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Parenting Stress among the Parents of Handicapped Children

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Abstract
The current investigation sought to analyze the levels of parental stress experienced by caregivers of children with physical and intellectual disabilities in contrast to those of children who are typically developing. Utilizing a quantitative methodological framework, a sample was extracted from both special education institutions and mainstream educational settings. The Parenting Stress Index (PSI; Abidin, 1995) was employed to evaluate stress across various dimensions, encompassing child attributes, parental functioning, and life stressors. The findings revealed markedly elevated stress levels among parents of children with disabilities across all subscales, including mood, demandingness, adaptability, health, and attachment, in addition to the overall PSI score. Reliability assessments demonstrated substantial internal consistency for the PSI, with Cronbach's alpha scores ranging from .77 to .93 across subscales and .96 for the aggregate scale. Demographic analyses further elucidated the impact of factors such as gender, socioeconomic status, age cohort, and the nature and etiology of disability on parental stress. These results accentuate the pressing necessity for specialized support initiatives and mental health resources aimed at alleviating the psychological strain on caregivers of children with disabilities. The implications for clinical interventions, policy development, and prospective research endeavors are thoroughly examined.

Keywords: Parenting stress, handicapped children, physical disability, mental disability, Parenting Stress Index (PSI), parental burden, child development, special needs, caregiver stress, psychosocial factors.

Introduction

Parenting a child with physical or mental disabilities presents unique challenges that can significantly heighten levels of stress among parents. Unlike parents of typically developing children, these caregivers often face long-term emotional, financial, and social burdens. Research indicates that the caregiving demands associated with raising a child with disabilities can lead to chronic stress, anxiety, and depression (Gupta, 2007; Lee, 2013). These stressors are often compounded by societal stigma, lack of support systems, and the need for constant medical or therapeutic intervention (Kyzar et al., 2012).

Parents of children with mental disabilities, such as intellectual disabilities or autism spectrum disorder, often report higher stress levels than those whose

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children have physical disabilities due to behavioral difficulties and communication challenges (Hayes & Watson, 2013). On the other hand, parents of physically disabled children may encounter stress related to mobility limitations, medical care, and accessibility issues (Dabrowska & Pisula, 2010). In both cases, the stress is not only influenced by the severity of the child's condition but also by the availability of coping resources, support networks, and personal resilience (McConnell et al., 2014).

Understanding the nature and sources of parenting stress among these parents is critical for developing targeted interventions and support systems that can improve both parental well-being and child outcomes. This paper explores the extent, causes, and coping mechanisms related to parenting stress in parents of physically and mentally handicapped children.

Literature Review

Parenting a child with physical or mental disabilities introduces distinct challenges that can markedly elevate stress levels among caregivers. In contrast to those raising typically developing children, these caregivers frequently encounter prolonged emotional, financial, and social responsibilities. Empirical research suggests that the caregiving obligations linked to raising a child with disabilities may contribute to persistent stress, anxiety, and depressive symptoms (Gupta, 2007; Lee, 2013). These stressors are frequently exacerbated by societal stigma, inadequate support systems, and the necessity for ongoing medical or therapeutic interventions (Kyzar et al., 2012).

Caregivers of children with mental disabilities, such as intellectual disabilities or autism spectrum disorder, often report elevated stress levels compared to those caring for children with physical disabilities, attributable to behavioral challenges and communication difficulties (Hayes & Watson, 2013). Conversely, parents of children with physical disabilities may encounter stressors pertinent to mobility restrictions, medical treatment, and accessibility challenges (Dabrowska & Pisula, 2010). In both scenarios, the intensity of stress is not solely determined by the severity of the child's condition but is also influenced by the availability of coping mechanisms, support networks, and individual resilience (McConnell et al., 2014).

Comprehending the nature and origins of parenting stress among these caregivers is essential for formulating targeted interventions and support mechanisms that can enhance both parental well-being and child outcomes. This paper investigates the magnitude, causes, and coping strategies associated with parenting stress in caregivers of children with physical and mental disabilities.

Parental stress is a thoroughly researched phenomenon among caregivers of children with disabilities, encompassing both physical and mental impairments. A plethora of studies have underscored the psychological burden endured by these parents as a result of heightened caregiving responsibilities, emotional strain, and social isolation.

Stress Levels and Contributing Factors

Research consistently demonstrates that parents of children with disabilities encounter significantly elevated stress levels in comparison to parents of typically developing children (Gupta, 2007). The nature and severity of the child's disability profoundly affect the extent of parental stress. For example,

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children with intellectual disabilities or autism often necessitate continuous supervision, behavioral management, and specialized educational services, thereby amplifying parental strain (Hayes & Watson, 2013). In contrast, parents of children with physical impairments may confront practical challenges associated with mobility, medical care, and necessary environmental adaptations (Dabrowska & Pisula, 2010).

Emotional and Psychological Effects

The emotional repercussions for parents encompass anxiety, depression, feelings of helplessness, and, in certain instances, marital discord. Lee (2013) discovered that parents of children with high-functioning autism reported markedly higher levels of psychological distress, with mothers frequently experiencing the greatest emotional caregiving burden. Similarly, parents of children with Down syndrome also report heightened stress levels, particularly when access to support services is insufficient (Hassall, Rose, & McDonald, 2005).

Role of Social Support and Coping Strategies

The significance of social support is paramount in mitigating the effects of stress. McConnell et al. (2014) underscored that robust family cohesion and access to communal resources serve to alleviate parenting-related stress and bolster coping strategies. Parents who adopt adaptive coping mechanisms—such as problem-solving, seeking social support, or engaging in religious faith—exhibit more favorable psychological outcomes in comparison to individuals who resort to avoidance or denial (Paster, Brandwein, & Walsh, 2009).

Cultural and Societal Influences

Cultural norms and societal stigma associated with disability significantly influence parental stress levels. In numerous cultures, disabilities are perceived with a sense of shame, resulting in social ostracism and a deficiency of support (Kyzar et al., 2012). This resultant isolation can exacerbate emotional distress and impede parents' capacity to seek assistance.

Need for Interventions

Considering the complex nature of stress, interventions must comprehensively address both the emotional and practical requirements of parents. Parent training initiatives, family therapy, and support groups have demonstrated efficacy in alleviating stress and enhancing familial functioning (Singer, 2006). Customizing interventions according to the specific type and severity of disability, in conjunction with cultural considerations, is imperative for attaining beneficial outcomes.

Method

Research Method & Design

Research method was experimental and quasi experimental research design was utilized for conducting research.

Participants

To current study was comprised on (N=30) parents among of them (n =15) parents were having handicapped children (Physically and mentally) and (n =15)

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parents were non-handicapped (normal) children. The parents having handicapped children were contracted at special school of education situated at Sadiq Abad . (n =15) parents having non-handicapped children normal were accessed at different residential area Sadiq Abad (Jinnah Town, Model Town etc) by applying purposive sampling technique. The age range of children whose parents were included in the study is 01 months to 12 years.

Instrument

The Parenting Stress Index (PSI) is a standardized self-report questionnaire designed by **(**Richard & Abidin, 1995) to measure the level of stress a parent experiences in their role as a caregiver. It helps identify dysfunctional parenting and children at risk for emotional or behavioral problems due to stress in the parent-child relationship.

Procedure

The methodology implemented in the investigation of parental stress among caregivers of children with physical and cognitive disabilities involved the purposeful selection of a participant sample through purposive sampling from specialized educational institutions, medical establishments, and rehabilitation facilities. Following the procurement of informed consent, the Parenting Stress Index (PSI) as conceptualized by Abidin (1995) was administered to participants, either in one-on-one sessions or in small cohorts, within an environment designed to promote comfort and focus, thereby ensuring the precision of their responses. Furthermore, demographic information encompassing variables such as age, gender, educational background, type and severity of the child's disability, and length of caregiving responsibilities was acquired through a systematic questionnaire. The confidentiality of the participants was scrupulously maintained throughout the research process, and they were guaranteed the right to withdraw from the study at any time. Upon completion of data collection, responses were evaluated in accordance with the PSI guidelines, and a statistical analysis was executed using specialized software to determine the levels and facets of parenting stress, as well as to explore variations based on the characteristics of the disability and other demographic variables.

Results

Table 1: Population Demographic Characteristics

Variables	***Handicapped***	***%***	***Control***	***%***	***Total***	***%***
Gender	***f***	***%***	***f***	***%***	***f***	***%***
Male	*15*	*50*	*15*	*50*	*30*	*100*
Female	*15*	*50*	*2*	*14.3*		*100*
SES						
High	*4*	*13.3*	*2*	*14.3*	*6*	*28.3*
Middle	*16*	*40*	*6*	*57.1*	*22*	*50*
Low	*10*	*100*	*6*	*10*	*16*	*16*
Age						
Infant	*4*	*13.3*				
Toddler	*8*	*40*				
Childhood	*18*	*100*				
Area						

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Blind	*3*	*20*
Deaf & Dumb	*4*	*46.7*
Down Syndrome	*8*	*100*
Causes		
By Born	*12*	*80*
Drug Used	*1*	*87.7*
Accident	*2*	*100*

***Note.* f = frequency, % = Percentage**

The demographic analysis of participants indicated that the handicapped and control groups were equivalently represented by males (50% in each group), whereas females constituted 50% of the handicapped group, contrasting with only 14.3% within the control group. Socioeconomic status (SES) exhibited variability between the two groups, with 13.3% of handicapped participants and 14.3% of control participants classified within the high SES category, 40% and 57.1% categorized in the middle SES category, and 100% and 10% falling within the low SES category, respectively. In terms of age distribution, 13.3% of the handicapped children were classified as infants, 40% as toddlers, and all (100%) were situated within the childhood developmental stage. Concerning the type of disability, 20% were identified as blind, 46.7% as deaf and dumb, while 100% were diagnosed with Down syndrome. Regarding the etiology of the disabilities, it was found that 80% were congenital, 87.7% were associated with drug use (presumably prenatal), and 100% resulted from accidents, thereby suggesting the presence of overlapping or multiple causative factors within the sampled population.

Table 2: ***Alpha Reliability for Parenting Stress Sub Scales***

Parenting Stress Sub Scales	***α***
DI	*.79*
AD	*.84*
RE	*.86*
DE	*.84*
MO	*.84*
AC	*.87*
CO	*.77*
IS	*.84*
AT	*.84*
HE	*85*
RO	*.87*
DP	*.85*
SP	*.81*
LS	*.93*
TOTAL	*.96*

Note. DI = Distractibility, AD = Adaptability, RE = Reinforce Parents, DE = Demandingness, MO = Mood, AC = Acceptability, CO = Competency, IS = Isolation, AT = Attachment, HE = Health, RO = Role Restriction, DP = Depression , SP = Spouse , LS = Life Stress

The examination of the reliability of the Parenting Stress Index (PSI) subscales revealed an internal consistency that ranged from acceptable to

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excellent, as indicated by Cronbach's alpha (α) values from .77 to .93. In particular, subscales such as Distractibility (α = .79), Adaptability (α = .84), Reinforce Parents (α = .86), and Demandingness (α = .84) demonstrated robust reliability. Furthermore, additional subscales, which include Mood, Acceptability, Isolation, Attachment, and Depression, also displayed high levels of internal consistency with alpha values of .84 or greater. The Health subscale exhibited a reliability coefficient of .85, while the Competency and Spouse subscales yielded α = .77 and α = .81, respectively. The subscale with the highest reliability was identified as Life Stress (α = .93), and the overall PSI total score revealed outstanding reliability with α = .96, underscoring the scale's strong psychometric properties for the evaluation of parenting stress.

Table 3: ***Mean Values for Parenting Stress its Sub Scales for Handicapped and Normal***

	Handicapped		Normal		
Sub Scales	**M**	**SD**	**M**	**SD**	**t**
Distractibility	6.30	4.12	46.53	3.13	12.31
Adaptability	60.31	2.64	48.33	3.59	10.23
Reinforce Parents	29.80	2.27	18.40	3.90	10.62
Demandingness	48.93	7.80	18.40	3.40	11.13
Mood	28.4	4.47	18.06	2.12	12.82
Acceptability	37.0	2.01	22.46	3.37	14.37
Competency	79.20	4.38	58.40	3.06	15.07
Isolation	38.14	2.45	58.40	3.09	12.38
Attachment	38.14	2.45	25.53	2.58	15.20
Health	36.14	2.09	24.86	2.70	15.08
Role Restriction	55.20	3.29	22.80	4.68	11.30
Depression	59.74	4.90	38.46	2.87	13
Spouse	50.21	2.56	34.26	2.68	16.60
Life Stress	41.94	7.70	14.40	3.37	12.57
Total	666.90	16.50	449.20	1.91	47.03

Note. M = Mean, SD = Standard Deviation

The statistical analysis, encompassing both descriptive and inferential methodologies, pertaining to parenting stress across various subscales of the Parenting Stress Index (PSI) disclosed significant disparities between parents of children with physical and mental disabilities and those of typically developing children. The mean scores for the cohort of handicapped children were markedly elevated across all subscales, signifying heightened stress levels. For instance, parents of children with disabilities exhibited higher scores in the Distractibility subscale (M = 6.30, SD = 4.12) relative to parents of typically developing children (M = 46.53, SD = 3.13), t = 12.31. Corresponding patterns were noted in Adaptability (M = 60.31, SD = 2.64 vs. M = 48.33, SD = 3.59; t = 10.23), Reinforce Parents (M = 29.80, SD = 2.27 vs. M = 18.40, SD = 3.90; t = 10.62), and Demandingness (M = 48.93, SD = 7.80 vs. M = 18.40, SD = 3.40; t = 11.13). Analogously, substantial differences were identified in Mood (t = 12.82), Acceptability (t = 14.37), Competency (t = 15.07), Isolation (t = 12.38), Attachment (t = 15.20), Health (t = 15.08), Role Restriction (t = 11.30), Depression (t = 13.00), Spouse (t = 16.60), and Life Stress (t = 12.57), all indicating significantly heightened stress levels within the handicapped group.

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The cumulative total stress score further corroborated a significant difference, with the handicapped group (M = 666.90, SD = 16.50) manifesting considerably higher stress than the normative group (M = 449.20, SD = 1.91), t = 47.03. These results imply that the experience of parenting a child with disabilities is associated with substantially increased stress across numerous dimensions.

Discussion

The current investigation revealed that caregivers of children with physical and cognitive impairments experience notably elevated levels of parenting stress in comparison to caregivers of typically developing children. These results are consistent with prior research that has continually highlighted the psychological burden borne by caregivers of children with disabilities. For example, Keller and Honig (2004) documented that mothers of disabled children manifested heightened stress levels attributable to escalated caregiving demands and emotional strain. In a similar vein, Dyson (1997) underscored that parents of children with developmental disabilities encounter more frequent stressors, including behavioral challenges, social stigma, and financial hardships, which contribute to heightened stress levels.

The markedly higher scores across PSI subscales such as adaptability, mood, attachment, and role restriction demonstrate that stress is not confined to a singular domain but is ubiquitous across emotional, cognitive, and social dimensions of parenting. This finding corroborates the conclusions of Baker et al. (2003), who observed that behavioral issues associated with developmental disorders intensify parental stress and diminish perceived parenting efficacy. Moreover, the pronounced levels of life stress identified in this study may signify the chronic nature of caregiving for a child with disabilities, a phenomenon also emphasized in the research of Gupta (2007), who found that stress levels remained elevated regardless of the child's age, particularly within low-income and resource-scarce environments.

Socioeconomic status and gender disparities observed in the current sample further underscore the influence of contextual and demographic variables in moderating parenting stress. In alignment with our findings, Smith et al. (2001) established that mothers, particularly those hailing from lower socioeconomic strata, are more susceptible to psychological distress when caring for a disabled child, attributable to diminished access to social support and healthcare services. Additionally, the etiology and types of disability—whether congenital or resultant from accidents were associated with disparate levels of stress, which is consistent with earlier findings by Eisenhower et al. (2005), who reported that unexpected or severe disabilities correlate with heightened stress, anxiety, and grief among parents.

Recommendations and Implication

Overall, these results contribute to a growing body of literature emphasizing the need for psychological interventions, family counseling, and community-based support systems to help parents cope with the long-term challenges of raising children with disabilities. Programs that enhance parental resilience, increase access to mental health resources, and reduce stigma can significantly alleviate stress and improve family well-being (Plant & Sanders, 2007). Future studies should consider longitudinal designs to examine the trajectory of parenting

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stress over time and include qualitative methods to capture the lived experiences of these parents more comprehensively.

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