, Coleman and Karraker (2000, p. 21) suggested that there was no relation between parenting self-efficacy and parent's age. Similarly, Al-Kandari and Al-Qashan (2010, p. 34) indicated that there was no relation between age and self-efficacy. A likely explanation why no relation was found between parenting self-efficacy and age in the current study is the experience of having a child with a developmental disability rather than the parenting experience itself.

Studies to be conducted on parents in wide age groups may provide more descriptive information regarding the relation between age and parenting self-efficacy. The relation between parenting self-efficacy and education and income levels of parents show that parenting self-efficacy does not vary significantly by these variables. According to Sanders and Woolley (2005, p. 70), Coleman and Karraker (2000, p. 21), and Telef (2013, p. 42), parenting self-efficacy does not vary significantly by level of education. In this regard, the findings from the current study are in accord with the literature. On the other hand, the theoretical framework of self-efficacy reveals that education received by parents is an important source of self-efficacy (Barlow et al., 2006, p. 59; Williams et al., 2005, p. 109). The fact that parenting self-efficacy did not vary significantly by education and income levels can be explained by the fact that parenting a child with a developmental disability requires a type of self-efficacy specific to a certain skill area.

According to the findings of this research, the levels of parenting self-efficacy of parents of children with intellectual disabilities is significantly higher than the parenting self-efficacy levels of parents of children in other disability categories and predominantly with multiple disabilities, or speech and language disorders. As Sameroff and Fiese (2000, p. 152) described early childhood development through ecological factors within the frame of a transactional model, parenting self-efficacy can be explained with parents being affected by a transactional process in which they interact with their children. Therefore, since children with developmental disabilities cannot reinforce successful parenting behaviors adequately in interacting with their parents, the self-efficacy of parents in parenting their children may not strengthen. Children with intellectual disabilities cover a wide range of variability, and their ability to communicate with their parents more satisfactorily and efficiently compared to children with multiple disabilities or speech and language disorders may strengthen parenting self-efficacy.

The relation between self-efficacy and life satisfaction appears to be a very important variable for self-efficacy to predict life satisfaction. In their studies, Barlow et al. (2006, p. 59) and Williams et al. (2005, p. 109) examined the efficiency of intervention programs through the increase in the levels of parents' life satisfaction. Both studies suggested that parents' life satisfaction levels increased along with an increase in parenting self-efficacy of the parents who participated in the programs. Davis, Gavidia-Payne (2009, p. 159) suggested that formal social supports provided by professionals are the biggest predictors of family quality of life. Duvdevany and Abboud (2003, p. 268) pointed out that social supports provided by professionals increase psychological well-being. Cappe et al. (2011, p. 1285), on the other hand, suggested that there is no significant relation between social support and life satisfaction. As suggested in the studies on the efficiency of intervention programs related to increasing parents' levels of parenting self-efficacy, the level of social support is a variable that can be increased. Smith et al. (2012, p. 1819) revealed that a social support network offered to mothers increased life

satisfaction level significantly. Cho and Hong (2013, p. 234) pointed out that social support not only increased life satisfaction but also decreased stress level, which is a related variable. Life satisfaction as a whole was considered as the measure of improvement in a person's quality of life (Veenhoven, 1996, p. 51).

It could be said that having a child with a developmental disability in the early childhood phase is a factor decreasing the levels of perceived parenting self-efficacy and social support, and, therefore, adversely impacts life satisfaction. The fact that parenting self-efficacy predicts life satisfaction on higher levels compared to social support reveals that parents may perceive the problems related to having children with developmental disabilities as their personal problems. Although social supports may make things easier for parents, the life satisfaction of parents is primarily determined by their belief in their capacity to cope with these problems. Therefore, parenting self-efficacy is an important concept as a variable which can be intervened with and increased, for professionals as they contribute to children's education, and for parents coping with the problems associated with having children with developmental disabilities. To conclude this research, the relations among social support, parenting self-efficacy, and life satisfaction levels of parents of children with developmental disabilities in early childhood were examined, and it was suggested that self-efficacy and perceived social support levels were highly important variables impacting parents' life satisfaction.

In general, the findings of this study show that all three variables do not differ significantly according to the ages, genders, or types of diagnoses of the children. Future research should be conducted with parents of individuals with developmental disabilities in the same diagnosis group in preschool, school age, adolescence, and adulthood and the social support, self-efficacy and life satisfaction levels perceived by the parents of the children in a certain group of inadequacies are compared comparatively can be examined. Life satisfaction is a variable that can be supported positively by social support and self-efficacy; parents can be psychologically supported by social support and self-efficacy studies, especially in regions where access to professional psychological support is limited. Special education professionals can improve their competence by participating in training sessions on how to implement such interventions.

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