

The Child With Special Needs: Measuring The Parental Coping Strategies

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ABSTRACT

Parenthood is one of the most challenging task with love and care which an individual will ever face. Parents who have children with special needs report higher amounts of physical, emotional, psychological, and financial demands. A family's perception of having a child with a disability, the characteristics of the family's internal and external resources, and the child's characteristics are all examples of factors that influence the amount of stress a family experiences. Coping is the family's attempt to manage or deal with the stressful situation. It is important that families learn how to deal with their stress effectively in order to avoid negative psychological, emotional, and physical consequences.

The purpose of this descriptive study was to identify the coping strategies by parents who have children with special needs. This study surveyed 45 parents who have children currently receiving services from special educational (center) at aseer region, Saudi Arabia. The FCOPES scale was used to assess parental coping attitudes and behaviors that are developed in response to problematic situations and an open-ended question was added addressing what has been the most helpful strategy for parents adjusting to their child's disability. Descriptive statistics were used to analyze the data. Results indicated that the most helpful strategies reported by parents were social support ($M = 31$) and reframing ($M = 31$). Statistical significance was found between passive appraisal and the number of children in the household.

INTRODUCTION

Families are the foundation for a child's development, socialization, and formation of his/her values and beliefs. Families can be a source of great happiness, as well as stress. Living with a disabled child can have profound effects on the entire family, which in turn can affect the health and well-being of the child who is disabled.

SIGNIFICANCE OF THE STUDY

A national survey was conducted among 60,630 children reported that 3,838 (6.33%) children were reported having a disability. The survey also reported that the highest ratio of handicapped children was in Jazan region (9.9%) and Riyadh had the lowest (4.36%). The most common disability was physical disability (3%) followed by learning disability (1.8%).

A study from Qaseem reported that the prevalence of neurological disorders in Saudi children were 45,682. Of them, 313 had chronic neurologic disorder representing a prevalence rate of 68.5 per 10,000 children, which is the highest among all chronic diseases in children. Mental retardation is the most common neurologic disorders with a prevalence rate of 26.3/10,000 and cerebral palsy was 23.4/10,000.

The statistical reports of Ministry of Health in Kingdom of Saudi Arabia (2011) stated that, the total number of handicap was 720000 and this number account for 4% of total population of Saudi Arabia. In relation to children it was reported that, birth rate is 400000 - 500000 per year, about 400 - 500 of them is handicap and they account about 6.3% of all children in Saudi Arabia.

The purpose of this descriptive research is to identify existing coping strategies of parents who have physically challenged children and determine whether there is a relationship between the coping strategies and the parents' demographic variables.

AIM OF THE STUDY

The aims of this descriptive study were to identify the coping strategies of parents who have children with special needs and determine whether there is a relationship between the coping strategies and the demographic variables .

The goals of this study are:

- 1) To determine the descriptive statistics for each of the five subscales in order to identify what coping strategies were used most frequently.
- 2) To determine if there is a relationship between the demographic variables and the five Coping Strategies sub scales.

METHODOLOGY

Research design:

The current research design was a descriptive design aimed to identify the coping strategies of parents who have children with special needs and determine whether there is a relationship between the coping strategies and the demographic variables.

Setting:

The study was conducted at special education school, aseer region, Kingdom of Saudi Arabia.

Sample:

The study involved 45 parents having children with different types of disabilities or special needs.

Tool:

Parental coping strategies were assessed using the Family Crisis Oriented Personal Evaluation Scale developed by Larsen. An additional open-ended question was added by the researcher that asks the parents to further state what was most helpful in coping with their child's disability (i.e., seeking spiritual support, maintaining a positive attitude, family, friends, community resources, etc.).

The parents were also asked to record their demographic characteristics that included gender, age, marital status, and number of children, family income, and the nature of the child's disability in order to help describe the families.

Data Analysis

The quantitative data was analyzed for the each of the subscales and demographic variables using descriptive statistics, including frequencies, means, modes, and standard deviations.

RESULTS

The purpose of this study was to identify the coping strategies and attitudes most frequently utilized by parents who have children with special needs. Out of the 60 questionnaires mailed to the parents who have a child currently receiving services from the special schools, the total respondents were both parents ($n = 45$) and married ($n = 37$). Most of the parents reported their child as having a physical disability ($n = 20$), or a combination of physical, emotional, and/or cognitive disability ($n =$

12). Means and standard deviations for each of the coping subscales were computed. In reviewing the results of this study, the two most frequently utilized coping strategies were seeking social support ($M = 31$) and reframing ($M = 31$). Seeking spiritual support ($M = 14$) was the least utilized. However, if one looks at the frequencies and percentages for each individual item rather than the subscales as a whole, the most strongly agreed with item was Item 30: "Having faith in God or a higher power" ($n = 25$), followed by Item 9: "Seeking information/advice from the family doctor" ($n = 23$). The most disagreed with item was Item 28: "If we wait long enough the problem will go away" ($n = 32$).

Independent t-tests were conducted in order to examine the significance between the parental coping strategies and the parents' marital status and annual income. No significance was found regarding parental coping strategies and marital status. As the number of children increased, the amount of passive appraisal decreased. We could not able to determine statistical significance between the child's disability and subscales due to the three types of disabilities chosen to represent the child's disability. The majority of respondents indicated that their child had a physical disability or a combination of physical, emotional, or cognitive disability. Due to the complexity and overlapping characteristics of a disability, it is difficult for both parents and professionals to label the child as having a distinct disability. With regard to the narrative question, the most helpful and frequently used coping strategy indicated by participants was family support ($n = 20$). The second most reported response was maintaining a positive attitude ($n = 15$) followed by support from friends ($n = 11$), community resources ($n = 10$), and seeking information and support from professionals ($n = 10$). The parents of children with special needs frequently used seeking social support as coping mechanism during the stressful situations. So it clear that all parents of children with special needs should be given adequate counseling and psychological support in order to cope with the disability more effectively.

CONCLUSION:

The present study concluded that, the most of mothers reported that, using more than one coping methods is more beneficial in dealing with their children with special needs. The most used coping strategies was acquiring Family and social support followed by reframing, passive appraisal. Nurses are influence on parents' perception of the child's special needs by providing them with relevant information, encouraging them to express their feelings and by counseling.

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