

Exploring Stress, Coping, and Social Support among Parents of Children with Disabilities in Chamba, Nanumba North Municipality, Ghana.

Joshua-Luther Ndoeye Upoalkpajor

Department Of Counselling Psychology, University of Education, Winneba, Ghana.

ORCHID Id: 0000-0003-2034-4946

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.91100256>

Received: 21 November 2025; Accepted: 28 November 2025; Published: 06 December 2025

ABSTRACT

The term "psychological distress" described a state of emotional suffering marked by anxiety symptoms like tension and restlessness and depression symptoms like lost interest and hopelessness. Given that raising children with special needs can present numerous challenges, parents of these children are likely to be more vulnerable to psychological distress. These parents would endure high levels of stress and often become depressed, frustrated, and disappointed with their children's development due to the long-term problems of children with mental retardation and physical-motor disorders and the requirement for ongoing treatment. The purpose of this study was to determine the types of psychological distress experienced by parents of special needs children as well as the correlation between these parents' psychological distress and demographic factors. In all, 224 parents of children in Chamba with special needs participated. The Kessler Psychological Distress Scale (K10) was used to gauge the psychological distress of the parents. The findings showed that 21.9% of parents were in mild distress, 21% were in moderate distress, and 36.6% were in severe distress. There was a significant positive correlation between the degree of psychological distress and the parent's employment status ($r=0.148$, $N=224$, $p<0.05$). There was no discernible relationship between the severity of psychological distress and the other factors, including parent age, parent gender, child age and diagnosis, parent marital status, and parent educational attainment. To sum up, the majority of parents were experiencing psychological distress. However, the only factor that had been shown to affect parents' psychological distress was their employment status.

Keywords: Children With Special Needs, Disability, Parents, Psychological Distress, Job Status

INTRODUCTION

Despite the difficult stage of parenthood, having children with special needs made the role of parents more complex (Jambekar et al., 2018). Since they had to deal with a variety of shifting criteria related to their children's individual needs, parents of special needs frequently went beyond natural parenting (Isa et al., 2016). When parents learn that their children have a disability, they may experience conflicting emotions (Kruithof et al., 2020). Parents likely experienced increased psychological symptoms as a result of raising these children with particular conditions like autism, attention deficit hyperactivity disorder (ADHD), and other disorders. Parenting children with special needs may result in issues with family functioning, parenting distress, and varying parenting styles, as opposed to parenting children with normal development (Masulani-mwale et al., 2018).

Children with disabilities may cause their parents to feel emotionally and socially burdened. Due to their increased fear of their own and their children's futures, they frequently suffered from a variety of negative emotions, including stress, anxiety, and depression, which may have an adverse effect on their health (CheethamBlake, Family, & Turner-Cobb, 2019). In addition, compared to parents of typical children, they were more likely to experience psychological distress. According to Fernández et al. (2020), psychological distress is a state of emotional suffering marked by symptoms of anxiety and depression. According to Ricci et al. (2017), children's high levels of internalizing and externalizing concerns have been linked to their high levels of stress. They may increase the risk of severe stress and, in certain cases, depression because the parents bear the majority of the growing daily care load for these children (Braun & Clarke, 2024). In order for the solutions, interventions,

and approaches used in these contexts to assist and support the parents, it was imperative to assess the level of psychological distress among parents of children with special needs.

LITERATURE REVIEW

Children with Special Needs

Children with neurodevelopmental disorders (NDD) may be referred to as special needs children. According to Maridal et al. (2021), the term "NDD" was used to refer to a broad range of conditions, including Cerebral Palsy (CP), genetic disorders involving brain injuries, and other conditions that limited functional abilities like vision, hearing, speech, behavior, motor, and cognition problems. In order to improve their health, growth, learning, quality of life, engagement, and community inclusion, they needed more assistance and support from education, health, medical, and social-environmental services than other children (Jambekar et al., 2018). Because they were unable to use their physical, mental, and social abilities appropriately, they frequently failed to play, learn, and engage in activities appropriate for their age. According to Anaby et al. (2020), this disability in children should typically be assessed separately or in combination from developmental, cognitive, affective, and body functions and structures. Furthermore, they typically faced a number of challenges during their early years that persisted into adulthood, including serious medical conditions, troublesome behaviors, and diagnostic procedures that placed a strain on the parents (Downey, 2016).

Particular requirements Children were viewed as a financial, social, psychological, and physical burden on the family. The balance of parents' lives was important because it would affect how their children developed. It may be challenging to balance your professional life with giving special needs children the attention they require (Bahryetal, 2019). Parents had to manage their many responsibilities with the limited resources at their disposal, which included juggling work and childcare responsibilities, including going to the hospital to pick up their kids.

They began to feel guilty for not performing the role of ideal parents when they were unable to carry out their duties (Angieetal., 2017). Taking care of the children's food, hygiene, bathing, and therapeutic activities required parents to spend more time with them (Faramarzi, 2017). According to a prior study, parents needed to devote more time to helping their children eat, dress, walk, and engage in other activities (Rakotomanana et al., 2021).

Financial

For parents, raising children with special needs has grown more costly and challenging. Over time, the cost of food, specialized equipment, and pediatric medical care has increased (Bahry et al., 2019). Children's parents had to constantly seek medical care and other treatments, which could be expensive (Park & Kim, 2020). One of the parents would eventually become the primary caregiver for their children, which could lead to a reduction in their ability to work and, consequently, a decrease in their financial situation (Chen et al., 2020; Vonneilich et al., 2016). Parents of children with special needs work harder and even give up career opportunities to care for their children than parents of children who are typically developing. When a family's

Several analyses in the study had found that financial concerns were a significant indicator that affected the stress and anxiety levels of parents of children with disabilities. The extra responsibilities for special needs children caused stress in addition to financial hardships, which raised parents' anxiety and depression levels. These factors were found to have an effect on marital relationships, personal adaptability, self-confidence, and self-esteem. The degree of anxiety was also impacted by financial limitations. People who cared for special needs children without being their parents and those exposed to negative social perceptions were found to have higher anxiety levels (Abdelfattah et al., 2021).

Social Support

A study found that social support was crucial for reducing parental stress and enhancing their capacity to cope with psychological problems. Even though positive parental attitudes toward raising special needs children were always linked to more social support, parents of special needs children were regrettably often excluded from public and societal concerns. Parents of children with special needs experienced psychological problems that

were made worse by these risk factors (Chen et al., 2020). According to a study, parents' increasing distress in terms of feeling alone, frustrated, and stigmatized was influenced by their environment's lack of support (Leitch et al., 2019).

Behaviour Issues

Managing the emotional and behavioral problems of children with special needs, as well as the pressure to raise them, was a significant problem for parents (Chen et al., 2020). According to Park and Kim (2020), some children with special needs were likely to exhibit severe behavioral issues, which could worsen the psychological problem in the interim. Children with special needs exhibited more externalized behaviors than typical children, including poor social interactions, communication problems, and oppositional defiant disorder. When children with special needs, like autism, are unable to go outside or are not used to following new rules, they may display tantrums, frustration, and anxiety. They struggled to solve problems independently and communicate with their parents at the same time (Chen et al., 2020). According to the study, children's behavioral issues may foreshadow or change the affective quality of parent-child interactions. As a result, parents need to put in more work when interacting with their children (Seror, 2022). Parenting stress rises as a result of parents having to invest more time and money in their kids. Furthermore, parents were more likely to be decisive and controlling by using verbal or physical chastising when it was difficult to resolve persistent and limited behavioral issues. This could decrease bonding and increase parent-child dysfunction. Over time, it not only made the misbehaviors of the children worse, but it also made the mental health issues of the parents worse (Chen et al., 2020).

Psychology Issues

Depending on the type of disability, the severity of the disorder, and other factors, parents may have experienced different psychological problems. Prior studies on the psychological well-being of parents of special needs children revealed that these parents experienced higher levels of stress, fewer social connections, and a degree of depression than parents of typical children. To put it another way, these parents would endure high levels of stress and often become depressed, frustrated, and disappointed with their children's development due to the long-term problems of children with physical-motor disorders and mental retardation and the requirement for ongoing treatment (Faramarzi, 2017).

According to Coutelle, Coulon, Schröder, and Putois (2023), parents of children with autism reported being significantly more depressed than parents of children with a pervasive developmental disorder (PDD-NOS). According to Vasilopoulou and Nisbet (2016), they also reported higher levels of stress, anxiety, and depression than parents of children with other developmental issues and typically developing children. In addition, Isa et al. (2016) reported that these parents had higher levels of stress, anxiety, social instability, depressing attitudes, and physical symptoms than parents of children with Down syndrome.

Due to their children's symptoms, which include hyperactivity, inattention, and disruptive behavior, mothers of children with ADHD have also been found to exhibit depressive symptoms (Huhdanpää ET AL., 2021). Parents of children with ADHD frequently experienced negative emotions like despondency, judgment, grief, guilt, helplessness, anger, depression, and frustration (Leitch et al., 2019). According to a McRae et al. (2020) study, the externalizing and internalizing behaviors of children with ADHD caused significant psychological distress for their parents, as evidenced by elevated anxiety, depression, and distress levels. Parents had expressed low self-esteem, self-confidence, and personal adaptability as a result of this situation.

According to a thorough analysis of the research on how providing care affects parents of children with cerebral palsy, parents of children with CP experience higher levels of stress, depression, and a lower quality of life than parents of typical children. It has been found that stress and depression are increased by children's behavior and cognitive challenges, as well as by inadequate self-efficacy of parenting techniques and support networks (Jambekar et al., 2018). It was more physically and mentally taxing to raise children with cerebral palsy who had mobility impairments. Mothers of children with cerebral palsy who had severe activity limitation were found to have higher levels of stress and depressed moods. They found it harder to handle parenting and their kids' issues as a result of this psychological condition. The varying feelings of self-worth brought on by the kids' struggles also had an impact on their self-esteem (Park & Kim, 2020). The prior study found that compared to children

with other conditions, mothers of children with cerebral palsy experienced the highest levels of psychological distress and depression. This was because the majority of CP children required wheelchairs for mobility and transportation to school, and mothers were required to transport both their children and the wheelchairs to and from school. Additionally, a few of the kids needed to be fed. Because of this, parents had to stay at school in order to feed their kids (Ahmad Zam Zam et al., 2019).

According to earlier studies, parents of children with special needs—such as those with intellectual disabilities (IDs), developmental delays, or physical and sensory impairments—were more likely than parents of typical children to display symptoms of psychological distress or depression and to have lower levels of wellbeing (Seror, 2022). The study found that social attitudes and judgments about disability, care and education needs, and uncertainty about the child's present and future status were important sources of stress and anxiety for parents. Compared to parents of children without special needs, parents of children with special needs experienced higher levels of stress and anxiety as well as lower levels of self-esteem, stigma, and marital harmony. It was essential for reducing the anxiety that could negatively affect parents' ability to control their emotions, behavior, and thoughts. Significant anxiety and social support-seeking scores were reported by parents who were upset about their kids' lack of community acceptance (Akturk & Aylaz, 2017). To put it briefly, the demands of caring for these children may lead to maternal depression and adverse outcomes from the parenting experience (Park & Kim, 2020). The purpose of this study was to determine the degree of psychological distress experienced by parents of special needs children as well as the correlation between these factors and the parents' demographic characteristics.

METHODOLOGY

Materials and Methods

By administering an online survey, this study used a cross-sectional design and the quantitative research method. Purposive sampling, which is predicated on the assessment of the targeted respondent who may provide the most appropriate information to achieve these study objectives, served as the basis for the sample in this investigation.

Two components made up the instrument used in this study. The first section dealt with the respondents' demographics, including the age and diagnosis of their children, the parents' gender and age, their marital status, their level of education, and their occupation. Section 2 consisted of The Kessler Psychological Distress Scale (K10) is a self-report questionnaire that asks about depression and anxiety symptoms (Pereira et al., 2019). This well-known and extremely helpful psychological symptom measure was praised for its high validity of factors and constructs, ease of administration, reliability, and high predictability. A 5-point Likert-type scale, with 1 denoting never and 5 denoting always, was used to select the answers.

A total score ranging from 10 to 50 was calculated by adding up all of the responses; higher scores denoted greater psychological distress (Easton et al., 2017). The validity analyses showed that the K10 had good psychometric properties, with a 95% CI of 0.84 (0.81, 0.96). According to the reliability analysis, the case group's alpha coefficient of Cronbach was 0.885, while the control group's was 0.837 (Tiong et al., 2018). Due to the Covid-19 outbreak, the survey was administered via Google Form and then disseminated virtually on social media to parents of special needs children in Chamba. To get the respondents' answers, an online link was made.

Method of Data Collection

Data collection took place between late February 2021 and July 2021. Ethical approval was given by the University Technology Mara's Research Ethics Committee (REC). Due to the Covid-19 pandemic, the questionnaire was distributed virtually via social media in order to gather participant data, as physical data collection was not possible. The demographic form and the Kessler Psychological Distress Scale (K10) were included in the questionnaire, which was made with a Google form. Respondents who met the requirements for inclusion would voluntarily fill out the survey.

Population and Sample Size

Parents of children with special needs participated in this study. There were 950 special needs children in Chamba, according to the Ministry of Gender, Children, and Social Protection (2020). The sample size was calculated using the Raosoft Sample Size Calculator Online Software. As shown in numerous health sciences studies, the study's margin error was set at 5% and its confidence level at 95%. A total of 274 representative samples were needed for generalization, given a population size of 950 and a response distribution of 50%.

Participants

The questionnaire was voluntarily filled out by the respondents who met the inclusion requirements. Out of the 265 responses that were received, 224 were deemed valid. Participants had to be parents of children with special needs between the ages of 6 and 12 and their children had to be registered as Persons with Disabilities (PWD) in order to meet the prerequisite requirements. In order to complete the questionnaire, the parents must be able to read and comprehend English and live with their special needs children. In order to concentrate on the parents' psychological distress, non-parents or caregivers of children with special needs have been excluded.

Data Analysis

To assess the data collected for this study, the Statistical Package for Social Sciences (SPSS 26), which concentrated on descriptive and inferential statistics, was used. The degree of psychological distress among parents of children with special needs was determined using descriptive analysis. To find out how demographic factors and the level of psychological distress among parents of special needs children relate to one another, Spearman correlation was used.

RESULTS AND DISCUSSION

The respondents' demographic information was compiled in Table 1. There were 27 (12.1%) male responders and 97 (87.9%) female participants. There were four age ranges among the parents. 129 (57.6%) parents were between the ages of 30 and 39, indicating the highest frequency of respondents' age involved, while 7 (3.1%) parents were between the ages of 20 and 29. Then, 79 (35.3%) of the parents were between the ages of 40 and 49, and 9 (4.0%) were older than 50. A majority of the parents had high levels of education: 154 (68.8%) were completing their tertiary education, 49 (21.9%) had completed their primary education and 21 (9.4%) had completed their secondary education. Additionally, the results showed that 15 (6.7%) parents had already retired and 151 (67.4%) parents were still employed. An additional 58 parents, or 25.9%, did not have a job.

Ninety (40.2%) of the children's parents in this study had the highest diagnosis of Autism Spectrum Disorder (ASD), followed by forty-three (19.2%) with Attention-Deficit/Hyperactive Disorder, thirty-three (14.7%) with Cerebral Palsy, thirty (13.4%) with Learning Disabilities, thirteen (5.8%) with multiple disabilities, and fifteen (6.7%) with other different types of disabilities. The largest age of the respondents' children was indicated by the 68 (30.4%) children who were 6 years old. In contrast, 12 (5.4%) of the respondents' children were 11 years old, which was the least common age group

Table 1: Demographic Data of the Respondents.

| Demographic variable | Frequency (N) | Percent (%) |
|----------------------|---------------|-------------|
| Parent's Age | | |
| 20-29 years old | 7 | 3.1 |
| 30– 39 years old | 129 | 57.6 |
| 40– 49 years old | 79 | 35.3 |

| | | |
|--|-----|------|
| 50years old and above | 9 | 4.0 |
| Parent's Gender | | |
| Male | 27 | 12.1 |
| Female | 97 | 87.9 |
| Child's Diagnosis Attention- Deficit/Hyperactivity Disorder (ADHD) | 43 | 19.2 |
| | 90 | 40.2 |
| Autism Spectrum Disorder Cerebral Palsy | 33 | 14.7 |
| Learning Disabilities Multiple Disabilities Other disability | 30 | 13.4 |
| | 13 | 5.8 |
| | 15 | 6.7 |
| Child's Age | | |
| 6 Years old | 68 | 30.4 |
| 7 years old | 30 | 13.4 |
| 8 years old | 31 | 13.8 |
| 9 years old | 28 | 12.5 |
| 10 years old | 13 | 5.8 |
| 11 years old | 12 | 5.4 |
| 12 years old | 48 | 18.8 |
| Parent's Education | | |
| Primary | 49 | 21.9 |
| Secondary | 21 | 9.4 |
| Tertiary | 154 | 68.8 |
| Marital status | | |
| Married | 209 | 93.3 |
| Divorced | 14 | 6.3 |
| Widowed | 1 | 0.4 |
| Occupation Status | | |
| Employed | 151 | 67.4 |
| Unemployed | 58 | 25.9 |
| Retired | 15 | 6.7 |

The K (10) questionnaire's results showed that the majority of respondents felt that everything they did required effort. Item 8, "About how often did you feel that everything is an effort?" had the highest mean score of any item ($M = 3.16$, $SD = 1.019$). Item 3, "About how often did you feel so nervous that nothing could calm you down?" had the lowest mean score ($M = 2.25$, $SD = 0.958$). It showed that the majority of respondents experienced the least amount of anxiety, with nothing being able to soothe them. The mean and standard deviation for each question on the Kessler Psychological Distress Scale (K10) were clearly displayed in Table 2 below.

Table 2: A Mean and Standard Deviation of Kessler Psychological Distress Scale (K10)

| No. | Items | Mean | Std. Deviation |
|-----|---|------|----------------|
| 1. | How often did you feel tired out for no good reason? | 3.03 | 0.862 |
| 2. | How often did you Feel nervous? | 2.67 | 0.907 |
| 3. | How often did you feel so nervous that nothing could calm you down? | 2.25 | 0.958 |
| 4. | How often did you Feel hopeless? | 2.64 | 1.070 |
| 5. | How often did you Feel restless or fidgety? | 2.69 | 0.975 |
| 6. | How often did you feel so restless, you could not sit still? | 2.37 | 1.007 |
| 7. | How often did you Feel depressed? | 2.68 | 1.118 |
| 8. | How often did you feel that everything is an effort | 3.16 | 1.019 |
| 9. | How often did you feel so sad that nothing Could cheer you up? | 2.45 | 1.001 |
| 10. | How often did you worthless? | 2.43 | 1.106 |

The Kessler Psychological Distress Scale (K10) scoring criteria state that mild distress is represented by a score of 20–24, moderate distress by a score of 25–29, and severe distress by a score of 30–50. The majority of parents in this study were experiencing severe psychological distress, as evidenced by the 82 (36.6%) parents who reported having severe distress. In contrast, 46 parents (20.5%) had the lowest level of psychological distress and were therefore probably in good health. In terms of psychological distress, moderate distress was rated as the second-highest severity, with 47 (21.10%) parents reporting moderate distress and another 49 (21.9%) parents reporting mild distress. The level of psychological distress among parents of special needs children was shown in Table 3.

Table 3: The Frequency of Severity of Psychological Distress Among Parents Of Children With Special Needs

| Severity | Frequency (N) | Percent (%) |
|-------------------|---------------|-------------|
| Likely to be well | 46 | 20.5 |
| Mild Distress | 49 | 21.9 |
| Moderate distress | 47 | 21.0 |
| Severe distress | 82 | 36.6 |
| Total | 224 | 100 |

Since the Shapiro-Walk showed that the p-value for the parents' demographic data was 0.00 ($p > 0.05$) and the pvalue for the parents' psychological distress was 0.041 ($p > 0.05$), indicating that the data was not normally distributed, Spearman correlation coefficient analyses were conducted to investigate the relationship between the demographic data coefficient and the degree of psychological distress among parents of children with special needs.

The study's findings showed a positive correlation between the degree of psychological distress and both marital status ($r = 0.23$, $p < 0.05$) and employment status ($r = 0.188$, $p < 0.05$). These psychological distress levels among parents of children with special needs were found to be negatively correlated with the following other variables: parent's age ($r = -0.084$, $p < 0.05$), gender ($r = -0.089$, $p < 0.05$), children's age ($r = -0.045$, $p < 0.05$), children's diagnosis ($r = -0.127$, $p < 0.05$), and parent's educational attainment ($r = -0.100$, $p < 0.05$). Overall, only one correlation—between the degree of psychological distress and the parent's employment status ($r = 0.148$, $N = 224$, $p < 0.05$)—was found to be statistically significant, with significant values of $p < 0.026$. As a result, the degree of the parents' psychological distress was significantly positively correlated with their employment status. The relationship between the demographic information and the degree of psychological distress experienced by parents of children with special needs was shown in Table 4.

Table 4: Spearman Correlation Results Between Severity of Psychological Distress and Demographic Data of Parents of Children with Special Needs.

| Demographic Variable | | Severity of Psychological Distress |
|----------------------|----------------|------------------------------------|
| Parent's Age | Spearman | -.084 |
| | Correlation | .208 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Parent's Gender | Spearman | -.089 |
| | Correlation | .183 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Child's Diagnosis | Spearman | -.127 |
| | Correlation | .058 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Child's Age | Spearman | -.045 |
| | Correlation | .503 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Parent's Education | Spearman | -.100 |
| | Correlation | .136 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Marital Status | Spearman | 0.23 |
| | Correlation | 0.735 |
| | Sig.(2-tailed) | 224 |
| | N | |
| Occupation Status | Spearman | 0.148* |
| | Correlation | 0.026 |
| | Sig.(2-tailed) | 224 |
| | N | |

*Correlations are significant at the $p < .05$ level

Psychological Distress among Parents of Children with Special Needs

According to this study, 79.5% of parents of children with special needs reported experiencing psychological distress. Significant psychological distress that could be concerning for their mental health was experienced by

36.6% of parents. Emotional suffering that can manifest as anxiety or depression was defined as psychological distress. A study that looked at the prevalence of psychological distress in parents of children with intellectual disabilities found that 41% of them were experiencing high levels of psychological distress. This study's high prevalence rate demonstrated the severity of psychological distress that had not been treated before (Masulanimwale et al., 2018).

The results of this study were consistent with those of a prior study that found that mothers and fathers of children with developmental disabilities were significantly more likely to have a diagnosis of depression or another psychological condition (Marquisetal, 2020). Although the risk may not be as high as in other studies, one study found that parents of special needs children were at high risk for depression (Scherer, Verhey & Kuper, 2019). According to a different study, parents of children with mental health and developmental disabilities have been shown to have lower psychological well-being and higher levels of depression, which includes symptoms of stress, sadness, and anxiety.

According to Leitch et al. (2019), it was also found that parents of children with developmental disabilities and ADHD reported higher levels of distress than parents of children with HIV, asthma, or healthy children.

According to the findings of a study conducted on parents of children with ADHD, 63% of the parents reported having depressive symptoms, indicating that the difficulties of raising the children caused the parents to experience severe psychological distress. In addition, parents of children with ADHD and related comorbidities found it extremely challenging to manage these kids, which ultimately led to their distress (Cheetham-Blake, Family & Turner-Cobb, 2019). According to Leitch et al. (2019), 64% of children with ADHD had at least one comorbidity that could affect their parents' distress.

According to another study, these parents experienced severe psychological distress as a result of their kids' actions and difficulties carrying out everyday tasks. According to research, parents of autistic children were more likely to experience major mood disorders throughout their lives (Ahmad Zam Zam et al., 2019). A prior study found that parents of children with autism spectrum disorder often experienced symptoms of stress, anxiety, and depression. Parents of children with autism spectrum disorder who had similar demographic backgrounds—aside from academic achievement—were more likely to experience this type of stress, which was assessed using the Depression Anxiety Stress Scale (DASS) questionnaire (Al-Farsi et al., 2016). Al-Farsi et al., (2016) state that the most common psychological distress was previously believed to be depression symptoms or a depressed mood. These results demonstrated that institutions should closely monitor the mental health needs of parents, especially the prevention of depressive disorders and the provision of support and assistance to parents experiencing distress.

CONCLUSION

This study found that the majority of parents of children with special needs were generally in psychological distress. Because having children with special needs increased the financial burden, occupation status was the most important factor influencing this psychological distress. Therefore, the study came to the conclusion that the degree of the parent's psychological distress was unaffected by any other factors besides their employment status.

REFERENCES

1. Abdelfattah, F., Rababah, A., Alqaryouti, I., Alsartawi, Z., Khlaifat, D., & Awamleh, A. (2021). Exploring feelings of worry and sources of stress during COVID-19 pandemic among parents of children with disability: A sample from Arab countries. *Education Sciences*, 11(5), 216.
2. Ahmad Zam Zam, S. Z., Wahab, S., & Abd Rahman, F. N. (2019). Depression, anxiety, psychological distress and quality of life among mothers of Klang's disabled children. *ASEAN Journal of Psychiatry*, 20(2).
3. Akturk, U., & Aylaz, R. (2017). An evaluation of anxiety in parents with disabled children and their coping strategies. *International Journal of Caring Sciences*, 10(1), 342–353. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=123010465&site=ehost-live>

4. Al-Farsi, O. A., Al-Farsi, Y. M., Al-Sharbati, M. M., & Al-Adawi, S. (2016). Stress, anxiety, and depression among parents of children with autism spectrum disorder in Oman: A case-control study. *Neuropsychiatric Disease and Treatment*, 12, 1943.
5. Angie, S., Fikry, A., Ismail, Z., & Hussein, N. (2017). Work-family conflict among working parents of children with autism in Malaysia. *Procedia Computer Science*, 105, 345–352. <https://doi.org/10.1016/j.procs.2017.01.232>
6. Anaby, D., Avery, L., Gorter, J. W., Levin, M. F., Teplicky, R., Turner, L., & Hanes, J. (2020). Improving body functions through participation in community activities among young people with physical disabilities. *Developmental Medicine & Child Neurology*, 62(5), 640–646.
7. Bahry, N. S., Mat, A., Kori, N. L., Ali, A. M., Munir, Z. A., & Salleh, M. Z. M. (2019). Challenges faced by Malaysian parents in caregiving of a child with disabilities. *GATR Global Journal of Business Social Sciences Review*, 7(2), 118–124. [https://doi.org/10.35609/gjbssr.2019.7.2\(2\)](https://doi.org/10.35609/gjbssr.2019.7.2(2))
8. Braun, V., & Clarke, V. (2024). Thematic analysis. In *Encyclopedia of Quality of Life and Well-Being Research* (pp. 7187–7193). Cham: Springer International Publishing.
9. Cheetham-Blake, T. J., Family, H. E., & Turner-Cobb, J. M. (2019). ‘Every day I worry about something’: A qualitative exploration of children’s experiences of stress and coping. *British Journal of Health Psychology*, 24(4), 931–952.
10. Coutelle, R., Coulon, N., Schröder, C. M., & Putois, O. (2023). Investigating the borders of autism spectrum disorder: Lessons from the former diagnosis of pervasive developmental disorder not otherwise specified. *Frontiers in Psychiatry*, 14, 1149580.
11. Chen, S. Q., Chen, S. D., Li, X. K., & Ren, J. (2020). Mental health of parents of special needs children in China during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(24), 9519. <https://doi.org/10.3390/ijerph17249519>
12. Downey, T. N. (2016). Children with special needs and the effect on the family.
13. Drapeau, A., Marchand, A., & Beaulieu-Prevost, D. (2012). Epidemiology of psychological distress. In *Mental Illnesses—Understanding, Prediction and Control*. <https://doi.org/10.5772/30872>
14. Easton, S. D., Safadi, N. S., Wang, Y., & Hagen, R. G. (2017). The Kessler Psychological Distress Scale: Translation and validation of an Arabic version. <https://doi.org/10.1186/s12955-017-0783-9>
15. Faramarzi, S. (2017). Comparing the quality of life and psychological well-being in mothers of children with hearing loss and mothers of children with other special needs. *Auditory and Vestibular Research*, 26(2), 86–92.
16. Fernández, R. S., Crivelli, L., Guimet, N. M., Allegri, R. F., & Pedreira, M. E. (2020). Psychological distress associated with COVID-19 quarantine: Latent profile analysis, outcome prediction and mediation analysis. *Journal of Affective Disorders*, 277, 75–84.
17. Huhdanpää, H., Morales-Muñoz, I., Aronen, E. T., Pölkki, P., Saarenpää-Heikkilä, O., Kylliäinen, A., & Paavonen, E. J. (2021). Prenatal and postnatal predictive factors for children’s inattentive and hyperactive symptoms at 5 years of age. *Child Psychiatry & Human Development*, 52, 783–799.
18. Id, N. S., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. <https://doi.org/10.1371/journal.pone.0219888>
19. Isa, S. N. I., Ishak, I., Ab Rahman, A., Mohd Saat, N. Z., Che Din, N., Lubis, S. H., & Mohd Ismail, M. F. (2016). Health and quality of life among caregivers of children with disabilities: A review of literature. *Asian Journal of Psychiatry*, 23, 71–77. <https://doi.org/10.1016/j.ajp.2016.07.007>
20. Jambekar, A., Padhyegurjar, M., Padhyegurjar, S., Joshi, S., & Shahri, P. (2018). Impact of having a child with special needs on the psychosocial well-being of the parents: A cross-sectional study. *Journal of Mental Health and Human Behaviour*, 23(2), 115. https://doi.org/10.4103/jmhbb.jmhbb_24_18
21. Kruithof, K., Willems, D., van Etten-Jamaludin, F., & Olsman, E. (2020). Parents' knowledge of their child with profound intellectual and multiple disabilities: An interpretative synthesis. *Journal of Applied Research in Intellectual Disabilities*, 33(6), 1141–1150.
22. Leitch, S., Sciberras, E., Post, B., Gerner, B., Rinehart, N., Nicholson, J. M., & Evans, S. (2019). Experience of stress in parents of children with ADHD: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being*, 14(1). <https://doi.org/10.1080/17482631.2019.1690091>
23. Maridal, H. K., Bjørgeas, H. M., Hagen, K., Jonsbu, E., Mahat, P., Malakar, S., & Dørheim, S. (2021). Psychological distress among caregivers of children with neurodevelopmental disorders in Nepal.

24. Marquis, S. M., McGrail, K., & Hayes, M. (2020). Mental health of parents of children with a developmental disability in British Columbia, Canada. *Journal of Epidemiology & Community Health*, 74(2), 173–178.
25. Masulani-Mwale, C., Kauye, F., Gladstone, M., & Mathanga, D. (2018). Prevalence of psychological distress among parents of children with intellectual disabilities in Malawi.
26. McRae, E., Stoppelbein, L., O'Kelley, S., Fite, P., & Smith, S. (2020). Comorbid internalizing and externalizing symptoms among children with ADHD: The influence of parental distress, parenting practices, and child routines. *Child Psychiatry & Human Development*, 51, 813–826.
27. Park, E., & Kim, J. (2020). Activity limitation in children with cerebral palsy and parenting stress, depression, and self-esteem: A structural equation model. *Pediatrics International*, 459–466. <https://doi.org/10.1111/ped.14177>
28. Pereira, A., Oliveira, C. A., Bártolo, A., Monteiro, S., Vagos, P., & Jardim, J. (2019). Reliability and factor structure of the 10-item Kessler Psychological Distress Scale (K10) among Portuguese adults. *Ciencia e Saude Coletiva*, 24(3), 729–736. <https://doi.org/10.1590/141381232018243.06322017>
29. Rakotomanana, H., Walters, C. N., Komakech, J. J., Hildebrand, D., Gates, G. E., Thomas, D. G., & Stoecker, B. J. (2021). Fathers' involvement in child care activities: Qualitative findings from the highlands of Madagascar. *PLoS One*, 16(3), e0247112.
30. Ren, J., Li, X., Chen, S., Chen, S., & Nie, Y. (2020). The influence of parenting stress and social support on anxiety in parents of special needs children during the COVID-19 epidemic. *Frontiers in Psychology*, 11, 565393.
31. Seror, A. (2022). Child development in parent-child interactions. *Journal of Political Economy*, 130(9), 2462–2499.
32. Scherer, N., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PloS One*, 14(7), e0219888.
33. Ricci, F., Levi, C., Nardecchia, E., Antonella, A., Andrea, P., & Salvatore, G. (2017). Psychological aspects in parents of children with disability and behavior problems. *European Psychiatry*, 41(S1), S792.
34. Tiong, X. T., Sara, N., Abdullah, S., Bujang, M. A., & Ellisya, F. (2018). Validation of Kessler's Psychological Distress Scale (K10 & K6) in a Malaysian population. *ASEAN Journal of Psychiatry*, 19(1).
35. Vonneilich, N., Lüdecke, D., & Kofahl, C. (2016). The impact of care on family and health-related quality of life of parents with chronically ill and disabled children. *Disability and Rehabilitation*, 38(8), 761–767. <https://doi.org/10.3109/09638288.2015.1060267>
36. Yamaoka, Y., Tamiya, N., Izumida, N., Kawamura, A., Takahashi, H., & Noguchi, H. (2016). The relationship between raising a child with a disability and the mental health of mothers compared to raising a child without disability in Japan. *SSM – Population Health*, 2, 542–548.