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Predictors of Parenting Stress and Anxiety among Parents of Children with Intellectual and Physical Disabilities in Kerala: The Role of Social Support and Coping Strategies

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Abstract

Background: Parenting a child with an intellectual or physical disability involves several emotional, psychological, social and financial challenges. Continuous caregiving responsibilities, medical needs, rehabilitation activities and concerns about the child's future may increase parental stress and anxiety. Social support and coping strategies may play an important role in helping parents manage these challenges.

Objective: The study aims to examine the factors associated with parenting stress and anxiety among parents of children with intellectual and physical disabilities in Kerala. It particularly focuses on disability-related factors, caregiving responsibilities, financial circumstances, perceived social support and coping strategies.

Methodology: A cross-sectional quantitative research design is proposed. The study includes 120 primary caregivers, comprising 60 parents of children with intellectual disabilities and 60 parents of children with physical disabilities. Participants will be recruited from selected special schools, rehabilitation centres and healthcare institutions in Kerala using purposive sampling. Data will be collected using the Parental Stress Scale (PSS), Generalized Anxiety Disorder-7 (GAD-7), Multidimensional Scale of Perceived Social Support (MSPSS) and Brief COPE Inventory. Descriptive statistics, independent samples t-tests and multiple regression analysis will be used to analyse the collected data.

Expected Contribution: The study is expected to provide a better understanding of the factors associated with parental stress and anxiety. It will examine the possible protective role of social support and effective coping strategies, along with the influence of caregiving demands and financial difficulties.

Conclusion: Understanding the psychological experiences of parents is essential for developing family-centred disability support services. The study highlights the importance of accessible

counselling, family support, community-based services and practical coping skills for improving the well-being of parents of children with disabilities.

Keywords: Parenting stress, anxiety, intellectual disability, physical disability, social support, coping strategies, Kerala

Introduction

Parenting is a continuous process that involves emotional commitment, responsibility and adjustment to the changing needs of children. When a child has an intellectual or physical disability, these responsibilities may become more demanding. Parents may need to provide additional care, arrange medical treatment, attend rehabilitation programmes, support educational development and manage the child's everyday activities.

These responsibilities can affect the psychological and social well-being of parents. They may experience stress, anxiety, emotional exhaustion and concerns about the child's future. The nature and intensity of these experiences may vary depending on the type and severity of disability, family circumstances and the availability of support.

Parents of children with intellectual disabilities may face challenges related to communication, learning, behavioural management, social development and long-term care. Parents of children with physical disabilities may encounter difficulties related to mobility, personal care, medical treatment, assistive devices and accessibility. Although the challenges may differ, both groups may experience considerable caregiving pressure.

Parenting stress generally develops when the demands associated with raising a child exceed the resources available to manage those demands. Anxiety may arise from uncertainty about the child's development, health, education, independence and future care.

The situation is also influenced by the family's economic and social circumstances. Expenses related to treatment, transportation, rehabilitation, special education and assistive devices may create additional financial pressure. Parents who spend considerable time providing care may also have fewer opportunities for employment, recreation and social participation.

In Kerala, families have access to various healthcare, educational and rehabilitation services. However, the availability and accessibility of specialised services may differ across districts and between rural and urban areas. Families living in remote locations may experience difficulties accessing regular rehabilitation, professional counselling and specialised educational support.

Caregiving responsibilities are also frequently shared unequally within families. Mothers

often undertake a major portion of daily caregiving, which may affect their employment, personal development and social life.

Social support from family members, friends, neighbours and community organisations can help parents manage these responsibilities. Similarly, the coping strategies adopted by parents may influence how they respond to stressful situations.

Parents who actively seek information, professional assistance and practical solutions may be better equipped to manage caregiving difficulties. In contrast, continued reliance on ineffective coping responses may contribute to psychological distress.

Although these factors have received attention in international research, there is a need for further investigation into their relationship with parental stress and anxiety within the Kerala context.

The present study therefore examines parenting stress and anxiety among parents of children with intellectual and physical disabilities in Kerala, focusing particularly on social support and coping strategies.

Review of Related Literature

Research on families of children with disabilities has consistently highlighted the importance of parental psychological well-being. The additional responsibilities associated with disability-related care may affect family relationships, economic stability and the emotional health of caregivers.

Studies on parental stress have identified several relevant factors, including the severity of the child's condition, behavioural difficulties, caregiving time, financial pressure and the availability of support services.

The psychological experiences of parents may also differ according to the nature of the child's disability. Intellectual disabilities may involve continuing developmental, communication and behavioural support needs, while physical disabilities may involve mobility-related and medical care requirements. However, the level of stress cannot be understood through disability classification alone. Individual care requirements and family circumstances must also be considered.

Social support is another important factor in caregiver well-being. Support from family members, friends and significant others may reduce feelings of isolation and help parents manage practical and emotional difficulties.

Coping strategies also influence how individuals respond to stressful situations. Problem-

solving, planning, acceptance and seeking appropriate assistance are examples of coping responses that may help parents manage caregiving demands. Avoidant responses, including denial and behavioural disengagement, may be associated with greater psychological difficulties.

The present study brings these factors together to examine their relationship with parenting stress and anxiety among parents of children with intellectual and physical disabilities in Kerala.

Note: A final journal submission should include verified citations from relevant previous empirical studies and theoretical literature in this section.

Objectives of the Study

The study has the following objectives:

1. To assess parenting stress among parents of children with intellectual and physical disabilities.
2. To examine the level of anxiety experienced by parents in both groups.
3. To compare parenting stress and anxiety between the two groups.
4. To examine the relationship between disability severity, caregiving hours, family income and parental psychological distress.
5. To assess the relationship between perceived social support and parenting stress and anxiety.
6. To examine the association between coping strategies and parental psychological well-being.
7. To identify important predictors of parenting stress and anxiety among parents of children with disabilities.

Research Hypotheses

The following hypotheses are proposed:

H1: There is a significant difference in parenting stress between parents of children with intellectual disabilities and parents of children with physical disabilities.

H2: There is a significant difference in anxiety levels between the two groups of parents.

H3: Disability severity, increased caregiving hours and financial difficulties are positively associated with parenting stress and anxiety.

H4: Perceived social support is negatively associated with parenting stress and anxiety.

H5: Problem-focused coping strategies are associated with lower levels of parenting stress and anxiety, whereas avoidant coping strategies are associated with higher levels of psychological distress.

Conceptual Framework

The study considers three broad groups of variables.

Background and caregiving factors: These include the child's disability type and severity, the parent's age and gender, family income, residential background and daily caregiving hours.

Social and personal factors: These include perceived social support from family members, friends and significant others, together with coping strategies adopted by parents.

Psychological outcomes: These include parenting stress and anxiety.

The framework assumes that parental stress and anxiety are associated with the combined influence of caregiving demands, financial circumstances, social support and coping strategies.

In this study, social support and coping strategies are examined as associated factors and potential protective or risk-related influences. Their statistical role as mediators or moderators will not be claimed unless appropriate mediation or interaction analyses are conducted.

Methodology

Research Design

The study adopts a cross-sectional quantitative research design. This design is suitable for collecting information from parents of children with intellectual and physical disabilities during a specific period and examining the relationships between the selected variables.

Study Area

The study will be conducted in selected districts of Kerala. Participants will be approached through selected special schools, rehabilitation centres and healthcare institutions that provide services to children with intellectual and physical disabilities.

The selection of institutions will consider accessibility and the availability of eligible participants.

Population and Sample

The population consists of parents who are the primary caregivers of children with intellectual or physical disabilities.

The proposed sample consists of 120 participants. Of these, 60 will be parents of children with intellectual disabilities and 60 will be parents of children with physical disabilities.

The children will be between 4 and 16 years of age.

The sample size is intended to make the study manageable while permitting a comparison between the two groups. Its adequacy should also be examined through an appropriate statistical power calculation before final data collection.

Sampling Technique

Purposive sampling will be adopted to select participants who meet the research criteria.

Parents will be approached through selected institutions, and those who satisfy the inclusion criteria and voluntarily agree to participate will be included in the study.

The study will maintain equal representation of the two disability groups.

Inclusion Criteria

The following criteria will be considered:

1. The participant must be the primary caregiver of a child with a diagnosed intellectual or physical disability.
2. The child must be between 4 and 16 years of age.
3. The participant must be sufficiently familiar with the child's daily care and developmental needs.
4. The participant must be willing to provide informed consent.

Exclusion Criteria

Parents who are not directly involved in the child's regular care and those who are unable to complete the research instruments will be excluded.

Research Instruments

Four standardised instruments will be used for data collection.

Parental Stress Scale (PSS). The Parental Stress Scale will be used to assess the stress experienced by parents in relation to their parenting responsibilities. It examines different aspects of the parenting experience, including emotional demands and difficulties associated with raising children.

Generalized Anxiety Disorder-7 (GAD-7). The GAD-7 is a seven-item screening instrument used to assess anxiety symptoms experienced during the previous two weeks. It provides an indication of the severity of anxiety symptoms.

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS will be used

to measure perceived social support from family members, friends and significant others. It will help assess the relationship between social support and parental psychological well-being.

Brief COPE Inventory. The Brief COPE Inventory will be used to examine the coping responses adopted by parents when dealing with caregiving-related difficulties. It includes strategies such as active coping, planning, seeking support, acceptance, denial and self-blame.

In addition to these instruments, a brief socio-demographic and caregiving information schedule will be used to collect details about parental age, gender, education, family income, residential background, disability type, disability severity and caregiving hours.

The suitability of the instruments, their scoring procedures, language versions and reliability will be verified before data collection.

Data Collection Procedure

Data will be collected from eligible participants through the selected institutions.

The researcher will explain the purpose and procedures of the study to the participants. Their informed consent will be obtained before administering the instruments.

The questionnaires will be completed by participants with appropriate clarification where necessary. Assistance will be provided to participants who require help understanding the questions, without influencing their responses.

All information will be treated confidentially and used only for research purposes.

Statistical Analysis

The collected data will be analysed using appropriate statistical methods.

Descriptive statistics, including frequency, percentage, mean and standard deviation, will be used to describe the participants and the main study variables.

Independent samples t-tests will be used to compare parenting stress and anxiety between the two groups, provided the assumptions of the tests are satisfied. Appropriate alternatives will be considered if these assumptions are not met.

Correlation analysis will be used to examine relationships between the main variables.

Multiple regression analysis will be conducted to identify the factors associated with parenting stress and anxiety. The regression models will consider relevant demographic, caregiving, social support and coping variables.

The level of statistical significance will be set at $p < .05$. Effect sizes and confidence

intervals will also be reported where appropriate.

Ethical Considerations

Ethical approval will be obtained from the appropriate institutional ethics committee before data collection.

Participation will be voluntary. Informed consent will be obtained from all participants, and they will be informed of their right to withdraw from the study without any penalty.

The confidentiality and privacy of participants will be protected. Personal identifying information will not be included in the research report.

Results and Data Analysis

This section must be completed after collecting and analysing data from the 120 participants.

The results will be organised under the following headings.

Socio-Demographic Characteristics

The demographic characteristics of the participants will be described in terms of age, gender, educational qualification, family income, residential background and caregiving responsibilities.

The distribution of participants between the intellectual disability and physical disability groups will also be presented.

Comparison of Parenting Stress

The mean parenting stress scores of the two groups will be compared to determine whether there is a statistically significant difference between parents of children with intellectual and physical disabilities.

Comparison of Anxiety Levels

The anxiety scores of both groups will be analysed using the GAD-7 scoring procedure. The findings will indicate whether the groups differ significantly in their reported anxiety symptoms.

Factors Associated with Parenting Stress and Anxiety

Correlation and regression analyses will be used to examine the association of disability severity, daily caregiving hours and family income with parenting stress and anxiety.

Role of Social Support

The relationship between perceived support from family members, friends and significant others and the two psychological outcomes will be examined.

Role of Coping Strategies

The study will examine whether problem-focused and avoidant coping strategies are associated with differences in parenting stress and anxiety.

The final results will include actual means, standard deviations, correlation coefficients, regression coefficients, confidence intervals and significance levels obtained from the dataset.

Discussion

The discussion will interpret the findings in relation to the objectives, hypotheses and previous research.

Particular attention will be given to differences between parents of children with intellectual and physical disabilities.

If higher stress or anxiety is observed in one group, the possible reasons will be discussed in relation to the child's care requirements, family circumstances and availability of support.

The influence of financial difficulties and daily caregiving responsibilities will also be considered. These factors may affect parental well-being by limiting opportunities for employment, rest and social participation.

The role of social support will be interpreted in terms of its potential contribution to emotional security, practical assistance and reduced feelings of isolation.

Similarly, coping strategies will be discussed in relation to how parents manage caregiving demands and respond to stressful situations.

The findings will be compared with relevant previous studies, while considering the cultural and social conditions of Kerala.

Practical Implications and Recommendations

The study may have important implications for healthcare professionals, psychologists, special educators, rehabilitation workers and policymakers.

Psychological counselling: Parents should have access to appropriate counselling services

to help them manage stress, anxiety and emotional difficulties. Screening through healthcare and rehabilitation services may help identify parents who require additional support.

Family education: Family members should be encouraged to understand disability-related needs and share caregiving responsibilities. Family education programmes can strengthen emotional and practical support.

Parent support groups: Special schools, rehabilitation centres and local organisations can facilitate parent support groups. These groups can provide opportunities to share experiences, obtain information and learn from other families.

Coping skills training: Structured programmes can help parents develop problem-solving, stress management, relaxation and emotional regulation skills. Evidence-based psychological interventions may be offered by qualified professionals when clinically indicated.

Improved rehabilitation access: Accessible rehabilitation, special education and assistive technology services can reduce some of the practical difficulties experienced by families.

Financial assistance: Families should receive information about relevant government welfare schemes and financial support available for disability-related care.

Respite care: Community-based respite care and day-care facilities may provide temporary relief to primary caregivers and improve their opportunities for rest, employment and social participation.

Limitations of the Study

The proposed study has certain limitations.

First, the cross-sectional design will provide information about the selected variables at a particular point in time. It will not establish causal relationships between the factors examined.

Second, the sample will be limited to 120 participants from selected institutions and districts of Kerala. Therefore, the findings may not represent all parents of children with disabilities across the state.

Third, purposive sampling may limit the generalisability of the findings because participants will not be selected through a statewide probability sampling procedure.

Fourth, the study will rely on self-reported information. Individual experiences and differences in understanding the questionnaire items may influence responses.

Finally, the study will include parents of children with two broad disability categories. The considerable variation in individual conditions, functional limitations and care requirements within these categories should be considered while interpreting the results.

Future research may include larger samples, more districts and longitudinal approaches to understand changes in parental stress and coping over time.

Conclusion

Parenting a child with an intellectual or physical disability involves responsibilities that may influence the emotional, social and financial well-being of parents. Understanding these experiences is important for developing effective family-centred support services.

The present study is designed to examine parenting stress and anxiety among parents of children with intellectual and physical disabilities in Kerala. It gives particular attention to disability-related factors, caregiving responsibilities, financial circumstances, social support and coping strategies.

By examining these factors together, the study seeks to provide a better understanding of the challenges experienced by parents and the resources that may help them manage those challenges.

The study also highlights the importance of recognising parents as individuals who require support, rather than considering them only as caregivers. Appropriate counselling, family education, community support, accessible rehabilitation and practical coping skills can contribute to improving the psychological well-being of parents and the quality of life of their children.

A family-centred approach involving healthcare professionals, psychologists, special educators, rehabilitation workers and community institutions is essential for providing comprehensive support to families raising children with disabilities.

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