

# Parenting Stress and Coping Mechanisms of Parents of Children with Special Needs

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**Abstract** - This study aimed to determine the Parenting stress and coping mechanisms of parents of children with special needs in a private Special School at Gapan City, Nueva Ecija . Descriptive method was utilized using a survey questionnaire adopted from the study of Berry, J. O., & Jones, W. H. (1995) and Cauda-Laufer (2017). In determining the profiles of demographic variables (sex, civil status , age and monthly income ), parental stress and coping mechanisms , Frequencies-Percentage was used. Descriptive statistics was also utilized to describe and determine the respondents in terms of their parental stress and coping mechanisms. According to research findings, Majority of the respondents moderately agree” on the different stress situations they encountered and moderately agree on the various coping techniques they use to ease the stress they encounter when dealing with their children with special needs .It is recommended that the local government units establish a free therapy center for children with special needs. A support group should be organized to provide intervention programs for counseling and educating the parents.

**Key Words:** Stress, Coping Mechanisms, Children with special needs

## Introduction

Every parent aspires to have wonderful children that bring them happiness because being a parent is one of the most complex and rewarding occupations globally. Every parent's wish is for their child to be healthy from the moment of conception. However, not all parents were blessed with normal children. Children are born with impairments for various reasons, and these deficiencies

have a significant impact on the entire family in every way.

For parents and primary caregivers of children with special needs, parenting responsibilities are multiplied. There are numerous difficulties, such as learning about the condition; coping with the mental and physical burdens of caring for a person with a handicap; researching, discovering, and gaining access to effective treatments and resources; getting to all of the appointments with doctors, therapists, advocates, and school officials; lobbying for appropriate school interventions, accommodations, and placements; and paying for the various treatments and interventions that are not covered by health insurance or the school system. Moreover, acceptance, self-blame, social stigma, behavior problems, physical tiredness and stress, socio-economic problems, marital/family problems, helplessness, emotional problems, worry about the future, unrealistic expectations, and societal attitude and responses are some of the obstacles faced by parents of children with special needs (Shetty , 2013). For other parents, simply comprehending the gap between their desires for their child and the impairment that exists exacerbates their emotional and cognitive efforts to adjust to the situation. They can be experiencing sadness, depression, or embarrassment. Some people may wonder, "why me?" and believe they are being punished for past mistakes or poor actions (Healey, 1996). Nothing can prepare parents and other family members for the birth of a mentally disabled child, which is seen as a time of physical and emotional stress (Lavin, 2001).

The presence of a special needs child in the household can also have a negative impact on the parent-child

connection. Another source of concern is the reaction of an affected child's sibling(s). Siblings may suffer as a result of the parents' tendency to devote more time to the mentally challenged child. Furthermore, the typical sibling's responsibilities grow, leading to jealousy and resentment of the impaired child (Gohel, 2011). In a study conducted by Sunitha (2018), it was revealed that Lifting and carrying the child (percentage of acquired score = 41.7), toileting (percentage of obtained score = 40.6), and bathing (percentage of obtained score = 40) have a greater impact on parents of mentally impaired children. Physical care has the most negative impact (35.5 percent of NIMH-DIS score), followed by financial (33.9% of NIMH-DIS score) and loss of support (33 percent of NIMH-DIS score). In a study about Stress Among Parents Of Children With Intellectual Disability Gupta (2010) found that most parents of children with intellectual disabilities experience stress, that physical and mental stress are significantly correlated, that gender differences in stress experienced occur only in the mental area, and that parents have a higher mental stress score than that physical stress.

Regardless of the type of disability, parents of children with disabilities frequently endure more stress than parents of children without impairments. Understanding parental stressors can lead to the development of suitable interventions and supports for these parents and their disabled children (Hsiao, 2017). To feel loved and accepted, children with special needs require more attention and care. Siblings of children with special needs, on the other hand, frequently exhibit feelings of neglect and jealousy, adding to the parents' hardship. Aside from meeting the requirements of their special-needs child, they must also educate themselves and their other sons and daughters on their sibling's condition.

Parents of children with special needs are frequently stressed, requiring them to employ a variety of coping mechanisms. This study was carried out to determine the stress levels of parents of children with physical, mental, and hearing problems, as well as their preferred coping mechanisms for dealing with these difficulties.

Specifically, it seeks to provide significant answers to the following:

1. How may the profile of the respondents be described in terms of:
  - 1.1. Sex
  - 1.2. Civil Status
  - 1.3. Age
  - 1.4. Monthly Income
  - 1.5. Number of Children
2. What are the levels of stress experienced by parents with special needs?
3. What are the coping strategies used by parents of children with special needs?

### Methods

This study applied the descriptive method of research in determining the parental stress and coping mechanisms of the respondents. Descriptive method focuses on the present situation and providing essential knowledge about the nature of objects and persons. (Calmorin, 2016). Purposive sampling is used in the study. This type of non-scientific sampling is based on selecting the individuals as samples according to the purposes of the researchers as his controls ( Calmorin, 2016). Thirteen respondents voluntarily participated in the study. The researchers used a survey-questionnaire as the instrument in gathering data. These were the parenting stress and coping mechanisms survey questionnaire adopted from previous studies of Berry, J. O., & Jones, W. H. (1995) and Cauda-Laufer (2017) and the demographic Profile Questionnaire. In determining the profiles of demographic variables (sex, civil status, age and monthly income, and number of children) Frequencies-Percentage was used. Descriptive statistics was also utilized to describe and determine the respondents in terms of their parenting stress and coping mechanisms.

Result and Discussion

Table 1. Sex Distribution of Respondents

Sex	Frequency	Percentage
Male	2	15.38
Female	11	84.62
Total	13	100

1. Demographic profile of the respondents

Results and Discussion

A. Profile of the Respondents

Table 1. Sex Distribution of Respondents

As shown in the table, the sex distribution of the respondents , from the total of 13 respondents, most of them were female with 11 or 84.62 %, while 2 or 15.38 % were male (Table 1).

Table 2. Civil Status of Respondent

Sex	Frequency	Percentage
Single	6	46.2
Married	6	46.2
Legally Separated	1	7.6
Total	13	100

The table shows the civil status of the respondents, From the total of 13 respondents, 6 or 46.2% were single, 6 or 46.2 % were married and only one or 7.6% were legally separated (table 2 ).

Table 3. Age Distribution of Respondents

Age	Frequency	Percentage
20-25 years old	4	30.76
26-30 years old	2	15.38
31-35 years old	5	38.46
36-40 years old	1	7.70
41 years old and above	1	7.70
Total	13	100

The table above shows age distribution of the respondents. Out of 13 respondents, 5 or 38.46 % were between 31-35 years old, 4 or 30.76 % were between 20-25 years old , 2 or 15.39 % were between 26-30 years old. On the other hand, about 7.70 % belonged to age brackets 36-40 and 41 years old.

Table 4. Monthly Income

Monthly Income	Frequency	Percentage
10,000- 20,000	5	38.46
20,000-30,000	4	30.77
30,000-40,000	1	7.7
40,000 above	3	23.07
Total	13	100

As shown in the table, the monthly income of the respondents, from the total of 13 respondents, 5 or 38.46% belonged to monthly income of 10,000-20,000 ,followed by 4 or 30.76% at monthly income of 20,000-30,00. On the other hand, about 23.07 % or 3 belonged to monthly income of 30,000-40,000. It was also clearly noted that about 23.07% belonged to monthly income of 40,000 and above.

Table 5. Number of Children

Number of Children	Frequency	Percentage
1	6	46.15
2	4	30.77
3	3	23.08
Total	13	100

The table above shows the number children of the respondents. Out of 13 respondents, 6 or 46.15 % has one child, 4 or 30.77 % have 2 children and 3 or 23.08% have 3 children.

## II. Parental Stress

Table 6. Parental Stress

We Feel Stress when :	Weighted Mean	Verbal Interpretation
1. Our child have tantrums	4.31	moderately agree
2. Our relatives do not show any concern to our family	4.15	moderately agree
3. We run out of money to provide medical support to our child	4.62	strongly agree
4. Our child cries / laughs for no reason	3.46	neither agree nor disagree
5. Our son is sick or not feeling well	4.69	strongly agree
6. No one takes care of our child when we are at work	4.54	strongly agree
7. People compare our child to others	4.69	strongly agree
8. The other siblings do not understand our child	4.62	strongly agree
9. Our child cannot express what she/he needs	4.69	strongly agree
Average weighted mean :	4.42	moderately agree

The table above shows the parental stress of the respondents. It shows that majority of the respondents gave a "Strongly Agree" mark on items number 3, 5, 6, 7, 8, and 9. Respondents gave a "moderately agree" mark on items number 1 and 2, "Our child have tantrums", "our relatives do not show any concern to our family". Only item number 4 was marked "neither agree nor disagree". Based on the computed average weighted mean, respondents "moderately agree" on the different stress situations they encountered.

Parents of children with special needs in Gapan City are stressed by a variety of situations involving their child's condition. Parents who are working need to hire caregivers who will take care of their children with extra love and care; because they have to work to support their children's therapy. Furthermore, parents must devote more time and attention to their child with special needs, which can lead to envy among the other children in the household. Additionally, comparing their child to other normal children causes them not just worry but also a deep sense of sadness for their child, whom they wish to have a normal life and future. Martin, et al (2006) conducted a review study and discovered that, compared to parents of generally developing children, parents of children with disabilities are under more stress. Personal concerns, relationship issues, and financial issues cause stress for parents with disabled children.

When raising a kid with a disability, parents encounter a slew of new challenges. Parental duties are frequently reinterpreted, which can be a big task and hardship for parents, especially when resources are low or nonexistent. Parents of disabled children face new and unusual obstacles that recast their traditional position as advocates, medical practitioners, and planners of structured activities. Financial problems, marital strife, and social isolation are all sources of stress for parents (Laufer, 2017).



### III. Coping Mechanisms

Table 7 Coping Mechanisms

Coping Mechanisms	OVM	VI
1. Sharing difficulties with relatives and friends	3.54	Moderately agree
2. Seeking encouragement and support from friends and relatives	3.54	Moderately Agree
3. Seeking information and advice from other parents with the same situation	3.85	Moderately Agree
4. Seeking assistance from community and support agencies	2.62	Neither Agree nor Disagree
5. Seeking information and advice from doctors	2.77	Neither Agree nor Disagree
6. Watching Television	3.54	Moderately Agree
7. Attending Religious Services	3.54	Moderately Agree
8. Accepting stressful events as facts of life	4.00	Moderately Agree
9. Exercising with friends to reduce tension and stay fit	2.69	Neither Agree nor Disagree
10. Travel with the whole family	3.85	Moderately agree
11. Be positive	4.54	Strongly Agree
12. Having faith in God	5.00	Strongly Agree
AWM	3.52	Moderately Agree

The foregoing table shows the coping mechanisms of the respondents. The data reveals that majority of the respondents “moderately agree” in items 1,2,3,6,7,8 and 10; while in items 4 and 5, the respondents gave a “neither agree nor disagree” mark. “Being positive” and “Having faith in God” were marked “strongly agree” by the respondents. Based on the computed average weighted mean, respondents "moderately agree" on the various coping techniques they use to ease the stress they encounter when dealing with their children with special needs.

When feeling stressed, respondents would seek advice from those they believe would give them the best advice and support, like friends, relatives, and medical experts. They also use calming activities such as watching television to deflect their bad emotions. Above all, the responders' faith remains strong and hopeful. Although stress can be overpowering and draining, not every family experiences debilitating stress when a child with a disability is born into the family. Some families can successfully adapt and cope with keeping their stress levels under control and their lives under control. An increasing amount of evidence suggests that having a disabled kid can help strengthen the family unit while also

improving the quality of life for family members (Bayat, 2007).

Families with children with developmental disabilities use a variety of coping strategies to adjust to the changes and stressors that occur when a kid with a disability joins the family ((Folkman et al., 1986).

### Conclusion

Having a special needs child has a significant influence on parents' lives and the entire family. Aside from major changes, numerous variables might generate stress for parents, mainly when their child's conduct appears aberrant, such as tantrums, since their child cannot explain what he or she needs. Parents must work hard to support their child's medication and therapy. This situation adds to their strain because they must leave the child at home and find someone to care for him or her. Another source of stress is people who do not understand the child's situation and compare him to other children; as well as relatives who do not show concern. Other siblings in the family are unaware of the problem; thus, parents must balance their attention among all of their children.

When feeling stressed, parents of children with special needs apply various coping mechanisms to alleviate their hardships. They stay positive and faithful and believe that their child needs love and understanding. They have to be strong so that they share their difficulties to people who understand them, like relatives and friends. They also seek encouragement from medical experts to help them accept reality. Parents look at the brighter sides of their lives, and they still find time to have some respite by going out on a movie and traveling with the whole family.

### Recommendations

The lives of families with children with special needs are very much different from those with normal children. Parents experience difficulties in all aspects that cause them stress. In this situation, the local government units may establish a free therapy center for children with special needs. Additionally, a support group may be organized and provide intervention programs for counseling and educating the parents.

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