

LEVEL OF PARENTAL STRESS AND MAJOR STRESSORS AMONG PARENTS OF SPECIALLY-ABLED CHILDREN ATTENDING SELECTED SPECIAL SCHOOLS IN AIZAWL, MIZORAM.

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Abstract:

Background: Parenting a specially-abled child often involves long-term emotional, social, financial, and caregiving challenges that may influence parental psychological well-being and increase levels of parental stress. **Aims:** The study aimed to assess the level of parental stress and identify the major stressors among parents of specially-abled children attending selected special schools in Aizawl, Mizoram. **Methodology:** A quantitative research approach with a descriptive research design was adopted for the study. A total of 90 parents were selected using purposive sampling technique. Data were collected using a self-structured Parental Stressors Scale and the standardized Parental Stress Scale (PSS) developed by Berry and Jones (1995). Data were analyzed using descriptive statistics including frequency, percentage, mean, and standard deviation. **Results:** The findings revealed that 56.7% of parents experienced a moderate level of parental stress, followed by 24.4% with high stress and 18.9% with low stress. Among the stressor domains, emotional stressors had the highest mean score ($M = 17.02$), followed by social stressors ($M = 16.10$), caregiving stressors ($M = 15.58$), and financial stressors ($M = 15.04$). **Conclusion:** The findings indicate that parents of specially-abled children experience substantial parental stress, with emotional stressors contributing the greatest burden. The study emphasizes the need for family-centered nursing care, counselling services, emotional support, and psychosocial interventions to enhance parental well-being and strengthen coping strategies among families of specially-abled children.

Keywords: Parental stress, specially-abled children, parental stressors, caregiving burden, emotional stress, special schools.

INTRODUCTION

Parents of specially-abled children often encounter complex caregiving demands that may influence their physical, emotional, social, and psychological well-being. Continuous caregiving responsibilities, concerns regarding the child's development, social stigma, limited access to support services, and challenges in balancing family and daily responsibilities may contribute to increased parental burden and affect overall family functioning [1,2].

Parental stress refers to the emotional and psychological strain experienced by parents while fulfilling parenting responsibilities and adapting to the demands associated with raising a child. It is commonly assessed using the Parental Stress Scale (PSS) developed by Berry and Jones [3]. Previous studies have shown that parental stress may arise due to caregiving burden, behavioral and communication difficulties of the child, emotional exhaustion, and limitations in available support systems [4–6]. According to the Transactional Model of Stress and Coping proposed by Lazarus and Folkman, stress develops through the interaction between environmental demands and an individual's perceived ability to cope with those demands [7].

At the national level, educational statistics from UDISE+ (2024–25) reported that approximately 2.1 million Children with Special Needs (CWSN) were enrolled in Classes 1–12 across India, representing only 0.91% of total school enrollment [8]. Although educational inclusion has improved over time, many families continue to face challenges related to accessibility, support services, and long-term caregiving demands. In Mizoram, 3,828 CWSN were enrolled, accounting for 1.51% of total school enrollment, indicating comparatively better inclusion but continued service-related and caregiving challenges [8].

Previous studies conducted in India have reported that parents of children with disabilities frequently experience emotional burden, caregiving strain, social challenges, and reduced psychological well-being [9,10]. Studies have also highlighted that emotional demands, financial concerns, social limitations, and caregiving responsibilities act as important stressors influencing parental experiences [11–14]. Evidence from Northeast India further suggests that limited support systems and barriers in accessing disability-related services may contribute to parental burden [11–14]. Findings from NFHS-5 (2019–21) further indicate continuing disparities in healthcare accessibility and support services that may affect families caring for children with special needs [15]. Emotional responses and caregiver experiences have also been identified as important contributors to parental stress [16].

Despite increasing attention to caregiver burden and family-centered care, limited research has specifically explored the level of parental stress and major stressors experienced by parents of specially-abled children in Aizawl, Mizoram. Therefore, the present study was undertaken to assess the level of parental stress and identify the major stressors among parents of specially-abled children attending selected special schools in Aizawl, Mizoram.

OBJECTIVES OF THE STUDY

1. To assess the level of parental stress among parents of specially-abled children in selected special schools of Aizawl, Mizoram
2. To identify the key stressors experienced by parents of specially-abled children in selected special schools of Aizawl, Mizoram.

ASSUMPTIONS

1. Parents of specially-abled children may experience varying levels of stress due to caregiving responsibilities and challenges associated with their child's condition.
2. Stressors experienced by parents may arise from emotional, financial, social, and caregiving-related domains.

DELIMITATION

1. The study was confined to parents of specially-abled children aged 5–15 years attending selected special schools in Aizawl, Mizoram.
2. The investigation focused exclusively on assessing parental stress and identifying parental stressors and did not include any intervention, counselling, or follow-up assessment.
3. The study was conducted within a specified period, and the findings reflect participants' experiences during that period only.
4. Data were collected solely through a structured self-administered questionnaire, and qualitative methods such as interviews or focus group discussions were not included.
5. The study focused only on measuring the level of parental stress and stressor domains and did not explore causal relationships or evaluate intervention outcomes.

METHODS AND MATERIAL

A quantitative research approach with a descriptive research design was adopted to assess parental stress and identify major stressors among parents of specially-abled children attending selected special schools in Aizawl, Mizoram.

Variables

The study variables included:

Research variables: Level of parental stress and parental stressors among parents of specially-abled children.

Demographic variables: Age, gender, educational qualification, occupation, monthly family income, type of family, area of residence, number of children, number of specially-abled children, birth order of the specially-abled child, gender and age of the specially-abled child, and level of family support.

Sampling Technique

A total of 90 parents of specially-abled children attending selected special schools in Aizawl, Mizoram, were selected using purposive sampling technique.

Inclusion Criteria

- Parents of specially-abled children aged 5–15 years attending selected special schools in Aizawl, Mizoram.
- Parents willing to participate in the study.
- Parents who could read and understand the language of the questionnaire.
- Parents who were primary caregivers and available during the data collection period.

Exclusion Criteria

- Parents with diagnosed severe medical or psychiatric conditions

DEVELOPMENT AND DESCRIPTION OF THE TOOLS

The data collection instruments were selected and developed based on the study objectives and an extensive review of literature to assess parental stress and stressors among parents of specially-abled children. The tools consisted of three sections:

Tool 1: Socio-demographic Questionnaire

A structured questionnaire developed by the researcher to collect background information regarding parents and specially-abled children. Parent-related variables included age, gender, educational qualification, occupation, family income, type of family, area of residence, number of children, number of specially-abled children, and level of family support. Child-related variables included age, gender, birth order, and type of disability.

Tool 2: Parental Stressors Scale

A self-structured Parental Stressors Scale was developed based on literature review to assess stressors experienced by parents of specially-abled children. The scale consisted of 20 items measured on a 5-point

Likert scale and covered four domains: emotional stressors, financial stressors, social stressors, and caregiving and daily life stressors.

Tool 3: Parental Stress Scale (PSS)

The standardized Parental Stress Scale (PSS) developed by Berry and Jones (1995) was used to assess parental stress. The scale consists of 18 items rated on a 5-point Likert scale, with selected positive items reverse scored. Total scores range from 18 to 90, with higher scores indicating greater parental stress. For the present study, stress levels were categorized into low, moderate, and high based on mean $\pm$ standard deviation. Permission to use the scale for academic research was obtained from Dr. Judy O. Berry prior to data collection.

Reliability of Research Tool

The reliability of the self-structured Parental Stressors Scale was established using Cronbach's alpha method based on pilot study data. The scale consisted of 20 items and yielded a Cronbach's alpha coefficient of 0.885, indicating good internal consistency. Therefore, the tool was considered reliable and suitable for use in the main study.

For the standardized Parental Stress Scale (PSS) developed by Berry and Jones (1995), the original tool demonstrated satisfactory internal consistency reliability with a Cronbach's alpha coefficient of 0.83. In the present study, reliability was reassessed using the Cronbach's alpha method, and the scale yielded a Cronbach's alpha coefficient of 0.81, indicating good internal consistency and suitability for use in the study.

Ethical Consideration:

- Ethical clearance was obtained from the Institutional Ethics Committee (IEC), RIPANS, Aizawl, Mizoram.
- Informed consent was obtained from all participants before data collection.
- Confidentiality and anonymity of participants were maintained throughout the study.
- Participation was voluntary and data were used only for research purposes.

Procedure for Data Collection

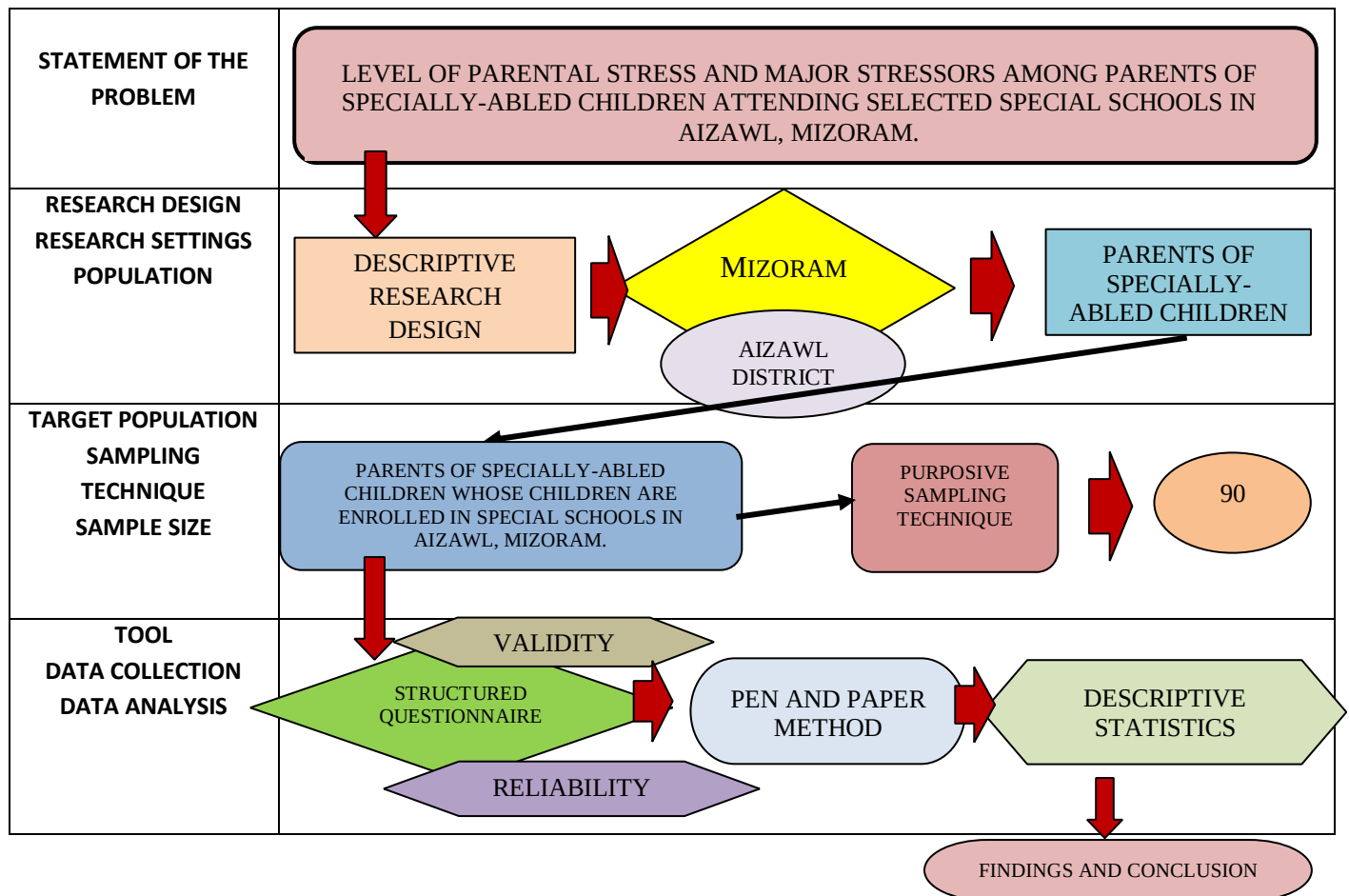
Data collection refers to the systematic gathering of information relevant to the objectives of the study. Data collection for the present study was conducted over a period of 3 weeks from 6th April 2026 to 25th April 2026 after obtaining ethical clearance and formal permission from the authorities of selected special schools in Aizawl, Mizoram. A total of 90 parents of specially-abled children were selected using purposive sampling technique.

The researcher introduced herself to the participants and explained the purpose of the study. Written informed consent was obtained and confidentiality was assured. Data were collected using a self-administered questionnaire, including the socio-demographic questionnaire, Parental Stress Scale (PSS), and Parental Stressors Scale.

After completion of data collection, participants were thanked for their cooperation.

Figure 1

Schematic representation of Research Methodology



ANALYSIS AND INTERPRETATION OF DATA

Analysis refers to the process of organizing and summarizing data to answer research questions and achieve the objectives of the study. Interpretation refers to drawing conclusions and explaining the significance of the findings. The collected data were coded, entered, and analyzed using IBM SPSS Statistics for Windows, Version 22.0. Descriptive statistics were used for data analysis.

Frequency and percentage were used to describe the socio-demographic characteristics of parents and specially-abled children and to determine the distribution of parental stress levels. Mean and standard deviation were used to summarize parental stress scores and identify the major domains of parental stressors among parents of specially-abled children attending selected special schools in Aizawl, Mizoram.

Organization of Study Findings:

Section I: Frequency and percentage distribution of the socio-demographic characteristics of parents and specially-abled children.

Section II: Descriptive statistics and distribution of parental stress levels among parents of specially-abled children.

Section III: Mean, standard deviation, and ranking of parental stressor domains among parents of specially-abled children.

RESULTS AND DISCUSSION

Section I: Frequency and percentage distribution of the socio-demographic characteristics of parents and specially-abled children.

Table 1

Frequency and Percentage Distribution of Socio-Demographic Characteristics of Parents and specially-abled children
(n = 90)

Socio-demographic variables		Frequency (f)	Percentage (%)
Age of Parents	Below 25 years	3	3.3%
	25-34 years	9	10.0%
	35-44 years	38	42.2%
	45-54 years	36	40.0%
	55 years and above	4	4.4%
Gender of Respondent	Male	29	32.2%
	Female	61	67.8%
Education Qualification of Respondent	No formal education	0	0.0%
	Primary School	5	5.6%
	Middle School	3	3.3%
	High School	25	27.8%
	Higher Secondary	18	20.0%
	Graduate	25	27.8%
	Postgraduate and above	14	15.6%
Occupation of Respondent	Government employee	35	38.9%
	Private employee	7	7.8%
	Self-employed	17	18.9%
	unemployed	4	4.4%
	house wife	22	24.4%
	other	5	5.6%
Monthly Family Income	₹47348 and above	44	48.9%
	₹ 23674-47347	21	23.3%
	₹17756-23673	16	17.8%
	₹11837-17755	2	2.2%
	₹ 7102-11836	6	6.7%
	₹ 2391-7101	0	0.0%
	less than ₹ 2390	1	1.1%
Types of family	Nuclear	48	53.3%
	Joint/Extended	30	33.3%

	Single Parent	9	10.0%
	Divorced/Separated	3	3.3%
	Others	0	0.0%
Area of Residence	Rural	6	6.7%
	Urban	84	93.3%
	semi-Urban	0	0.0%
Number of children	one child	9	10.0%
	two children	16	17.8%
	Three children	45	50.0%
	Four or more children	20	22.2%
Number of special children in the family	one	90	100.0%
	two	0	0.0%
	three or more	0	0.0%
Level of support	no support	48	53.3%
	support from immediate family member	26	28.9%
	support from extended family or relatives	3	3.3%
	support from church or local religious institutions	8	8.9%
	support from community	1	1.1%
	Support from NGO or special school	2	2.2%
	financial support from government	2	2.2%
Birth order of special child	1st child	33	36.7%
	2nd child	26	28.9%
	3rd child	22	24.4%
	4th or above	9	10.0%
Gender of special child	Male	59	65.6%
	Female	31	34.4%
Age of the Child	5-7 years	22	24.4%
	8-10 years	19	21.1%
	11-13 years	21	23.3%
	14-15 years	28	31.1%
Types of Disability	physical disability	6	6.7%
	intellectual disability	9	10.0%

	ASD	29	32.2%
	Speech/hearing impairment	17	18.9%
	visual impairment	2	2.2%
	learning disability	5	5.6%
	multiple disability	22	24.4%

Table 1 shows the frequency and percentage distribution of socio-demographic characteristics of parents of specially-abled children. The majority of parents belonged to the age group 35–44 years (42.2%), followed by 45–54 years (40.0%). Most respondents were female (67.8%).

Regarding educational qualification, the highest proportion of respondents had completed high school (27.8%) and graduation (27.8%), while 15.6% had postgraduate education. In terms of occupation, the majority were government employees (38.9%), followed by housewives (24.4%).

Nearly half of the respondents (48.9%) had a monthly family income of ₹47,348 and above. Most families were nuclear families (53.3%) and resided in urban areas (93.3%).

Regarding family characteristics, 50.0% had three children, and all respondents (100%) reported having one specially-abled child in the family. More than half (53.3%) reported receiving no support, while 28.9% received support from immediate family members.

With respect to child characteristics, 36.7% of specially-abled children were the first-born child, 65.6% were male, and the largest age group was 14–15 years (31.1%). Regarding disability type, Autism Spectrum Disorder (ASD) (32.2%) was most common, followed by multiple disability (24.4%) and speech/hearing impairment (18.9%).

Section II: Descriptive statistics and distribution of parental stress levels among parents of specially-abled children.

Table 2

Mean, Standard Deviation, Minimum, and Maximum Scores of the Parental Stress Scale (PSS)

Parental Stress Scale (PSS)	Minimum	Maximum	Mean	Std. Deviation
	33.00	60.00	45.5444	7.00908
n	90			

Parental Stress Scale (PSS) scores among the participants ranged from 33 to 60, with a mean of 45.54 and a standard deviation of 7.01 (n = 90).

Table 3

Frequency and percentage distribution of Level of Stress among the parents of Specially-abled Children.
(n=90)

Stress Level	Frequency (f)	Percentage (%)
Low level of Stress (<39)	17	18.9
Moderate Level of Stress (39-53)	51	56.7
High Level of Stress (>53)	22	24.4

Table 3 indicate that more than half of the parents, 51 (56.7%), experienced a moderate level of stress (score 39–53). This is followed by 22 (24.4%) parents who reported a high level of stress (score >53), while 17 (18.9%) parents had a low level of stress (score <39).

Section III: Mean, standard deviation, and ranking of parental stressor domains among parents of specially-abled children.

Table 4

Mean, Standard Deviation, and Rank Scores of Stressor Domains Among Parents of Specially-Abled Children. (n=90)

Descriptive Statistics	Mean	Std. Deviation	Rank
Emotional Stressor	17.0222	4.11896	I
Financial Stressor	15.0444	6.14965	IV
Social Stressor	16.1000	4.13277	II
Caregiving Stressor	15.5778	4.12441	III

Table 4 presents that among the four domains of stressors, emotional stressor recorded the highest mean score ($M = 17.02$, $SD = 4.12$) and was ranked first, indicating it as the most significant stressor experienced by the parents.

This is followed by social stressor ($M = 16.10$, $SD = 4.13$), which was ranked second. Caregiving stressor ($M = 15.58$, $SD = 4.12$) occupied the third rank, while financial stressor ($M = 15.04$, $SD = 6.15$) obtained the lowest mean score and was ranked fourth.

DISCUSSION

The findings of the present study highlight the psychological and caregiving challenges experienced by parents of specially-abled children attending selected special schools in Aizawl, Mizoram.

With respect to the first objective, the study revealed that the majority of parents experienced a moderate level of parental stress (56.7%), followed by high and low levels of stress. These findings indicate that caring for a specially-abled child may place considerable emotional and psychological demands on parents and influence their overall well-being. Continuous caregiving responsibilities, concerns regarding the child's development, social expectations, and limited support systems may contribute to elevated stress levels among parents. Similar findings were reported by Gogoi and Tandrili [13], who observed increased stress levels among parents of specially-abled children in Assam. Comparable findings were also documented by Begum and Sudhakar [2], who reported increased emotional strain and reduced psychological well-being among Indian families caring for children with developmental disabilities.

With respect to the second objective, emotional stressors emerged as the highest-ranked stressor domain, followed by social stressors, caregiving stressors, and financial stressors. This finding suggests that emotional burden and psychological exhaustion may have a greater impact on parents than practical caregiving demands alone. Parents may experience persistent worries regarding their child's future, emotional adjustment, social acceptance, and long-term caregiving responsibilities. Similar observations were reported by Joseph and Chacko [14], who identified substantial emotional strain among caregivers of children with disabilities. This finding is further supported by Marcinechová et al. [16], who emphasized the influence of emotional responses and caregiver experiences on parental stress.

Overall, the findings indicate that parents of specially-abled children experience considerable levels of stress, with emotional stressors representing the most prominent source of burden. These findings emphasize the importance of family-centered nursing care, emotional support services, parent counselling, and psychosocial

interventions to promote parental well-being and strengthen coping among families of specially-abled children in Mizoram.

IMPLICATIONS

The findings of the present study have implications for Nursing Education, Nursing Practice, Nursing Administration, and Nursing Research. The study emphasizes the need to integrate concepts related to parental stress, caregiver burden, family-centered care, counselling, and psychosocial support into nursing education to prepare nursing students to identify and address parental stress effectively. In nursing practice, nurses play an important role in the early identification and assessment of parental stress and major stressors among parents of specially-abled children through emotional support, counselling, health education, and guidance to promote coping and well-being. From an administrative perspective, nurse administrators should encourage the development and implementation of family-centered support services, parent education programmes, counselling facilities, and staff training initiatives to strengthen support systems and improve quality of care. The findings also provide baseline information for future nursing research on parental stress and caregiver experiences and support further studies exploring stress management and supportive interventions to enhance parental well-being and caregiving outcomes.

RECOMMENDATIONS

- Future research should include a wider age range of specially-abled children (3–18 years) to facilitate comparison of parental stress across different developmental stages.
- Studies with larger samples from different districts and states are recommended to improve the generalizability of findings.
- Future research may examine the influence of demographic and socio-economic factors on parental stress among parents of specially-abled children.
- Intervention-based studies, such as counseling, stress management programs, and parent support groups, should be conducted to evaluate their effectiveness in reducing parental stress.
- Qualitative studies may be undertaken to gain deeper insights into the experiences and coping strategies of parents of specially-abled children.
- Comparative studies may be conducted to examine differences in parental stress and stressors across various types of disabilities.

CONCLUSION

The present study assessed the level of parental stress and identified the major stressors among parents of specially-abled children attending selected special schools in Aizawl, Mizoram. The findings revealed that the majority of parents experienced a moderate level of parental stress, while a considerable proportion reported high stress levels, indicating that caregiving responsibilities may substantially affect parental psychological well-being. Among the identified stressor domains, emotional stressors emerged as the most prominent, followed by social stressors, caregiving stressors, and financial stressors.

The study findings suggest that parenting a specially-abled child extends beyond physical caregiving and involves significant emotional and psychosocial challenges. Therefore, the findings emphasize the importance

of family-centered nursing care, counselling services, emotional support programmes, and psychosocial interventions to promote parental well-being and strengthen coping among families of specially-abled children. The study also provides baseline evidence for future research and supportive healthcare strategies for parents in similar settings.

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