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Parental Stress And Social Support Among Caregivers Of Children With Special Needs: A Study In Tagbilaran City, Bohol

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Abstract: Background: The journey of parenting a child with special needs is often associated with elevated levels of stress, which can profoundly impact the well-being of the caregiver. Social support has been widely recognized as a crucial buffer against these stressors, yet its role and effectiveness vary across different cultural and geographical contexts. This study addresses a significant gap in the literature by investigating the relationship between social support and perceived stress among parents of children with special needs in the localized setting of Tagbilaran City, Bohol.

Methods: This quantitative, descriptive-correlational study involved a sample of parents and primary caregivers of children with special needs residing in Tagbilaran City. Data were collected using validated self-report questionnaires to measure perceived stress and social support, along with a demographic survey. Statistical analysis, including descriptive statistics and Pearson's correlation, was employed to assess the variables and their relationship.

Results: The findings revealed a significant level of perceived stress among the parent participants. The study also identified a strong network of social support, primarily from family members, although community and professional support were also noted. A significant negative correlation was found between perceived stress and social support, indicating that higher levels of social support were associated with lower levels of perceived stress.

Conclusion: The findings underscore the critical role of social support in mitigating parental stress in this population. The results highlight the importance of strengthening existing social networks and developing targeted community-based interventions to enhance support systems for these caregivers. The study's specific context provides a valuable foundation for future research in similar settings and informs the development of culturally sensitive support programs.

Keywords: Parental Stress, Social Support, Children with Special Needs, Caregivers, Tagbilaran City, Philippines, Well-being.

Introduction: 1.1. Background on Raising Children with Special Needs

The journey of parenting is a complex and transformative experience, one filled with both immense joy and significant challenges. For parents of children with special needs (CWSN), this experience is often characterized by a unique set of circumstances that can amplify the inherent demands of child-rearing. These parents frequently navigate a complex landscape of emotional, financial, and logistical burdens that are distinct from those faced by parents of typically developing children [3, 10, 15]. The diagnosis of a child's special need, whether it be a physical, intellectual, or developmental disability, can be a pivotal moment for a family, often leading to a period of adjustment and re-evaluation of life plans [8].

The care demands are often chronic and pervasive, affecting every aspect of a parent's life [10]. From coordinating specialized medical appointments and therapies to managing complex behavioral needs and advocating for educational accommodations, the responsibilities can feel relentless. This continuous state of heightened vigilance and care can lead to a state of chronic stress, often referred to as "parenting stress" [10, 15]. The daily routines, social interactions, and even long-term family goals are shaped by the child's needs, creating a life that requires profound resilience and adaptation [2, 9]. As Asa et al. [2] and Nuri et al. [9] have shown in their studies, the challenges are particularly pronounced in resource-constrained environments, where access to specialized services and support systems is limited, leaving families to rely primarily on their own internal resources and informal networks. The emotional toll can be just as significant, as parents grapple with feelings of grief, isolation, and uncertainty about the future [8, 10]. Acknowledging and addressing these unique stressors is paramount to ensuring the well-being of both the caregiver and the child.

1.2. The Concept of Perceived Stress

Perceived stress is not merely the presence of a stressful event but a subjective experience—the individual's appraisal of life events as threatening or overwhelming [11]. It's a psychological construct that captures the feeling of a situation being beyond one's coping abilities [11]. The concept is particularly relevant in the context of parenting CWSN, where the demands can feel insurmountable. This subjective feeling of stress can lead to a cascade of negative outcomes, including poor physical health, anxiety, depression, and reduced overall quality of life [8, 11].

For these caregivers, perceived stress can stem from various sources: the constant worry about their child's health and future, the financial strain of medical expenses and therapies, the social isolation that can result from a child's condition, and the sheer physical and emotional exhaustion of daily caregiving [6, 10]. Hsiao [7] highlights that the unpredictability and long-term nature of caring for a child with a disability are primary contributors to this sustained stress. The impact of this chronic stress extends beyond the individual parent, influencing family dynamics, marital satisfaction, and, ultimately, the parent-child relationship itself [6]. Understanding the specific factors that contribute to perceived stress in this population is the first step toward developing effective interventions to support them [12].

1.3. The Role of Social Support

In the face of chronic stress, social support emerges as a vital resource for coping and resilience. Social support can be broadly defined as the provision of aid and comfort by one's social network [16]. It's a multi-faceted construct that includes emotional support (e.g., empathy, love, trust), tangible support (e.g., financial aid, help with tasks), and informational support (e.g., advice, guidance) [1, 16]. The convoy model of social relations, as proposed by Antonucci et al. [1], provides a useful framework for understanding how social support operates. This model suggests that individuals are surrounded by a dynamic network of people—a "convoy"—that provides support throughout their lives. The composition and function of this convoy change over time, but its core purpose remains to provide a protective layer against life's stressors [1, 16].

For parents of CWSN, the convoy can include a spouse or partner, immediate and extended family, friends, community groups, and professional networks [5]. Robinson and Weiss [12] found a significant relationship between perceived social support and lower parental stress among parents of children with autism. Similarly, Fu et al. [6] and Zhao et al. [15] found that social support plays a crucial mediating role in the relationship

between parenting stress and resilience among Chinese parents of children with disabilities. It is associated with a lower risk of burnout and mental health issues [5, 12].

1.4. Gaps in the Literature

While a growing body of research has established a general link between social support and reduced parental stress in families of CWSN [6, 12, 14], a significant gap remains. Much of the existing literature is from Western, high-income countries, which may not accurately reflect the socio-cultural dynamics and resource availability in developing nations [2, 9]. The Philippines, for instance, has a strong cultural emphasis on close family ties and community interdependence, which could fundamentally alter the sources and types of support available to parents [2]. Moreover, studies on this specific topic in the Philippines are scarce, with limited research focusing on a specific, localized population. This study aims to fill this gap by providing a nuanced, context-specific analysis of the relationship between social support and perceived stress among parents of CWSN in Tagbilaran City, Bohol. By focusing on a specific urban center in a developing country, we can generate insights that are not only locally relevant but also contribute to a more global and culturally diverse understanding of this critical issue.

1.5. Research Objectives

This study aims to investigate the complex interplay between perceived stress and social support among parents of children with special needs in Tagbilaran City, Bohol. The specific objectives are:

- To assess the level of perceived stress among parents of CWSN.
- To evaluate the sources and levels of social support available to these parents.
- To determine the relationship between social support and perceived stress.
- To explore whether demographic factors, such as gender, marital status, and the type of the child's special need, are associated with these relationships.

The findings are intended to contribute to the body of knowledge by providing a localized perspective and to inform the development of culturally appropriate interventions and support programs for caregivers in the region.

2. METHODS

2.1. Research Design

The study employed a quantitative, descriptive-correlational research design. This approach was chosen to systematically describe the characteristics of the study population—namely, the levels of perceived stress and social support among parents of children with special needs—and to examine the relationship between these two key variables [4]. A descriptive design is well-suited for providing a snapshot of the current state of affairs, while the correlational component allows for the exploration of a potential link between the variables, without inferring a cause-and-effect relationship [4].

2.2. Participants and Sampling

The study population consisted of parents and primary caregivers of children with special needs residing in Tagbilaran City, Bohol, Philippines. A purposive sampling technique was utilized to recruit participants who met the specific inclusion criteria. Participants were included if they were at least 18 years of age, were the primary caregiver of a child (aged 18 or below) with a professionally diagnosed special need (e.g., intellectual disability, autism spectrum disorder, cerebral palsy, etc.), and were residents of Tagbilaran City. Caregivers who were not the biological or adoptive parents (e.g., a grandparent or sibling) were also included if they fulfilled the role of primary caregiver.

Data were collected over a period of three months. We initially identified potential participants through local special education schools, therapy centers, and non-governmental organizations (NGOs) that provide support to families of CWSN. Permission was sought from these institutions to distribute a brief informational flyer about the study and a contact number for interested individuals. The final sample size was determined based on a statistical power analysis to ensure the findings were robust enough to be generalizable to the target population [4]. A total of 120 primary caregivers were successfully recruited and completed the survey.

2.3. Research Instruments

Three primary instruments were used to collect data for this study:

- Socio-demographic Profile Questionnaire: This was a custom-designed questionnaire to gather essential background information from the participants. It included questions about the caregiver's age, gender, marital status, educational attainment, employment status, family monthly income, and the child's age, diagnosis, and length of time since diagnosis.
- Perceived Stress Scale (PSS-10): The PSS-10, developed by Cohen et al. [11] and adapted for use in various cultures, was used to measure the participant's perceived stress. It is a 10-item self-report questionnaire that asks about feelings and thoughts

during the last month. The questions are designed to assess how unpredictable, uncontrollable, and overloaded a person feels in their life. Responses are recorded on a 5-point Likert scale, ranging from 0 (never) to 4 (very often), with higher scores indicating higher levels of perceived stress [11]. The scale has demonstrated strong psychometric properties in diverse populations and was a suitable choice for this study [4, 11].

- Multidimensional Scale of Perceived Social Support (MSPSS): The MSPSS, developed by Zimet et al. [13], was employed to measure the level of perceived social support. The scale consists of 12 items designed to assess support from three distinct sources: Family, Friends, and a Significant Other. Participants rate each item on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The scores for each subscale and a total score were calculated, with higher scores indicating greater perceived social support [13]. This scale has also been validated for use in various cultural contexts and provides a comprehensive view of a person's support network [13].

2.4. Data Collection Procedure

Prior to data collection, ethical clearance was obtained from the relevant institutional review board. Permission was also secured from the local government and community leaders in Tagbilaran City to conduct the study. The research team, composed of trained and culturally-sensitive research assistants, then proceeded with data collection.

Surveys were primarily administered in a face-to-face format to ensure a high response rate and to provide an opportunity to clarify any questions participants might have. The research assistants explained the study's purpose, ensured participants understood that their participation was voluntary, and obtained informed consent. Confidentiality and anonymity were emphasized throughout the process. All data were collected on a secure digital platform to minimize data entry errors and ensure privacy. A small token of appreciation, such as a hygiene kit or a grocery voucher, was provided to each participant for their time and effort. The data collection was completed without any major incidents and with full cooperation from the participants.

2.5. Data Analysis

All collected data were subjected to both descriptive and inferential statistical analysis using a standard statistical software package. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic profile of the participants and to describe the levels of perceived stress and social support. For inferential analysis, Pearson's product-moment correlation coefficient was calculated to determine the nature and strength of the relationship between perceived stress and social support [4]. A simple linear regression analysis was also performed to further explore whether social support predicts perceived stress. The level of significance for all statistical tests was set at $p < 0.05$.

3. RESULTS

3.1. Demographic Profile of Participants

A total of 120 primary caregivers participated in the study. The majority of the participants were female (85.8%), which is consistent with the global trend where mothers are typically the primary caregivers of children with disabilities. The mean age of the participants was 42.5 years (SD = 7.3). Most were married or living with a partner (78.3%). The mean household income fell within the middle-income bracket for the region, though there was a wide range, indicating varying levels of financial stability. The most common diagnoses among the children were Autism Spectrum Disorder (45%), followed by intellectual disabilities (28.3%), and Cerebral Palsy (12.5%). The average age of the children was 9.4 years, and the average time since diagnosis was 6.1 years.

3.2. Levels of Perceived Stress

The mean score for perceived stress among the participants, as measured by the PSS-10, was 25.1 (SD = 4.8). This score falls into the moderate-to-high range, suggesting that on average, the parents in our sample experienced significant levels of stress in their lives. A detailed analysis of the individual items on the scale revealed that participants felt most stressed by feeling unable to control the important things in their lives and feeling that difficulties were piling up too high to overcome. This finding is consistent with the literature that chronic caregiving can lead to a sense of being overwhelmed and a loss of control [10]. The results did not show any statistically significant difference in perceived stress levels based on the child's specific diagnosis.

3.3. Levels and Sources of Social Support

The overall mean score for perceived social support from the MSPSS was 5.6 (SD = 1.2) on the 7-point scale, indicating a high overall level of social support among the participants. When broken down by subscale, the highest scores were reported for support from Family (Mean = 6.2, SD = 0.8), followed by a Significant Other (Mean = 5.8, SD = 1.1), and finally Friends (Mean = 4.9, SD = 1.5). These findings suggest that family is the primary and most significant source of support for these

caregivers in Tagbilaran City, a result that is consistent with the cultural emphasis on strong family ties in the Philippines. The data also revealed that parents who were married or living with a partner reported significantly higher levels of social support from a Significant Other compared to single parents.

3.4. Relationship between Social Support and Perceived Stress

The core analysis of this study revealed a statistically significant negative correlation between the total perceived social support score and the total perceived stress score ($r = -0.68$, $p < 0.001$). This strong negative correlation indicates that as the level of perceived social support increases, the level of perceived stress tends to decrease. The regression analysis further confirmed that social support is a significant predictor of perceived stress, with social support accounting for approximately 46% of the variance in perceived stress ($R^2 = 0.46$). This finding highlights the critical role of a robust support network in buffering against the negative psychological impacts of caregiving.

4. DISCUSSION

4.1. Interpretation of Key Findings

The results of this study clearly demonstrate that parents of CWSN in Tagbilaran City, Bohol, experience a moderate-to-high level of perceived stress. This finding is consistent with a vast body of international research that has documented the significant stressors associated with caregiving for a child with a disability [7, 10]. The most pronounced feelings of stress, such as a sense of helplessness and being overwhelmed, mirror those identified in studies across different cultural contexts. This universality suggests that the inherent demands of caregiving for CWSN are a primary driver of stress, regardless of geographical location.

Furthermore, the study confirms that social support is a powerful protective factor against this stress. The strong negative correlation between social support and perceived stress ($r = -0.68$) is a central finding, supporting the theoretical frameworks proposed by Antonucci et al. [1] and other scholars who emphasize the buffering effect of social networks [5, 12, 14]. Our findings are in strong agreement with the work of Zhao et al. [15], who found that social support mediated the relationship between parenting stress and resilience, and Robinson & Weiss [12], who also established a clear inverse relationship between social support and stress among caregivers of children with autism. These results provide empirical evidence that the presence of a strong social network is associated with a lower risk of emotional and psychological burdens of caregiving.

4.2. Local Context and Implications

A unique aspect of this study is its focus on the local context of Tagbilaran City, Bohol, and the cultural nuances of the Philippines. Our finding that family is the most significant source of social support is a key insight that reflects the deeply ingrained value of familial interdependence in Filipino culture [2]. Unlike many Western societies where individualism is more pronounced, the Filipino family structure is often broad and extended, with multiple generations living in close proximity and sharing responsibilities [2, 9]. This cultural characteristic likely explains why participants reported such high levels of support from family members. This strong familial convoy may be a key reason why many caregivers in the region manage to cope with the immense challenges they face.

The lower levels of reported support from friends and community groups, when compared to family, suggest a need for stronger, more accessible community-based support systems. While informal support from family is crucial, professional and community networks can provide specialized informational and emotional support that family members may not be equipped to offer. The findings highlight an opportunity for local government units and non-profit organizations to develop more targeted support programs that build on existing familial strengths while also filling the gaps in formal and informal community support.

4.3. The Convoy of Support: A Detailed Analysis by Source

To fully appreciate the nuanced role of social support in this population, it is essential to move beyond the aggregate data and examine the specific contributions of each source. The convoy model of social relations [1] provides an ideal framework for this in-depth analysis. This model posits that a person's social network is organized into concentric circles: an inner circle of the most intimate and stable relationships, a middle circle of close friends and family, and an outer circle of less-frequent contacts and acquaintances [1]. Our findings allow us to map the perceived support from our participants onto this model, offering a detailed picture of their personal support convoys.

4.3.1. The Primacy of the Family and Significant Other

Our results revealed that the highest mean scores for perceived social support came from the Family subscale (Mean = 6.2, SD = 0.8) and the Significant Other subscale (Mean = 5.8, SD = 1.1). This is more than just a statistical finding; it is a reflection of the profound role of family in the life of a Filipino caregiver. The significant other, in this case, most often a spouse or co-parent, constitutes the innermost circle of the convoy. This person is a primary confidant and partner in the caregiving journey,

sharing both the burdens and the triumphs [6]. The support they provide is often tangible (e.g., sharing caregiving tasks, financial contributions) and deeply emotional, acting as a crucial buffer against the loneliness and frustration that can accompany the caregiving role. The fact that married participants reported significantly higher levels of support from a significant other underscores the protective effect of a strong marital bond, a finding echoed in the broader literature on caregiver well-being [6, 15].

Moving outward, the family network, which includes grandparents, siblings, aunts, and uncles, forms the next, highly supportive circle. In a Filipino context, this network is not merely an extended family but a vital, functioning unit of support. Grandparents, for instance, often assume a co-parenting role, providing a rich source of intergenerational wisdom and assistance with daily tasks, thus reducing the burden on the primary caregiver [2]. Siblings and other relatives can offer respite care, financial assistance, and a listening ear, helping to distribute the emotional load. This familial support is often based on an unwritten cultural understanding of mutual obligation and kinship, where the care of a family member with special needs is a shared responsibility, not a burden carried by one person alone. The high scores on this subscale suggest that for many of the parents in our study, this deeply embedded family network is the primary resource they draw upon for resilience and coping. It is this culturally-ingrained support system that may explain why parents in developing countries, despite facing significant resource challenges, often show remarkable fortitude [2].

4.3.2. The Role of the Friend Network

In contrast to the strong familial support, our results indicated that support from friends had the lowest mean score (Mean = 4.9, SD = 1.5). This finding is telling. While friends are an essential part of an individual's social convoy, they may not be as readily equipped to provide the kind of sustained, high-demand support that caregiving for a CWSN requires. The nature of friendships is often reciprocal, based on shared interests and life stages [1]. However, the life of a caregiver is often isolating, with limited time for social outings or maintaining friendships in the conventional sense. This can lead to a gradual attrition of the friend network, as the caregiver's priorities shift and they become less available for social activities.

Furthermore, friends may lack the personal experience or understanding of the challenges of raising a child with special needs, making it difficult for them to provide meaningful emotional or informational support [12]. While they may offer sympathy, their support may not translate into the tangible help that is most needed, such as watching the child or offering a helping hand with daily tasks. The lower mean score for this subscale highlights a significant vulnerability in the caregivers' social convoys. While the family provides a strong, intimate core, the outer layers of support, which are crucial for a sense of normalcy and social integration, may be weaker. This points to a critical need for interventions that focus on helping caregivers maintain and build a wider, more diverse network of support, including peer groups and community organizations that understand their unique circumstances.

4.3.3. Applying the Convoy Model in a Filipino Context

The application of the convoy model to our study's findings provides a culturally-sensitive lens through which to understand parental well-being in the Philippines. In many Western societies, the convoy model often places the individual at the center, with a nuclear family in the inner circle and a broader network of friends, colleagues, and professionals in the outer rings [1]. Our results suggest a different configuration for parents in Tagbilaran City. Here, the immediate and extended family often forms a highly integrated, multi-layered core convoy. This is a key departure from the traditional model and a significant insight for future cross-cultural research. The strength of this core is associated with a powerful buffering effect against stress and may explain the strong negative correlation we observed.

However, the relative weakness of the friend network and the potential for limited professional support (as implied by our findings and the existing literature on resource-constrained environments [2, 9]) represents a potential point of fragility. When the inner circle of the convoy is strained—for instance, due to illness or family conflict—the caregiver may be left with limited backup resources. This is particularly relevant given that the demands of caregiving are often lifelong. A sudden loss of a key family member or a breakdown in a relationship can have a catastrophic impact on a caregiver's well-being, as there may not be a robust "outer circle" to fall back on. This insight underscores the importance of not only acknowledging the strength of the Filipino family unit but also advocating for the development of community-based and professional support systems to create a more resilient, well-rounded convoy for these caregivers. The data, in a sense, paints a picture of a strong central pillar of support, but with a need to reinforce the surrounding foundation.

4.4. Theoretical and Practical Implications

From a theoretical standpoint, this study adds to the growing body of evidence supporting the convoy model

[1] in a non-Western context. Our findings show that the convoy of social relations, particularly the inner circle of family, is a powerful predictor of well-being for caregivers of CWSN. By demonstrating the model's relevance in the Philippines, we contribute to a more universal understanding of how social networks function as a protective buffer against life stressors.

Practically, the results carry significant implications for the design of interventions. First, the findings underscore the need for family-centered approaches to care. Instead of solely focusing on the child, interventions should aim to support the entire family unit. This could involve providing education to family members about the child's needs and the caregiver's emotional state, fostering an environment of shared responsibility and empathy. Second, given the high level of stress reported, there is a clear need for accessible mental health services tailored to this population. This could include group therapy sessions for parents, where they can share experiences and build peer-to-peer support networks, or individual counseling to help them develop coping strategies.

4.5. Limitations of the Study

This study, while providing valuable insights, is not without its limitations. First, the use of a purposive sampling method means that the findings may not be fully generalizable to the entire population of parents of CWSN in Tagbilaran City or the broader Philippines. The participants were primarily recruited from institutions that are already involved in caring for children with special needs, which could mean they are more aware of support systems than those who are not connected to such networks. Second, the reliance on self-report questionnaires introduces the possibility of social desirability bias, where participants may provide answers they believe are more socially acceptable. While the PSS-10 and MSPSS are validated scales, a qualitative component, such as in-depth interviews, could have provided richer, more nuanced data on the lived experiences of these caregivers. Finally, the study is cross-sectional, which means it captures data at a single point in time and cannot establish a cause-and-effect relationship between social support and perceived stress. It is possible, for instance, that lower stress levels enable parents to build and maintain stronger social networks, rather than the other way around.

4.6. Recommendations for Future Research

Based on the limitations and the findings of this study, several avenues for future research are recommended. A longitudinal study would be beneficial to track changes in perceived stress and social support over time and to better understand the direction of the relationship between these two variables. A mixed-methods approach, combining a quantitative survey with qualitative interviews or focus groups, would provide a more holistic understanding of the caregivers' experiences. Qualitative data could uncover new insights into the specific types of support that are most effective and the unique challenges faced in the local context. Furthermore, research could be extended to other regions in the Philippines, including rural areas, to see if the findings from this urban center are consistent across different settings. Future studies could also focus on the role of specific sources of support, such as professional medical or educational teams, and how their involvement is associated with parental stress and well-being.

5. CONCLUSION

In conclusion, this study provides empirical evidence of the significant levels of perceived stress experienced by parents of children with special needs in Tagbilaran City, Bohol, and the crucial role that social support plays in mitigating this stress. The findings highlight the particular importance of family-based support in this cultural context. While the study has limitations, it offers a valuable and localized perspective that can inform the development of interventions aimed at improving the well-being of these dedicated caregivers. The need for stronger community-based and professional support systems is evident, and future research should build on these findings to create a more comprehensive understanding of caregiving in a culturally diverse world.

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