Article on the Lived Experiences of Parents of Children with Neurodevelopmental Disabilities in Zimbabwe

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ABSTRACT

The study examined the lived experiences of parents of children with neurodevelopmental disabilities in Zimbabwe. These disabilities that those incurred during the developmental phase. They affect behaviour, memory, concentration and the ability to learn. The aim of the research was to understand the experiences of the parents in Zimbabwe's economic, cultural and the societal context. The objectives involve understanding the experiences of these parents, secondly examining the coping strategies and lastly investigate the support services available to the parents. The methodology employed was a qualitative one with a phenomenological design. A sample of 15 participants was interviewed. The interviews were followed with a thematic analysis which gave rise to the results. On the experiences parents with their children faced stigma, family disintegration, misconceptions about the causes and negativity regarding the future of their children. On the coping strategies it was found that the parents find strengths in prayer, strengths observed in their affected child, support groups and keeping busy. Existing support services were education and financial assistance. These findings helped to draw a conclusion that parents face significant changes that include stigma, cultural misconceptions as well as lack of institutional support. Despite all these challenges they are resilient and confide in their religious beliefs and children's strength to deal with challenges. This exposes the need to focus on the welfare of parents as much as their children as they are equally affected.

INTRODUCTION

Children with disabilities and their families are amongst the most marginalised in African communities. Parenting is generally associated with hope, learning and unique challenges but for parents of children with neurodevelopmental disabilities, that journey often unfolds in silence, stigma and limited support (Zablotsky et al., 2017). The child's diagnosis of a developmental condition extremely changes the trajectory of the parents' lives, introducing a unique set of challenges alongside immeasurable joys. Neurodevelopmental disabilities (NDDs) are a group of conditions that modify the development of the brain and nervous system, changing various aspects of a child's functioning, such as learning, motor skills, language and social interaction (Morgart et al, 2021). According to Comer (2019), "NDDs are a group of disabilities in the functioning of the brain that emerge at birth or during very early childhood and affect the individual's behaviour, memory, concentration, and or the ability to learn" (p. 582). The Diagnostics and Statistical Manual 5-TR define the neurodevelopmental disorders as, "a group of conditions with onset in the developmental period. These disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning" (p. 31). The common NDDs include autism spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD), cerebral palsy, learning disabilities and intellectual disability. These conditions often require long-term support and individualized care, which significantly affects family dynamics and caregiver wellbeing.

World Health Organization (2021) stipulated that, approximately 15% of the world's population which is over one billion are living with some form of disability which include NDDs. The median of prevalence estimates of developmental disabilities in children ascertained from reviewed literature across WHO regions changes from 7.8% (ranging from 1.6% to 35.2%) in the Western Pacific Region to 12.8% (ranging from 1.5% to 44.0%) in the Region of the Americas, 13.1% (ranging from 3.0% to 30.0%) in the European Region, 14.0% (ranging from 8.4% to 21.0%) in the Eastern Mediterranean Region, 15.0% (ranging from 0.8% to 27.3%) in the South-East Asia region and 33.8% (ranging from 0.9% to 67.3%) in the African Region (WHO and UNICEF, 2023).

However, the numbers could be higher than this, considering that some of the children with neurodevelopmental disabilities born in developing countries are not registered (Tesemma and Coetzee, 2023).

Nair et al (2025) asserts that, India has approximately 18% of the global population, facing mounting non-communicable diseases particularly neurodevelopment conditions straining its limited healthcare resources. He further adds that around 11.4% children in India between the ages of two to nine years are affected by NDDs, equating to one in every eight children. On a global perspective, the burden of caregiving is exposed because in countries like India there are limited resources in the healthcare system to cater for these children. One would be compelled to discover more on the situation of the caregivers when it is also a burden to the ones who are affected by the NDDs.

As attributed by UNICEF (2022), to sustain the needs of their children, parents of children with NDDs face social and economic challenges. These challenges include stigma from other family members and economically they find it difficult to pay for the continuous treatment for their children's conditions. Tesemma and Coetzee (2023) alluded that, the parents adopted coping strategies that are either good or bad and may affect their mental health. Developmental disabilities are surrounded by various negative myths, beliefs and perceptions. Fischer (2003) supports this as he explained some African cultural opinions such as incest, hereditary causes and bad parenting. Hence children with developmental conditions face isolation, rejection and alienation as they become social outcasts. In relation to this information provided by the authors about developmental disabilities, the study would like to expose the experiences of parents on how they cope in a specific context which is Zimbabwean comparing the findings with the already existing ones which associate the disorders with negative experiences of the parents and caregivers.

In Zimbabwe, parents of children with NDD face critical barriers including social stigma, lack of institutional support, poverty, under-resourced health and educational systems. Additionally, cultural misconceptions and traditional beliefs about disability often affects how children and their caregivers are perceived and treated in their communities. This lack of support and awareness steers up isolation and marginalization. Furthermore, this profoundly embedded stigma and cultural beliefs remain formidable barriers to parents from extended family and community members who ascribe the child's condition as family misdeeds or supernatural causes (The Herald, 2025). Besides parental mental health this pervasive stigma acts as a hefty barrier to seeking early intervention and accessing available support. Thus, mothers are often compelled to cease employment to provide full-time care, further rooting the cycle of poverty and heightening caregiver burden.

Research has shown that caregivers for people with disabilities lack adequate assistance from social welfare systems (Mutale, 2020; van der Mark, 2019; Kontrimiene et al., 2021). Disability-related caregiving entails navigating different areas of care with little or no assistance from social workers. Mutale (2020) adds that, the social work profession has to offer necessary support, services, and resources to vulnerable populations, such as people with disabilities and their caregivers, however this obligation is frequently undermined. A few children with disabilities in developing countries are provided care with caregivers found with inadequate access to training and skill developments to assist them with the best care possible (Bizzego et al., 2020). The question that images from such information is whether such support for both the children and their parents is available in a developing country like Zimbabwe. There is need to look deep into the issue to understand the existing support services.

As reported by the Ministry of Health and Child Welfare [MOHCC] (2013), in a national survey on living conditions among persons with disabilities in Zimbabwe, the prevalence of disability in the country is estimated to be 7%, amounting to approximately 914 287 persons based on the total Zimbabwe population of 13 061 239. This information exposes the burden caregivers have especially parents with children with disabilities to be more specific in the context of this research on NDDs. Taking into account of the economic and social situation of a developing country like Zimbabwe.

Statement of the Problem

NDDs have been defined as conditions that affect people during the developmental period as they affect a child's interaction with others, the ability to learn as well as the intellectual functioning. The fact that these conditions manifest during the developmental phase they increase the burden of the caregivers. According to Katumba et al., (2023), this comes with physical strain, emotional strain, economic and social challenges for the family particularly the parents. The research would like to understand their experience more specifically and how these parent go through such difficult challenges. Moreover, statistics on a global level were exposed by the likes of WHO (2025), that 15 % of the global population is affected by disabilities which include NDDs and in a Zimbabwean context the MOHCC (2013) adds that 7% are affected. Such numbers talk more about the burden family members have with the affected person which is proved to be a larger number. According to these numbers and the challenges that they face, there is need to look into their coping mechanisms and also whether they are existing support services.

Objectives

- To understand the experiences of parents of children with Neurodevelopmental disorders.
- To identify the coping mechanisms and resilience strategies employed by parents in managing the demands of raising a child with neurodevelopmental disorder
- To assess the availability of existing support services and effectiveness of these existing support services.

METHODOLOGY

Research Approach

The research was carried out using a qualitative approach to collect data. Since this investigation tried to understand the livelihood of parents with neurodevelopmental disabilities. There was need to seek an in-depth or descriptive information to come up with the answers to the research questions. The American Psychological Association (2020) agrees to the understanding that qualitative approach seek to gain deep understanding of a research phenomenon in this case the livelihoods of parents raising children with neurodevelopmental disability.

Research Design

The phenomenological design was used to guide the plan or the framework of the research. In definition it is a design that focuses on examining the lived experiences and perceptions of a particular population. This approach is characterized by subjective experiences, lived experience and descriptive approach, Creswell, J. W. (2013).

Sampling and Sample Size

Taking into consideration that the research employed the phenomenological approach. Purposive sampling was used, and homogeneous sampling technique was specifically employed to gather 15 participants in the research. In the homogeneous sampling technique, participants are chosen based on their characteristics, experience and traits, Cresswell (2018). In this case, participants were chosen based on their experiences as parents raising children with neurodevelopmental disabilities.

Data Collection Methods and Analysis

In-depth interviews were used as data collection method. This is a data collection method that was used to gather rich and detailed information about the lived experiences of parents in question. The analysis method that was used in the research was the thematic analysis.

Ethical Considerations

The following ethical principles were applied during the research process. Confidentiality was applied to ensure that data collected is accessed by the researcher until it is processed for publication. Moreover, informed consent was obtained from all participants through the signing of a consent form and verbal consent was maintained throughout the interviews. Informed consent meant that the participants were thoroughly informed about the research so that they can voluntarily take part and can also withdraw at any given time. The participants had complete autonomy during the research process and anything that violets their culture dignity and rights was not tolerated by the researchers. To uphold the principle of non-maleficence and beneficence, the researcher ensured that neither the researcher nor the research does any harm to the participant. The study again guaranteed participants anonymity, confidentiality and were constantly treated with respect and dignity.

Data Analysis

Demographic Data

Age in years	Relationship	Condition of Care Recipient	Years Caregiving
33	Mother	Blind	10
52	Mother	Cerebral Palsy (CP)	32
47	Mother	Epleptic	13
43	Mother	Cerebral Palsy	7
43	Mother	C P & Leftside Hemiplegia	24
40	Mother	Cerebral Palsy	4
53	Guardian	Deaf & Dump	18
47	Mother	Cerebral Palsy	17
29	Mother	Cerebral Palsy	6
47	Mother	Pholomelia	12
52	Guardian	Autism	12

The table shows the demographic data of the participants who took part in the research study. The picture depicted in this data highlights that most of the care givers are 40 years and above and, they are mothers. This further highlight that mothers are the most active care givers of the people with NDDs. Moreover, there is a variety of conditions that were covered to show different experiences by caregivers in relation to disorders. Lastly, most caregivers have been caregivers for 10 years and more.

Experiences Of Parents Caring For Children With NDDs

Stigma on Parents and NDD Children

In relation to NDDs stigma is one of the negative experiences caregivers and parents who are with children with one of the NDDs are facing. Reports in the research suggested that,

"Abantu babengafuni ukuthi abantwana babo bedlale laye besithi uyabathelela ubugoga lasemulini besithi ngangizama ukukhupha isisu"

"Yes, I was stigmatized when the aunt from my husband's side asked about my family background after she gave birth to a child who was blind."

In this report, one can gather that the mother who is the caregiver of the child takes blame for giving birth to a child with a condition. This can be concluded to all mothers who have their background checked for anomalies and be judged just because they have given birth to a child with a condition.

"Yes, when he is drooling, and other kids would run away from him because they didn't like the drooling and him being around them."

Stigma that is shown to the child by other kids also affects the mother because they will be worried of their children, and they are the ones who are responsible for them. In this case, when the child is stigmatized, it means the only friend that the child has left with is the mother who has to offer social support for their child for her to grow well.

Family Disintegration

The research exposed how marriages were affected by having a child with one of the NDDs which intern affected the mother as the caregiver. Having to take care of their child alone. In the words of the participants it was said,

"Yes, I have experienced challenges to such an extent that the father of my child did not want him to go to school which lead us divorcing."

In this case, it was established that mothers carry most of the burden. The fathers lose belief in their children because they have a condition. They would not want to invest in the education of their children.

"Fathers turning deaf ears on his child. I remember a time he had tenotomydone on both his ankles. He was crying non-stop for his dad, we tried calling him and even put the phone on loud speaker but there was no response"

In the case where there is a child with a disability. The research has established that mostly mothers are the ones who stay with the burden of taking care of the child. In this case, the father had no courage to accept their child as he is and left all the suffering to the mother which also broke the family.

Negativity

Parents understudy reported negativity from the people of the community which made the caregivers, and the parents feel judged and neglected by the community. In the words of the participants,

"When I was carrying him on my back my neighbor told me that you will end up buying a bigger towel to carry him. The same neighbor on another day said I will carry him until he is in the grave"

Mothers or family caregivers always experience negativity from the people that they think or they expect to support her. In this case the neighbor could not see that whatever that is happening to the mother is not her fault but always threw negative comments that discourage the mother.

"I entered a supermarket with my child and he picked a chocolate without me knowing and pocketed it. At the exit the security saw it and thought I was taking advantage of a child and using him to steal in shops."

In this case, the behavior of the children is always blamed on the mother. This happens when people just place judgement to the mothers without taking into consideration of the condition of the child.

Misconceptions

As part of the experiences of the parents and guardians of children with the conditions under study, misconception is common. The participants reported as follows in this regard,

"Some people think that having a disability is a curse or punishment. They think disabled children cannot learn."

In this case, the parents always come across situations where they are judged based on the myths that having a child with NDD condition are because the parent has done something wrong and that it is a curse.

"Some people think I contributed to my son's condition. They come telling me to try different things and if I don't try what they said they make it seem like I am happy with my child's situation."

Many people have got different ways that they think can heal or of help to the parent and the child with NDD. They give advice with the condition that, if the parent does not take that advice, it's them to be blamed because they do not listen.

"I heard people saying they would use these kids such as mine with cerebral palsy to get rich."

Some parents experience challenges based on myths, where people see their children as objects that can be sacrificed for riches which put them in danger and parents having pressure to protect them with the fear of having their children stolen for sacrifices.

To Identify The Coping Mechanisms And Resilience Strategies Employed By Parents In Managing The Demands Of Raising A Child With Neurodevelopmental Disorders.

Prayer

Most participants showed that when they are faced with difficult situations in relation to the condition of their children, they seek prayer to strengthen them and be resilient towards the situation. The reports of the participants add that,

"Whenever I have a problem, or I feel done in this situation I turn to the church where I feel emotionally supported by fellow church mates as we pray together."

Religion is mostly reported by parents to influence the copping of the parents. It is their safe place, and the people offer them support and hope for better things to come.

Keeping Busy

Living with a child with a condition such as NDDs is very stressful all the time, with the nature of the society and having to live with a child with such a condition for the time the participants has spent with their children shown above. In terms of coping the parents reported as follows,

"I usually read motivational books to manage stress and burnout."

As a coping strategy reading books has been identified by participants on making them be resilient on the challenges that they face in caregiving.

"I always keep myself busy."

The parents reported that being always busy with something destruct the mind from dwelling on the stressors of their life situation but rather keep them going and passes time.

Childs' Talent and Strength

It was also discovered that for some mothers, they get the strength of resilience from the capabilities that they see their children exhibiting. In this case it was reported that,

"It's my son's passion for art that keep me going. It is also my prayer to see his comic book that he has written himself published, and for God to open great and mighty doors for him."

The research exposed that even if the children are affected by the conditions that they have, they have got their capabilities. If the parents focus on these capabilities, they will find a place where they can be hopeful for themselves and their children.

"I always see my child as an able child."

This showed that to cope with the cumbersome situation parent and guardians have they have to have a positive view of their children. This help them not to worry too much but rather be resilient and optimistic.

Formal and Informal Support Groups

In communities there are organizations that have invested in ensuring a good life for the people who have NDDs and the caregivers. These agencies provide social support through focus groups. Furthermore, there are other which are informal which are formulated based on culture or religious affiliations. These were exposed in this research. The following were said by the participants,

"Usually support groups help us by sharing problems encountered and come up with solutions."

These are formal ones which are formed where the participants usually go for treatment of their children. They offer professional and experience-based help for the parents and guardians.

"People in my community are supportive and that gives me strengths and hope in my parenting journey."

This reflects on the collectivistic nature of the most communities which inevitably provide support for the parents' understudy.

Availability And Effectiveness Of These Existing Support Services.

Financial Assistance

In terms of availability of support services, there are there but they are not sufficiently catering for the needs of the parents and children with NDDs. This research uncovered issues to do with financial assistance and education as important aspects that are unavailable. This was reported as follows,

"The government must assist formal support groups with funding to continue being functional."

The researchers exposed the need for an implementation of a funding system that support children and parents with NDDs so that they can be able to meet the needs and demands of the condition to curb future problems.

"There should assistance in projects to ensure income generation for the parents."

As it may be difficult to release money directly projects can empower the recipients so as to have multiple sources of income to take care of their children.

Education

As was highlighted earlier, some parents do not see the need for educating their children because of their conditions. This part exposed how important education is for the children and the parents. The report to support the claim is as follows,

"Support services should focus on the education or courses especially for girl child since they are already a vulnerable gender in the society."

These children are already vulnerable hence education will empower them for them to be able to have access to opportunities and be able to take care of themselves in the long run.

DISCUSSION OF FINDINGS

This part presents the discussion of the results, it summarizes the meaning of the research findings, connects them to the objectives and relates them to existing literature.

Synthesis Of Findings Against The Study Objectives

Objective 1: Understanding societal misconceptions and judgement.

It is notable that in relation to the above objective, the data greatly validates the assertion by authors such as Emmanuel et al., (2022) that, children with neurodevelopmental disabilities and their families are amongst the marginalized in African communities. The lived experiences the parents/caregivers are going through is characterized by intense and personalized stigma, which frequently manifests as direct blame towards the mother/caregiver. The report that the child with disability is segregated by other children due to his condition reveals a profound level of negativity and judgement. In the best effort of respondents taking care of their child with neurodevelopmental disabilities, they must deal with the society that lacks relevant knowledge on these neurodevelopmental conditions. This is consistent with some literature to the effect that children with disabilities need lots of attention from their parents which could have the possibility of increasing parental stressors, Joosa and Berthelsen, (2006) cited in Retuerma (2019). In addition to this, Kuniavan and Rohiah (2018) explain that the main obstacle of children with disabilities is not the disability itself but the social acceptance in communities. As a result of this, the parent of the child is not only isolated to protect their child but is socially excluded and has no sense of belonging in the community.

Furthermore, the relentless cultural beliefs that impute the child's condition to "a curse," "family misdeeds" or "punishment" candidly echoes the African cultural opinions described by Subu et al., (2022) and remains a hindrance to seeking support. Tavoulari (2022), provides further evidence to add that there are perceptions and beliefs attached to disabilities and disorders. Hence, the family and community that should be a good support system for the parents become toxic for their well-being as they feel alienated as social outcasts.

Objective 2: Identifying coping mechanisms and resilience strategies.

The study recognised resilience strategies that are deeply embedded in personal faith and community. Some respondents insinuate that hope and faith in God makes the challenges bearable. Prayer and religious affiliation are the primary source of strength, hope, and emotional support. This adaptive strategy helps them to be in a better space to care for their families. It clearly reveals that these coping and management skills adopted by parents helps them manage their mental health. This is in line with Chirongoma and Naicker (2023), who argue that religion in Zimbabwe is a pillar of hope and resilience. This research has further cemented this claim because the parents in this research used religion to navigate through their challenges.

It is understandable that the parents experience parental stress because of this overwhelming uncertainty of their child's condition and future. The study coincides with other previous studies that explain that the first days after diagnosis, parents tend to be devastated because of the hopes and aspiration after realizing the child has a disability (Reichmen, Coreman and Noonan, 2008). As a result of these respondents are confronted with a complicated, challenging and draining task to raise the child. That is why they use active self-management to manage the stress through engaging in activities such as reading motivational books or intentionally "keeping busy" to distract from stressors. As these skills would also help to reduce tension and anxiety hence adjusting to their new situation.

Nonetheless, some parents adopted maladaptive coping strategy like denial. This is when one is struggling to accept the condition of their child, Jylha et al., (2022). The denial illustrated in this research is through avoidance or not be actively involved in the child's life. The father usually adopts the denial coping strategy more than the mother of the child. This is consistent with the current study that men abandon their families due to their child's condition. It is caused by fear of shame, denial and prejudice extended by the family and society.

More importantly, the resilience embedded in around parents is not just self-directed but deeply fuelled by the positive reframing of the child's strengths and capabilities. This shift in mind-set from deficit to capability eases the parents to continue resilient and optimistic.

Objective 3: Assessing the availability and effectiveness of existing support services.

The findings of the study are consistent with some of the research like one by Mutale (2020) which suggests that, caregivers for persons with disabilities lack adequate aid from social welfare systems. The support services do exist, but inadequate to accommodate the overwhelming financial and educational needs. Accessing social service is a challenge for most parents raising a child with neurodevelopmental condition. These parents as part of the care giving responsibility struggle with medical, educational, and developmental challenges while balancing family needs. It is noted that caring for a child with neurodevelopmental conditions often demands additional financial, physical emotional and social resources. The increasing demands requires the need for structures and programs to help respondents support their children and families.

Regardless of the existence the Mental Health Policy, the government is not able to cater for all the children with disabilities access to medication, which places this whole burden of expense to parents for them to access social services. The reality is that in Zimbabwe, parents of children with neurodevelopmental conditions are in financial stress due to limited resources as they cannot afford diagnosis, drugs, and check-up for their child. In this regard, such situations compel the mother to terminate employment, increase caregiver burden and embed the vicious cycle of poverty.

CONCLUSION

This study has discussed the lived experiences of the parents of children with neurodevelopmental disabilities NDDs residing in Bulawayo, Zimbabwe. It highlighted the profound challenges faced by these families. The findings revealed that caregiving difficulties were significantly exacerbated by cultural misconceptions, societal stigma and lack of institutional support. Parents frequently experienced emotional stress, segregation and judgement, which could impede their ability to provide adequate care to their children. Regardless of these challenges, the parents exhibited resilience through coping mechanisms rooted in faith and their child’s strength. This serves to indicate that disability causes pain and confusion to many families, hence the need of various forms of support programs to help parents navigate life with the child.

RECOMMENDATIONS

a) The study’s findings suggest that training and education sessions should be undertaken for parents of children with neurodevelopmental disorders to educate them on effective nurturing strategies and coping mechanisms. The study indicated that certain fathers abandon their responsibilities, allowing the mother to manage them independently. Ignorance, fear, and societal judgement requires the awareness of parents and communities regarding neurodevelopmental problems. Trainings would equip parent with knowledge and skills on how to take care of a child with disability. Furthermore, these trainings will help to change practices, attitudes and cultural beliefs that deny the child their right to dignity, equality, freedom, and life. The reason behind this notion is the fact that findings reveal some fathers abandoning the family because of the child’s condition.

b) It is also recommended to conduct awareness programs with parents and communities. These community awareness initiatives would focus on educating the public about neurodevelopmental disabilities. This will help disseminate relevant and accurate information hence dismantling harmful myths, promoting acceptance and available resources. It may also be effective to conduct these awareness programs in different locations such as churches, schools, and community meetings.

c) It is prudent to facilitate the establishment of both formal and informal support groups for parents to share their experiences, learn from each other and access emotional support. This communal approach would empower parents, foster resilience, and create a sense of belonging.

d) Assist caregivers of children with NDDs with economic strengthening interventions to reduce economic vulnerability and empower them to sustain the essential needs of the children they care for, instead of relying on external assistance.

e) To offer free services to help them cope and manage their daily challenges using a holistic approach including counsellors, occupational therapists, psychologists, rehab technicians etc. This professional support will improve the well-being of parents and their children.

f) Research initiatives are strongly recommended to explore the needs of families with children with neurodevelopmental conditions for children with NDDs, focusing on effective interventions and support mechanisms.

By implementing these recommendations, the goal is to empower and foster a more supportive environment for parents and children impacted by neurodevelopmental disabilities, ultimately enhancing their quality of life and community integration.

The researcher used the phenomenological approach because of its aptness to examine the experiences of parents. This framework allowed the researcher to establish the true realities in the parenting a child with neurodevelopmental condition.

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In depth Interview Questions

Section A –Background Information

1. What is your age? ____________________
2. What is your relationship to the child? (Mother/Father/Guardian? ____________________
3. What is your child's diagnosed condition? _____________________
4. How many years have you been a caregiver? _____________________

Section B - To understand how parents navigate and cope with societal misconceptions and judgement.

5. Have you ever experienced stigma related to your child's condition?(YES/NO)____________

If yes, Can you describe what happened? _______________________________________

____

6. What helps you feel emotionally supported? _________________________

____

7. Can you describe a time when you felted judge or misunderstood because of your child's condition? ____

____

8. How do you usually respond when people make negative or uninformed comments about your child? ____

____

9. In your view, what are the most harmful or misconceptions that people in your community have about children like yours? __________________________________

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Section C - To identify the coping mechanisms and resilience strategies employed by parents in managing the demands of raising a child with neurodevelopmental disorder.

10. What helps you to stay emotional strong while raising your child?
11. What daily habit or practices help you manage stress or burnout?
12. Who or what gives you the strength or hope in your parenting journey?
13. How has your approach to coping changed over time?
14. When facing stigma, what gives you the courage or strength to keep going?

Section D- To assess the availability and existence of existing support services

15. How do you think support services could be improved to better meet the needs of parents and children with neurodevelopmental conditions?