UNDERSTANDING THE CHALLENGES FACED BY PARENTS RAISING CHILDREN WITH DISABILITIES AND THE COPING STRATEGIES THEY EMPLOY IN RESPONSE TO THEIR CHILDREN'S CONDITION. A STUDY IN ENUGU STATE, NIGERIA.

SUBMITTED BY :Nneka Patricia Nwatu
STUDENT NUMBER: 20221618

SUPERVISOR: Professor Pernille Wisti

Thesis submitted in partial fulfilment for the requirements of the Nordic Master Degree in Social Work and Welfare

June 12, 2023

DEDICATION

This work is dedicated to all the parents of children with disabilities around the world. Appreciate your excellent effort, please.

ACKNOWLEDGEMENT

I want to begin by sincerely thanking Almighty God for His mercies and guidance, which have aided my academic and personal development. My parents, Mr and Mrs Okechukwu Nwatu, and my siblings have been encouraging, understanding and motivating throughout this journey.

I especially want to thank my younger sister Ndidi Monica Nwatu, a fellow student in the Nordic Master program. All during this journey, all you have been is an angel. Permit me to use this time to express my gratitude for all of your sacrifices, sleepless nights, hard work, and love that went into ensuring our success. The appreciation I have for you is unfathomable.

I sincerely appreciate Professor Pernille Wisti for her help with this thesis, including her great direction, insightful comments, constructive criticism, and unwavering encouragement.

I want to extend my sincere gratitude to Professors Siv Oltedal and Lars Uggerhøj, as well as the entire academic and administrative staff at the Social Sciences Department at the Universities of Aalborg and Stavanger for fostering a stimulating learning environment and scholarly community that has significantly broadened my perspectives and advanced my development as a potential social worker.

I am grateful for the kindness shown to me by the families of Mr and Mrs Amaobi Osundu, Mr and Mrs Julius Mbah and Dr Nnajiofor Osundu.

I want to thank all my friends and fellow students for their wise counsel, stimulating discussions, and moral support throughout my Master's program journey.

I also like to thank Munachimso Onyesoh, a psychologist whose tireless collaboration was critical for the study's outcome.

My deepest gratitude goes out to the study participants, whose willingness to share their time, experiences, and viewpoints strengthened the conclusions and implications of this thesis.

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ABSTRACT

Parents of children with disabilities encounter additional challenges in raising their children and frequently endure higher levels of burden and stress than parents of children without disabilities. While several studies have examined what these parents go through, few have examined their strategies to overcome these challenges. This phenomenological study aimed to investigate the challenges and strategies for coping involved in raising children with disabilities in Enugu State, Nigeria. Three parents from Enugu state, Nigeria, whose children had been diagnosed with disabilities, participated in the study. The participants were chosen via purposive sampling. This study employed an inductive qualitative method and an in-depth semi-structured interview guide to collect data from three parents raising children with disabilities. Thematic analysis was utilized to analyze the interview data, which was organized into themes and sub-themes. The study additionally draws on two theoretical frameworks: Coping theory and Ecological system theory, which both provide vital insights into how humans adapt and act but approach the subject from viewpoints that differ. This is done within a phenomenological research framework that investigates the subjective experiences and meanings parents attach to their lived experiences, perceptions of the challenges they face, and coping strategies.

Furthermore, the study found that parents face challenges raising children with disabilities. These challenges include emotional stress, financial pressure, social detachment, and societal construction and attitude. However, these parents have established various coping strategies such as recognizing and embracing their child's disability, having a silver lining mindset, faith in the divinity, and relationships within the social community. However, the study highlights how a collaborative action combining healthcare systems, social work professionals, lawmakers, and parents might enhance and strengthen existing coping methods. This collaborative approach strives to assist parents in maintaining their well-being as they care for their children.

CHAPTER ONE

INTRODUCTION

This chapter starts with a background section that includes a definition of disability, knowledge about parents who are raising children with disabilities, and a discussion of why a study on the challenges and strategies for coping used by parents raising children with disabilities requires to be explored. The study's aims, the study's relevance to social work, the researcher's inspiration, the study's area, and the study's Structure will all be covered in the chapter.

1.1 Background to the study

Disability is a worldwide concern that transcends beyond national boundaries, gender, age, religion, race, social class, and economic and political positions(Haruna, 2017). Its prevalence and occurrence in the modern world are worrying. On a global scale, it has been estimated that more than 93 million children suffer from different types of disability, and the majority are from developing countries, as reported by UNICEF in 2013. According to the Nigerian National Assembly's 2013 estimate (www.nassnig.org/nass/), the country has more than 20 million persons with disabilities. However, this number has risen dramatically because, according to the Center for Disability and Development Innovations (CeDDI, 2016), the estimated number of people living with disabilities in Nigeria as a nation is 25 million. According to the United Nations (UN), one out of every ten individuals in Nigeria suffers from some form of disability. It is also estimated that 9 out of every ten disabled people in the country live in poverty (NILS, 2010). Frequent occurrences of road accidents that result in severe injuries that lead to stroke, paralysis, and mental illness, as well as the ongoing threat and suffering from infectious diseases such as meningitis, tuberculosis, smallpox, polio, and the emergence and suffering from chronic diseases such as blindness, stroke, cardiovascular diseases, hypertension, diabetes, and cancer (Akinkugbe et al., 2010), are all responsible for the ever-increasing disabilities that millions of Nigerians are suffering. Millions of children worldwide, including in Nigeria, are disabled in various ways, including physical, neurological, and cognitive disability (Haruna, 2017). Haruna maintained that children with disabilities in Nigeria have less legal protection and no social benefits, resulting in poor health, poor educational achievement, and a lack of participation in social, cultural, and other community activities. Considering that no parent ever thinks about having a child with a disability while preparing for a family, it can be a challenging experience for parents. The time needed to provide additional care, the cost of exceptional food, the cost of a particular school, medical costs not covered by the Insurance scheme, fear about the future of the child, and concern over the child's acceptance in society; all these can pose substantial challenges to parents of children with disabilities.

Several studies conducted in Nigeria have contained that raising children with disabilities compared to children with no disabilities exposes parents to more significant stress as there are lots of challenges faced by the parents of children with disabilities ranging from emotional and financial stress, lack of support, discrimination, loss of social life and others which result in psychological problems, depression, physical exhaustion and reduced quality of life. (Daniel, Emmanuel, Tochukwu, Patrick, Darlington, Immaculeta, Sodiq, & Sydney, 2021; Lawal, Anyebe, Obiako, & Garba, 2014). Although construct and significant impact on the parents in raising children with disabilities in Nigeria have been explored, very little research has been done to substantiate the coping strategies these parents employ in the face of these challenges. Therefore, this study is timely as it will gain insights into parents' experiences as they raise their children with disabilities and, at the same time, explore their strategies for coping.

1.2 Problem statement

Available research studies on parents raising children with disabilities focused solely on the challenges parents confront due to their children's condition. Only studying the issues that parents confront objectively would miss the fundamental Structure of advocating for their needs, providing appropriate resources and help while keeping their dignity, and advancing their well-being. It is primarily through an understanding of parents' experiences and the approaches they have adopted that progress can be made toward providing parents with quality coping strategies that can be sustained and identified as viable means of coping. This study aimed to investigate the strategies for coping used by parents in Enugu State raising children with disabilities. Enugu state is in southeast Nigeria, where different social norms and practices may impact how parents perceive and deal with the challenges of raising children with disabilities. Haruna (2017) sustained that the effort of identifying and affording appropriate support services and completing several caregiving tasks can quickly overwhelm parents raising children with disabilities. Some parents may feel alienated, lonely, and confused (ibid).

At a time when parents may need more help than ever, help may be impossible to come by. Relationships may become awkward and strained as parents may devote all of their attention to providing care for a child with a disability. Subsequently, it can be challenging for parents to see their children struggle with everyday responsibilities, social relationships, and education (Gona et al., 2016). In addition to misinformation and a negative cultural view of disability, society's perception increases stress (Ogbonnaya et al., 2020). These circumstances have potential negative emotional, financial, and physical impacts on the parent's health. As a result, this study is relevant and timely because it will add to the existing body of knowledge on this subject, as well as aid in the development of measures and assistance systems that can improve the coping strategies parents are already using in the face of these challenges, thereby enhancing their overall well-being, which falls under the core value of social work (IFSW,2014).

1.3 Research questions

1. How do parents experience challenges raising children with disabilities in Enugu State, Nigeria?
2. What coping strategies do Enugu Nigerian parents employ to manage with challenges of raising children with disabilities?

1.4 Relevance of the Study to social work

Given that there is much understanding of the challenges and expectations faced by parents of children with disabilities, Beresford, Rabie, and Sloper (2007) claim that little is known about how these parents deal with these challenges. It is crucial to understand the strategies for coping that parents use to manage their caregiving responsibilities since doing so encourages proactive action, inspires task involvement, and focuses actions on specific objectives. This knowledge helps create a supportive environment for the parents and other stakeholders. It includes internal and environmental elements supporting the parents' long-term resiliency, psychological development, and general well-being (Weinstein & DeHaan, 2014). The study aims to broaden our understanding of care, health, and humanities subjects by highlighting parents' challenges and how they deal with them. Policymakers will benefit immensely from the study's findings to better understand the challenges of parents raising children with disabilities and design effective social policies. The broader community will also better understand the significant role these parents play in caring for their children with disabilities and make an effort to offer support and assistance.

1.5 Researcher's inspiration for the study

The researcher's experiences at two separate institutions for individuals with disabilities in Nigeria and Denmark inspired this research. While pursuing an undergraduate degree in psychology, the researcher did fieldwork at a special care institution in Nigeria, focusing on investigating various types of disabilities and the behaviours that characterise them. The researcher also did fieldwork at a special care institution in Denmark for her master's degree in social work(Nneka et al., 2023). In this context, the purpose was to gain real-world experience by actively engaging in and observing the institution's activities, focusing on caring for people with disabilities. This experience significantly gained the researcher an understanding of numerous care, support, and intervention in the lives of persons with disabilities. Interviews with social workers at the institution revealed that some parents do not come to see their children after they are placed in the institution (Nneka et al., 2023). While some parents disclose this to their busy work schedules, others admit to feelings of guilt and emotional sadness that make accepting their child's condition difficult. This finding forced the researcher to think deeply about the situation, as the researcher struggled to understand how a parent could be unconcerned about being present for their child with a condition like this. Even more confounding is that Denmark has a well-functioning welfare system that assists parents in caring for and ensuring the well-being of their children with disabilities (Soc. Serv. L., 2019). Parents benefit from Denmark's inclusive policies for all children and the country's solid social support system. Given their privileged access to a helpful welfare system, a Danish parent abandoning their child with a disability appears odd, especially when compared to places where these parents have little to no support. These experiences raised the researcher's interest in parents raising children with disabilities in Enugu State, Nigeria. The researcher reflected on her experience at the special care institution during her undergraduate in her own country; she realised that her awareness of disabilities was restricted to identifying various behavioural disabilities. As a psychology student, she was unaware of the substantial caregiving tasks expected of parents raising disabled children.

The researcher's critical reflection raises questions such as; how do parents of children with disabilities in Enugu state deal with the demands of caregiving roles given the context of Nigeria, where societal norms and unavailable support services for individuals with disabilities are not guaranteed? What coping strategies do parents adapt to navigate challenges in response to their children's specific conditions? The researcher's inspiration is to explore the challenges faced by Enugu Nigerian parents raising children with disabilities and understand the coping strategies they employ in the face of caregiving demands. It will help make recommendations to social workers, healthcare givers, and government and non-governmental bodies to help alleviate the stress and challenges of parents of children with disabilities.

1.6 Area of the study

The investigation is not limited to parents raising children with a particular diagnosis but to all types of disabilities. The study focuses not on the disabled child but on the parent raising the child and caring for a child with a disability.

1.7 Structure of the Study

This section outlines the structure of the study. This study is divided into seven chapters. The second chapter will discuss the literature review, combining earlier studies' contributions. The theoretical framework employed in the study's analysis will be covered in Chapter three. The fourth chapter will cover the methodology, data collecting, ethical considerations, recruitment, limitations, and study strengths. The fifth chapter will be a complete presentation of the interview transcripts. Chapter six will focus on the discussion of the findings, which links to the theoretical framework and summarises the research question, as well as solutions to findings and implications for practice. The final section will be a conclusion to the research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature concerning the primary research questions identified in chapter one. The reviews begin by examining the history of disability in Nigeria from the pre-colonial through the colonial era. Following is a discussion on the concept of disability. Second, the literature study provides an overview of the everyday experiences of parents of children with disabilities. The impacts of disabilities on parents of disabled children are highlighted.

2.2 Disability in Nigeria: A Historical Overview

Disability in Nigeria has a lengthy and complicated history that has changed through time. Before colonialism, Nigeria consisted of separate and diverse ethnic groupings with different sociodemographic, sociocultural, and religious practices (Sango, 2013). People with any disability were frequently described as "deformed," under the gods' curse, or the victim of supernatural forces (Abang, 1988). Therefore, those with disabilities at this time would have primarily been looked after by their family and communities or taken to traditional shrines and healers to be freed from the curse placed on them. People with disabilities were likely treated differently by various tribes and ethnic groupings (ibid). For example, the Hausa tribe in the north, which is predominately Muslim, felt that anyone with a disability was a manifestation of God's will and that the community should take care of and be friendly to them (Abang, 1988). Similarly, Yoruba mythology featured the notion that since obatala (God) created everyone, society should care for the disabled. Other tribes, like the Igbos, attributed disabilities to the above-described illogical belief, leading parents to seek out traditional healers and "native doctors" for consultations and healing (Sango, 2013).

The pre-colonial era also saw the effects of Christian spiritual perception and treatment of people with disabilities. It was mainly brought on by the migration of Western Christian missionaries between 1815 and 1880 (ibid). Such opinions acknowledged indigenous Nigerian beliefs about the intrinsic dignity of every human existence, including that of people with disabilities. The role of spirituality in helping persons with disabilities and their families discover their purpose and significance was also emphasized in the Christian perspective of disabilities, along with the community's duty to provide for those who are disabled. The adoption of Christian teachings, however, did not stop people from misinterpreting them and spreading harmful stereotypes about people with disabilities. According to Sango (2012) and Etieyibo(2020), certain persons with disabilities were now thought to be under the influence of evil spirits or suffering consequences for Adam's original sin. The lives of disabled persons in Nigeria were further impacted by colonialism. Western concepts regarding disability were imported with the British colonization of Nigeria in the early 1900s, including the medical model of disability, which sees disability as a medical condition that needs to be resolved (Sango, 2012). Instead of addressing the social, economic, and cultural hurdles that affect persons with disabilities, this viewpoint led to a focus on medical care.

During the colonial era, the government cared for those with disabilities in the community (Etieyibo, 2016). People with disabilities, unfortunately, continued to be disadvantaged and subjected to prejudice since the government did not offer them enough assistance or resources. The Nigerian government tried to recognize the educational requirements of those with disabilities not long after the country gained its independence in 1960 (Abang, 1988; Eleweke, 1999). It happened because the country's educational programs were changed to include special education regulations for people with disabilities (Abang, 1988). This is demonstrated by the 1981 revision of the 1977 National Policy on Education (Eleweke, 1999).

Providing adequate educational and pertinent services to the nation's citizens with disabilities is one of the promises made in this policy document (Eleweke, 1999). Sadly, the majority of the document's promises are still only ideas. According to Sango (2013), the underdevelopment of educational and other care services for people with disabilities in Nigeria is mainly attributable to ignorance, superstition, and attitudes toward disability rooted in religion and ethnic cultures. Although there are a lot of disabled persons in Nigeria, they receive little to no support. The social, economic, and political affairs of society frequently exclude these people. Families, NGOs, and religious organizations are typically the most common sources of social assistance for people with disabilities (ibid). It, therefore, calls for changes in attitude. It also makes it crucial to support all Nigerians—disabled and not—in removing barriers and developing a culture that values variety, celebrates difference, and upholds equality.

2.3 Conceptualizing Disability

Disability is defined as a situation in which a person with a disability cannot participate in regular social activities on an equal footing with others due to physical or social limits (UN,2006). According to the World Health Organisation, disability is a contextual characteristic that evolves over time and in response to external stimuli. As a result, disability encompasses more than just fundamental medical concerns. It is a complicated situation that affects the individual's physical health and ability to engage fully in society. A disability is either present at birth or develops as one grows older. Among them are physical, developmental, cognitive, mental, sensory, emotional, and various other disorders. The World Health Organisation (WHO, 2020) defines "disability" as impairments, activity limits, and participation restrictions caused by the interaction of an impairment and a negative environmental consequence. Most individuals will have some form of impairment at some time (WHO, 2012). Among the eight types of disability are physical impairment, sensory impairment, visual impairment, intellectual impairment, mental health and emotional impairment, developmental impairment, and olfactory and gustatory impairment. Disabilities come in a variety of forms (ibid).

As a result of the impairment in coping with numerous difficulties, an individual's capacity to engage fully and effectively in society on an equal footing with others may be limited.

The disability may strike anyone at any age, gender, culture, ethnicity, or financial position. It is accepted as a universal human experience. Others, on the other hand, see it as a limitation caused by a culture that ignores or pays little attention to people with disabilities, thus pushing them out of the mainstream in various scenarios. UNICEF (2007a).

The phrase "disabled individual" rather than "disability" is the only one specified by law in Nigeria. An individual with a disability is defined as someone who has received a preliminary or permanent certificate of disability for a condition that is expected to last forever or for a significant amount of time, and that can reasonably be expected to substantially limit their ability to perform daily activities such as walking, climbing, descending, lifting, grasping, and rising.

It is critical to underline that different definitions of impairment exist among people with disabilities depending on how they perceive the situation. Amina, a patient at the Kakuri Rehabilitation Centre in Kaduna, Nigeria, for example, stated that "a disabled person is someone who cannot do anything/useless, and I believe nobody is useless, a disabled person is someone dead and gone" (UNDP, 2015, p. 31). The researcher may argue that, in the context of this study, the notion of disability recognises the need to consider both individual and societal components while striving to explain disability without favouring one over the other. This study defines *impairment* as the inability to do certain functions such as walking, hearing, seeing, talking, and lifting. Furthermore, this study defines *disability* as the inability to execute specified social activities, such as household duties, learning, working in a job, or participating in social events or roles.

2.4 The concept of disability as a social construct

According to Mitra et al. (2011), disability is a social construct rather than a biological property of people. Instead, it results from the social environment, and altering society is required to solve it. The human rights-based approach to disability management resulted in the creation of the social construct/or model of disability. According to this viewpoint, the limitations and restraints disabled individuals face result from societal obstacles rather than the disability. People with disabilities face barriers to attaining their full potential, accessing vital social assistance, and exercising their rights. Equality and discrimination are supported under international human rights treaties. The model emphasizes environmental limits rather than the widely accepted belief that the primary reason for disabled people's inability to participate is their impairment. Unaccessible transportation, health, welfare, and educational systems; (Innocent Digest, 2007). This model emphasizes emancipating and empowering people with disabilities and the enormous contribution they can make to lowering participation barriers. The importance of civil society and the government removing limitations that hinder people with disabilities from being fully involved in the communities where they live and work is also emphasized.

2.6 Nigeria and Persons with Disability

In Nigeria, culture and religion significantly impact how society regards disability. Culture in this context refers to a people's way of life, whereas religion here refers to a means of worshipping a Supreme Being or a deity. Religions are widespread, whereas cultures are more regional(Arimoro, 2019). Saying salat five times a day is a religious practice among Muslims in northern and south Nigeria(ibid). However, Yoruba marriage rituals solely apply to the Yoruba in southwestern Nigeria. People in the nation who exhibit symptoms of mental illness are occasionally abandoned, even by relatives. There have been reports of people with disabilities being murdered due to rituals or practices drawn from traditional religious belief systems(Etieyibo & Omiegbe, 2016). Women who face this challenge are regularly seen on the streets of towns and cities, many homeless and rape victims(ibid). Parents of disabled children may sometimes experience contradictory feelings towards their children (Haruna,2017). Regarding their impaired children's situation, some parents have been found to have a positive attitude, while others continue to feel fear, hopelessness, and bitterness(ibid). The story of Damola Roberts, an athlete born and nurtured in Nigeria with a disability, reflects the plight of persons with intellectual disabilities in the country. According to Roberts, he was teased as a child, forced to eat grass and sand, and neglected in school by his sister(Arimoro,2019). The government also neglects people with this issue by providing specific schools and facilities to help them integrate into society. Because the country has a limited number of special schools, many school-age children with disabilities do not attend or end up in regular schools, where they are stigmatized by other children who do not fully understand the condition of their challenged peers(Obaseki and Osagie-obazee, 2009). Because there is no welfare plan in Nigeria for persons with disabilities or their parents; as a result, parents with low incomes have difficulty providing proper care for their children with disabilities(Ajuwon,2012). When establishing plans, the Nigerian government rarely considers the condition of people with disabilities. In planning public buildings, public transportation, and education, no consideration is given to the disabled community. While the government has established ministries to address militants, women, and the young, Nigeria has no specialized ministry to serve the disabled(Arimoro,2019).

2.7 Challenges and Opportunities: social work and care provision in Nigeria

Abang (1988) postulated that the social construct and negative belief attached to having a disability in Nigeria are mainly due to the public's ignorance and misunderstanding of the genuine causes of disabilities. Such poor understanding has prolonged prejudiced traditional and religious beliefs about disabilities. These negative attitudes continuously affect the social care of people with disabilities in Nigeria and the way many Nigerians treat people with disabilities, to the extent that individuals with disabilities are being prevented from participating in some social activities and have their rights denied to free education, medical care and employment (Abang, 1988). In both pre-colonial and colonial periods, care for people with disabilities was only managed by immediate relatives, the village, and religious community members, as there was no specialised service provision. After independence, the state, to some extent, took over social care provision for every vulnerable individual in Nigerian society, including those with disabilities. It is shown in governmental welfare ministries such as the Federal Ministry of Women Affairs and Social Development, with a department focused on rehabilitating Persons with Disabilities in Nigeria. These ministries and departments exist to ameliorate the quality of life of people affected by social, physical and intellectual disabilities through financial support, training for social workers and social opportunities for disabled people. However, due to the inadequate resources allocated to social agencies (e.g. social workers, carers) and researchers, and the lack of robust legislation currently safeguarding the rights of people with disabilities in Nigeria, the social care provision system in the country predominantly remains as it was in past times – provided by families, indigenous and religious communities. In addition, the most common problem associated with poor social work and care for people with disabilities in Nigeria is the lack of acceptance and financial support social agencies face in Nigeria . Due to low spending on social services, as it is believed by the government not to directly add to the economic growth and development of the Nigeria nation, social organisations are few in the number of human and material resources they can access for the successful implementation of their social programmes or training staff for the support of individuals with disabilities (Abang, 1988). Lack of financial aid also means inadequate communication, record keeping or visiting individuals and groups in need of support, especially those residing in rural areas (Sango, 2013).

2.8 The Impact of a Child with a Disability on Parents

Parenting a child with a disability requires high knowledge, resources, and services. Studies in Enugu State have indicated that parents of children with disabilities face a lot of sadness, worry, stress, and other emotions from loved ones and even family members about their children's disabilities (Daniel et al., 2021; Ogbonnaya et al., 2020). The studies went on to show that dealing and coping with the issues that come with children with special needs or a specific disability, as well as those who care for them daily, most certainly build up over time, leaving the parents with a mixture of emotions they must hide and cope with, whether it is Cerebral Palsy, mental retardation, amputation, traumatic brain injury, down syndrome, or learning disabilities like attention deficit hyperactivity disorder (ADHD). When a parent has a child with a disability, their wants, interests, and life goals must automatically alter to fit the demands of their disabled child (Daniel et al., 2021). Most of the time, they must contend with how other people see and accept their child's situation, frequently unbearable to these parents (ibid). Their disabled child may experience prejudice and be treated by society without compassion or love. The psychological well-being of these children and their parents may suffer due to these views towards children with disabilities, which may cause them to withdraw from activities and social gatherings and cause their parents to feel weak and unhappy. Parents who have children with disabilities face several challenges. The time needed for more care, rising financial demands, psychological and health-related issues, and social strain is just a few of these challenges (Ogbonnaya et al., 2020). Again, some of the difficulties that parents of children with disabilities face include the burden of caring for them, worries about their development, the educational system, concerns about their acceptance in society, the issue of parents' (mothers') divided love between a disabled child and other normal children in the family, and financial instability (ibid).

Other studies in other African nations and other regions of the world have revealed that, at times, parents of children with disabilities may experience conflicting feelings of love, understanding, and hope for their child and a society that seems to focus on the negative aspects of the disability (including neighbours, family members, and school) (Mpontshane, 2017; Sidener, 2019; Jovonova et al., 2013). When these same parents become irritated and furious about their situation, people may mistakenly interpret their rage as "bad parenting." Due to these conflicts, the parent may feel cut off from a society where normalcy and health are best understood and considered the ideal (ibid). According to the literature by Gupta and Singhal (2004), parents face significant levels of stress that cover various aspects of family life, such as the demands of daily care, emotional anguish, interpersonal challenges, financial issues, and unfavourable impacts on society. Additionally, marital issues related to raising the disabled child, increased costs for the required services, tiredness from caregiving tasks, and lost leisure time all contribute to stress. According to Gupta and Singhal, when coping mechanisms do not work, these challenges can harm marital and other family relationships, employment, and careers, further inflaming tensions within families.

Parental stress levels are determined by the features of the child, as well as other factors. Parents, for example, may be stressed due to adverse reactions from others. To cope with the stress of raising a disabled child, parents may act irresponsibly, denying their children access to food, medicine, and other life needs. Further research revealed that social acceptance, financial restraints, and isolation are common issues for parents with impaired children. According to Friend and Bursuck (2009), parents of children with disabilities experience social acceptance, financial restraints, and isolation in our culture today. When raising a child with special needs, parents may be separated from their support networks (family and friends). When a family learns that their child has a disability, many stop socializing. It is claimed to be due to fear of how that child will be treated by the public and people around them who matter to them and how their child will be loved as they learn to deal with the situation. Friend and Bursuck maintain that most parents of children with disabilities frequently lack social support, with few or no social services to assist them with their child's requirements. Raising children with disabilities is challenging since it impacts the child who experiences the dysfunction, the parents that care for and support the child, and the external environment where the disability occurs (Tali, 2002; Abosi, 2007).

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This study used Lazarus and Folkman's (1984) coping theory and Bronfenbrenner's (1979) ecological systems theory. The two theories will be used to analyze parents' experiences in caring for their children with disabilities and investigate the modified coping methods employed by these parents. The researcher has taken into account these two theoretical frameworks in that while coping theorists concur on the individual willpower and personal resources in finding positive meaning in the experiences to adapt and generate further benefits, the ecological system recognizes not just the individual alone but also the community as a powerful force to help the individual in dealing with encountered experiences. However, after considering this critical distinction in addressing challenges and coping, the theories allow one to have a multi-level knowledge of social work issues with individuals, groups, and their communities.

3.2 Lazarus and Folkman's Model of Coping

One of the early models produced to identify and explain a person's process in his attempt to deal with stressful circumstances is the transactional model (1984) developed by Lazarus and Folkman. According to the paradigm, there is a relationship between the individual and the stressful situation, and this interaction is most evident in how the person perceives the problem. According to Lazarus and Folkman (1984), stress is a specific interaction between a person and their environment. It shows through the person's evaluation that his situation significantly strains or even exceeds his mental resources, compromising his mental stability. According to the interactive model, the person goes through two unique processes crucial to the situation's outcome. The first is cognitive assessment, which refers to the breadth and relationship of the occurrence to the person. The second is about how the problem is resolved. Dealing with a problem is described as trying to overcome it, tolerating and decreasing the constraints it imposes on oneself and others.

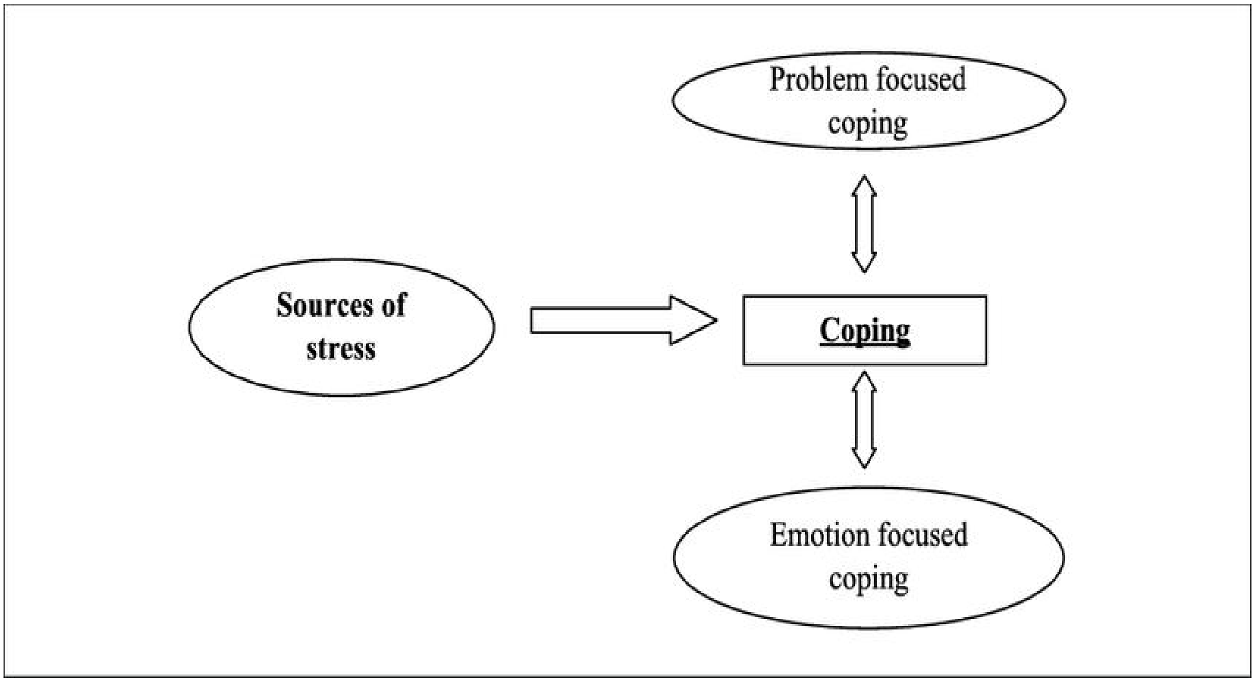

Figure 3.1: Lazarus and Folkman Model of Coping (Poirel, Lapointe & Yvon, 2012).

Interactive models are not linear. Lazarus and Folkman, on the other hand, contend that "dealing with stress is a dynamic process in which revision of the assessment leads to changes in the way it is dealt with and vice versa." They classified this coping strategy into two types: problem-focused methods and emotional-focused strategies. The person actively or psychologically adjusts the interactions between other people and their circumstances in a problem-focused coping method. This can be performed through information searching, help-seeking, acting restraint, and taking action directly. When people employ emotional-focused coping methods, they alter their internal or personal relationships or meanings to alleviate or regulate their emotional distress. This includes avoidance, detachment, seeking emotional support and safety, expressing feelings, and attempting to find humour in situations (Lazarus & Folkman, 1984).

This coping strategy seeks to mitigate or relieve a stressful situation by rethinking the target or changing to a new, well-received environment. According to Kao and Craigie (2013), this technique may reduce stress, which may lead to emotional stress. The parents' coping approach is dictated by the experiences they have encountered. Lazarus and Folkman (1984), problem-focused coping are prevalent when a person believes they have control over a situation and can effect change. While emotional coping frequently takes over when a person believes the problem is beyond their control (Folkman & Lazarus, 1980). Using this framework, the researcher investigated how parents might manage stressors associated with their child's disabilities by employing stress-coping strategies.

The Ecological System Approach

Urie Bronfenbrenner's ecological systems theory views the world as an ecological system in which human development occurs (1979). Every person is viewed by Bronfenbrenner as an active human being who engages with their environment and not only is influenced by it but also changes it. As a result, mutual dependence characterises the relationship between the individual and the environment (Bronfenbrenner, 1979: 22). five interconnected subsystems make up the ecological environment. First is the Microsystem, which depicts the close and immediate interactions between the child with a disability and his or her surroundings, particularly the parents. It emphasises the interaction between parents and child, approaches to parenting, and the distinctive possibilities and challenges related to parenting a child with disabilities. The Second is the Mesosystems, where the connections between the various microsystems that make up a child's life interact. It can involve parents of children with disabilities regarding interactions with the family, educational institutions, healthcare providers, and support services. There must be efficient interaction, cooperation, and collaboration amongst numerous systems for the child and their family to receive total support. The Exosystem, the third, are larger social contexts that unconsciously affect both the child and the parents. Laws, community resources, social networks, and cultural norms could influence this. Parents' ability to meet their child's unique needs in this context is enabled and supported by available healthcare services, accessible educational policies, and helpful community organisations. The broader cultural and social environment in which parenting children with disabilities takes place is referred to as the macro system, which Bronfenbrenner refers to as the fourth system. A culture's attitudes, values, and social structures can all affect how parents perceive challenges and possibilities. The last is the chronosystem, it places a strong focus on both the importance of time and the dynamic nature of ecological systems. The ecological system is relevant in analysing societal issues such as disabilities, family strife, low income, mental health issues, legal problems, unemployment, and education problems.

Consequently, the thought of adopting the framework in the present study is to examine the influence of the social environment on the experiences and coping strategies of parents raising children with disabilities.

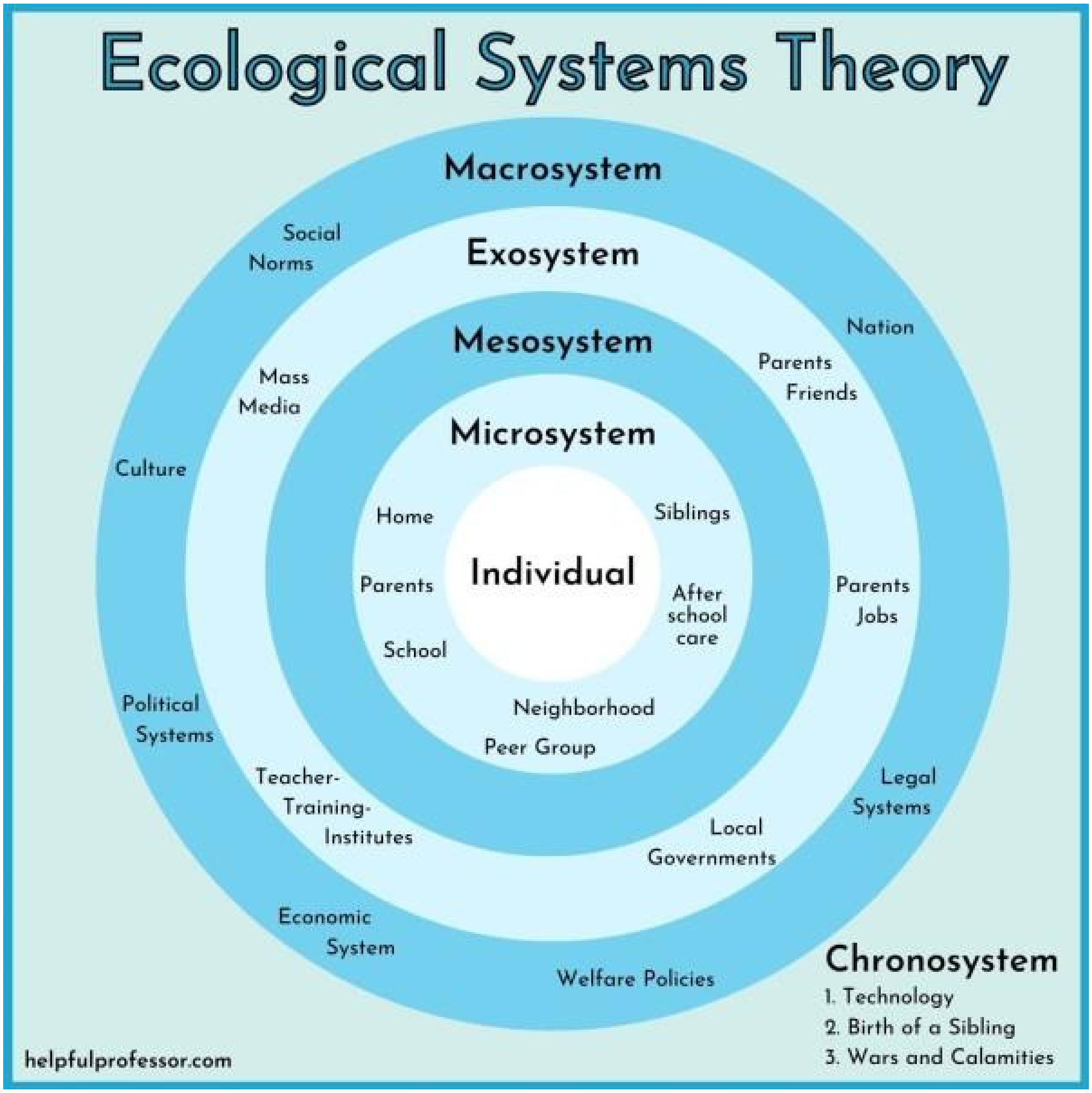

Figure 3.2: Ecological Systems Theory (Drew, 2022)

CHAPTER FOUR

METHODOLOGY

4.1 INTRODUCTION

This study adopts a phenomenological perspective and uses Braun and Clarke's (2006) thematic analytical approach. It focuses on empirical data to understand the firsthand experiences and coping strategies used by parents of children with disabilities in Enugu State, Nigeria. The chapter builds upon a method section and examines epistemology and credibility standards in the context of a problem-based learning approach. The method is advantageous since it promotes a problem-based analytical approach that enables me to support, choose, employ, and critically assess particular theories and approaches and their suitability for addressing particular themes. Furthermore, with this methodology, measurements of validity and reliability, ethical implications, limitations, and strengths of the methodological approach are examined.

4.2 Epistemological Position

This phenomenological study of parents of disabled children is based on the qualitative approach of collecting data through in-depth interviews. Although qualitative research studies, according to Bryman (2012), are sometimes criticised for being subjective and lacking in validity, generalizability, and transparency, this study draws on the strengths of qualitative methodologies. The methods focus on providing a detailed description of a phenomenon rather than a general one. I also took action to guarantee the reliability and correctness of the data. I employed a natural setting approach in this study, which tends to collect data at the location where parents encounter the phenomenon being studied. As a result, the parents were spoken to directly in their natural setting, one of qualitative research's main characteristics and components (Creswell, 2007). This natural method enables me to speak with the parents directly.

In this study, I focused on the importance of understanding parents' challenges with parenting children with disabilities and the means of coping they used to prevent these challenges from overwhelming them while providing care for their children. The main goal of a phenomenological method is to comprehend empirical issues from the viewpoint of the investigated subjects. This idea is supported by Bruyn (1966, in (Creswell, 1998, p.275), who claims that phenomenology provides the basis for attempts to better understand people by going into the field to see life from their perspective. In this case, Enugu Nigerian Parents were raising children with disabilities. As a result, I talked to the parents as an expert to find out about their experiences and coping strategies.

4.3 Obtaining Access to Study Participants

Obtaining access to study Participants entails identifying parents who have children with disabilities. First, I contacted one of the psychologists at the special needs institutions where I had previous fieldwork experience with people with disabilities, as I recounted in Chapter One. I introduced myself as well as the purpose of my research. She requested that I provide her with the study proposal and my interview guide so she could read them and understand the nature and procedures of the study. As a result, the psychologists served as consultants for this study, and she assisted in selecting participants using purposive sampling as a technique. However, the four parents who were contacted were free to decline or accept their involvement. Although the parents agreed to engage willingly, informed consent was required as part of the ethical requirements of social research, as I discussed in this chapter below. Before any study activity can begin, eligible participants must provide informed consent. In order to obtain informed consent, potential participants in the study must be given a thorough explanation of the study's objectives and procedures. It encompasses both the rewards and risks the participant may face by agreeing to participate in the research procedure (Bryman, 2012). In order to obtain informed consent, the researcher must ensure that participants receive correct and complete information about the study. This allows participants to make voluntary and informed decisions about whether or not to engage in the study (Babbie, 2016).

In developing the informed consent forms for this study, I gave thorough information about the study's purpose and methodology. I told potential participants how they would be included in the study and the potential benefits and risks they may be exposed to during the research. I told them their identities would be kept confidential by adopting pseudonyms so that no information could be traced back to people. I also wrote on the consent forms that by signing them, potential participants state that they understand the material supplied and are willing to participate in the study. They are, however, permitted to withdraw from the study at any time without feeling obligated to do so. Withdrawing from the research has no consequences. One of the parents eventually dropped out of the study due to a lack of time for her business and caring for her child. Aside from that, the other three parents were enthusiastic about the study's nature, which gave them a free and non-judgmental platform to voice their thoughts on their challenges and coping mechanisms in raising children with disabilities. The interviews were performed via Whatzapp video calls at the parents' convenience. The interview took 45 minutes on average.

4.4 Demographic Information of the Parents and Their Children

Three participants were recruited to provide their perspectives on the topic within the Enugu State region. As seen in Table 4.1 below, all three parents have children with disabilities; nevertheless, there is a distinction between the types of disabilities each child has. The first parent has triplet sons with cerebral palsy, the second has a daughter with autism, and the third has a son with developmental delay. The diversity in the children's disabilities can aid in analysing the study's findings from the perspective of three diverse parental experiences parenting children with various disabilities. This is implied by the study's scope, as stated in chapter one, that the study is not limited to any disability.

Table 4.1 Demographic information of the Parents and their children

Participant	Sex	Age	Employment	Child's Disability	Child`s Age
Participant A	Male	Adult	Civil servant	Cerebral Palsy	17
Participant B	Female	Adult	Pharmacist	Autism and Attention Deficit Hyperactive deficiencies (ADHD)	4
Participant C	Female	Adult	Civil servant	Developmental Delay	15

4.5 Reason Why I Choose Enugu State, Nigeria

I chose Enugu State, Nigeria, for the study because there have been few studies on the coping strategies of parents raising children with disabilities in Enugu. Furthermore, my limited understanding of what it entails to care for children and the challenges their parents may face aided my decision to investigate this phenomenon, as the findings will add to the existing findings into the experiences of these parents and, most importantly, on strengthening their coping strategies. In addition, the overarching goal of the Nordic Master in Social Work and Welfare (NOSWEL) programme is to learn about Nordic Welfare Models and user participation in welfare services and to incorporate these new insights into the practice of social work in a variety of contexts and nations to adopt the best practises. However, this is not a comparative study; the researcher is interested in solving societal challenges in a context other than the Nordic countries, thereby enhancing human dignity and well-being. In addition, I chose Enugu because I had a relationship with the psychologist and healthcare providers that work with children with disabilities and their parents.

4.6 Conducting Semi-Structured Interviews with Parents Raising Children with Disabilities.

I did three one-on-one semi-structured interviews with parents who live in Enugu state and have children with disabilities to understand their challenges and coping strategies better. According to Greeff (2005:292), semi-structured interviews are "those organised around areas of particular interest while still allowing considerable flexibility in scope and depth." This type of interview is distinguished by its allowable flexibility in that the researcher is open to exploring and developing themes that may emerge during the interview process. In this example, the researcher approaches the interview with a list of 12 questions, referred to as the interview plan, that will guide the interview process. However, the responses of the participants mostly direct the interview. The interviewer can use these responses to ask follow-up questions based on emergent themes (Merriam & Tisdell, 2016). The interview plan should act as a guide rather than dictating the interview procedure (Greeff, 2005). In this type of interview, the participant is positioned as an expert on the subject of discussion and is thus given ample time to explain the subject of research thoroughly. This demonstrates the subjectivity of semi-structured interviews. By emphasising the participants' comments, the interview data represents the participants' subjective understanding of the topic under study.

I conducted semi-structured interviews with three parents in Enugu City on different dates and times that were convenient for them; even though the psychologist who functioned as the research consultant briefed them about the study, I still sent the parents the information and consent forms in a Word document via WhatsApp to read and complete expressing their willingness to participate in the study. I gave the Selected Parents several days to review the information forms and determine whether or not to participate. Before each interview, the parents signed and sent back the consent form document. Interviews were conducted in both English and Igbo. I began each interview by briefly outlining the goal of my research and the importance of the interviews—the interview guide aided in semi-structured interviews with parents. The interview guide was created to understand how parents raising children with disabilities face challenges and the coping strategies they employ. I began the semi-structured interviews with open-ended questioning, asking parents about their experiences parenting children with disabilities. From this initial question, I included more questions in the interview guide and constructed further questions that assisted in probing concerns mentioned by the parents for further knowledge.

Drawing on Mayeza (2015), I attempted to continue dialogues with parents throughout interviews by crafting probing questions based on their responses. I always asked parents to provide instances that may build on the comments they offered on specific concerns. In collecting data for this study, all semi-structured interviews were recorded via a digital audio recorder and notes. This contributes to the research, and the data will be transcribed and analysed. In Chapter Five, I presented the findings from parent interviews that aligned with emergent themes from my study data.

4.7 Data Analysis

I used Braun and Clarke's (2006) thematic analysis to focus on the experiences of the parent participants and interpret them precisely as they had described and expressed them to me. Braun and Clarke identified six phases for data analysis, establishing themes through participant voices. The steps are as follows:

1. Getting familiar with the data
2. Initial code generation
3. Creating themes
4. Themes review
5. Defining and naming themes.
6. Report writing and presentation of findings.

The processes outlined above aided me in capturing meanings using a data set, analysing the data, structuring it, and identifying patterns of meaning within the given data. This analysis technique is flexible because it guided me to uncover various and similar patterns within the participants' voices, allowing me to build the outcome section. The preceding steps were thoroughly covered in the next Chapter.

4.8 Ethical Considerations

The study of parents' experiences raising children with disabilities and their coping strategies raises various ethical issues that must be addressed in ways that respect the welfare and dignity of parent participants. The study adhered to Creswell's (2009) ethical research guidelines to protect each parent's identity. Before enrolling participants in the study, the researcher checked their informed consent. This is because informed consent is a fundamental ethical factor in human subjects research. In the context of this study, the researcher ensured that parents were fully informed about the study's purpose, procedures, risks, and benefits before providing consent to participate. The process will be provided in a language and format that the participants understand, and they must be allowed to ask questions and clear up any confusion. Bogo et al. (2011) defended obtaining informed consent, noting that obtaining informed consent is a fundamental ethical concept that safeguards study participants' rights and welfare. Furthermore, they suggest that documenting the process of gaining informed permission is critical for establishing that the researcher has met their ethical commitments and engagement against ethical misconduct claims. Bogo et al. (2011) also offer some practical suggestions for documenting the process of obtaining informed consent, including producing a detailed consent form, recording the consent process (e.g., audio or video recording), and keeping careful notes of all participant interactions. Consequently, anonymity and privacy are also critical ethical considerations in all studies. The researcher will ensure that the personal information of participants is kept secure and not provided to unauthorized parties during this study. Participants will be informed that their involvement in the study will not influence their access to services or their relationship with their community. Additionally, Parents will be notified of their rights to withdraw from the study at any time without penalty (Code of Ethics of the National Association of Social Workers [NASW] 2018). Finally, cultural sensitivity is highlighted as an essential ethical consideration in research with different populations. Creswell and Plano (2018) emphasize the need for researchers to understand the cultural background of participants in order to ensure the research's validity and reliability. Similarly, the NASW Code of Ethics (2017) emphasizes that to conduct ethical and practical research, social workers must understand and respect the diversity of cultural origins and experiences of participants.

4.9 Limitations to the Study

1) Participant recruitment could have gone faster than I had anticipated. I had initially intended to gather parents from an institution where I did my fieldwork during my undergraduate psychology student in order to have access to a large number of participants. Additionally, it was planned to tell the institution of the study's findings so they could make decisions appropriately and work with the government to improve the parents' lives. Although the institution has the state government's endorsement and partnership, I later learned it is privately owned. The researcher needed getting the institution's general manager's consent, which stopped her from initially intending to recruit participants through the institution. The researcher would have to fly from Denmark to Nigeria in person to ask the institution's management for authorization. Given the short study schedule, the process would take a long time and the timely delivering of this study could not be more realistic. The psychologist who served as consultant in the study then advised to recruit the participants from the community since using the institution would not be visible. I finally had to recruit the parents participant from the community through the assistant of the psychologist .

2) The parents interviewed were only one parent, not two (father and mother) from the same family. The researcher would have preferred to interview both parents jointly to obtain their perspectives. However, they all had to care for the children while the other partner was interviewed.

3) Given parents' physical and psychological stress, this study might be characterized as medium or somewhat high risk. In this type of research, the researcher must conduct the study in person. This will aid in risk management and allow the researcher to work around the interviews and probe more questions without causing any harm or discomfort. As a result, online (Whatzapp video call) interviews decreased non-verbal indicators such as facial expressions and body language, which are vital in communication and understanding during interviews.

4.10 Strength of the study

This research has the potential to improve a variety of domains significantly. It can provide direction for developing and enhancing actions and initiatives that assist parents in their duties as parents and carers. The study can help establish measures to meet the various needs of parents and children by finding effective coping strategies. The research can empower parents by validating their experiences, providing a place for them to share their opinions, and creating a sense of community. This study's findings can be used to promote inclusive policies, enhanced service availability, and increased family support.

CHAPTER FIVE

PRESENTATION OF FINDINGS AND ANALYSIS

This chapter offers empirical findings from interviews conducted in Enugu State, Nigeria, with parents raising children with disabilities. As I said in chapter four, Braun and Clarke's (2006) thematic analysis inspired the thesis analytical method. Because of its flexibility and inductive character, I chose Braun and Clarke's six-step systematic approach. Given the phenomenological approach of this study, the primary purpose was to understand the experiences and coping strategies of parents raising children with disabilities. As a result, data analysis emphasized recognizing and comprehending the parents' subjective viewpoints of their daily surroundings. The data for this study was gathered through semi-structured interviews via video conversations on Whatzapp. A digital audio recorder was utilized throughout the interviews to collect conversations and take notes. According to Greeff (2005), recording conversations during research produces a more detailed record than relying just on note-taking. The research data were analyzed using Braun and Clarke's (2006) six-phase analytical procedure. This included becoming acquainted with the data by repeatedly transcribing and reading the transcripts, methodically generating codes to categorize the data, grouping codes to form themes, reviewing the generated themes, defining and naming the themes, and producing reports based on the findings.

I started by transcribing the recorded answers to questions and carefully documenting the participants' statements and answers to the explored topics. This transcription enabled me to understand the data's original form and context. As Braun and Clarke stressed, I transcribed the responses verbatim to preserve the original context's integrity. It is critical to recognize the value of all aspects of the data, as selective analysis may result in the omission of critical data. During the interview process, one person spoke in Igbo. I translated the Igbo sections into English to help all readers comprehend the study, especially since it is presented in English. My ability to communicate in both languages aided me in this task. I went over my notes and transcripts several times after each interview. I allocated codes to areas that expressed comparable thoughts during this procedure. These initial codes were deemed critical to answering my study question about the challenges faced by parents raising children with disabilities in Enugu State. The data was coded to better understand the challenges that parents encounter when raising children with disabilities, as well as the specific strategies for coping they employ. Table 5.1 below presents the initial codes produced from this study. The produced initial codes were examined and reviewed repeatedly for patterns/similarities between the different codes. By categorizing similar codes, I formulated themes that needed to be broader in focus. The identified themes are presented in below Table 5.2.

Furthermore, I organized the formulated themes into clusters representing common themes that emerged across all participants. These clusters are presented in Table 5.3 below. I returned to the original descriptions to validate these clusters and compared them to check that everything had been noticed. These themes were then utilized to present and analyze my findings in the context of chosen theories and existing literature. Thematic analysis is an appropriate technique for interpreting a wide range of meanings inside a textual data set. I inductively generated themes from the research data during the analysis, corresponding to Braun and Clarke's (2006) bottom-up data analysis technique. Recognizing that this data analysis method emphasizes the researcher's role in interpreting the results is critical. Some critics, such as Freeman (2016), claim that this approach suggests that cultural judgements are primarily the researcher's, raising questions about impartiality and scientific rigour. However, in this study, the researcher's interpretations match the perspectives of scholars in phenomenology and strive to offer extensive and rich contextualized descriptions to strengthen the credibility and transferability of the findings (Creswell, 2018). They also recommend a self-reflective approach, which I used to resolve concerns about the credibility of my analysis and minimize potential criticism.

Table 5.1

INITIAL CODES	
Parents Significant Statements: Challenges in raising children with disabilities	**Parents Significant Statements: Coping Strategies Adopted by Parent**
● Felt bad about child's condition ● Felt regret of not noticing the health condition on time ● My children were very healthy when they were born ● It is heartbreaking seeing your child like this ● It is not easy for me but I cannot do anything about it ● The child cannot stay without supervision ● I cannot leave him on his own ● Concern about leaving the child all by herself ● Don't go out of the house for long ● I don't engage in anything that will take me away from home for a long time ● I have to slow the acceleration for my career ● Quit her job ● I take him to school and also bring him back ● Friends come with different findings as regards the cause of the children's condition ● People are ignorant of child's condition and say hurtful comments ● Difficult to understand the child's communication	● Knowledge about your child's condition ● Show the child care,love and be their friend. ● Don't abandon them ● Give the child preferential treatment. ● Tomorrow is brighter ● It is something that has come, I have to face it squarely like a man ● It is not a death sentence ● I try not to compare children ● Think of those in worst situation and still surviving ● In every situation we have to thank God ● I have not lost total hope on them ● I draw strength from God ● Hope there will be new research/medications to improve children's conditions. ● Had a mindset that the world is not all rosy but has ups and downs.

• Frustration • Shout a lot • It made me develop high blood pressure • When I see other kids of his age and what they are doing, I do feel bad. • No support from Government • No free education for the special needs • The location of the child's school is very far • Discontinued media educational resources channel due to the financial commitment to the subscription. • Special education and other social services are paid for	• Help of special nannies • Special needs school has been helpful to the child. • My colleagues and my boss at the office make my job flexible • Doctors give them preferential treatment at the hospital. • Shelve off activities that will affect the child • Adjust what I wanted to be

Table 5.2

Formulated themes: Parents Challenges in raising children with disabilities	**Formulated themes: Parents coping strategies in raising children with disabilities**
• Parents expressing a sense of regret and grief for not identifying their child's condition on time. • Recurrent reminder of what their child misses out • Parents expresses Emotional stress in the responsibility of caregiving • Caregiving responsibility limits parents' social life. • Parents have to cut off activities that will take them away	• Parents acceptance of child's condition helped them to know how best to care for the child • Knowledge about type of child's condition assisted on the right care and management of the child needs • Concern,support and encouragement from friends and family members made parents feel empowered. • Support from colleagues and understanding boss makes work flexible at office and gained the time needed to care

from home ● Parents paused their career pursuit just to care for the child ● Mother resigned her job to take care of her child ● Children's Medical bills and surgeries does not apply to NHIS ● Parents pay for the children`s special education and other support services. ● Cultural beliefs and attitude that associate disability with evil forces.	for the child ● Being present and shaping mind in the positive direction ● Employing paid support services (Nannies) to care role when not around ● Parents believe in the supernatural power above ● Parents encouragement, strength and hope encouragement increase when they pray

Table 5.3

CLUSTERS OF COMMON THEMES	
Theme 1: Parents raising children with disabilities suffer multifacet form of caregiving burden: - Emotional stress - Financial pressure - Social detachment - Societal construction and attitude	**Theme 2 : Parents raising children with disabilities established a self-empowerment coping strategy in response to their children`s condition.** - Recognizing and embracing child's disability - Silver lining mindset - Faith in the divinity - Relationship within the Social community

CHAPTER SIX

FINDINGS AND DISCUSSION

6.1 INTRODUCTION

The findings of the interviews with each parent are presented in this chapter. Two emerged themes and their related sub-themes were used to present the findings. The themes are drawn from the parent's experiences and shed light on their distinct perspectives. The first theme, "Parents raising children with disabilities suffer from a multifacet form of caregiving burden," will be presented in depth, followed by the second theme, "Parents raising children with disabilities established a self-empowerment coping strategy in response to their children's condition." Each theme is presented thoroughly, and parents' direct quotes are included to understand each point better. To ensure confidentiality and ethical considerations, each parent participant was assigned pseudonyms. As a result, Participants A, B, and C will represent the parents' identities. This chapter also discusses the interview data's findings by comparing them to existing literature. Theoretical frameworks are also examined to provide context, align the data, and contribute a deeper understanding of parental challenges and coping strategies in raising children with disabilities in Enugu State, Nigeria.

6.2 Theme 1: "Parents raising children with disabilities suffer from a multifacet form of caregiving burden."

The first research question for this research was to explore the challenges parents face while raising their children with disabilities. Four sub-themes were reported in response to this research question: emotional stress, financial pressure, social detachment, and social construction and attitude. As I noted from the interview data, these sub-themes are interconnected since they emerge in the parents' everyday life experiences and interactions within the social community. To remain committed to the phenomenological approach used in this study, I must grasp and discuss the parents' experiences as a whole rather than as distinct subthemes. The findings from the interviews revealed that all of the parents' experiences were related to the caregiving burden. In this study,I refer to the caregiving burden as emotional, physical, social and financial stress experienced by parents as a result of providing ongoing care and support for their children with disabilities. I defined *caregiving burden* as feelings of guilt and regret about missed opportunities to have normal children, fear of what the child's future will be, extra financial cost, quitting one's job due to a caregiving role, time spent to offering direct active care for the child daily, time spent in journey to and from health care consultations for the child, community unfavourable belief and perceptions about disabilities, the stress in finding a particular school to place the child, health-related extra costs for the child. The parents expressed sadness and regret about lost opportunities to raise normal children. Their unhappiness stemmed from their children being born healthy, but due to a lack of firsthand knowledge about children's disabilities, they were unable to have normal children. This was expressed by one of the parents. This is how one of the parents put it:

My triplets were born in good health. People came in and out of our house to see them when they were born because they were identical triplets. Everybody was happy, including my family, friends, neighbours, and everyone who heard they were triplets. They were such lovely and happy babies when they were born. I regret and feel bad that we did not identify and prevent their conditions earlier….(Participant A)

According to (Ogbonna et al., 2020, Mpontshane,2017, and Sidener, 2019), parents grieve when they learn their child has a disability. The grieving process is caused by parents' established aspirations, expectations, and dreams for the child before birth. Finding out that their children have disabilities shattered their expectations and dreams for their children. Parents tend to be overwhelmed because of the loss of hopes and aspirations they have wished for their children. The parents in this study experienced grief, concern, regret, frustration, and fear due to the loss of hope for "the ideal child" as they began to perceive their own and their children's lives as incomplete and distinct from those of the community. Parents expressed worries about the future or what might happen to their children without them. This is shown in the parents' constant watchfulness and desire always to be close to the child.

I cannot leave my son on his own; I have to take him to school and bring him back. He is 15 years, but I cannot leave him on his own because his IQ is very low. It is giving me the concern to leave him all by himself; I have to monitor what he is doing to make sure he is fine ... (Participant C)

The adverse effects of parents' worries and concern about their child's incapacity to be autonomous can potentially compromise not just the parents' ability to focus on the present situation and other children in the family. Similarly, it can affect their social relationships with others in the community. *Social detachment* is a challenge that many parents face. The research found that this challenge arises due to many factors, such as parents investing a large amount of their time and energy in their child's care, which limits their ability to engage in social activities and form social connections. All the parents stated they prioritise the needs of their children with disabilities. They mentioned that they avoid activities or events that will take them away from their home for an extended period. Another parent also has this to say:

I am the only one who understands what my daughter says or wants. She cannot stay anywhere without me being there, and I don`t go anywhere without taking her… This also made me quit my job. And also,the particular school she attends is so far from where we live; if I take her there, I stay in the neighbourhood until they close, and then I will bring her back home. I don't spend much time away from home. I make it a point to be there for her…. (Participant B)

According to the data collected, parents lack and require a feeling of community through aid. Parents require assistance from others, particularly with caregiving tasks and the ability to make more time for themselves. The data I gathered revealed that parents needed more time for social activities and self-care due to a lack of interaction and a consistent social network. During the interview, parents expressed how they feel lonesome and don't go out often for social gatherings since they don't have family members or friends supporting them with the caregiving duty aside from their spouses and other children. Parents indicated that the presence of friends and family members would assist them in finding free time to rest, relieve stress and make time for themselves and other activities. Although most parents prefer staying at home and caring for their children because leaving the house to mix with friends or attend social activities would expose them to some form of unfavourable social construct and attitudes directed at them and their children. Parents' social lives are heavily influenced by societal construction and attitudes. What others believe about children with disabilities can create barriers to assistance and inclusion. Children with disabilities and their parents are especially exposed to negative societal conceptions and attitudes directed at them.

Several studies, including the current study (Haruna, 2017; Gona, 2016; Gupta, 2004; Staniland, 2009), reveal that both children with disabilities and their parents are particularly vulnerable to unfavourable societal perceptions aimed towards them. The gravity, significance, and negative consequences of this issue in Nigeria gained international recognition, as evidenced by numerous international statements. The Treaty for the Rights of Persons with Disabilities is the most powerful(Article 8). It promotes increasing awareness, supporting tolerance, overcoming preconceptions and prejudices, and promoting acceptance of the abilities and contributions of people with disabilities. (UN,2009). While these announcements are significant, I emphasized that efforts to raise public awareness and conduct research should include not just individuals with disabilities but also their parents because the impact of disability impacts parents equally. The parents described how most of their family and friends pressured them to seek divination for their children's problems, believing it was not a normal condition but a result of some horrible spiritual forces. One of the parents stated that some of his friends even went so far as to consult certain spiritual powers on his behalf to seek the source of his children's health condition without his knowledge and then returned to inform him what they discovered. Some suggested he consult an oracle because the children were not born with health issues, implying that an evil power inflicted them.

You cannot get away from cultural beliefs in this setting. People always associate everything with a spiritual meaning...My friends even went so far as to consult some supernatural powers on my behalf without my knowledge because they knew I did not believe in those things. They found numerous causes for my children's health issues… While some of them said that because my children were healthy when they were born, it was the cause of evil forces… I will laugh because I know the reason for my children's problem was a health condition that arose while they were babies, and we were unaware of it. .. (Participant A)

Furthermore, financial pressure is a persistent difficulty for parents as they fulfil their caring obligations. According to the study data, financial pressure not only causes significant concern for parents but can also negatively impact family functioning and child development, increasing parental emotional stress, decreasing parental participation, and resulting in less effective parenting techniques. Parents must invest significant financial expenses for assistive devices, exceptional food, drugs, physical therapy, occupational therapy, and special education to provide their children with vital care throughout their lives. Medical care and other services may have considerable out-of-pocket expenditures not covered by insurance. Understanding that these costs may rise, prompting everyone in the family to make sacrifices to get through these difficult times is critical. All of these potential outcomes could harm the quality of the parent's relationship, their living condition, and their children's future relationships and family structure. This is how one of the parents expressed it :

I have not received any financial aid from anyone or the government. I am doing my best to provide for my child...I enrolled him in a fee-based special school. His medical bills and other supportive aids for his mental growth that the professional prescribed have all been paid for by me….(Participant C)

6.3 Theme 2: “Parents raising children with disabilities established a self-empowerment coping strategy in response to their children`s condition”.

The second research question of this study was to investigate parents' strategies for coping when raising children with disabilities. Four sub-themes were identified: recognizing and embracing a child's disability, silver lining mindset, faith in divinity, and relationship within the social community. These subthemes, like theme 1, are not isolated but interrelated since the parents used the strategies as an entirety rather than as a unit subtheme in handling responsibilities associated with their caring role. As a result, I will discuss this sub-theme as a whole to gain a deeper understanding of the data from a phenomenological perspective. I define self-empowerment strategy as a frame of mind and worldview that emphasizes individuals taking ownership of their own lives, experiences, circumstances, choices, and steps to take in order to accomplish personal advancement and improvement. It stresses the idea that everyone is born with the ability to chart their path, make decisions, and overcome obstacles. According to the study findings, parents were left to discover their coping methods without relevant authorities' aid. Through the caregiving role of raising their child, parents employed their available personal resources as coping mechanisms. As Ogbonnaya et al. (2020) explained, parents employ their resources to establish efficient coping strategies. Recognizing and accepting their child's disabilities was demonstrated to be the first breakthrough attitude they established in managing their children's disability. This is interpreted as parents accepting the reality of their children's disabilities as something they had to learn to live with. It is the point at which the parents can see past the disability and accept their child for who he or she is. This approach aims to obtain knowledge about the children's condition, allowing parents to make informed decisions about how to help and manage their children. According to the findings of this study, most parents arrived at recognizing and embracing their child's disability after realizing that the disability did not annihilate their children's future because they could envision a bright future awaiting the child despite his or her disability. This is how Participant C expressed it:

> *I first developed high blood pressure due to my son's condition, as I was constantly concerned about his future. I must caution myself to accept reality because there is nothing I can do about it. I no longer worry about my son's condition because it has become a part of me. Instead, I am doing my best to provide him with all of the necessary support services he requires and all of the affection he deserves because he is such a lovely and happy boy….Participant C)*

Recognizing and embracing their children's disabilities, parents acknowledged that their children have special demands and difficulties due to their disability, and they accepted it as an essential part of their children's individuality. Various academics have claimed no final level of absolute parental acceptance of children with disabilities (Barnett et al., 2003). Instead, some pain and contradicting feelings are likely to persist or return. This implies that there is no end to this sequence of events. Barnett et al. (2003) suggested the use of the term adaptation. The study data demonstrated that parents must improve their parenting abilities, such as patience, perseverance, love, caring, e.t.c. In addition, the parents stated that instead of waiting for help, they began investigating and learning about their child's condition. According to the study, this technique assisted in adjusting to and finding meaning in the fact that the condition did not destroy their child's future because they could visualize an exciting future awaiting their child regardless of the disability. Parents recognize and accept the presence and impact of the impairment on their child's life, such as recognizing the particular problems and restrictions connected with the disability and accepting and appreciating their child's limits and talents. Recognizing the truth of the circumstance allowed parents to better adjust to their child's demands. The results also showed that parents could adjust their perspective, considering the disability as a quality that contributes to their child's distinctiveness rather than a harmful component. Recognizing and accepting the child's impairment gave parents a sense of control and knowledge over the situation. As a result, they can actively participate in locating appropriate resources, support, and interventions for their child. Parents, for example, were able to place their children in specialized educational services, therapy programs, and other creative adaptive assistance. Recognizing and accepting their child's impairment helped parents establish a Silver lining perspective about their child's disability.Parenting with a silver lining perspective requires a positive attitude towards their children's limitations. A silver mindset, according to the parents, underlines that there is an "ability" in every "disability." The parents expressed their optimism about their children's disabilities. The parents put it this way:

I have seen some people in the worst conditions, yet they became great people in this life… So I have hope in my boys. The world of technology and research is developing day by day. Nobody knows what will happen tomorrow as invention and new medicines and cure for ill health that was not here years back are now being found. So I have not lost total hope in my sons.. (Participant A)

My husband always encourages me not to worry that our daughter will improve her condition. That is why I am making sure to raise her in the same manner that I raise my other children—that is, like an average child. Even though she has a disability, she can still amount to something. She is my first daughter and child. Therefore, I will not sit back and watch her fail to achieve anything in life. I am making sure to raise her lovingly and teach her the necessary coping skills...(Participant B)

The study found that parents' perceptions of their children`s impairment shifted from a source of pain to an opportunity for growth, perseverance, advancement and adaptation. Jones and Passey (2004) discovered that using positive attitude tactics to cope with stress can help lessen the stress levels in parents of children with developmental disabilities. Similarly, Lustig (2002) asserted that parents who positively reframe their child's impairment and regard themselves as capable tend to display higher adaptation. The study discovered that parents could see their circumstances as a chance for self and family advancement, perseverance, and growth. The study showed that Parents also acknowledge that their children's disabilities have allowed them to acquire empathy, patience, a greater awareness of human uniqueness, and to practise their faith in God. Another prominent coping strategy adopted by the parents was faith in divinity. Faith in divinity involves submitting and believing in the highest God's power. The survey data showed that the parents believe in God and have tranquillity and hope in the heavenly force. This, they explained, has taught them to accept and love their children even more. Parents have found hope and comfort in prayer and faith in God, who they believe will help them through difficult times.

My daughter`s special needs are so demanding that I often feel like losing my mind… I am praying to God about it, so I keep drawing encouragement from Him. Moreover, I continue to look up to God. He is the one who gave me my child; he also knows how best to help me… (Participant B)

My faith in God is strong, and I trust him in my son's health condition. Moreover, this has been helping me not to think negatively about my child's condition…(Participant C)

Previous research on parents of children with disabilities has described similar strategies (Gona et al., 2016). According to the research, parents who believe in a higher power have tranquillity and have learned to love and accept their children. Using this method, parents in this study revealed they could reinterpret their children's impairment and acquire emotional stability positively. The present study also indicated parents' hopes for divine intervention through prayer.

I am not giving up on my child….we always pray for her and God to speed up her mental development… (Participant B)

Gona et al. (2016) further added that parents who believe in divinity might seek religiously linked support groups, counselling services, or faith-based approaches that reflect their convictions. Such contacts can provide additional social support and guidance, increasing the parents' coping skills, and may affect interactions and relationships in the parents' local social setting. The current study found that parents received some assistance in managing their children's daily care needs through their contacts and ties with others in the community. The official and informal social assistance they received within the social community made parents feel hopeful and motivated to care for their children. One of the parents expressed gratitude to his coworkers and boss at work for their empathy:

My colleagues and my boss make my work flexible because they know about my children's condition. My boss has been helpful and kind to me in making sure he does not give me a task that will make me travel outside the state because he knows I need to be around to take care of my children… (participant A)

In the same light, another parent appreciates the support services from the professionals in the child`s school, expressing how beneficiary it has helped the child's wellbeing :

The special school my daughter, attends is beneficial. The services from the psychologist, support teachers, and therapist are excellent, and I like it. I must admit the services are helping my daughter`s improvement… (participant B)

It is also evident from the study data that the kind of social support used by the parents included their spouses, children and some family members. It benefited the parents to have close relatives who appreciate and encourage them in their caregiving roles:

> *My family have been empathetic, and they appreciate the excellent work that I am doing with my children. This has helped reduce my stress, knowing that your family appreciate you for what you are doing, which means you are doing a good job. It encourages me to keep on…*
> *(Participant A)*

> *… My husband's words, kind words, and support assisted me in summoning courage last year to look into other things that needed my attention which I had abandoned since giving birth to my child. Like developing my career path in pharmaceutics and also pushing out my academic papers, as I am also interested in lecturing. So I completed one of my papers, and I have published it. Moreover, I have started my PhD program too… (Participant B)*

This study demonstrated how parents trusted their spouses, children, and others to assist them and their children. Parents described their family as a source of strength in their life. Words of encouragement and assistance in caring for the child were examples of support. Parents recognized the benefits of collaborative parenting, realizing it required working as a team and offering mutual support to obtain appropriate aid for their child. Parents demonstrated how they benefited from dependable family, colleagues, and friends who supported them and said nice things. Kind remarks from significant figures, family members, and friends while parents cared for their children inspired parents to do more and feel pride in being capable parents. From the study data, this external assistance has helped parents lessen stress and worry as they embark on their path of caring tasks. Parents shared how generosity from coworkers and the supervisor has aided in making work at the office flexible to gain considerable time for the function of child care provider. Furthermore, for the parents to cope, they needed to work with professionals. The parents stated that some professionals provided official support services and assisted them in making decisions about their children's disabilities. Healthcare providers, psychologists, and occupational therapists are among the professionals with whom parents collaborated. During the interview, I discovered that parents sought information from these professionals about their children's conditions, care, and improvement.

6.4 Relating Lazarus and Folkman's theoretical framework to findings of caring burden challenge

One of the theoretical frameworks guiding this investigation included Lazarus and Folkman's (1984) coping theory. The current study proves that the caring burden is unavoidable for parents raising children with disabilities. The study found that caregiving burdens significantly contribute to parental stress due to their experience raising children. As a result, the functional role of coping techniques described by Lazarus and Folkman was explored. According to Lazarus and Folkman, positive perception can provide emotional rest, promote sustained coping attempts, and replace resources depleted by stress. Positive perceptions are a component that lessens the burden of a child's impairment on parents. "Positive perceptions are independent results of stress and other negative experiences, but they occur in parallel with the negative or stressful experiences. Positive effects may aid in defending against regret, concern, frustration, fear, and guilt, as claimed by Lazarus and Folkman.

Positive perceptions are important in the strategies for coping that parents develop on their own, in line with the current study. Positive perceptions were proven to help parents manage better the physical, emotional, social, and financial stress they faced while raising their children. The study discovered that in the face of all these stressful occurrences, parents attempt to adjust by seeking meaning, acquiring competence, and developing themselves. Cognitive illusions are a practical approach to achieving this adaptation (Taylor, 1983; Brown, 1993). "When these illusions are challenged, different perceptions will be produced to maintain significance, competence, and the self-system—setting attainable goals and participating in problem-focused coping to achieve their results in the sense of control and mastery. Problem-focused coping refers to efforts made by parents to solve or manage problems associated with their caregiving obligations. It comprises information acquisition strategies, decision-making, planning, and conflict resolution. It also includes parents' efforts to acquire resources (e.g., skills, tools, and information) to assist with the process of adapting to the new normal of raising children with disabilities.

Lazarus and Folkman maintained that it is possible to establish goals and experience efficacy, skill, and control even in conditions that appear unpredictable and even worsening. Positive reappraisal is another coping strategy involving cognitive skills for reframing a situation to see it in a more positive light (Folkman & Moskowitz, 2000). From the present study findings, positive reappraisal allows parents to evaluate their experiences more favourably. It incorporates deeply held values that become awakened due to the stressful event. The practice encouraged parents to focus on the worth of their efforts, which is particularly significant in assisting them in maintaining tasks such as those involved with caregiving. As a result, Coping entails establishing, restoring, or strengthening meaning in the face of stress. This, as demonstrated in the study, assists parents in determining the personal significance of a stressful circumstance regarding embracing their children's disabilities, having a silver lining mindset, faith in the divine, association with the immediate social community, and commitments. This reviewed significance impacts the caregiving burden that the parents face as they raise children with disabilities.

6.5 Relating Bronfenbrenner's Ecological Systems Theoretical Framework To Findings Of Self Empowerment Strategy Use By Parents Raising Children With Disabilities

Bronfenbrenner's (1979) ecological system approach is the second theoretical framework guiding this study. This study was directed by an ecological approach, which addressed the significance of how the environment might help parents cope with stressful situations. Suppose we overlook the role of ecological system theories in understanding activities and domains of social relationships that occur within the context space where these parents dwell. In that case, our discussion of strategies for coping by parents raising children with disabilities will be insufficient. As a result, Bronfenbrenner's ecological systems provided a unique perspective in understanding these parents' experiences. As shown in Chapter 3, ecological systems are represented as a succession of convergent rings of increasing circles. The parent or "individual" is in the centre of the ring. The "microsystem" is immediately followed by a broader ring that includes the parent's immediate family, friends, school, workplace, religious community, and neighbourhood (Bronfenbrenner, 1979). The "mesosystem" is depicted by the next circle, which depicts the links that connect the "microsystem" and the next layer, the "exosystem." The "exosystem" contains surroundings that have an indirect connection to the individual(parents), such as economic systems, political systems, educational systems, policies, the agency that provides human services, and the governing bodies (ibid).

Subsequently, the last circle depicts the "macrosystem," which encompasses the individual's standards, values, culture, and customs. Within the "exosystem," service coordinators collaborate with families. When service coordinators provide family-centred services, they play a supporting role by facilitating both adaptation and coping techniques in families. According to Duenas, Landry, and Torok (2012) in Sidener (2019), family-centred care is a service-centred strategy that acknowledges the significance of the family and prioritises the health and well-being of the entire family in decision-making. Family-centred care services encompass child care, family resource centres, family counselling, support groups, financial aid information, and resources and support resources for both parent and child. The emphasis on ecological systems theory is crucial to this study because it highlights the critical role of ecosystems surrounding parents of children with disabilities. These surrounding systems directly impact how parents cope with stress and how they respond to common issues. The Ecosystems theory also highlights how crucial positive interactions between all system levels are to parents as they contend with maintaining optimal efficiency and adaptability. Parents may join disability-focused community organisations, support groups, and awareness networking.

These social networks can give a platform for parents to interact with others who have similar experiences, exchange knowledge, and offer assistance to one another. Participation in social gatherings, seminars, or training programs linked to disability can also help parents cope by strengthening their knowledge, reaffirming resilience, and establishing a sense of empowerment. Furthermore, cultural views, attitudes, and standards about disability can impact the social community's support and acceptance of parents. Promoting an environment of understanding, accepting, and inclusive societies prioritising diversity and equal possibilities enhances parents coping. The ecological approach also considers the parent as "nested in its environment" and the various systems that impact the parent's experiences. For example, "organised religion and personal beliefs/or faith dwell within these nested systems" The current study has acknowledged the influence of organised religion and individual beliefs on parents' coping strategies. As a result, organised religion can play a variety of functions for parents. It can offer parents material and occasionally financial support, education, and emotional support.

6.6 Recommendations

(1) I strongly recommend that, in light of the study's findings, support organisations for parents of children with disabilities be established and implemented. Support groups would provide parents with a safe environment to share knowledge and assist one another with raising children with disabilities. In a supportive environment, parents might discuss sensitive, emotional matters like frustration and struggle with raising their children. They will be able to realise that they are not alone in their struggle to raise children with disabilities.

(2) It is also advised that awareness campaigns be held with parents of children with disabilities, in which parents are informed that they can live everyday life with their children. These awareness campaigns would concentrate on educating parents about children with disabilities in order to give them knowledge of the nature of the condition, advice on how to raise a child with

a disability, direction on how to access services, advice on whom to contact when they need assistance, and information on the rights of their children with disabilities. Parents' meetings, churches and community meetings would educate others in the community while empowering parents to maintain their parenting practices in public.

(3) With parents of children with disabilities in this Enugu State, ongoing counselling programs must be started and run. The reason for this is that because parents of children with disabilities encounter numerous challenges and demands in their lives, they require emotional support to lessen their stress and assist them in accepting their circumstances.

(4) Social workers, healthcare givers and psychologists must be accessible to offer these parents counselling and assistance in setting up and delivering support programs in the state. In order to decrease overload, the government must see to it that more of these social/health professionals are stationed in the state. With the help of these professionals, programs to boost and increase optimism must be run.

(5) More special education schools should be built because there are not enough of them in Enugu State, which bothers the participants' parents in this survey since they have to go an extended distance to get their children to the special school.

(6) It is advisable to use non-governmental and community-based organisations to support parents of children with disabilities. They should also engage closely with community social workers to develop and manage these support programs.

CHAPTER SEVEN

CONCLUSION

With a focus on participants in Enugu State, Nigeria, this study was done on parents of children with disabilities. This study sought to explore parents' challenges and coping strategies. According to the study's findings, parents of children with disabilities have many of the same challenges as other parents who participated in similar reviewed studies. In this study, it was discovered, for instance, that parents do not modify their parenting. They make modifications to make room for their children with disabilities. As a result of the challenges they are dealing with, it also came to light that the parents had high-stress levels across every aspect. Given that studies have been done on the challenges faced by parents raising children with disabilities, it is surprising how little has been learned about how these parents cope with meeting those challenges. More specifically, the researcher used a phenomenological framework since it was suitable for analyzing the parent's experiences in the study. With the aid of this framework, the researcher was able to investigate and examine the lived or subjective experiences of the parents of children with disabilities. This approach also enables the researcher to assess the reality of the parents' descriptions of their experiences raising children with disabilities. Then work towards the production of new knowledge in the fields of social work and healthcare. Two questions were looked into in the study research:

1. How do parents experience challenges raising children with disabilities in Enugu, Nigeria?
2. What coping strategies do Enugu Nigerian parents use to manage the challenges of raising children with disability?

By using a semi-structured interview method and an inductive qualitative research methodology, the answers to the questions were discovered. According to the results of the data transcription, parents in Enugu had the following challenges when raising children with disabilities: emotional stress, financial pressure, social detachment, and societal construction and attitude. The study also revealed that parents created ways of coping by recognizing and embracing the child's disability: a silver lining mindset, faith in divinity and relationship with the social community. These findings were used to analyze Lazarus and Folkman's coping and Bronfenbrenner's ecological systems theories. Additionally, recommendations that could assist parents in meeting their demands were looked at during this study.

More suggestions for strengthening the services given by social workers, health care professionals, and policymakers to assist parents in developing more strategies to maintain their well-being and reinforce existing ones. This continues to drive social change, problem-solving in interpersonal interactions, and individual empowerment and emancipation to improve well-being (IFSW, 2020).

7.1 Future Studies

The findings of the investigation suggested several potential research subjects. Despite their children's limitations, the parents interviewed were optimistic about their children's future accomplishments, and parents continue to see promise in their children. Parents certainly believed in the special education system in which their children were enrolled. They also recommended that other parents of children with disabilities enrol them in the special institution. This is because parents feel that their children's growth, abilities, and self-determination will improve with the aid and services of multiple cooperating agencies in the school (such as psychologists, healthcare providers, and occupational therapists). Researchers should focus on how special education services impact the coping mechanisms and social support networks of parents of children with disabilities. The impact of special education programs on the self-determination and developmental progress of children with disabilities in Enugu State should also be carefully studied. Social workers and healthcare experts should cooperate with the special education system to ensure parents receive the support they want from the system. The parents also counted on their other children to help care for the siblings with special needs. There is, therefore, a chance to conduct a study that focuses on the experiences of siblings who look after children with disabilities.

In the current study, the researcher relied solely on the parents' perspectives via Whatzapp video conversations to learn about their experiences and coping strategies. Future research should examine how the findings might be validated by observing parents and child behaviours in a realistic setting, such as the home. Following parents during the day while observing interactions in their homes could be beneficial. At the end of the interview, parents were asked whether they had any questions for the interviewer or any other comments to make. All of the parents of children asked for increased community education because they believe many still have old cultural beliefs regarding disability in children. This is because some people`s attitudes do not provide children with disability with the empathy they require. Quoting one of the parents' comments, “It is not the fault of the child to be born this way;they need everyone's support. We need to care for them, love them, and be their friends”.

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APPENDICES

APPENDIX 1

INTERVIEW GUIDE

Understanding parenting challenges and coping strategies in raising children with disabilities in Enugu State, Nigeria.

Participants would be asked common questions before diving into the primary topics of discussion to create a calm and relaxed interview environment.

Demographic of Participants

What is your name?

How old are you?

How old is your child with disability?

Where do you live and tell me about your family(Are you Married/Single/or Divorced)

Main questions

1. Could you share your experience raising a child with a disability?
2. What challenges have you encountered raising a child with a disability and how do you cope with them?
3. What strategies do you use to support your child's well-being and autonomy, and how do you view those strategies?
4. Have you ever been a target of stigma or discrimination? If yes, how did you manage it?
5. How have you adjusted to the changes in your life since raising a child with a disability, and what are some of the good results of these adjustments?
6. Could you explain how you feel about your child's limitations and how they impact your parenting and coping?
7. How have your experiences and perspectives as a parent of a special needs child been shaped by cultural attitudes and beliefs?

8. How have your coping abilities improved as a result of any formal or informal support you've received from healthcare professionals or other service providers?
9. Do you know of any organisations or resources for parents of children with disabilities? If so, what advice would you offer to the other parents in the group who are struggling to adjust?
10. Do you have any positive experiences or opportunities that came from raising a child with a disability?
11. How have you maintained your emotional and physical wellness while taking care of your child?
12. How have you been able to balance your caregiving duties with your other commitments in life (such as your career, work, family, and self-care)?

Final Comment

Do you have any more thoughts on your experiences or recommendations for improving how society and the healthcare system can support families like yours?

APPENDIX 2

PARTICIPANT INFORMED CONSENT

This is a request for participation in the study : “(Understanding the challenges faced by parents raising children with disabilities and the coping strategies they employ in response to their children's condition. A Study in Enugu State, Nigeria.)”

Purpose of the study

This study would focus on Understanding parenting challenges and coping strategies in raising children with disabilities in Enugu State, Nigeria. By your participation in this study, you will share your experience on the study to the researcher.

Who is responsible for the research Study?

Nneka Patricia Nwatu, a master's student enrolled in the Nordic Master in Social Work and Welfare program (NOSWEL) at Aalborg University in Denmark, will conduct the research. Upon completion, the program will provide a Nordic master's degree in Social Work and Welfare. The initiative will be closely monitored by Professor Pernille Wisti, an associate professor at the institution. This study's data gathering is overseen by Nneka Patricia Nwatu.

What specifically is your role?

This qualitative research will involve conducting one-on-one interviews using Whatsapp video calls to collect data. The study aims to include 4 to 7 parents who have children with disabilities. The interviews will be scheduled at the parents' convenience and will last approximately 45 to 60 minutes. An audio recording will be utilised to capture the information shared during the interview. A semi-structured interview guide will be used, allowing parents to ask questions throughout the process. The questions will focus on understanding the challenges parents experience while raising children with disabilities and their coping strategies.

Participation

Participation in this study is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. Your information will be kept anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy-how the researcher will store and use your personal data

The researcher will handle and use your personal information as follows. To begin, your personal data will only be used for the purpose(s) mentioned in the information letter given. Second, the researcher will ensure that your personal information is kept confidential and processed in accordance with ethical standards. The researcher and the project supervisor will have access to your personal information. Any identifiable information will be thoroughly anonymized to ensure confidentiality. Upon completion of the research study, which is set to conclude in June 2023. To maintain privacy, sound recordings containing personal information will be destroyed. Transcripts (written data) must be stored on a password-protected computer until the completion of the study.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to Aalborg University Department of Sociology and Social Work regarding the processing of your personal data

What gives the researcher the right to process your personal data?

The researcher will process your personal data based on your consent.

Aalborg University Department of Sociology and Social Work has assessed that the processing of personal data in this study is in accordance with data protection legislation in Denmark.

Where can I find out more?

If you have more questions about the project, or want to exercise your rights, contact:

- Nwatu Nneka Patricia (Student Researcher) at nnwatu22@student.aau.dk
- Professor Pernille Wisti (Supervisor) at wisti@socsci.aau.dk

Aalborg University , Department of Social Sciences, Denmark

Yours sincerely,

Student Researcher

Consent Form

I have received and understood information about the study [**Understanding parenting challenges and coping strategies in raising children with disabilities in Enugu State, Nigeria.**] and have been given the opportunity to ask questions. I give consent to participate in an interview. I give consent for my personal data to be processed until the end date of the study, June, 2023.

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(Signed by Participant, & date)	(Signed by Researcher,& date)