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Children with Special Needs: Parents Perception and Coping Mechanism

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ABSTRACT

Background: The process of caring for children with special needs is congested with challenges, yet parents should be loving in the face of being physically, emotionally and financially drained. The study assessed categories of children with special needs, as well as the perception and coping mechanisms of parents with affected children in Auchi Metropilis.

Methods: A descriptive survey of 132 parents of children with special needs. The instrument for data collection was a Researchers-developed Questionnaire. The reliability was established through the test-retest method using Cronbach's alpha which yielded co-efficient of 0.859. Data analysis was done using SPSS version 24 and reported in the form of frequency, percentages, bar-chart, mean and standard deviation.

Results: Majority of children with special needs had physical disability, while others had co-existing disabilities. Parents had negative perception of the child with special needs with mean score of 2.71+1.007. The coping mechanism used by most parents were active coping, social support, turning to religion, mental disengagement and acceptance. Significant associations also existed between perception and the parents' gender, age, religion, marital status, level of education, occupation and the position of the child with the special needs (X^2 = 65.45, 54.33, 89.23, 49.63, 67.21, 57.21).

Conclusion: Parents of affected children had negative perception but commonly employed active coping, social support, religion, mental disengagement and acceptance as coping mechanisms. LGAs should have a Facility charged with the responsibility of following up children with special needs and support the parents to cope with the challenge.

Keywords: Special needs; Perception; Coping mechanism; Parents; Affected children

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INTRODUCTION

Children with special needs (CSN) refer to the category of children who have disability(s); require medical, mental or psychological assistance and for some reasons fail to benefit from school[1]. CSN live with long term physical, mental or developmental challenges that affect their ability to engage effectively in the classroom, home and in their community. The spectrum of challenges faced by CSN may be congenital or result from sustaining serious injury, suffering from nutritional deficiency early in life or infection that ultimately shapes the child's physical, mental or social development.[2] Disabilities differ and can impact nearly every aspect of the children's lives, from how they see, move, and communicate to how they think, learn, recall, and form relationships with others, necessitating unique and personalized support both in and out of the classroom. According to World Health Organization[3] the disability of CSN can be understood through a framework of three interconnected dimensions. First, is impairment which refers to alteration in the child's physical body structure and function including how the brain processes information. Second, is activity limitation which encompasses daily challenges which make it difficult to see, hear, walk or working through problems. Third, is participation restrictions which means that the child is unable to fully engage in normal daily activities ranging from playing with friends and participating in class to managing personal care, ultimately impeding their inclusion in society.

The estimated number of CSN are around 240 million globally, out of which nearly 60% are Africans and 20 million are Nigerians[4]. The societal experience of disability, particularly for parents of children with special needs (CSN), is profoundly shaped by cultural beliefs and historical practices. In many traditional African contexts, disability is not viewed medically but through a spiritual lens, often typically perceived as a punishment for past wrongdoings or the result of witchcraft [5,6]. This stigma carries devastating consequences for mothers, who are frequently branded as witches themselves, deemed wicked, and subsequently denied community support and assistance. Historically, this perception extended to viewing individuals with disabilities as liabilities, leading to inhumane treatment and institutionalization to remove them from society [5,6]. This deep-seated prejudice, as identified by Etieyibo, Omiegbe and Omoniyi [7], remains common in Nigeria, resulting in significant social deprivations for CSN. Moreso, their families face relentless struggles for economic survival, often in an environment where legislation protecting their fundamental rights is overlooked.

The parenting journey for those with CSN is uniquely challenging. As noted by Marubini and Kibirige [8], these parents shoulder not only the usual pressures of parenting but also a suite of additional challenges that impact their family dynamics, professional lives, and social well-being. While a significant portion of the literature focuses on mothers as the primary caregivers, with fathers traditionally assuming a provider role, this dynamic is evolving.[9] With increasingly egalitarian gender roles, fathers are now participating more in daily caregiving tasks. Acknowledging this shift, the current study wisely focuses on the experiences of both parents. It is also crucial to highlight the compounded weight on single parents, who must bear the entire burden of physical, financial, and emotional roles alone. Ultimately, as highlighted by several studies [10,11], children with special needs require the same love, support, and guidance as any other child, coupled with extra support. This may include additional resources, home modifications, and a greater investment of time and patience in the child-rearing process, underscoring the critical need for a supportive ecosystem for their families.

Raising a child with special needs profoundly shapes a family's daily reality. The child may face significant challenges in essential activities of daily living such as feeding themselves, communicating, and moving independently which creates a foundational need for support [12]. To foster the child's development and safeguard the family's overall quality of life, both the child and their family often require a multifaceted network of assistance. For parents, the arrival of a child with special needs often constitutes a crisis event for which they are profoundly unprepared [13]. The pressures these parents face are immense. They must navigate a complex web of challenges, including societal stigmatization, intense emotional stress, and a frequent lack of support from their own family members, outright discrimination, and a loss of their previous social life. This constant strain places them at a high risk for psychological difficulties, physical exhaustion, and a diminished quality of life. How a parent responds to this stress is not predetermined; it depends on a wide variety of factors. Their personal interpretation of the situation, the family's available support systems, their financial and emotional resources, and the overall family structure which all play critical roles. Unfortunately, as a related study revealed, while early childhood support is ideal for mitigating these challenges, it is often inaccessible [12]. Furthermore, as noted by Arif, Ashraf, and Nusrat [14], parents must employ a diverse range of coping mechanisms to manage the stress. The strategies they adopt are influenced by several factors related to the child such as, the specific diagnosis, age, and level of functioning and factors related to the parents themselves such as, their financial stability, educational level, and family structure. Crucially, there is no one-size-fits-all solution, as a strategy that works for one family may not work for another due to vast differences in personality, cultural context, and personal resilience.

The African Child Policy Forum[15] identified that there was little or no commitment from governmental and non-governmental organizations (NGOs) towards assisting parents having CSN with workable coping strategies on how to manage the stress of parenting their special children. Notably, no known prior study within Auchi metropolis has contested the foundational findings established by UNICEF [16]. The absence of localized research underscores a critical gap in existing literature. The researchers contend that a deeper insight into the perceptions and coping strategies employed by parents of CSN is not merely academic but a vital step towards formulating effective policies and directing meaningful support to the families who need it most. It is against this backdrop that the present study was conceived. Its secondary aims are to investigate the categories of children with special needs, alongside the perceptions and coping mechanisms of their parents, within Auchi Metropolis, Edo State, Nigeria. Ultimately, this research seeks to provide a useful framework for developing targeted interventions aimed at optimizing the well-being of these parents and their families. To guide this inquiry, one null hypothesis (H_0) was formulated to test whether there is no significant association between the socio-demographic characteristics of parents and their perception of CSN.

METHODOLOGY

Study Design

The study design adopted is the descriptive survey.

Area of the Study

The study took place in Auchi Metropolis, the headquarter of Etsako West Local Government Area of Edo State in the South-South geopolitical Zone of Nigeria. Auchi is divided into five (5) districts and made up of 25 villages namely; Utsogun, Akpekpe, Aibotse, Igbhei and Iyekhei. In the recent times 24 extra villages have been created. The town is the home of a Federal Polytechnic, as well as the Nigerian Army School of Electrical and Mechanical Engineering. Auchi, located in Edo North Senatorial district is a population-dense large community with significant economic, political and cultural activities.

Population of the Study

The research population comprised parents of children with special needs in Auchi metropolis, Edo State. The research surveyed parents of a special needs child who lived in Auchi metropolis and shared a home with the child for at least three (3) months. 132 research participants were chosen using the snowball sampling approach.

Data Collection

To gather the information for this study, the researchers used a detailed questionnaire that was designed specifically for this study and named the "Questionnaire on Perception and Coping Mechanism of Parents having Children with Special Needs (QPCMPCSN). The questionnaire had 45 questions in total and was divided into four main parts. Section A contains eight (8) questions and asked about socio-demographic characteristics. Section B contains ten (10) questions and asked about the child's specific type of special need. Section C contains sixteen (16) questions and explored how parents perceive their child's condition. Section D contains eleven (11) questions and elicited responses on the coping mechanisms adopted by the parents. The responses for Sections B and D were designed on a dichotomous scale and Section C responses on a five-point rating scale namely, Strongly Agree (SA) = 5 points, Agree (A) = 4 points, Uncertain (U) = 3 points, Disagree (D) = 2 points and, Strongly Disagree (SA) = 1 point. To make sure that the questionnaire was well-designed, the researchers requested three (3) experts to review the proposal and instrument. The reviewers were a Developmental Psychology lecturer from Nnamdi Azikiwe University, a Maternal and Child Health Nursing specialist from Madonna University, and a

Measurement and Evaluation expert also from Nnamdi Azikiwe University.

The questionnaire's reliability was determined with 14 parents who met the inclusion criteria in Irrua (a community in Edo State) twice, with two weeks in between. The results were highly consistent, with a Cronbach's alpha score of 0.859. For the actual data collection, each copy of the questionnaire was administered in person. The researchers involved four (4) registered nurses from the Primary Health Centres in Auchi in the in-person data collection. For the purpose of the survey, the nurses were instructed on how to clearly explain the questions, assist parents when necessary, and collect the completed copy respectfully. The completed copies of the questionnaire were retrieved on the spot and there was 100% return rate. The data collection lasted for a period of nine (9) weeks.

Data Analysis

Data analysis was done from a descriptive perspective using Statistical Package for Social Sciences (SPSS) version 24. The analyzed data were reported in the form of frequency, percentages, bar-chart, mean and standard deviation. Percentages were used to analyze Sections A, B and D because the responses had discrete categories. Section C was assessed on a five-point rating scale and analyzed using mean because, it allowed the researchers to adequately summarize the responses while reflecting the central tendency of respondents' perception. Mean score of 3 and above indicated positive perception and a mean score below 3 indicated negative perception. Chi-Square test was adopted in testing the null hypotheses at 0.05 level of significance, as an appropriate statistic for determining the relationship between categorical variables.

RESULTS

Table 1 shows that 42(31.8%) of the respondents were males while 90(68.2%) were females. Among the respondents, 6(4.5%) were 20-24years old, 29(22%) were 25-29years, 47(35.6%) were 30-34years, 27(20.5%) were 35-39years while, 23(17.4%) are 40 years and above. Also, 36(27.3%) practice Christianity, 63(47.7%) practice Islam and, 33(25%) practice Traditional African Religion. 57(43.2%) of the respondents were single, 14(10.6%) were married, 32(24.2%) were divorced while, 29(22%) were widowed. The level of education for 4(10.6%) was primary level, 68(51.5%) was secondary level while, 50(37.9%) was tertiary level of education. Among the respondents, majority 110(83.3%) were employed while, while minority 22(16.7%) were unemployed. Majority of the respondents 81(61.4%) had 1-4children, while minority 51(38.6%) had 5-8children. For majority of the parents, the position of the child with special need was second 83(62.9%).

Table 2 shows that for majority of the children with special needs physical disability was present. Also, for majority of the affected children intellectual disability 76(57.6%), hearing impairment 91(68.9%), visual impairment 84(63.6%), attention deficit hyperactivity disorder 80(60.6%), congenital birth defect 72(54.5%), speech/ language disorders 73(55.3%), chromosomal abnormality 102(77.3%), cerebral Palsy 96(72.7%) and autism 89(67.4%) were absent.

Table 3 shows that mean for child's condition as a punishment from God for your sins = 3.01, the child's condition is as a result of a curse or spell = 3.27, child's condition is hereditary = 3.12, failure as a parent in providing for the special needs of the child = 3.52 and, the child can get sick or hurt easier than other children =3.37. The overall average mean score was 2.71 indicating that parents had negative perception of the child with special needs.

Fig. 1 shows the coping mechanism used by the parents of children with special need. Majority 82.6% used active coping, 63.6% used social support, 82.6% turning to religion, 70.5% seek social support for instrumental reasons, 60.6% seek social support for emotional stress, 55.3% used mental disengagement and, 65.9% acceptance.

Table 4 shows that parents' gender (X^2 = 70.12, p-value= 0.000), age (X^2 = 65.45, p-value= 0.000), religion (X^2 = 54.33, p-value= 0.000), marital status (X^2 = 89.23, p-value= 0.000), level of education (X^2 = 49.63, p-value= 0.000), occupation (X^2 = 67.21, p-value= 0.004) and the position of the child with special need (X^2 = 57.37, p-value= 0.004) are significantly associated with the perception of the parents' about their child with special needs. The number of children the parents have is not significantly associated with the perception of the parents about their child with special needs.

Table 1. Sociodemographic characteristics of respondents (n = 132)

Variables	Categories	Frequency	Percentage (%)
Gender	Male	42	31.8
	Female	90	68.2
Age	20-24years	6	4.5
	25-29years	29	22.0
	30-34years	47	35.6
	35-39years	27	20.5
	40years and above	23	17.4
Religion	Christianity	36	27.3
	Islam	63	47.7
	Traditional African Religion	33	25.0
Marital status	Single	57	43.2
	Married	14	10.6
	Divorced	32	24.2
	Widowed	29	22.0
Level of education	Primary	14	10.6
	Secondary	68	51.5
	Tertiary	50	37.9
Occupation	Unemployed	22	16.7
	Employed	110	83.3
Number of children	1-4children	81	61.4
	5-8children	51	38.6
What is the position of the child with special needs in your family?	First	34	25.8
	Second	83	62.9
	Third	15	11.4

Table 2. Categories of Children with Special Need (n= 132)

Categories	Responses	Frequency	Percentage (%)
Intellectual disability	Present	56	42.4
	Absent	76	57.6
Hearing impairment	Present	41	31.1
	Absent	91	68.9
Visual impairment	Present	48	36.4
	Absent	84	63.6
Physical disability	Present	74	56.1
	Absent	58	43.9
Attention Deficit Hyperactivity Disorder (ADHD)	Present	52	39.4
	Absent	80	60.6
Congenital birth defect	Present	60	45.5
	Absent	72	54.5
Speech/ language disorders	Present	59	44.7
	Absent	73	55.3
Chromosomal abnormality	Present	30	22.7
	Absent	102	77.3
Cerebral Palsy	Present	36	27.3
	Absent	96	72.7
Autism	Present	43	32.6
	Absent	89	67.4

Table 3. Parent's Perception of the Child with Special Need (n= 132)

Items	Mean	Std. Dev.

Do you think that God has given you this child as a test?	2.42	.950
Do you see your child's condition as God's will?	2.66	.979
Do you see your child's condition as a punishment from God for your sins?	3.01*	1.275
Do you think that God was unfair by giving you a child with special needs?	2.67	.978
Do you think your child's condition is as a result of a spiritual attack on your child during pregnancy or after birth?	2.50	1.143
Do you think your child's condition is as a result of a curse or spell?	3.27*	.948
Do you think your child's condition is hereditary?	3.12*	.996
Do you think that the diagnosis given to your child suits his/her disability?	2.30	.924
Do you understand the special needs/diagnosis of your child?	2.85	1.115
Do you see your child as a normal child?	2.70	.847
Do you think you have failed as a parent in providing for the special needs of your child?	3.52*	1.095
Do you recognize the potential of your child with special needs (his/her special abilities)?	2.52	.746
Do you think your child can get sick or hurt easier than other children	3.37*	1.232
How important is it for you to look for treatment that will make your child as independent as possible?	2.05	1.029
How important is it to you that your child becomes independent in dressing, feeding, mobility and communication?	1.69	.848
Overall Average	2.71	1.007

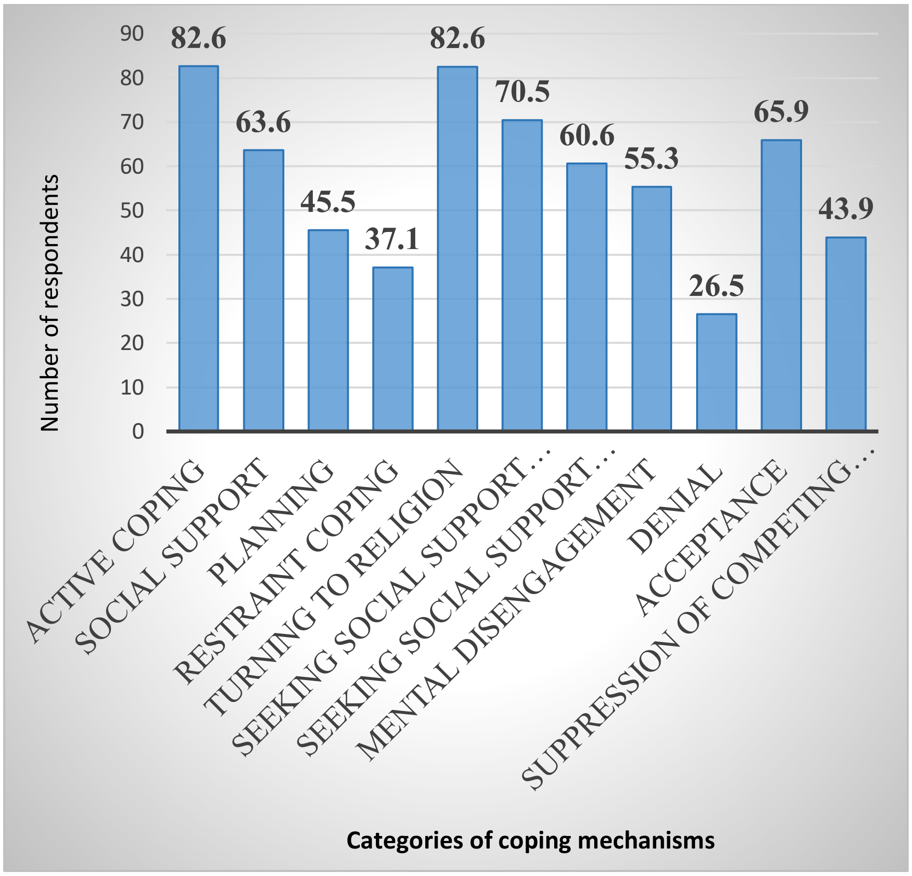

Fig. 1: Coping Mechanisms of Parents of Affected Children

Table 4. Results of association between the socio-demographic characteristics of parents and their perception of children with special need

Variables	X^2	DF	P-value
Gender and Perception	70.12	4	.000*
Age and Perception	65.45	16	.000*
Religion and Perception	54.33	8	.000*
Marital status and Perception	89.23	12	.000*
Level of education and Perception	49.63	8	.000*
Occupation and Perception	67.21	8	.004*
Number of children and Perception	35.34	4	.006
Position of the child with special need and Perception	57.37	8	.000*

DISCUSSION

This study provides new data on perception and coping mechanism of parents having children with special needs among parents of affected children in Auchi metropolis. The findings of this study revealed that majority of children with special needs had physical disability, while others had co-existing disabilities. Another important finding was that an overall average mean score of 2.71 indicated that parents had negative perception of the child with special needs. The finding of this study revealed that the coping mechanism used by most of the parents whose child had special need were active coping, social support, turning to religion, mental disengagement and acceptance. The present study also revealed that parents' gender, age, religion, marital status, level of education, occupation and the position of the child with special need are significantly associated with the perception of the parents about their child with special needs.

A related study[17] haven searched the disability reports and databases of the United Nations Children's Fund (UNICEF), observed that 28.9 million (4.3%) children aged 0-4 years, 207.4 million (12.5%) children aged 5-17 years and 236.4 million (10.1%) children aged 0-17 years suffered from moderate-to-severe functional disabilities. An earlier study[18] found out that five disability labels namely: physical disability, intellectual disability, visual impairment, multiple disabilities, and hearing impairment, were common in Ireland, Italy, Switzerland, and the United States. All five disabilities are traceable to an organic etiology. Owusu, Enoch, Mprah & Vampere[19] reported that parents of children with physical, visual and hearing impairment in Ghana expressed positive perceptions that, their children could be educated in schools, since their children's disability was perceived as not suppressing their learning ability. A similar study by Sahu, Bhargava, Sagar & Mehta[20] identified that the perception of families of children with specific learning disorder was negative, mostly due to deficient conceptual knowledge about the disability, symptomatology as well as adaptational difficulties in dealing with their child's problem. The results of this study showed that the child with special need is punishment from God for one's sins, was the result of a curse or spell and, is hereditary. A related study[21] reported that the existence of children with special needs was God's will and that God was unfair to have given them children with special needs. In the authors' opinion, the negative perception of parents was a deviation from the ideal way of understanding disability which suggested that there was low level of awareness creation regarding disabilities. The parents also believed that they had failed in providing for the special needs of the child and, that the child got sick or hurt easier than other children. Majority of participants in the study by Junaidi & Dewantoro[21] perceived disabled persons as sick, unhealthy and lacking the normal capability to participate in daily life activities. Owusu et al.,[19] observed that the understanding of parents that disability is a sickness was likely to make them seek medical care for their children with disability to function. Similarly[22] indicated that, perceiving special needs as a sickness was a more effective way of caring for children with special needs.

A study by Junaidi & Dewantoro[21] identified that social support, spirituality and religion as well as acceptance by family as some ways adopted by parents to cope with having children with special needs. In a study by Riany, Cuskelly and Meredith[23] it was reported that Indonesians believed in traditional values that required pregnant women to practice some prohibitions to ensure that they do not give birth to children with defects. Such prohibitions include avoidance of deformed children, as well as not engaging in the slaughtering of animals. Although some may not believe in these prohibitions, yet they do not dare to violate the prohibitions.

A similar study by Junaidi & Dewantoro[21] found that there was no interaction between difference in the age cum level of education of parents with respect to their perception of child with special needs. The findings on relationship between religion, marital status, occupation as well as the position of the child with special need with the parents' perception about their child with special needs could not be compared.

Strengths and limitations of the study

The present study had notable strengths. The sample size of 132 participants was adequate for the research purpose, and the 100% response rate reduced the risk of missing data. The questionnaire was validated by experts in relevant fields and demonstrated strong internal consistency (Cronbach's alpha = 0.859), which improved the credibility of the results. Most importantly, the study addressed an important gap by examining the perceptions and coping mechanisms of parents of children with special needs within a community setting, providing insights that are often underrepresented in existing literature. These strengths help to support the value of the findings, even within identified limits.

The identified limitations of the study include the use of a descriptive survey design and snowball sampling, which meant that respondents were selected through referrals, which may have introduced some selection bias. The study was also limited to parents in Auchi metropolis. This narrowed focus may restrict how far the findings can be applied to parents in other regions with different social, cultural or economic contexts. Another limitation was the reliance on self-reported data, which may have been affected by recall or social desirability bias, as some parents possibly gave responses that portrayed their coping strategies in a more positive way than their actual experiences.

Implications of the findings of the study

The findings of the current study carry important implications for practice, education, and policy. The dominance of negative parental perception towards children with special needs emphasizes the urgent need for public health specialists to reinforce community-based awareness programs and counseling interventions to correct misconceptions that disability is a punishment, curse, or sickness. Another implication for public health specialists is the need to strengthen family-centered nursing care that incorporates social support, religious sensitivity, and acceptance strategies to improve coping and reduce stigma.

For education, curriculum designers should integrate disability awareness into school curricula and training programs for healthcare providers, as an essential means towards promoting inclusive attitude and improving professional responses. At the policy making level, policies that provide for the establishment of specialized facilities within local government areas to provide follow-up care, resources, and information for parents and children with special needs will ensure sustained professional support. Overall, these implications underline the need for a multi-sectoral approach to enhance the well-being of children with special needs and their parents.

CONCLUSION

The study surveyed parents' having children with special needs in Auchi metropolis and focused on their perception and coping mechanisms. Findings revealed that although most parents held negative perception often influenced by cultural and religious beliefs, they employed coping mechanisms which commonly included active coping, social support, turning to religion, mental disengagement and acceptance. Also, significant associations existed between perception and the parents' gender, age, religion, marital status, level of education, occupation and the position of the child with the special needs. It is recommended that policies to ensure that children with special needs get the best out of their lives should be formulated in order to optimize the health and well-being of the children and their parents. Also, every Local Government Area needs to have a Facility that is charged with the responsibility of following up children with special needs so that both the children and their parents can have unlimited access to information regarding the care and education of children with special needs. The availability of supportive facilities by governmental and non-governmental organizations will go a long way in helping parents of affected children cope with the related stress and thus optimize their well-being. By addressing both perception and coping, interventions can be better tailored to the realities of parents, ensuring holistic care and empowerment.

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Contributions: PNK and JII participated in conception, drafting study instrument, data collection, analysis and interpretation of data, drafting original manuscript and revising the manuscript.

REFERENCES

1. Hunt P. Inclusive education: children with disabilities 2020. Available from: https://unesdoc.unesco.org/ark:/48223/pf0000373662. (Accessed 1st July, 2020).
2. Omoniyi M. Parental Attitude towards Disability and Gender in the Nigerian Context: Implications for Conselling 2014. Available from: https://www.semanticscholar.org/paper/Parental-Attitude-towards-Disability-and-Gender-in-Omoniyi/ca7642af11c5e2d3005a7b0d9dea36668222fbe1e. (Accessed 30th September, 2024). doi:10.5901/MJSS. 2014.V5N20P2255.
3. World Health Organization. WHO global disability action plan 2014-2021: Better health for all people with disability 2015. Available from: https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021#:~:text=The%20action%20plan%20was%20endorsed,collection%20of%20relevant%20and%20internationally. (Accessed 14th August, 2023).
4. United Nations Children's Fund. Fact Sheet: The world's nearly 240 million children living with disabilities are being denied basic rights 2021. Available from: https://www.unicef.org/turkiye/en/press-releases/fact-sheet-worlds-nearly-240-million-children-living-disabilities-are-being-denied. (Accessed 31st January, 2024).
5. United Nations. Experts of the committee on the rights of persons with disabilities commend Mauritania's legislative efforts to protect persons with disabilities, ask questions on measures to support women with disabilities and access to disability cards 2023. Available from: https://www.ohchr.org/en/news/2023/08/experts-committee-rights-persons-disabilities-commend-mauritanias-legislative-efforts. (Accessed 14th August, 2023).
6. Carrasco M., Delgado B, Holgado-Tello F. Parental acceptance and children's psychological adjustment: The moderating effect of interpersonal power and prestige across age. *PLoS ONE* 2019; *14*(4): e0215325. doi:10.1371/journal.pone.0215325.
7. Etieyibo E, Omiegbe O. Religion, culture and discrimination against persons with disabilities in Nigeria. *African Journal of Disability* 2016; *5*(1): 192. doi:10.4102/ajod.v5i1.192.
8. Marubini S, Kibirige I. Parenting children with disabilities in rural South Africa. *Social Sciences and Education Research* 2023; *10*(2): 280-287. doi:org/10.5281/zenodo.
9. Fu W, Li R, Zhang Y, Huang K. Parenting stress and parenting efficacy of parents having children with disabilities in China: The role of social support. *International Journal of Environmental Research and Public Health* 2023; *20*(3): 1-11. doi:org/10.3390/ijerph20032133.
10. Francina P, Tintu N, Venishya I. Challenges of parents with two intellectually disabled children. *Artha-Journal of Social Sciences* 2018; *17*(2): 59-76.
11. Tripathi N. Parenting style and parents' level of stress having children with autistic spectrum disorder (CWASD): A study based on Northern India. *Neuropsychiatry* 2015; *5*(1): 42-49. doi:10.21767/NPY.1000107.
12. Morera-Balaguer J, Lillo M, Oliveira-Sousa S, Montilla-Herrador J, Escolar-Reina P, Rodriguez O, Medina-Mirapeix F. Parents of children with disabilities' perceptions regarding the quality of interaction with Health professionals working in early intervention: A qualitative descriptive study. *Journal of clinical Nursing* 2022; *32*(17-18): 6519-6532. doi:10.1111/jocn.16580.
13. Upreti R, Singh R. Coping strategies for perceived stress among parents of mentally challenged children across their gender. *International Academy of Science, Engineering and Technology* 2016; *5*(6): 213-220.
14. Arif A, Ashraf F, Nusrat A. Stress and coping strategies in parents of children with special needs. *Journal of Pakistan Medical Association* 2021; *71*(5): 1369-1371. doi:10.47391/JPMA.1069.

15. The African Child Policy Forum. Educating children with disabilities in Africa: Towards a policy of inclusion. Addis Ababa: The African child Policy forum 2011. Available from: https://resourcecentre.savethechildren.net/document/ educating-children-disabilities-africa-towards-policy-inclusion-addis-ababa-african-child/. (Accessed 31st January, 2024).
16. United Nations Children's Fund. Children with disabilities 2007. Available from: https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449& url=https://www.unicef.org/nigeria/topics/children-disabilities&ved=2ahUKE wiUxZz8goaHAxUOU6QEHVrHC_cQFnoECD0QAQ&usg=AOvVaw1H_5 G6U1sP_MnPjBl8EpHu. (Accessed 31st January, 2024).
17. Olusanya B, Kancherla V, Shaheen A, Ogbo F, Davis A. Global and regional prevalence of disabilities among children and adolescents: Analysis of findings from global health databases. *Front Public Health* 2022; *10*(1). doi:10.3389/fpubh.2022.977453.
18. LeRoy B, Evans P, Deluca M. (2000, December 31). United States and European school-aged disability prevalence: An investigative study to elaborate differences 2000. Available from: https://www.oecd.org/education/innovation-education/27133749.pdf. (Accessed 31st January, 2025).
19. Owusu I, Enoch A, Mprah W, Vampere H. Factors Influencing Parents' Perceptions on the Education of Children with Disability in the Wa West District of Ghana. *International Journal of Special Education* 2018; *33*(3): 675-686.
20. Sahu A, Bhargava R, Sagar R, Mehta M. Perception of Families of Children with Specific Learning Disorder: An Exploratory Study. *Indian Journal of Psychological Medicine* 2018; *40*(5): 406-413. doi:10.4103/IJPSYM.IJPSYM_148_18.
21. Junaidi A, Dewantoro D. Parents' Perceptions of Children with Disabilities. *Advances in Social Science, Education and Humanities Research* 2020; *508*(1): 14-19.
22. Wasserman D. Disability perspectives 2015. Available from: https://doi.org/10.1007/978-3-319-18911-6_11. (Accessed 14th August, 2023).
23. Riany Y, Cuskelly M, Meredith P. Cultural Beliefs about Autism in Indonesia. *International Journal of Disability, Development and Education* 2016; *63*(1): 623-640. doi:10.1080/1034912X.2016.1142069.,999999L9