

## COPING STRATEGIES OF PARENTS OF CHILDREN WITH DEVELOPMENTAL DELAY: A QUANTITATIVE ANALYSIS

Joel M. Durban<sup>1</sup>, Ana Maria Rodriguez – Pabayos<sup>2</sup>, Jasper Vincent Alontaga<sup>1</sup>,  
Gina Dolorfino-Arreza<sup>3</sup>, Catalina Salazar<sup>4</sup>

<sup>1</sup>De la Salle University – Manila, <sup>2</sup>Philippine Normal University  
Manila, <sup>3</sup>St. Joseph's College Quezon City, <sup>4</sup>University of the Philippines,  
PHILIPPINES

### ABSTRACT

*The purpose of the study is to determine the different coping mechanisms used by parents in dealing with their children with developmental delays. A researcher-developed survey questionnaire was used to gather the data. The study utilized a quantitative approach, using means, Test of Independent Means, t - Test and Kruskal Wallis One Way Analysis of Variance in analyzing data. Results reveal that there is a significant difference on the use of parents with the different coping mechanism. Similarly, the age of the parents, number of children, civil status and education of the parents significantly affected the kind of coping mechanisms employed by the parent/respondent.*

**Keywords:** Family, Coping Mechanism, Child with Developmental Delay, Spiritual, Parents

### INTRODUCTION

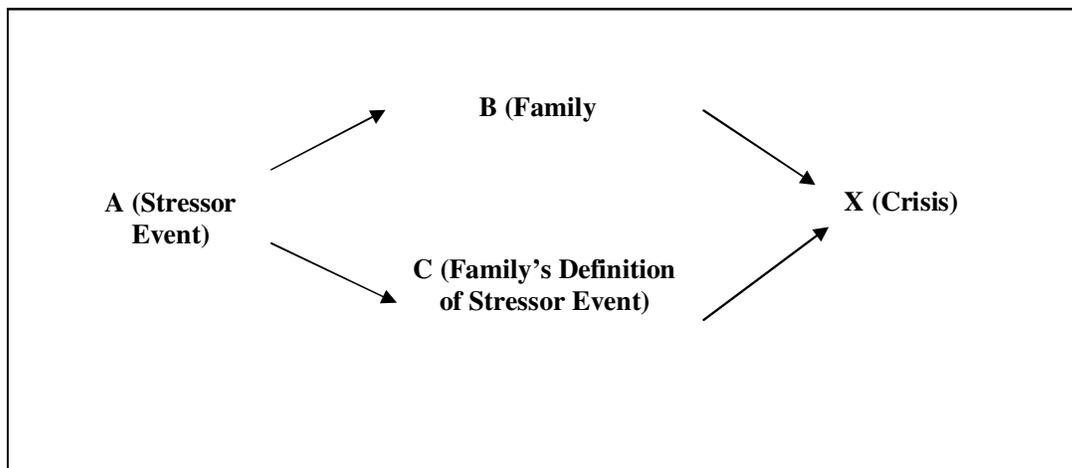
Having a child with disability often places parents in a stressful condition. Stress (Holroyd & Lazarus, 1982 in Fiedler, Simpson & Clark, 2007) exists when environmental and/or internal demands tax or exceed the individual's resources for managing them. Anthony *et al.*, 2005 cited by Margalit & Kleitman (2006) discussed parenting stress as the difficulty emerging from the demands of being a parent, affecting behavior, well – being and children's adjustment. Parental stress therefore demands extra effort from parents in dealing with the demands of everyday living in raising their children.

Parents experiencing stress often adapt coping strategies in handling stressful situations. Lazarus & Folkman (1984) in Judge (1998) defined coping as “*constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.*” Thus, coping involves efforts and strategies aimed to manage stress, regardless of how it works. Coping strategies involve efforts to face the stressful situations. Walsh (2003) in Fielder, Simpson & Clark (2007) indicated that stress may be manifested biologically (fatigue, exhaustion, cardiovascular strain, reduced immune response, headaches, gastrointestinal upset, decreased appetite, and vulnerability to illness), psychologically (cognitive and emotional effects such as shock, terror, irritability, anger, guilt, grief, helplessness, impaired concentration, confusion, decreased self – esteem, ad decreased self – efficacy) and socially (the disruption of a social unit such as a family). Shin & Nhan, (2009) in a study of parents in Vietnam, posited that the presence of a child with cognitive delay is a predictor of stress among parents. Although there may be other concerns such as lower education, health issues, poverty and reduced social support, the parents consider having a child with cognitive delay as a major source of stress. In fact, lack of economic resources strain the mothers in raising their children, and a father in ill health threatens the financial status of the family when the latter are the main source of income. Similarly, mothers with less education have been found to have fewer strategies in raising children with cognitive delay. The study placed a significant importance on the health of fathers as they are often considered the main source of income. While the Shin & Nhan (2009) study recognized the presence of a child with cognitive delay as a major cause of stress, Phelps, McCammon, Wuensch & Golden (2009) emphasized the

importance of family dynamics in handling stress due to having a child with developmental disabilities. Accordingly, families of children with developmental disabilities participate in less family interactions and recreational activities than families who do not have a member with developmental delay. The same study also revealed that high level of stress was attributed to the relationship with the partner. As such, feelings of fear, different responses to the stress of the disability, and the lack of positive affirmations have been linked to marital strain. And most importantly, differences in parental tools used in coping with the situation may have been attributed to marital discord. The importance of family coping with the stress they experience in having a member with disability often relies on the parents. Hence, how the parents cope with the stressful situation will dictate how the child with disability will be provided services needed for his or her development.

### ABCX Model

To fully understand how the family adapts to stressful situations, Hill (1949, 1958) as discussed by Fiedler, Simpson & Clark (2007) developed a model that examined factors associated with the family's recovery from the disruptive effects of stress. The diagram below shows ABCX model:



The birth of a child with disabilities would be A, the stressor event. The family resources (B) would include availability of medical care. The definition of stressor event (C) might be the situation is unmanageable because the family's resources are not enough to meet the medical demands of the child. This situation would produce X, the crisis. The ABCX model considers the interaction between B and C and how they affect X. Factors B and C dictates how the family, especially the parents cope with the stressful event. Thus, this study is aimed in identifying different coping strategies adapted by parents in raising their child with developmental delay. The authors identified different variables that may influence how parents cope with the demands of raising a child with developmental delay. These would include financial, interpersonal, intrapersonal, and spiritual, outside support, family relationship, and personal involvement with the child with cognitive delay.

A study made by Tuazon, 2006 on the adjustments of 191 Filipino parents revealed that their foremost immediate reactions upon learning of their child having learning disability were as follows: fear of public scrutiny and treatment of their child; assumption of burden of responding to the inappropriate or even cruel reactions from the public and difficulty in taking care of the child due to their commitments to other family functions such as work and child care. The author utilized Kubler-Ross Theory in the assessment of the parents' reactions which was anchored on the premise that their responses are

influenced by the prevailing culture and tradition and likewise by the emotions elicited by the other members of the family especially during the initial stage of the discovery of the child's exceptionality.

## REVIEW OF RELATED LITERATURE

Studies on coping strategies of parents have been extensively done. In fact, (Antonovsky, 1987; Folkman & Lazarus, 1988; Margalit & Kleitman, 2006) different types of coping strategies have been identified. Problem – oriented coping refers to efforts to deal with the sources of stress by changing the behavior of the individual or by changing the environmental conditions or both. Emotional regulation coping referred to coping efforts aimed at reducing emotional distress and maintaining a satisfactory internal state. Judge (1998) posited that parents used a variety of different styles in coping strategies. She also noted in her study that 58% of the coping strategies used by parents were problem – oriented while 42% of the possible coping strategies were emotion – oriented.

Sivberg (2002) on the other hand, studied coping strategies employed by parents and identified strategies such as Sense of Coherence (SOC) and Purpose in Life (PIL-R). SOC measured three dimensions, comprehensibility (the extent to which the world is perceived as sensible, ordered, and predictable), manageability (the degree to which personal resources are perceived as adequate to meet demands), and meaningfulness (the degree to which the world is conceived to make emotional sense, that problems are worthy of commitment, and that challenges are accepted). PIL – R measured the level of an individual's experience of having clear and stable goals in life. Findings of his study revealed that sense of coherence had a strong stress – reducing effect regardless if parents had an easy or severe life situation. Although situation of life was of great importance for parents, the searching of life's meaning was greater for parents in a more severe life – situation. Hence, the interpretation of life or personal ideology had a therapeutic significance to parents. Lyons & Leon (2010) studied the impact of the severity of autism in relation to the coping styles of parents of children with autism spectrum disorder. Coping strategies identified were task – oriented, emotion – oriented, social diversion, and distraction. The study employed among others CISS (Coping Inventory for Stressful Situations) to assess the coping styles of the respondents and QRS – F (Questionnaire on Resources and Stress – Freidrich Short Form). CISS is a 48 – item instrument which is comprised of three scales of 16 items each that measure task – oriented, emotion – oriented, and avoidance – oriented coping styles. The avoidance scale includes distraction and social diversion as subscales. The QRS – F was given to examine resources and stress related to having a child with disability in the family. This is a 52 – item, true or false instrument, designed to measure parental perception among the following four factors: (1) parent and family problems, (2) pessimism, (3) child characteristics, and (4) physical incapacity. Results of the study found that emotional – oriented coping strategies were associated with parent and family problems and task – oriented coping was associated with lower physical incapacity scores. Task oriented – coping consists of engaging in active attempts, both behavioral and cognitive to ease stress. Avoidance coping strategy was high among parents who have children with severe ASD. Accordingly, distraction may serve as protection for parents whose child has more severe symptoms. Under this situation, parents may benefit a more restrained coping strategy because it allows them for a complete change of environment necessary to ease stress and engage in social relationship (Dunn, *et al.*, 2001; Lyons & Leon, 2010).

McGill Smith (2003) identified different strategies parents employed when they learned that their child has developmental delay. These included the following: seek the assistance of another parent; talk with your mate, family, and significant others; rely on positive sources in your life; take one day at a time; learn the terminology; seek information; do not be intimidated; do not be afraid to show emotion; learn to deal with natural feelings of bitterness and anger; maintain a positive outlook; keep in touch with

reality; remember that time is on your side; find programs for the child; take care of yourself; decide how to deal with others; keep daily routines as normal as possible; remember that this is your child; recognize that you are not alone.

Pasana (2011) in her study showed that Interpersonal Relationship, Economic Adjustment and Professional Growth were significant mechanisms in the coping adjustments of parents of children with Autism Spectrum Disorder who were enrolled in a SPED Center in Poblacion Calliparan in Caloocan, Metro Manila. Filipino's religiosity was observed wherein the parents sought the Almighty's guidance by praying a lot prior to the undertaking of the said mechanisms. Specifically, they were successful in managing their stress by trying the strategies in each type of coping mechanisms, to wit, giving children equal love and attention; creating close relationship with the child; and creating close relationship with the family.

Similar study was made on the coping adjustments of eighty Filipino siblings of children with mental retardation (MR) (Macasaet, 2009). Major coping skills that they developed were the capability to share openly with the family members their right to love or express their anger over their sibling with MR; acceptance of their difference with their sibling with MR as to their likes and abilities but recognized that they have the same rights and purposes; and learning to overcome the embarrassments felt from the other people's reactions on their sibling with MR.

### **OBJECTIVES OF THE STUDY**

The purpose of the study was to examine the different coping strategies parents employed in having a child with developmental delay (CDD). For this research developmental delay referred to mental retardation (MR), learning disability (LD), attention deficit, impulsivity and hyperactivity disorder (ADHD), and autism spectrum disorder (ASD). The study considered a bi-directional relationship between the CDD and the parents. As such, this research identified whether the coping mechanisms of the parents were associated with the children's characteristics, i.e. chronological age, mental age, type of exceptionality, birth order. The authors also determined whether the gender, age, civil status, educational attainment, occupation, employment status, and the religion of parents influenced the type of coping strategy/ies they employed. Corresponding to the coping adjustments undertaken were the stress the parents experienced upon discovery of the exceptionalities. This paper also tried to uncover such experiences from the respondent-parents.

### **METHOD**

A purposive sampling method was used taking into account whether the parent/s has/have a child with disability. A total of 50 respondents participated in the study. Participants of the study were parents of children with developmental delay presently enrolled in either public or private educational institutions in Metro Manila.

A permission to conduct the study was obtained from the school principals. The names of the parents and their children were withheld for confidentiality purposes.

### **Measures**

The researchers developed a questionnaire that measured the coping strategies employed by parents of children with developmental delay. The coping strategies were measured utilizing seven domains, mainly: Financial, Interpersonal, Intrapersonal, Spiritual, Seek Other's Support, Family Relationship and Personal Involvement with the CDD mechanisms. The research instrument used was a five (5) point Likert – scale questionnaire. (Please refer to Annex 1) The scale had coping strategy level and score values for positive statements as: Almost Always True = 5, Occasionally True = 4, Sometimes

But Infrequently True = 3, Usually Not true = 2 and Not True = 1.. The scores were converted to mean scores and given the corresponding values as follows:

- 4.21 - 5.00 – Almost Always True
- 3.41 - 4.20 - Occasionally True
- 2.61 - 3.40 – Sometimes but Infrequently True
- 1.80 - 2.60 – Usually Not True
- 1.00 - 1.79 - Not True

The study looked into the different variables that may have influenced on the coping strategies of parents in handling their children with developmental delay. Thus, the parents’ age, gender, civil status, educational attainment, employment status, religion and number of children, were considered. These variables were used to measure if there were significant effects on the parents’ choice of coping mechanisms which include the following: Financial, Interpersonal, Intrapersonal, spiritual, seek Other supports, Family Relationships, Personal Involvement.

**METHODS OF ANALYSIS**

Table below summarizes the statistical treatments that utilized for each research questions posed for the study:

Research Question	Statistical Treatment
What was the CDD’s age when the exceptionality was discovered?	Descriptive analysis using Average
What were the parents’ reactions upon learning of their child’s exceptionality?	Descriptive analysis using percentages
Are the coping mechanisms of parents affected by their age, number of children, status, education, and religion?	Kruskall Wallis One-Way Analysis of Variance
Is there a significant difference between the gender and employment status of parents and type of school being attended by the CDD in the former’s coping mechanisms?	Test of Significance for Difference Between Two Means Using T-test
Is the coping mechanism of parents affected by the characteristics of the CDD, to wit: chronological age, mental age, specific exceptionality and birth order?	Kruskall Wallis One-Way Analysis of Variance

**RESULTS AND SUMMARY OF FINDINGS**

To facilitate understanding of the study, the discussion of the results were presented according to the Research Question. Please refer for the profile of the respondents and the CDD to Annexes 2 and 3, respectively.

**A. CDD’s Age When Exceptionality Was Discovered**

The parents discovered the exceptionality of the CDD as early as from the time the child was born to as late as ten years old. This means that the average age of discovery of the child’s exceptionality was 3.62 years. LD, MR and ADHD were easily recognizable during the pre-school days of the children. Children with ASD, on the other hand can only be diagnosed by an expert from 18 to 42 months (Cox,

A. et al, 1999). Based on the average age of discovery of the exceptionality, the parents were aware and attentive of their child's developmental milestones by the age of four.

### ***B. Parents Reaction Upon Learning of the Child's Exceptionality***

Majority of the parents (65.12 %) were stressed out upon learning of their child's disability. They expressed being shocked, sad and fearful of their child's fate especially if the CDD would outlive them. They were also worried because they were unsure if they could rightfully attend to and/or provide the needs of their children. The results validates findings from research that parents often experience shock, grief, helplessness, decreased self – esteem, among others when they find out that their child has disability (Walsh, 2003 cited by Fiedler, Simpson & Clark, 2007).

### ***C. Coping Mechanisms of the Parents of Children with Developmental Delay***

The results indicated that the parents utilized the coping mechanisms provided in the study differently. Table 1 below shows the average of the ratings given by the respondents for each mechanism.

**Table 1. Coping Mechanisms of the Parents of Children with Developmental Delay**

Coping Mechanism	Average Score	Interpretation
Financial	3.65	Occasionally True
Interpersonal	3.29	Sometimes But Infrequently True
Intrapersonal	3.83	Occasionally True
Spiritual	4.07	Occasionally True
Seek Other Supports	4.11	Occasionally True
Family Relationships	4.22	Almost Always True
Personal Involvement with the CDD	4.47	Almost Always True
Over-all	3.98	Occasionally True

The table shows that parents considered personal involvement with their children with developmental delay as the most important coping mechanism as shown by the mean score of 4.47. This is followed by family relationships with a mean score of 4.22. The results reflect that parents were aware of their responsibilities towards their children with developmental delays, thus, they are doing their best to provide the necessary care their children need. This can be supported by the cultural practices of the Filipinos where the family is regarded as the most important social group.

The interpersonal coping mechanism was the last resorted by parents as reflected by the mean score of 3.29 which is described as sometimes but infrequently true. This result shows that parents were not open to join associations or groups that are actively engaged in the campaign for helping children with disabilities. This attitude is reflective of the Filipino value of *Hiya* wherein families having children with disabilities are ashamed to tell that they have these children. This validates the previous findings

where family relationships is the most used coping mechanism because it will always be the family they can turn to in times of trials and difficulties.

In a study (Schumacher Dyke, 2010) conducted, the participants identified seeking medical, psychological, and educational help from professionals who are experienced with children with special needs, flexible in their practices, and committed to collaboration with families. Families described their pediatricians as being willing to address questions and discuss new ideas for treatment. These doctors, they said, communicated with them during and beyond office visits by phone and email. One parent said she was allowed to accompany her son into the operating room to provide support until the anesthesia took effect. Participant families said they sometimes need the support of professional counseling to be able to adjust to the emotional demands of caring for a CDD. A factor identified to be particularly helpful to families is that the counselor has experience in dealing specifically with families having children with disability.

‘Spiritual’ mechanism was rated the fourth being used by parents in coping with their stress. The parents were able to find solace in religion because it can give them strength to continue to go on with their lives despite the challenges they face with the extra burden of taking care of the child. This was also indicated in a study done in Puerto Rico (Rivera-Bermudez, 1998) where religion and spiritual practices seemed to have provided positive support for the situation the parents faced because of the social implication it provided; as in their case the church members offered emotional support, guidance, frequent company and most importantly, acceptance of their children. Rivera-Bermudez (1998) also stated that the parents in the study dealt with the situation through ‘resignation or redefinition’ which took the form of viewing the CDD as gifts from God or as a test by God of their faith and other similar way of thinking so as to make the situation more acceptable and allow the family to get on with their life. However, this in turn may affect the way parents provide support and services to the CDD. Parents should not attribute to God and religion the way they provide assistance and support to their CDD but rather they should provide support and assistance to CDD because the latter are human beings with equal rights to education just like any normal person (UN Convention on the Rights of Disabled, 1992). The fact is, parents gave birth to a CDD not because they are blessed or were punished by God but because of some genetic quirk in their gene pool.

Results show that parents occasionally used the seven mechanisms to enable them to handle the needs of their children despite the uncertainty of the child’s future and their lack of confidence to manage such situation.

**D. Moderators of the Parents’ Coping Mechanisms**

Table 2 below shows the significant values using the Kruskal Wallis One-Way Analysis of Variance. (Please refer to Annex 4 for details). The parents were classified according to their age, number of children, civil status, educational level and religion. The results revealed that the age of the parents, number of children, civil status and education of the parents significantly affected the kind of coping mechanisms employed by the parent/respondent. For instance, the birth order of the child had a bearing on the way the parents turned to financially coping with the situation while the CDD’s specific category had an effect on the parent/respondents preference to seek for other people’s support.

**Table 2. Kruskal Wallis One-Way Analysis of Variance Results with Significant Values**

Dependent Variable (Coping Mechanism)	Independent Variable	Asymptotic Value	Variables with Highest / Lowest Ranks
Spiritual	Age	0.034	20-29 / 40-49

Financial		Number of Children	0.002 **	More than 6 / 1-2
Average of All		Number of Children	0.047	More than 6 / 1-2
Mechanisms				
Average of All		Status	0.01 **	Widow/er / Married
Mechanisms				
Family Relationships		Status	0.0 **	Widow/er / Married
Financial		Educational Attainment	0.023	High School / College
Spiritual		Educational Attainment	0.002 **	Elementary / College
Financial		CDD's Birth Order	0.03	5-6 / 1-2
Seek Other Supports		Category	0.015	ASD & ADHD / MR

Legend: \*\* Highly significant at .01 level

The age of the respondents was significant in choosing the option for 'Spiritual' mechanism to cope up with their stress. The result shows that younger parents (20-29) were more inclined to seek the Almighty's guidance which may be due either to their lack of life experience or the will-power to handle the situation so they 'resigned' and offered it to God. The parents from the 40-49 age group on the other hand, could have been more exposed to a number of life situations which resulted to the development of their inner strength and maturity, thus having the lowest among the group to utilize the 'Spiritual' mechanism.

When parents were classified according to the number of children, results show that significant difference existed in their financial coping mechanism. Parents with more children experienced more difficulties handling their finances as compared with parents who have less number of children. Similar result (Schumacher Dyke, 2010) was gathered with the respondents' number of children as affecting significantly their over-all average scores. The number of children affects the coping mechanism of the parents because it really puts so much stress on the parent if they are burdened to equally provide parenting responsibilities to a greater number of children on top of addressing the needs of their child with exceptionality.

Further, the participants stated the importance of "being creative" about finding funding and resources to take care of their child with developmental delay. The same study reported that families sought support from national advocacy groups for disabilities which suggested sensitive and practical ways to provide help for them. Having more than six children will hinder one of the spouses to look for other ways to generate additional income especially if the children's ages need devoted attention.

Civil status of parents was very significant in adopting 'Family Relationships' mechanism. The widow/er, having no spouse/ partner to depend on usually served as the only source of support of all the children. The married parents, on the other hand, considered this mechanism as not too important due to the presence of the other spouse who can readily help him/ her with any problem/s related to the management of the child with developmental delay. A harmonious relationship with a partner who will share the responsibility of providing for and nurturing the child is less stressful than being a single parent who takes on the sole responsibility. In a study done in Puerto Rico (Rivera-Bermudez, 1998) the result showed that parents with partners found comfort and support from each other. The participants claimed a new closeness in their relationship in dealing with their child. The wives stated that their husbands demonstrated positive changes in some aspects of their behavior that was associated to the child's disability. Based on another study (Schumacher Dyke, 2010), one of the lessons identified is to "Make a strong family by maintaining a strong marriage. Participants

particularly credited four practices as being important to their marriages: using open communication to keep their identities as couples; having frequent “date nights” without children; keeping a sense of humor; and taking one day—sometimes one minute—at a time to avoid being overwhelmed.

The respondent-parents probably were aware that their financial ability was dependent on their educational level, that is, the higher their educational attainment, the more they become aware of the entailing financial burdens in providing their child with the best intervention they needed. Spirituality was also very much affected by the educational level of the respondent, probably because the parents with lower educational level sought spiritual guidance due to lack of awareness to search for other information on their own. In a study in Puerto Rico (Rivera-Bermudez, 1998), religion provided peace of mind and hope for the parent. The parents whose child with disability was the 5<sup>th</sup> or the 6<sup>th</sup> among the brood considered ‘Financial’ mechanism as vital in coping with their tensions. Aside from attending to the needs of the older kids, who in this case could be at schooling age already, these parents also have to provide the child’s with developmental delay needs. This they do by trying to earn additional income.

The level of exceptionality of the child significantly affects their ability to seek support from others because they feel that they cannot provide the needs of their child alone. ASD and ADHD cases entail additional intervention for behavior modification of the child, which the children of MR usually do not need. Lyons & Scott (2009) study found that the child’s autism severity was the strongest and most consistent predictor of stress.

#### ***E. Difference in Utilizing the Different Coping Mechanisms***

When significant differences were determined in the different coping mechanisms utilized by the respondents when they were classified as to their gender, employment status, and type of school attended by their children with developmental delay, the t-test was used. The resulting means of each group per coping mechanism were compared to determine if the differences were significant. Note from the results that only in the classification by gender that the study found significant difference in using the three mechanisms identified as ‘Seek Other Supports’, ‘Family Relationships’ and ‘Personal Involvement with the child with developmental delay (Please refer to Annex 5 for details).

The mean scores of the responses by the female – parent for the three identified aspects were all higher than their male - parent respondent, with the widest gap observed in using the ‘Family relationships’ mechanism. A gender divide when it comes to ‘Finding Support from Others’ is expected, with the female generally more open to ask for help from others than the men who would tend to close up and show a strong facade that they could do everything on their own. In a study conducted by Venkatesh (2008) it showed that mothers were often the ones who sought the support and help from extended family members like grandparents and in-laws who acted as a significant facilitators to their coping. In another study done by Sajjad, (2011), chatting with friends on the telephone was the most common strategies used by mothers to cope with stress.

Mothers tend to get closer to the family for support while the male slowly created distance between him and the family because they do not know how to handle the situation and sometimes would have the feeling of blaming their wife for the disability of their child. Both male and female parents on the other hand, considered ‘Personal involvement with their child with developmental delay as their first priority, with both of the groups providing the highest average for this mechanism. With wives rating this mechanism higher than husbands, it implies that they tend to get involved with the child more, probably due to guilt feelings over the condition of the child and even to over compensate for in their mind-set they can fix their child by themselves. This is supported in the study conducted by (Sajjad,

2011) where the mothers did not have enough time for themselves nor any form of entertainment as they were busy most of the time providing for the needs of their children as a way of coping.

In a study conducted by Margalit & Kleitman (2006) they found out that as the infants grow up, and mothers acquire increased understanding of their children's disabilities, the stress they experienced become more pronounced. However, the same study discovered that as the child grows and develop, the mothers feel more effective, stronger and in fact, less stresses.

It can be concluded, therefore, that the role of mothers in the development of the child with developmental delays is crucial because it determines how they cope with the experiences in order to provide cohesion in the family.

**Table 3. Significant Difference in the Coping Mechanism of Parents when Grouped by Gender**

Coping Mechanism	Variable	Average	P-values
Seek Other Supports	Gender	Male – 3.25	0.016
		Female – 4.23	
Family Relationships	Gender	Male – 3.28	0.006 **
		Female – 4.35	
Personal Involvement with the CDD	Gender	Male – 4.00	0.049
		Female – 4.54	

Legend: \*\* Highly significant at .01 level

## CONCLUSION

Parents considered personal involvement with their children with developmental delay as the most important coping mechanism whereas the use of interpersonal coping mechanism was the last resorted to by parents .

The age of the parents, number of children, civil status and education of the parents significantly affected the kind of coping mechanisms employed by the parent/respondent. The birth order of the child influenced the parents to utilize financial coping mechanism in dealing with the situation while the level of exceptionality of the child with developmental delay had an effect on the parent/respondents preference to seek for other people's support.

The age of the respondents was significant in choosing the option for 'Spiritual' mechanism to cope up with their stress. The result showed that younger parents (20-29) were more inclined to seek the Almighty's guidance. On the other hand, parents from the 40-49 age group, who were more exposed to a number of life situations resulted to the development of their inner strength and maturity, thus having the lowest among the group to utilize the 'Spiritual' mechanism.

When parents were classified according to the number of children, results showed that significant difference existed in their financial coping mechanism. As parents with more children experienced more difficulties handling their finances as compared with parents who have less number of children.

Civil status of parents was very significant in adopting 'Family Relationships' mechanism. The widow/er, having no spouse/ partner to depend on usually served as the only source of support of all the children. The married parents, on the other hand, considered this mechanism as not too important due to the presence of the other spouse who can readily help him/ her with any problem/s related to the management of the child with developmental delay.

The respondent-parents probably were aware that their financial ability was dependent on their educational level, that is, the higher their educational attainment, the more they become aware of the

entailing financial burdens in providing their child with the best intervention they needed. Spirituality was also very much affected by the educational level of the respondent, probably because the parents with lower educational level sought spiritual guidance due to lack of awareness to search for other information on their own.

The level of exceptionality of the child significantly affected their ability to seek support from others because they feel that they cannot provide the needs of their child alone. Male and female respondents were significantly different in using the three mechanisms identified as 'Seek Other Supports', 'Family Relationships' and 'Personal Involvement with the child with developmental delay.

The mean scores of the responses by the female – parent for the three identified aspects were all higher than their male - parent respondent, with the widest gap observed in using the 'Family relationships' mechanism.

Mothers tend to get closer to the family for support while the male slowly created distance between him and the family because they do not know how to handle the situation and sometimes would have the feeling of blaming their wife for the disability of their child. Both male and female parents on the other hand, considered 'Personal involvement with their child with developmental delay as their first priority, with both of the groups providing the highest average for this mechanism.

## RECOMMENDATIONS

Given the preceding findings, the following are therefore recommended:

Educators and other professionals should consider conducting parent training and counseling especially for male parents to make them more responsive in taking care of their child with developmental delay to help create a friendly and optimistic home environment.

Support programs (like the Conditional Cash Transfer Program of the Department of Social Welfare and Development) should be expanded to cover families with children with developmental delays to ensure that parents and their children will be given the necessary assistance needed.

Advocacy campaign should be established to popularize knowledge and proper care about children with developmental delays so that people are properly informed on the kind of support they can provide as a parent, sibling, neighbor, family member, or friend. The media can play an important role for the social acceptance of these children;

Formulation of a 'parent group' in the special schools, which can provide the needed platform for expressing their difficulties, sharing their experiences, solving their problems and more importantly, to develop a mutual help system; and

A partnership between the government institutions, private hospitals and other related agencies is imperative to provide assessment and therapy facilities for children with developmental delays.

The current study had areas that would limit generalization. First, the parent respondents were limited to those who have children with developmental delays. The fifty parents were purposely determined using the purposive sampling method. Secondly, the dearth on local researches about family's coping mechanism in dealing with children with developmental delay.

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**Annex 1**

**COPING STRATEGIES OF PARENTS OF CHILD WITH DEVELOPMENTAL DELAY  
QUESTIONNAIRE**

We are doctorate students from the University of the Philippines. We want to determine the capability of the parents of child with developmental delay (CDD) to cope with stress/ anxieties (if ever) and the strategies they employ to counter such state. We plan to come out with an adaptation plan to help the parents of CDD, in case warranted. Please answer the following questions truthfully. All information that will be generated from this research will be kept in strict confidentiality. Thank you for your cooperation and support to this endeavor.

**Respondent's Profile**

Age: \_\_\_\_\_ Gender:  Male  Female Number of Children: \_\_\_\_\_

Status:  Single parent  Married  Separated  Widow/er

Educational Attainment:  Elementary  High School  College  Post Graduate

Occupation: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Religion: \_\_\_\_\_

**CDD's Profile**

Chronological Age: \_\_\_\_\_ Mental Age: \_\_\_\_\_ Specific Exceptionality: \_\_\_\_\_

Birth Order: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Type of School:  Public  Private

At what age of the child did you discover his/ her exceptionality? \_\_\_\_\_

Did you encounter any anxiety/ stress upon learning that your child had an exceptionality/ies?

Yes  No

If yes, please specify the stressful experience \_\_\_\_\_

Please state your reason/s for your response in Question Number 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are the coping mechanisms the family members of CDD possibly carried out. Please determine their applicability to you as a parent by checking the corresponding column, with 5 as 'almost always true'; 4 as 'occasionally true'; 3 as 'sometimes but infrequently true'; 2 as 'usually not true' and 1 as 'not true'

<b>Coping Mechanisms</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Financial Mechanism</b>	—	—	—	—	—
Make major adjustments to my life style	—	—	—	—	—
Ask help/support from immediate family/relatives	—	—	—	—	—
Take additional jobs to augment family income	—	—	—	—	—
<b>Interpersonal Mechanism</b>					
Join associations/ network of parents/ stakeholders championing the rights of the CDD	—	—	—	—	—
Participate in lobbying efforts in various government offices to help improve the plight of CDD	—	—	—	—	—
Talk to a lot of people to seek help or advice in case problem arises in taking	—	—	—	—	—

care of the CDD

**Intrapersonal Mechanism**

Acquire positive views about life	—	—	—	—	—
Indulge into activity/ies whenever sad or tired about the situation (Please specify _____)	—	—	—	—	—
Do not feel embarrassed from other people’s reaction towards the CDD	—	—	—	—	—

**Spiritual Mechanism**

Become closer to God	—	—	—	—	—
Turn to spiritual advisor for help	—	—	—	—	—
Consider the CDD as a gift from God	—	—	—	—	—

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<b>Coping Mechanisms</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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**Seek Other Supports Mechanism**

Consult service providers (doctors, therapists, psychologists) and follow their advices	—	—	—	—	—
Refer to reading materials (internet, books, journals) to help understand and find the appropriate solution in handling the CDD (Please specify source of reading material _____)	—	—	—	—	—

**Family Relationships Mechanism**

Become closer to the spouse/ partner	—	—	—	—	—
Provide more quality time to my children particular to the CDD	—	—	—	—	—
Serve as the ‘go-between’ the sibling/s and the CDD	—	—	—	—	—

**Personal Involvement with the CDD Mechanism**

Assist the CDD in all his/her needs at home	—	—	—	—	—
Accept the responsibility of helping the teacher by tutoring my child at home	—	—	—	—	—
Coordinate with the teacher to determine the CDD’s progress	—	—	—	—	—
Show patience and love to the CDD in all circumstances	—	—	—	—	—

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ANNEX 2

**Profile of Respondents**

**Table 1. Age of Respondents**

Age	Number	Percent (%)
20-29	3	6
30-39	11	22
40-49	27	54
50 and above	9	18
Total	50	100

**Table 2. Gender of Respondents**

Gender	Number	Percent (%)
Male	6	12
Female	44	88
Total	50	100

**Table 3. Number of Children**

Number of Children	Frequency	Percent (%)
1-2	29	58
3-4	16	32
5-6	2	4
More than 6	3	6
Total	50	100

**Table 4. Status of Respondents**

Status	Number	Percent (%)
Single	8	16
Married	39	78
Widow/er	3	6
Total	50	100

**Table 5. Educational Attainment of Respondents**

<b>Educational Attainment</b>	<b>Number</b>	<b>Percent</b>
Elementary	2	4
High school	7	14
College	32	64
Post graduate	9	18
Total	50	100

**Table 6. Employment Status of Respondents**

<b>Employment Status</b>	<b>Number</b>	<b>Percent ( % )</b>
Employed	23	46
Unemployed	27	54
Total	50	100

**Table 7. Religion of Respondents**

<b>Religion</b>	<b>Number</b>	<b>Percent ( % )</b>
Catholic	41	82
Christian	7	14
Iglesia ni Cristo	2	4
Total	50	100

ANNEX 3

**Profile of the Children with Developmental Delay**

**Table 1. Chronological Age of the Child**

Age	Number	Percent ( % )
5 & below	1	2
6 - 10	13	26
11 - 15	25	50
16 - 20	11	22
Total	50	100

**Table 2. Category of the Child**

Category	Number	Percent ( % )
Mental Retardation	27	54
Autism Spectrum Disorder	18	36
Attention Deficit, Impulsivity and Hyperactivity Disorder	1	2
Learning Disability	4	8
Total	50	100

**Table 3. Birth Order of the Child**

Birth Order	Number	Percent ( % )
1 - 2	39	78
3 - 4	8	16
5 -6	3	6
Total	50	100

**Table 4. School Being Attended by the Child**

Type of School	Number	Percent ( % )
Public	26	52
Private	24	48
Total	50	100

**ANNEX 4**  
**SPSS RESULTS USING KRUSKAL WALLIS ONE WAY ANALYSIS OF VARIANCE**

Variables	Financial (Ave: 3.65)	Interpersonal (Ave: 3.29)	Intrapersonal (Ave: 3.83)	Spiritual (Ave: 4.07)	Seek Other Supports (Ave: 4.11)	Family Relationships (Ave: 4.22)	Personal Involvement with the CDD (Ave: 4.47)	Over-all (Ave: 3.98)
<b><i>Respondents'</i></b>								
<b><i>Characteristics</i></b>								
Age	0.095	0.382	1	0.034 *	0.344	0.3	0.313	0.16
Number of children	0.002 **	0.077	0.114	0.302	0.384	0.21	0.28	.047 *
Status	0.186	0.087	0.294	0.07	0.189	0.0 **	0.174	.01 **
Educational level	.023 *	0.104	0.383	0.002 **	0.037*	0.255	0.661	0.06
Religion	0.431	0.747	0.447	0.146	0.599	0.965	0.341	0.575
<b><i>CDD's</i></b>								
<b><i>Characteristics</i></b>								
Chronological age	0.292	0.645	0.852	0.434	0.988	0.391	0.796	0.977
Mental age	0.157	0.091	0.415	0.476	0.068	0.512	0.376	0.234
Category	0.495	0.186	0.685	0.143	0.015 *	0.235	0.424	0.257
Birth order	0.03 *	0.933	0.72	0.477	0.823	0.391	0.563	0.408

Legend:

\* significant at 5 % level

\*\* highly significant at 1 % level

**ANNEX 5**  
**SPSS RESULTS USING T-TEST**

Variables	Financial		Interpersonal		Intrapersonal		Spiritual		Seek Other Supports		Family Relationships		Personal Involvement with the CDD		Over-all	
<b><i>Respondents' Characteristics</i></b>																
Gender:	M:	0.411	M:	0.144	M:	0.109	M:	0.149	M:	0.016 *	M:	0.006 **	M:	0.049 *	M:	0.131
M – Male	3.34		2.72		3.38		3.67		3.25		3.28		4.00		3.48	
F – Female	F:		F:		F:		F:		F:		F:		F:		F:	
	3.68		3.36		3.89		4.12		4.23		4.35		4.54		4.05	
Work Status:	E: 3.91	0.178	E:	0.196	E:	0.108	E:	0.463	E:	0.178	E:	0.341	E:	0.065	E:	0.116
E – Employed	U: 4.28		3.08		3.65		4.15		3.91		4.09		4.30		3.84 U:	
U – Unemployed			U:		U:		U:		U:		U:		U:		4.10	
			3.46		3.98		4.00		4.28		4.34		4.63			
<b><i>CDD's Characteristics</i></b>																
School attended:	PB: 3.70	0.674	PB:	0.967	PB:	0.226	PB:	0.489	PB:	0.399	PB:	0.062	PB:	0.868	PB:	0.554
PB – Public	PV: 3.60		3.28		3.71		4.00		4.00		3.99		4.49		3.93	
PV - Private			PV:		PV:		PV:		PV:		PV:		PV:		PV:	
			3.29		3.96		4.14		4.23		4.47		4.46		4.03	

Legend: \* significant at 5 % level

\*\* highly significant at 1 % level