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Print ISSN: [3006-2497](https://doi.org/10.5281/zenodo.18279378) Online ISSN: [3006-2500](https://doi.org/10.5281/zenodo.18279378)Platform & Workflow by: [Open Journal Systems](https://doi.org/10.5281/zenodo.18279378)<https://doi.org/10.5281/zenodo.18279378>**RAISING CHILDREN WITH DISABILITY; SUPPORT NEEDS AND COPING MECHANISM (CASE STUDY OF WAH CANTT)****Anum Waqar (Corresponding Author)**

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numankhan68055@gmail.com**Abstract**

This research examines the parent's way of raising a child with a disability, the support they need and the way they cope with challenges. The study describes the positive and negative behaviors of society towards parents and the disability of their child. The research was qualitative by nature and the universe was Wah Cantt, Rawalpindi. The total sample of the study was fifteen (15) respondents. The inclusive criteria of selection of respondents were the parents of disabled children. The snowball sampling technique was chosen to conduct an interview with respondents. The variables were divided into themes and sub-themes and the semi-structured interviews were written down according to the themes and sub-themes. The theory used by the researcher was the resiliency model of family stress, adjustment and adaptation, which was given by McCubbin and Partners. The theory stated that every family in society has some of the issues which need to be addressed. In many families, there are many issues either personal or social. Families are trying to settle down these issues and normalize the state of life. The data was analyzed through themes and subthemes. The findings of the research showed that parents who have a child with a disability, they can cope better if they receive greater support from family and society. Many people in society stigmatize the parents and the parents try to normalize the issues.

Keywords: Children, Disability, Support, Parents, Coping Mechanism, Wah Cantt, Pakistan.

Introduction

A child's disability diagnosis transforms parental joy into profound distress, blending the birth period with significant stress and grief (Rakap & Batik, 2024). Parents must cultivate resilience to

manage their child's chronic conditions, requiring supportive environments to alleviate universal stressors experienced across nations (Christian, B. J., 2025).

These parents face multifaceted hardships including social isolation, familial strain, career impacts, financial difficulties, and emotional distress like depression and grief (Ören & Aydin, 2020). The extensive, long-term care for a child with a disability permeates all life domains, creating family stress influenced by available social support (Benson, 2012; Dukmak & Alkhatib, 2021). Globally, disability is a physical or mental impairment substantially limiting major life activities, arising from various congenital, developmental, or injury-related causes (Americans with Disabilities Act, 1990).

Family resilience describes shared strength enabling members to overcome adversity, facilitated by strong bonds that promote life satisfaction amidst challenges (Yildirim et al., 2025). Research prioritizing parental perspectives on stress and resilience is limited. Social support is crucial, underscoring the need for deeper understanding of these families (Yildirim et al., 2025).

Statement of the problem

While research focuses on children with disabilities, parents face unaddressed challenges like social isolation, financial burden, and compromised wellbeing (Woodgate et al., 2008; Reichman et al., 2008). This study addresses the literature gap in Pakistan by exploring parental coping mechanisms, support needs, and challenges.

Research Question

1. What are coping strategies and social relationships that parents recognize as being helpful while raising a child with a disability?

Objectives of the Study

1. To highlight the issues faced by parents on their physical and mental health while raising a child with a disability.
2. To find out parent's coping mechanisms and social support they need while raising a child with a disability.
3. To evaluate parental well-being while raising a child with a disability.

Significance of the Study

In Pakistan and specifically in Capital Territory Islamabad and its surroundings, limited research exists that covers the stress and coping process of raising a child with a disability. Specifically, some researchers have noted significant stress within families, while others have indicated families have tremendous resilience in helping each other cope with their challenges. So, the current study will be in that context to yield varied results regarding the effects of families caring for a child with a disability.

Literature Review

Raising a child with a disability profoundly impacts family emotions and functioning, generating stress across life domains. Research indicates these parents experience significantly higher stress and mental health risks than others (Benson, 2012; Trute et al., 2007).

The CDC (2015) notes approximately 1 in 33 U.S. infants has a birth defect, while 1 in 6 has a developmental disability. These conditions emerge during development and often persist throughout life, affecting daily functioning.

Parental roles are redefined, expanding to include advocacy and medical care. This adjustment, coupled with stressors like financial strain, marital discord, and social isolation, presents a significant burden, particularly without adequate support.

Financial Stress Related with Raising a Child with a Disability Expanded medical costs

Raising a child with a disability incurs significant economic burdens. These children require disproportionately high healthcare resources, including specialized treatments and adaptive

equipment. Insurance often denies coverage for these necessities, forcing high out-of-pocket costs. Parish and Cloud (2006) report these expenses can exceed 5% of family income, creating substantial financial strain as parents balance care with other family needs.

Socio economic differences

Socioeconomic disparities intensify financial strain for these families. Those with children requiring special healthcare are three times more likely to live in poverty, and many lack insurance (Newacheck & Kim, 2005). For the insured, costs remain a significant barrier to care (Galbraith et al., 2005). Furthermore, extended caregiving into adulthood adversely affects parents' lifelong earnings and savings (Parish et al., 2004; 2010).

Negative impact on employment

The financial well-being of families raising a child with a disability is heavily dependent upon parental employment. However, caregivers, particularly mothers, face severe work-life imbalance, often reducing hours or leaving employment due to care demands (Parish et al., 2004; Warfield, 2005). These employment disruptions exacerbate financial strain and poverty risk, contributing to significant emotional distress for the entire family unit (Nieboer, 2011).

Effect on Marriage

A child's disability diagnosis significantly impacts marital relationships, contributing to higher reported divorce rates among these parents (Freedman et al., 2012). Marital distress is influenced by the child's characteristics, with maternal satisfaction more closely tied to the child's behavior than paternal satisfaction (Kersh et al., 2006). External social support, such as respite care, is a critical predictor of marital quality, providing essential relief and enabling family activities (Harper et al., 2013).

Effects on siblings

Siblings of children with developmental disabilities experience a complex range of emotions, from resentment over caregiver responsibilities to understanding their sibling's needs (Petalas et al., 2009). Studies note adjustment issues, including social isolation and altered family routines. While parents often report a more negative impact on these siblings, this association is frequently mediated by the presence of behavioral problems (Neece et al., 2010). Ultimately, siblings must balance concern for their brother or sister with managing their own lives, a process that can generate significant stress.

Social isolation and stigma

Parents of children with disabilities often experience elevated stress, significantly influenced by their child's social behavioral challenges (Estes et al., 2009). Societal stigma and negative public reactions to atypical behaviors can lead parents to withdraw socially, exacerbating feelings of isolation and mental anguish (Green, 2007; Maner et al., 2007). This withdrawal limits access to crucial support. Proactively seeking social connection, such as dedicated couple time, can mitigate this isolation, reduce stress, and enhance overall family resilience.

Social supports

Families face significant challenges integrating children with disabilities into social settings, making external support crucial. Informal aid from relatives, formal support groups, and connections with other parents of children with disabilities provide essential emotional and practical assistance. Armstrong et al. (2005) identify two key models: the main effect model, where support enhances wellbeing, and the buffering model, where it shields against stress. Universally needed respite care, especially during school breaks, is vital for alleviating parental pressure.

Conceptualization

Conceptualization is one of the main parts of quantitative and qualitative social research. It is a systematic process in which the researcher shapes the important concept and variable of his research with the help of authentic and research-based literature. In contemporary research, the investigator has opted for two variables. One is a child with a disability and the second is a support mechanism.

Child with a Disability

Child with a disability means a child having mental retardation, a hearing impairment, a speech or language impairment, a visual impairment, a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, any other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services (Idea:2004). A child with a disability is a youth who has been determined to require special attention and specific necessities that other children do not (kagan: 2018).

Support Mechanism

Support mechanism is a term for something which you depend on to keep you healthy and sane in your day-to-day life. Support mechanisms can provide stability, or act as outlets for pent up emotions. (Jetifi: 2001).

Operationalization

The way towards defining by which the researcher gives their observation-based perception about the variables. The researcher justifies and distinguishes the ideas of the current circumstance which are utilized in the present study.

Child with a disability

According to the researcher's observation and perception, a child with a disability means a child who has no or less physical and mental growth than other children of his age and because of that, he is unable to perform his daily life activities. That affects his thinking, moving and behaving abilities. He is not like other kids who can perform their daily life activities. He is dependent on others for his needs.

Support Mechanism

The support mechanism according to researcher perception is any proper system or method of providing support or help. It can be Psychological, social and financial. The support mechanism is when you relieve an individual who is experiencing some psychological stress, social pressure, and financial issues both verbally or nonverbally.

Methodology

Research Design

In this research study, a qualitative research method was used. The researcher conducted semi-structured interviews with the help of the Interview Guide. Qualitative research is used to comprehend major reasons, motivating forces and considerations. It gives contemplation into the wonder and to develop thoughts.

Universe of the Study

This research was conducted in Wah Cantt, Rawalpindi. The location was selected because of the easy access to the parents of disabled children. Many of the parents had faced challenges due to the disability of their children. Some migrated from here to other cities and some migrated from other cities to here in Wah Cantt for the betterment of their children. That's the reason this area was selected for research.

Target Population

The targeted population for this exploration was the parents of disabled children, specifically mothers. The main thing to explore was the hardships and challenges they face while raising a child with a disability, support needs and coping mechanisms with situations. That's why the researcher targeted the parents, mainly mothers of disabled children.

Sampling Design/Technique

In the study, the analyst used the "Snowball Sampling Technique". Snowball sampling is a method in which research participants refer to other potential participants who are willingly ready to participate in the research study. It is used where potential participants are hard to find.

Sample Size

The sample size was 15 semi-structured interviews. In this sample size, the parents, mainly mothers who faced difficulties and challenges due to the disability of their children, were selected to study.

Techniques for Data Analysis

The researcher transcribed the interviews word-to-word which she conducted. After transcribing, the researcher organized the data and generated themes.

Result

Revelation of the Child's Disability

This theme encapsulates each of the respondent's responses to the question the researcher asked when they first discovered that their child has a birth defect or developmental disability. The time period when parents discover their child's disability varies in each interview. Abdul Rehman¹⁰ has an inability to walk properly and to grasp anything with the left hand; also, he is weak both mentally and physically. His mother Taskin told the researcher that:

"Right after his birth, we came to know about his disability. It was hard to identify at first then I consulted the doctor. When they did a complete checkup, they told us that he has a disability. They told us some names but I'm unable to recall the name of the disability."

Yasmin, the mother of Abdullah, said:

"When he was one year old, we came to know that our child has a disability."

"He could not stand on foot. He was not like other normal kids."

According to the respondents, most of the parents discovered about the disability of their children in the time period within few months to one year. Father of Ali, Asim, Murtaza, and Zainab told the researcher that within 3, 6, and 4 and 2 months respectively after birth, they came to know about their child's disability.

Resilience among Parents

This theme encloses the response given by respondents about the hardships they faced while coping with the disability of their children. This was the most emotional question that the researcher has asked because most of the respondents started crying while describing the suffering they encountered. Mother of Abdul Rehman told the researcher about the difficulties she faced and she cried at the end of the statement. She said:

"I faced so many difficulties because I wasn't aware of the disease. Now I am familiar, I understand now. Earlier, I used to have problems. I, myself, got sick that How Allah has tested me?"

Yasmin, stated that:

"Yes, there were so many difficulties still happening. Only a mother can know *and only a mother knows to cope with that.*"

The results from this theme depict that the majority of the respondents seek help for the betterment of their child, some were helpful and some were not helpful at all. It shows that parents do seek resources for assistance to take good care of their child.

Attitude of society

This theme captured the respondent's intense feelings about the attitude of the society towards them and the disability of their child. This as well was a very emotional question for the respondents. It is sad to say that society does not accept a child with a disability, not only the child but their family also. Most of the respondents shared their feelings about the heartbroken periods where society was so harsh with them and with their children.

When I asked Taskin about the attitude of the society towards her and her son's disability, she just looked at me with a smile that was hiding so much pain and said:

"In the beginning, people used to pity and say, "May God have mercy on you." When they say this then you know the heart of a mother, it shatters"

"Society's attitude was quite good but our relatives were negative towards us.

They left us when we needed them the most." She said with a shaky voice."

"People used to say, she gave birth to disabled children. I've heard a lot from my villagers." She said with tears in her eyes. "I sleep and wake up crying, every day. People don't let others live in peace."

So, the result from the current theme shows that this universe is filled with every kind of person, every color of people. Everyone has his own attitude. Some are good and kind towards the disability of the children and their families while some hate such children. Respondents experienced both a good and harsh kind of attitude from the society and their relatives.

Change in Life

This theme enfolds the changes respondents experience in their life while raising the children with special needs. Everyone experienced those changes differently. There were mixed emotions about those changes. Taskin experienced a change in life by sacrificing a lot of things for her son: *"I left all the matters of life. I even left some of my relatives for the sake of my son."*

Expressing the changes in life, the Parents of Ali told the researcher that their son was lucky for them. They financially get stronger. They said:

"Our lives changed in a good way."

On the changes in life because of the disability of their daughter, being thankful to Allah, Umm-e-Kulsoom said:

"It's a blessing from ALLAH Almighty."

Habiba and her family's life were affected in a bad way because of the disability of her daughter, Saima. Stating about the changes, she told the researcher that their life had gotten worse after this incident. She described that they were poor and after the revelation of her daughter's disability, there were increased expenses.

Social Isolation, Financial Stress and Emotional Upheaval

This theme encompasses the periods that the respondents described wherein they felt socially isolated, financially stressed or emotionally pushed. When a person goes through many hardships in life, there surely comes a time where he experiences ups and downs in every domain of life. His social life gets affected; he faces financial instability and emotional breakdown as well. In this regard, parents who have a child with a disability, also face challenges and hardships. The results show that everyone faced it differently; if one is stable in one domain then he will be facing difficulties in the other. Only a few of them were lucky enough to face no real problem at all. As some of the parents told the researcher that they were socially fine but financially they faced many hardships. Parents of Abdul Rehman told that:

"Medicines are so expensive that once the doctors recommended injections for our son's feet because he has difficulty walking, but we were unable to buy that for him."

"I don't go anywhere because my son needs me. I don't even go to my mother's house because some people love my kid and don't. I cannot bear this feeling."

The findings from the current theme describe that the life of majority parents completely revolves around their disabled child because such children need attention on a full-time basis. Parents do face social, emotional and financial problems to a great extent.

Sharing of Emotions

This theme covers the responses of the respondents about the sharing of their emotions with someone. Every person needs someone in their life with whom they can speak their heart out. In the current research, research shows that people like to share their emotions with the one they are so closely related to. Most of the respondents told the researcher that they share their feelings about the disability of their child and about the hardships and challenges with their husband and children only. Few of them do not share their feelings with anyone and only one respondent said that she shares her feelings with everyone.

"Everyone is polite and understands me." Said Umm-e-Kulsoom.

"Everyone is busy in their own life. We, alone handle our emotional breakdowns."

The outcomes from this theme elucidate that Parents who have a child with disability do share their emotions but the majority of them share these emotions only with their spouses because other people have their own life.

Support System

This theme sums up the support system of the respondents while raising the child with a disability. Someone who supports them in every up and down, someone who stands by their side every time they need them. The result shows that most support was provided to parents by their own families. In most of the cases, the husband and wife supported each other.

There was only one case where the respondent was provided with no support at all and she cried while telling the researcher that she had no one to support her.

"She completed her education, did the job. She made herself. She then got married and has four kids now. She is dealing with them greatly. She has great will power."

The results from this theme indicate that parents of children with special needs require support from the society. The better the support is, the greater they will be able to cope with the situation. Results show that in most cases, only spouses provide support to each other.

Discussion

Mothers of children with severe cognitive or behavioral disabilities experience significantly heightened and chronic stress, intensified by the prospect of long-term dependency and the social stigma associated with public behavioral challenges. This stress frequently culminates in depression, creating a cycle where the demands of care further limit opportunities to seek relief. In response, mothers predominantly turn to informal support networks, with spousal and familial aid proving most effective in mitigating psychological distress. Concurrently, formal supports, particularly parent-led support groups, offer indispensable non-judgmental spaces for sharing experiences and strategies.

Future research must critically examine the evolving ecosystem of support within a modern context. This includes investigating the efficacy of blended support models that integrate traditional informal networks with technology-mediated formal resources, such as virtual support communities and telehealth services. Furthermore, studies should delineate how specific types of social support emotional, informational, and instrumental directly translate into positive parenting practices, increased parental self-efficacy, and enhanced family resilience. A nuanced understanding is required of how support utilization fosters not just coping, but also family adaptation, acceptance, and improved systemic functioning. Ultimately, this knowledge is

vital for developing targeted, family-centered interventions that empower parents and promote sustainable wellbeing.

Conclusion

This study, centered on the maternal perspective, provides empirical insight into the challenges and resilience of mothers raising children with disabilities. It uniquely addresses a critical gap by prioritizing parental voice, revealing that mothers predominantly bear the care burden with remarkable fortitude, often without spousal or external support. Findings highlight a pronounced lack of paternal engagement and significant societal stigma. The mother's demonstrated strength, despite isolation, underscores an urgent need for targeted support systems that acknowledge and alleviate their disproportionate load, advocating for a more inclusive and family-centered approach in both research and practice.

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