ABSTRACT

Stress is a prevalent emotional strain experienced by parents in response to the inherent challenges of child-rearing. This study aimed to comprehensively evaluate the levels of social support and perceived stress among parents of children with special needs undergoing pediatric rehabilitation. This study utilized a quantitative descriptive survey methodology with the aid of the Turkish Adaptation of the Family Needs Survey (FNS) and the Parental Stress Scale (PSS). A total of 50 participants were enrolled through convenience sampling. Statistical analysis of the gathered data revealed notable demographic characteristics among respondents, with a predominant representation of individuals aged 41-50, female, married, and with children diagnosed with Autism Spectrum Disorder (ASD) undergoing occupational and speech therapy. The findings indicated a moderate level of support from various sources, including family and friends, educational institutions, community services, and financial and government assistance. However, the evaluation did not reveal a statistically significant difference between the extent of social support received by parents and the perceived stress they reported experiencing.

INTRODUCTION

Parents contending with the demands of raising children with special needs often encounter unique stressors, and identifying the factors that contribute to or alleviate parental stress can lead to more effective support systems—navigating the complexities of caring for a child is imperative to understand how social support plays a pivotal role—this and validation of choices and experiences in life. Informational, practical, and social Support are just a few of the several kinds of Support this social system can offer (Zhou, 2014). Individuals either seek or provide Support at various points in their lifetimes. Social Support includes interpersonal communication and interaction, love and understanding, care and concern, affection and companionship, financial Support, and acceptance and respect. Social support impacts mental and physical health throughout the lifespan and may be particularly important in later years (Rausa, 2008).

The sensations or ideas a person has about how much stress they are experiencing at a particular moment or during a specific period are known as perceived stress (Phillips, 2013). A person's perception of their stress may include feelings of life's uncertainty and uncontrollability, how frequently they must deal with bothersome inconveniences, how much change is taking place in their lives, and their confidence in their aptitude to handle challenges (Phillips, 2013). Because of factors like personality, coping mechanisms, and support, people who experience comparable unfavorable life experiences may judge their impact or severity in different ways. However, in the case of parenthood, raising a child, especially with a disability, can be an overwhelming experience since it necessitates more personal, professional, and financial sacrifice. Irrespective of the type of disability, parents of children with special needs frequently experience more stress than parents of children without special needs. For these parents and their children with disabilities, recognizing parental stressors can help with the development of suitable interventions and supports (Hsiao, 2017).

Due to the documented affectations of low levels of social support and stress on a person's well-being components, the researchers are dedicated to looking into the relationship between the level of social support and perceived parental stress from a holistic perspective. Based on the study results, recommendations align with physical and occupational therapy. The substantial findings of this study will serve as the basis for characterizing the critical relationship between the extent of social support and perceived stress among the respondents. This research intends to shed light on the adversities faced by parents of children with special needs and inform recommendations.

LITERATURE REVIEW

Formal support pertains to assistance provided by institutions and organizations like schools and medical professionals. It has been established that having trust in the availability and willingness of others to provide assistance when needed is a protective factor against negative impacts of stressors, adversity, or potential risks (Patton et al., 2017). Robinson & Weiss (2020) suggest...
that informal support plays a critical part in the lives of parents who have children with special needs. This type of support has been found to be highly significant in reducing feelings of isolation and helplessness while also increasing overall levels of life satisfaction.

Moreover, an article by Asa et al. (2021) showed that some women reported financial stress due to caring for a child with a disability. Selling assets, borrowing money, and pawning wedding jewelry were some financial strategies to manage economic hardship. The underlying reason for these was the unavailability of other choices; families were in urgent need of money for medical and transport costs associated with their disabled child and to provide for other family members. Literature shows that many families in low- and middle-income countries have reported borrowing money and selling family assets as joint strategies to cope with family healthcare expenditures.

A comprehensive study by Dey & Amponsah (2020), assessed the impact of three types of perceived social support—family, friends, and a significant other—on the resilience of Ghanaian parents caring for children with special needs while controlling for covariates (parental gender, marital status, and educational level). Significant others’ support was the only reliable predictor of resilience in hierarchical multiple regression, even after controlling for variables to be a reliable predictor of resilience after controlling for variables in hierarchical multiple regression. A higher education had a negative association with resilience, but being married was favorably correlated. These findings highlight the necessity of completely integrating and emphasizing support from various sources in interventions that aim to increase parents’ resilience while underscoring the significance of support from close friends and family members.

Research indicates a negative correlation between parenting stress and efficacy, with parenting stress also showing a negative association with social support. The study reveals that social support plays a crucial role in the relationship between parenting stress and efficacy in parents of children with disabilities. Specifically, parenting stress has both a direct and indirect impact on parenting efficacy, with the latter being influenced by social support. The literature emphasizes the importance of addressing parenting stress through appropriate interventions and providing professional parenting education and social support to enhance parenting effectiveness in this demographic (Fu, 2023).

A medical condition or impairment is an unanticipated occurrence that may become a component of familial relationships, leading to physiological and psychological changes. These may inflict enormous stresses on the family, impairing its subsystems and health, which is defined as the family’s capacity to function and adapt to stressful life events, such as the illness or incapacity of some of its members (Lima-Rodríguez et al., 2018).

Nuri et al. (2020) highlighted a substantial proportion of participants in the study who noted prolonged wait times for Children with Disabilities to receive disability allowances. Concerns were also raised about a shortage of rehabilitation professionals in the public sector. Additionally, participants emphasized challenges related to inaccessible infrastructure, including facilities and transportation, as well as the persistent issue of stigma.

In connection, Zhao et al. (2021) investigated the relationship between social support, parenting stress, and parents’ resilience. The amount of resiliency displayed by Chinese parents of children with impairments was relatively high. In addition, parenting stress, social support, and resilience were found to be strongly linked with one another. Furthermore, mediation analyses demonstrated that social support played a role in mediating the relationship between parenting stress and parents’ resilience. According to the findings, a decrease in the amount of stress experienced by parents and an increase in the amount of social support may predict (or be linked with) an increase in the amount of resilience displayed by parents.

METHODOLOGY

A quantitative descriptive survey approach was employed to evaluate the level of social support and perceived stress among participants, utilizing the Family Needs Survey Turkish Adaptation and Parental Stress Scale for data collection. Substantial modifications were implemented to represent the sociocultural setting of the Philippines accurately. The survey for the Philippines was contextualized by carefully analyzing and eliminating or merging certain categories. The reliability and appropriateness of these enhancements were verified through a pilot test. To assess the reliability of the instruments, the statistician employed Cronbach’s alpha, analyzing both instruments utilized in the study with a .886, indicating a high level of reliability in the data.

The sample comprised 50 parents of children with special needs who were undergoing therapeutic and educational interventions across multiple pediatric rehabilitation centers. Initially, an estimated total of 90 parents from various centers were identified. Subsequently, a sample calculator was utilized to determine the required number of respondents from each center, warranting a 95% confidence level and a 5% margin of error. The measures of central tendency were used to interpret the data obtained from the respondents’ profiles. Weighted Mean, Composite Mean, and Standard Deviation were used to identify the respondents’ social support and level of perceived stress. The Chi-square statistics, Pearson r, and Spearman rho were used to determine the significant degree of correlation between the profile of the respondents and their social support and perceived stress, as well as the considerable degree of correlation between the respondent’s social support and level of perceived parental stress. Furthermore, the Kolmogorov-Smirnov and the Shapiro-Wilk tests were the normality tests used to determine whether the data was obtained from a normally distributed population.
RESULTS AND DISCUSSION
The study constituted a quantitative research endeavor aimed at evaluating the degree of social support and perceived parental stress among parents of children with special needs who were undergoing rehabilitative therapy and educational interventions in Tagbilaran City. Presented herein are the analyzed outcomes derived from the respondents’ comprehensive responses to the provided questionnaires.

Profile of Respondents. The study revealed that respondents aged 41–50 years old comprised the highest proportion, followed by those aged 31–40 and then 21–30. Conversely, individuals aged 51–60 were the least represented. Females outnumbered males in the gender distribution. Married respondents were the most prevalent, while widowed individuals were the least represented in terms of civil status. Autism Spectrum Disorder (ASD) was the most prevalent diagnosis among children with special needs, followed by ADHD, speech and language disorders, and Down syndrome.

Epilepsy and hearing, speech, and language disorders were the least common diagnoses, each with equal representation. The most common educational or therapeutic interventions were occupational therapy and speech therapy, with occupational therapy with special education and speech therapy following closely behind. Special education was the least common therapeutic intervention.

Table 1: Profile of the Respondents

<table>
<thead>
<tr>
<th>Age (y/o)</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>31-40</td>
<td>17</td>
<td>34.0</td>
</tr>
<tr>
<td>41-50</td>
<td>18</td>
<td>36.0</td>
</tr>
<tr>
<td>51-60</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>88.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Civil Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Married</td>
<td>42</td>
<td>84.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>ASD</td>
</tr>
<tr>
<td>ADHD</td>
</tr>
<tr>
<td>Down Syndrome</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Speech and Language Disorder</td>
</tr>
<tr>
<td>Hearing Impairment and Speech, and Language Disorder</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational and/or therapeutic Interventions received by the child</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>Special Education</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>6</td>
<td>12.0</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Occupational Therapy and Physical Therapy</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Occupational Therapy and Special Education</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Occupational Therapy and Speech Therapy</td>
<td>12</td>
<td>24.0</td>
</tr>
<tr>
<td>Occupational Therapy and others</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Occupational Therapy, Special Education and Speech Therapy</td>
<td>10</td>
<td>20.0</td>
</tr>
</tbody>
</table>
Level of Social Support Received by the Respondents in the Different Domains

The study scrutinized the magnitude of social support perceived by participants across diverse domains. Notably, Family and Friends support garnered the highest composite mean of 3.56, signifying a substantial level of support, closely followed by Support for Education, with a composite mean of 3.39, indicative of significant support. Community Services support demonstrated a moderate level of support with a composite mean of 3.15. Conversely, Financial Support yielded a composite mean of 2.89, representing a moderate level of support, while Government support registered the lowest composite mean of 1.94, indicating a diminished level of support. The overall composite mean across all domains stood at 2.99, depicting a moderate level of social support. These findings underscore the variability in support levels across distinct domains, highlighting Family and Friends support and Support for Education as the most supportive domains, with Government support offering the least support.

Table 2: Level of Social Support Received by the Respondents in the Different Domains

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Composite Mean</th>
<th>Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Support</td>
<td>2.89</td>
<td>MS</td>
<td>4</td>
</tr>
<tr>
<td>Support for Education</td>
<td>3.39</td>
<td>HS</td>
<td>2</td>
</tr>
<tr>
<td>Family and Friends support</td>
<td>3.56</td>
<td>HS</td>
<td>1</td>
</tr>
<tr>
<td>Community Services support</td>
<td>3.15</td>
<td>MS</td>
<td>3</td>
</tr>
<tr>
<td>Government support</td>
<td>1.94</td>
<td>LS</td>
<td>5</td>
</tr>
</tbody>
</table>

| Over-all Composite Mean        | 2.99           | Moderate Support |      |

Legend: 3.25-4.0 (HS) High Support; 2.50-3.24 (MS) Moderate Support; 1.75-2.49 (LS) Low Support; 1.00-1.74 (NS) No Support

Level of Perceived Parental Stress

The data indicate that respondents generally experience low levels of stress in their role as parents, as reflected by the composite mean of 1.52, categorizing their stress level as Low Stress. Specifically, the majority of items assessing various aspects of parenting reveal low mean scores indicative of low stress levels. However, some items, such as “Caring for my child(ren) sometimes takes more time and energy than I have to give” and “I sometimes worry whether I am doing enough for my child(ren),” exhibit slightly higher mean scores, placing them in the Moderate Stress category. Overall, while parenting responsibilities may occasionally present challenges, the majority of respondents seem to experience low levels of stress in their role as parents, with few reporting moderate stress levels in specific areas.

Table 3: Level of Perceived Parental Stress

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not happy in my role as a parent.</td>
<td>1.30</td>
<td>.71</td>
<td>LS</td>
</tr>
<tr>
<td>There are things I wouldn't do for my child(ren) even if it were necessary.</td>
<td>1.56</td>
<td>.76</td>
<td>LS</td>
</tr>
<tr>
<td>Caring for my child(ren) sometimes takes more time and energy than I have to give.</td>
<td>1.96</td>
<td>1.12</td>
<td>MS</td>
</tr>
<tr>
<td>I sometimes worry whether I am doing enough for my child(ren).</td>
<td>2.28</td>
<td>1.13</td>
<td>MS</td>
</tr>
<tr>
<td>I don't feel close to my child(ren).</td>
<td>1.30</td>
<td>.46</td>
<td>LS</td>
</tr>
<tr>
<td>I don't enjoy spending time with my child(ren).</td>
<td>1.26</td>
<td>.57</td>
<td>LS</td>
</tr>
<tr>
<td>My child(ren) is not an important source of affection for me.</td>
<td>1.22</td>
<td>.55</td>
<td>LS</td>
</tr>
<tr>
<td>Having a child(ren) does not give me a more certain and optimistic view of the future.</td>
<td>1.32</td>
<td>.55</td>
<td>LS</td>
</tr>
<tr>
<td>The major source of stress in my life is my child(ren).</td>
<td>1.40</td>
<td>.70</td>
<td>LS</td>
</tr>
<tr>
<td>Having a child(ren) leaves little time and flexibility in my life.</td>
<td>1.56</td>
<td>.91</td>
<td>LS</td>
</tr>
<tr>
<td>Having a child(ren) has been a financial burden.</td>
<td>1.52</td>
<td>.79</td>
<td>LS</td>
</tr>
<tr>
<td>It isn't easy to balance different responsibilities because of my child(ren).</td>
<td>1.64</td>
<td>.88</td>
<td>LS</td>
</tr>
<tr>
<td>The behavior of my child(ren) is often embarrassing or stressful to me.</td>
<td>1.52</td>
<td>.79</td>
<td>LS</td>
</tr>
<tr>
<td>If I had to do it over again, I might decide not to have a child(ren).</td>
<td>1.22</td>
<td>.62</td>
<td>LS</td>
</tr>
<tr>
<td>I feel overwhelmed by the responsibility of being a parent.</td>
<td>1.88</td>
<td>1.12</td>
<td>MS</td>
</tr>
</tbody>
</table>
Relationship between Extent of Social Support and the Level of Perceived Parental Stress

The correlation analysis conducted between the extent of social support and the level of perceived parental stress yielded insignificant results. Both Kendall’s tau_b and Spearman’s rho correlation coefficients between the level of parental stress and the level of social support were close to zero (-0.016 and -0.017, respectively), indicating a negligible correlation between these variables. Additionally, the p-values associated with both correlation coefficients were greater than 0.05, further confirming the lack of statistical significance. Therefore, the null hypothesis (Ho), which suggests no significant relationship between the extent of social support and parental stress levels, was accepted. In summary, the data suggest that there is no significant association between the level of social support received by parents and their perceived stress levels.

Table 4: Relationship between Extent of Social Support and the Level of Perceived Parental Stress

<table>
<thead>
<tr>
<th></th>
<th>Level of Parental Stress</th>
<th>Level of Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendall's tau_b</td>
<td>Correlation Coefficient</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>-0.016</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Correlation Coefficient</td>
<td>-0.016</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.906</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
<tr>
<td>Spearman’s rho</td>
<td>Correlation Coefficient</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>-0.017</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Correlation Coefficient</td>
<td>-0.017</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.904</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>50</td>
</tr>
</tbody>
</table>

Result: INsignificant Decision: Ho Accepted

CONCLUSION
The findings indicate that parents of children with special needs who are undergoing rehabilitative services in various centers and clinics, generally perceive moderate levels of social support. Notably, they report significant support in the financial, family and friends, education, and community domains. Particularly, the domain related to family and friend support received the highest score, likely attributed to the respondents’ satisfaction with personal relationships and strong social networks. Factors contributing to this positive social support include adequate financial resources, access to education, health information, services, and community support. However, the study also highlights the presence of perceived stress among respondents, underscoring the necessity for further investigation into the complex factors influencing social support and perceived stress in this population.

Acknowledgement
First and foremost, we wish to extend our sincere gratitude to the Divine for bestowing upon us the wisdom, understanding, and direction essential for the accomplishment of this research. Every aspect seamlessly aligned according to His plan, facilitating the successful completion of our study. We would like to thank the following individuals whose dedication of time and effort played a crucial role in bringing this study into a reality. To Mrs. Emma S. Rulona, for her generosity in accommodating us and dedicating her time and expertise to interpreting our data. Your invaluable assistance not only facilitated the interpretation of our findings but also played a pivotal role in guiding the direction of our study. Thank you for the insightful recommendations regarding our methods and data that greatly contributed to the overall enhancement and refinement of our research approach.
To Ozaydin et al., and Berry and Jones for authorizing us to utilize the Family Needs Survey and Parental Stress Scale, as our tools in conducting our research study.

To Atty. Marlumina B. Teh, the Vice-President for Academics, thank you for authorizing us to conduct this study.

To all the Rehabilitation Centers, we extend our heartfelt appreciation for your kindness in sparing your precious time to provide honest responses to our questionnaire. Thank you for your active participation that has been an important contribution in the success of this study.

To the College of Physical and Occupational Therapy, your continuous provision of assistance and support proved to be indispensable in helping us overcome the challenges and fulfill the essential requirements for the completion of our study.

To our beloved family and friends, we express our gratitude for the unwavering support you provided and for having faith in our abilities. It is because of your steadfast encouragement that we successfully reached the end of our journey.

To our classmates, for contributing to the formation of cherished memories during this time. Your willingness to share your thoughts about our study has been invaluable, and your motivation has been a driving force as we collectively navigate the intricacies of our research endeavors.

To those people who were not mentioned, we want to express our gratitude for offering your help and prayers for our success. Your support is deeply appreciated, and we thank you sincerely.

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