

# PARENTING SENSE OF COMPETENCE AMONG PARENTS OF KINDERGARTEN SPECIAL EDUCATION LEARNERS

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**ABSTRACT:** *This study examined the Parenting Sense of Competence (PSOC) among parents of kindergarten learners with special educational needs. Specifically, it described the socio-demographic profile of parents and learners, determined the level of parenting sense of competence in terms of efficacy and satisfaction, and examined the relationship between parental and learner characteristics and parenting competence. The study employed an explanatory sequential mixed-methods design, beginning with quantitative data collection followed by qualitative inquiry to explain and enrich the findings. Data were gathered using a researcher-made profile questionnaire and the standardized Parenting Sense of Competence Scale (PSOC). Descriptive statistics and inferential analyses were utilized in the quantitative phase, while thematic analysis was employed for qualitative responses. Findings revealed that most respondents were married mothers in their thirties, with one child with special educational needs, and generally belonged to low- to middle-income households. The majority of learners were male and diagnosed with Autism Spectrum Disorder, with many classified under moderate to severe levels of disability. Results indicated that parents generally demonstrated a moderate to high level of parenting sense of competence, characterized by confidence in managing their children's needs despite challenges associated with disability, financial constraints, and caregiving demands. Significant relationships were found between selected socio-demographic and learner-related variables and parenting sense of competence. Qualitative findings highlighted the importance of social support, access to educational and therapeutic services, and parent-school collaboration in strengthening parental efficacy and satisfaction. Based on the findings, an action plan was proposed to enhance parental competence through targeted support programs, parent education, and collaborative intervention initiatives.*

**Keywords:** Parenting Sense of Competence, parental efficacy, parental satisfaction, special educational needs, kindergarten learners, special education, parents.

## 1. INTRODUCTION

Family plays a critical role in supporting a child's transition to school and in predicting a child's future school performance [1]. Due to maladjustment to the new school environment, numerous children with Special Educational Needs (SEN), especially in the first level of school, kindergarten, exhibit maladaptive behavior and emotional dysfunction, making the transition challenging [2]. Existing studies have found that children with SEN are more vulnerable to emotional and behavioral problems, such as temper tantrums, anxiety, crying, weariness of learning, and self-injurious behaviors in the transition stage, which affect their academic performance, social relationships with peers, and attendance in kindergarten schools as compared with typically developing children [3].

Considering the individual needs of children and parents is essential when providing need-based support, both to all children (broad concept of inclusion) and to children with disabilities and their parents specifically (narrow concept of inclusion), in the transition from home to kindergarten [4]. Given that school entry is a predictor of future academic success, parenting sense of competence is especially important at this point [4].

The study of Yan and Hou [1] further showed that the two components of Parenting Sense of Competence (PSOC) affected emotional and behavioral adjustment of children with SEN by operating in different ways: parenting satisfaction negatively predicted total difficulty, while parenting efficacy was positively linked with the prosocial behaviors of children with SEN. These findings echo the controversy over the contribution of parental beliefs about their competence in parenting to children's emotional and behavioral performance [5]. The positive correlation between

parenting efficacy and prosocial behavior suggests that children with SEN demonstrated more positive behaviors, such as helping others, sharing, cooperation, and comfort, if parents had a stronger belief in their own ability to handle parenting-related issues during this transition to kindergarten. This finding was consistent with other research that indicated that parents with strong parenting efficacy are more likely to teach and strengthen children's prosocial behavior [1]. The negative relationship between parenting satisfaction and total difficulties of children with SEN has also been supported by previous studies reporting that parents with greater parenting satisfaction tend to perceive their children as having fewer problem behaviors than parents with lower satisfaction [6]. Parents with higher satisfaction tend to have more proactive, problem-focused coping techniques in parent-child interactions, which help parents manage their children's behavior difficulties more effectively [1]. The changes that occurred in this transition to kindergarten school increase children's anxiety and unease, so it is necessary to reduce emotional and behavioral problems through improving parental satisfaction.

Study results suggest that parental involvement completely mediated the relationship between parenting satisfaction and prosocial behavior in children with SEN at this transitional stage of moving into kindergarten school and partially mediated the relationship between parenting efficacy and prosocial behavior. These findings are consistent with the parenting process model [1], which proposes that the psychological characteristics of parents influence parenting practice and then determine children's development. According to the Self-Efficacy Theory [1], parents with a high sense of parenting competence are more likely to be

willing to take action to overcome difficulties related to school readiness and school choice, thus becoming more actively involved in the education of their children with SEN. When participating in this transition, parents help children adapt to the new learning environment and offer protection for the development of prosocial behaviors in children. Highly involved parents are capable of meeting children's intimacy needs, improving their closeness and sense of security, especially for children with SEN who are in a new environment during this transitional phase, which ultimately improves the development of their prosocial behavior.

Parenting sense of competence plays a central role in understanding the dynamics within a family and is central to positive parenting. Nevertheless, few studies have investigated parenting sense of competence among parents facing adversity, especially for parents whose children are in their first step in formal education, the kindergarten level [7]. The present study, therefore, is focused on understanding the interrelationships of socio-demographic profile, parenting sense of competence by parents in kindergarten special education. This is with the end view of developing an action plan to help parents improve their sense of competence. Specifically, it seeks to answer the following key questions:

1. What is the socio-demographic profile of parents in terms of:

- 1.1 age;
- 1.2 Sex;
- 1.3 civil status;
- 1.4 number of children in the family;
- 1.5 number of children with educational needs;
- 1.6 type of abode or personal space;
- 1.7 educational attainment;
- 1.8 employment status of spouses;
- 1.9 combined monthly income; and
- 1.10 availability of domestic support?

2. What is the profile of kindergarten special education learners in terms of

- 2.1 age of child;
- 2.2 sex of child;
- 2.3 type of disability; and
- 2.4 degree of disability?

3. What is the level of parenting sense of competence among parents of kindergarten special education learners in terms of

- 3.1 efficacy; and
- 3.2 satisfaction?

4. Is there a significant relationship between

- 4.1 the socio-demographic profile of parents and the level of parenting sense of competence;
- 4.2 the profile of kindergarten special education learners and the level of Parenting Sense of Competence?

## 2. REVIEW OF RELATED LITERATURE

This section provides the foundation for the thesis by drawing together existing studies on the socio-demographic profile and parenting confidence by parents of children in kindergarten special education. It reviews key theories, findings, and research approaches, highlighting important ideas, pointing out what remains unclear, and showing how this study adds to the broader conversation in the field.

Legal Basis

The transition of special learners into the Kindergarten program is a critical phase supported by the mandates of Republic Act 12199. This law emphasizes the state's duty to provide developmentally appropriate experiences that address the unique needs of every child. The following points illustrate how the law facilitates this transition: The law establishes an efficient system for the early identification, prevention, and referral of children with special needs before they reach five years of age. This ensures that by the time a child transitions to Kindergarten, their specific requirements have already been assessed and an intervention plan is in place. RA 12199 mandates that children with disabilities be accommodated in environments that maximize both academic and social development. This legal backing ensures that the transition to Kindergarten is not just about physical placement, but about integration into a supportive learning space. To ensure a smooth transition, the law requires that services be delivered through the most appropriate languages and means of communication for learners with disabilities. Recognizing parents as the primary educators, the law reinforces their role in the transition process. This partnership between home and school is essential for special learners to adjust successfully to a formal Kindergarten setting. The law ensures that special support is prioritized for poor, disadvantaged, and minority communities, ensuring that socio-economic barriers do not prevent special learners from accessing the Kindergarten system. By focusing on holistic well-being and growth, the legal framework ensures that the transition to Kindergarten for special learners is anchored in a nurturing environment specifically designed to recognize the nature of childhood and the necessity of special protection.

### The Support of the Child with Disabilities in Transition

The transition from home to kindergarten represents a crucial milestone in a child's development, as it introduces new learning and social environments [8]. While many children experience this transition smoothly, those with special education needs (SEN) often face significant challenges. These include heightened academic and social expectations, reduced time with parents and caregivers, and more demanding classroom routines [1].

School entry is widely recognized as a pivotal juncture in an individual's educational trajectory, with long-term implications for both children and their families. Successful transitions require flexibility in design and implementation, ensuring that the needs of all participants are addressed in adaptive ways. Adaptivity, in particular, is considered essential for inclusive transitions [4].

A central aspect of this process is the development of school adjustment, which has been described as a higher-level construct requiring adaptations across multiple domains [9]. Perry and Weinstein [4] characterize school adjustment as a multifaceted task involving intellectual, social-emotional, and behavioral adaptation, reflected in the acquisition of competencies across these domains. Similarly, Spencer [4] emphasizes the degree of acculturation required to maximize the fit between a student's qualities and the multidimensional demands of learning environments. Birch and Ladd [4] integrate these perspectives, noting that adjustment involves adaptations by both the child and the surrounding social

environment. In this context, “adaptations” refer to the specific changes that enable adjustment, while “adaptivity” denotes the flexibility of individuals and contexts that make such changes possible.

This framework applies directly to inclusive transitions for children with disabilities. Adaptation processes for these children and their parents share the same overarching goal as those for typically developing children: facilitating a seamless transition and a successful start to schooling. However, the developmental tasks faced by children with disabilities and their families are often more complex. For instance, children may need to adjust not only to new school environments but also to changes in other support systems [4]. Nevertheless, developmental tasks can be identified at similar levels, i.e., individual, process, and societal, as those faced by all families [4]. Thus, the construct of adjustment encompasses adaptations across multiple levels in the inclusive transition of children with disabilities.

Parents play a central role in this process and are critical to successful school entry [4]. Their involvement provides resources for children [4] and supports parents’ own transition experiences [4]. Because parents also undergo profound changes during this period [4] they face transition-related developmental challenges [4]. These challenges place parents within their own Zone of Proximal Development, requiring that teachers and service providers tailor support accordingly. Social contexts further shape parental experiences, as interactions with other parents can provide additional resources during the transition [4].

In inclusive settings, parents serve both as sources of support for their children and as key informants for identifying and addressing specific needs. Coordinating parental support with institutional services is particularly important for children with disabilities, yet parental involvement tends to decrease as the severity of a child’s disability increases [4]. Moreover, parents themselves are recipients of transition-related support, and their needs must be considered alongside their potential contributions. For example, parents of children with disabilities who require greater assistance benefit from more comprehensive support systems [4]. In this context, parenting sense of competence, defined by parents’ efficacy and satisfaction, emerges as a critical factor in ensuring a smooth transition from home to school.

#### **Parenting Sense of Competence**

Parenting sense of competence plays a central role in family dynamics and is foundational to positive parenting [7]. It reflects parents’ skills, problem-solving abilities, and overall capability [7]. Parents who feel confident in their ability to manage child-related challenges tend to be warmer, more responsive, and more accepting of their children [7]. Conversely, low parental competence is often linked to harsher discipline, hostility, and inconsistent parenting practices, while higher competence is associated with perceiving children as easier to parent [7].

A strong sense of competence has also been tied to fewer depressive symptoms and reduced parenting stress [7]. Parents with diminished competence may withdraw from interactions or cease addressing problematic child behaviors altogether [7]. Importantly, increases in parental competence

predict positive changes in parenting behaviors and reductions in children’s externalizing and internalizing problems [7]. This suggests a reciprocal relationship in which improved parenting competence strengthens both parental self-efficacy and behavioral outcomes [7]. Such findings underscore the importance of examining determinants of parental self-efficacy, particularly in families facing multiple challenges [10].

Parenting competence, meanwhile, refers to parents’ effectiveness in managing child behavior and fostering social and practical skills that support healthy development [11]. While competence emphasizes observable behaviors and task success as judged by others, parenting sense of competence reflects parents’ internal beliefs and self-awareness regarding their abilities. Related constructs include parenting confidence, self-efficacy, and self-esteem [11].

Recent research highlights the nuanced relationship between parental personality traits and parenting behaviors. For instance, parental satisfaction, a dimension of competence, has been found to mediate associations between psychopathic personality traits and parenting practices, suggesting that parental competence operates through complex psychological mechanisms [12].

Parenting sense of competence is also a focal point in interventions designed to prevent or alleviate behavioral problems in children [13]. This is particularly critical when children are at risk or have special needs, as parents face heightened demands and pressures [13]. Developmental disabilities often reshape family systems, with caregiving responsibilities disproportionately falling on mothers and reducing resources for other relationships [13].

Children with intellectual disabilities typically experience slower information processing, communication difficulties, and challenges with life skills and abstract reasoning [13]. According to DSM-5, diagnosis requires deficits in intellectual functioning and adaptive behavior, with severity determined across conceptual, social, and practical domains. Compared to earlier classifications, this framework emphasizes adaptive functioning rather than IQ scores. Children with mild intellectual disability may acquire basic self-care and relationships but struggle with academic and abstract skills [13]. Moderate disability involves significant delays in academic and social functioning, requiring constant support [13]. Severe disability entails profound limitations in academic, social, and practical domains, necessitating supervision in nearly all daily activities.

Parental competence is a key determinant of infant care and mother–infant interactions, with mothers who feel confident and satisfied in their role demonstrating sensitive parenting behaviors that foster child growth and attachment [14]. Maternal competence is shaped by factors such as age, education, marital status, depression, social support, childbirth satisfaction, and infant temperament. It encompasses parents’ knowledge, skills, and experience, while parenting sense of competence reflects self-efficacy and satisfaction with the parenting role [15]. Parenting styles — authoritarian, authoritative, permissive, and uninvolved — further influence children’s mental health and behavior, and education can strengthen parental competence, particularly

among first-time mothers. Recent studies show that children's intellectual disability, parental employment, and perceived stress affect parenting satisfaction and self-efficacy, underscoring the need for interventions that support parents emotionally. Parenting sense of competence is increasingly recognized as a modifiable factor in parental role adaptation, with strong competence linked to positive practices and secure attachment, and low competence associated with disengagement and hindered bonding [16].

#### Parenting Efficacy

Parenting efficacy, derived from the broader concept of self-efficacy, refers to parents' confidence in their ability to manage child-rearing challenges and influence their children's development [7]. Grounded in social cognition theory, it reflects judgments about one's capacity to persist in parenting tasks despite obstacles [11]. High parenting efficacy has consistently been linked to positive parenting behaviors, including empathy, encouragement, and effective communication, which in turn foster children's emotional and behavioral adjustment [1]. Conversely, low parental sense of competence (PSOC) is associated with disruptive behaviors, poor emotional regulation, peer rejection, and weaker cognitive skills in children [1].

Research emphasizes the challenges faced by parents raising children with disabilities, who often experience heightened stress and diminished efficacy. Fu et al. [17] found that parenting efficacy among Chinese parents of children with disabilities was at a moderate level, with social support mediating the relationship between stress and efficacy. Similarly, Fu et al. [17] and Feng et al. [18] confirmed that, despite elevated stress compared to parents of typically developing children [19], social support enables parents to sustain moderate efficacy. Cross-cultural comparisons reveal variation: Chinese parents scored lower than Spanish parents of children with intellectual disabilities [20], a disparity attributed to weaker support systems, stigmatization, and limited parenting knowledge [21].

Prior parenting experiences also shape efficacy, with success reinforcing confidence and failure undermining self-efficacy and mental health [8]; [22]. Parents with higher efficacy are more resilient, engage more actively with their children, and experience reduced stress [17]. Extending this line of inquiry, Almendingen & Pilkington [23] demonstrated that among Australian parents of children with autism, mastery beliefs and supportive co-parenting relationships predicted stronger parenting self-efficacy, which in turn mediated reductions in psychological distress.

Taken together, these findings underscore parenting efficacy as a pivotal determinant of parenting behavior and child outcomes. While stress and disability-related challenges can diminish efficacy, social support, positive prior experiences, and strong relational contexts can buffer these effects, highlighting the importance of interventions that strengthen parental confidence and resilience across diverse populations.

**The Mediating Role of Emotion Regulation and Self-Efficacy**  
Parenting self-efficacy and emotion regulation are closely intertwined processes that shape both parental functioning and child development. Research has shown that parent-child attachment and family parenting styles predict children's

emotion regulation self-efficacy, as parental responses to children's signals influence their emotional states and long-term regulation habits [24]. Family socioeconomic status, parenting styles, and relational contexts further affect emotion regulation, underscoring the role of attachment and environment in shaping self-efficacy [24].

Positive parenting styles have also been linked to higher parental self-efficacy, with resilience serving as a mediating factor. Fu et al. [25] found that while parenting efficacy did not differ significantly across disability types, parents of children with hearing or visual impairments reported lower levels of positive parenting. Importantly, resilience fully mediated the relationship between positive parenting and efficacy, suggesting that family-centered interventions should focus on strengthening resilience alongside parenting practices.

Self-efficacy, broadly defined as confidence in one's ability to master tasks and cope with challenges, has been studied across diverse parenting contexts. Systematic reviews highlight cultural and socio-contextual influences on parenting self-efficacy, particularly in relation to infants and toddlers [26]. Among parents of children with chronic illnesses such as Type 1 diabetes, self-efficacy plays a critical role in managing demanding care responsibilities. Higher self-efficacy is associated with better health behaviors and reduced stress, while lower self-efficacy correlates with heightened anxiety and depression [27]. Parental satisfaction and health locus of control further influence outcomes, with stronger beliefs in parental influence linked to improved adherence and family well-being [28].

Cross-cultural evidence also highlights the complex relationship between stress, support, and efficacy. Yazicioğlu et al. [29] reported that Turkish parents of children with special needs generally exhibited high self-efficacy despite medium levels of stress and support. Interestingly, when perceived support was high, increases in self-efficacy were associated with higher family stress, suggesting that social support interacts with efficacy in nuanced ways.

Overall, parenting self-efficacy is consistently associated with better emotional well-being, persistence in coping with difficulties, and positive child development [22]. Higher efficacy enables parents to feel competent, fulfill parenting tasks successfully, and positively influence children's developmental competence [17]. Conversely, stress undermines efficacy, and diminished efficacy can exacerbate stress, creating a reciprocal cycle that affects parenting practices and parental self-efficacy. Attachment-based interventions, resilience-building, and enhanced social support emerge as a crucial pathway for reducing stress and promoting optimal outcomes for children with special needs.

#### Parental Satisfaction

Parenting satisfaction, defined as parents' enjoyment of their parenting role, is closely linked to self-efficacy and competence, with literature consistently showing positive associations between perceived capability and actual parenting practices [11]. Notably, parents may feel confident in their abilities even when their objective knowledge or competence is limited [11]. Empirical findings demonstrate that a child's intellectual disability influences parenting

satisfaction but not self-efficacy, while parental employment predicts satisfaction but not efficacy. Perceived stress, however, affects both satisfaction and self-efficacy, highlighting the reciprocal relationship between parental well-being and competence [13].

Parents of children with chronic illnesses, such as type 1 diabetes, often experience heightened stress, anxiety, and depression due to the demands of caregiving. Yet, active involvement in managing the illness can strengthen their sense of capability, serving as a source of empowerment and sustaining perceived competence. Internal locus of control has been positively correlated with parental efficacy, while somatization negatively impacts satisfaction, underscoring the need to address parental well-being independently of the child's condition [28].

Beyond health-related contexts, personality traits also shape parenting satisfaction. Dede et al. [12] found that parental satisfaction mediates the relationship between psychopathic personality traits and parenting behaviors. This suggests that personality traits influence parenting indirectly, through their impact on how satisfied parents feel in their role, which in turn affects their practices. Such findings highlight the complexity of parenting satisfaction as both an outcome of contextual stressors and a mechanism through which personality and competence shape behavior.

### 3. METHODOLOGY

This section of the research outlines the comprehensive plan used to conduct the study. Specifically, it details the research design chosen, the characteristics of the research environment and the respondents, and the research instrument developed or utilized. Furthermore, it describes the rigorous procedure for data gathering, addresses the crucial ethical considerations taken to protect participants, and explains the statistical treatment applied to analyze the collected data. This systematic approach ensures the study's validity and reliability.

#### Research Design

This study employs the explanatory sequential research design. The Explanatory Sequential Research Design (QUAN → QUAL) is a specific type of mixed methods approach characterized by two distinct phases, where the quantitative data collection and analysis occur first, followed by the qualitative phase. The core purpose of this design is to use the in-depth, contextual data provided by the qualitative phase (QUAL) to help explain, elaborate on, or clarify the initial results obtained from the quantitative phase (QUAN). The first, quantitative phase establishes general statistical trends, relationships, or patterns, which then guide the subsequent purposeful sampling and focus of the qualitative phase. In this particular study, the quantitative phase includes data from the sociodemographic profile of parents, as well as the profile of kindergarteners with special needs. Other quantitative data includes the parenting sense of competence. Based on the gathered quantitative data, the gathering of the qualitative data follows. The qualitative data, often collected through interviews with a subset of the original quantitative participants, is then analyzed to provide rich, narrative details that illuminate why the initial quantitative findings occurred, particularly focusing on complex, unexpected, or significant

statistical results. Finally, the researcher integrates these two sets of findings during the interpretation stage, providing a more comprehensive and well-rounded conclusion than either method could offer alone.

#### Research Environment

The study was conducted at the West City Exceptional Child Learning Center (WCECLC) SPED, which is situated within the campus of West City Elementary School. This center is a significant location, having been selected as one of fifty-seven (57) schools nationwide to pilot the Special Science Elementary School (SSES) Project under the Bureau of Elementary Education. In line with its primary concern for education, WCECLC SPED receives dedicated SSES funding, which has been crucial in procuring necessary laboratory equipment for its pupils. The successful implementation of SSES activities directly supports the school's mission and vision, allowing its dedicated teaching force to effectively mold the young generation to face life's challenges. As a recipient institution of the SSES Project, the school has consistently met expectations, demonstrating its worth as an effective Special Science Elementary School. Furthermore, the WCECLC SPED center serves a diverse group of learners with special needs, including fast learners, those with hearing or visual impairments, mentally challenged children, and those with Autism Spectrum Disorders. The center operates with a teaching staff of 20 teachers across 19 classes, supported by one utility worker [30].

#### Research Respondents and Sampling Procedure

The respondents of this study include eighty-three (83) parents out of eighty-six (86) of early childhood learners with special needs currently enrolled at the West City Exceptional Child Learning Center (WCECLC) for the School Year 2025–2026. The study employed a consensus or total enumeration approach, wherein all eligible parents were included as respondents, ensuring that the perspectives of the entire parent population in the center are fully represented and that no sampling procedure is applied. However, three (3) parents failed to join as respondents because of varied reasons.

A total of eighty-three (83) parents participated in the study, distributed across five (5) instructional sections. These include the Aurea Section with 18 parents, Ceros Section with 19 parents, Seville Section with 16 parents, Caluyo Section with 11 parents, Salmin Section with 19 parents. The inclusion of all parents across these sections strengthened the comprehensiveness of the data and allowed for a more accurate assessment of parenting sense of competence within the specific context of WCECLC.

#### Research Instruments

This study utilized a combination of researcher-made and standardized instruments to ensure a comprehensive collection of data. The full instrument was divided into three distinct parts, each designed to address specific research objectives.

The first part, Part I, focused on gathering the socio-demographic profile of the parent respondents. The second part, Part II, employed a standardized instrument originally designed by Gibaud-Wallston and Wandersman in 1978 to

measure the Parenting Sense of Competence (PSOC), providing a validated assessment of the parents' self-efficacy and satisfaction in their parenting role.

**Research Instrument Validation & Reliability Testing**

The instrument was presented to three (3) different experts for content validation. Suggestions of the aforementioned experts were incorporated, and the final form of the instrument was made and was pilot tested on 20 members who are of similar characteristics to the target population but were not included in the final selection of the respondents of the study.

**Ethical Consideration**

For this research involving parents of early childhood learners with special needs, several key ethical considerations must be strictly observed to protect the rights and welfare of all participants. These considerations are fundamental to maintaining the integrity and trustworthiness of the study.

**RESULTS AND DISCUSSION**

**Table 1.1 Frequency distribution of the respondents in terms of age**

Age	Frequency	Percentage
Between 21-25 years old	2	2.41
25.1-30 years old	11	13.25
30.1-35 years old	24	28.91
35.1-40 years old	19	22.90
40.1-45 years old	15	18.07
41.5-50 years old	10	12.05
50.1-55 years old	2	2.41
TOTAL	83	100.00

Table 1.1 presents the age distribution of the 83 respondents in the study. The data reveal that the majority of parents are in their early-to-mid adulthood, which is a critical period for both career development and intensive parenting.

The largest segment of respondents falls within the 30.1-35 years old range, accounting for 28.91% (24 respondents). This is closely followed by the 35.1-40 years old bracket, representing 22.90% (19 respondents). Collectively, over half of the respondents (51.81%) are between the ages of 30.1 and 40 years. Parents aged 40.1-45 years old also make up a significant portion at 18.07%. The youngest (21-25 years old) and oldest (50.1-55 years old) age groups each represent only 2.41% of the total population.

This distribution indicates that the study is predominantly looking at parents in their prime adult years, a period typically associated with established careers and peak domestic responsibilities. The fact that most respondents are in their 30s and 40s suggests a level of life maturity. According to the literature cited in the thesis [31], older parents generally report greater parental efficacy because they may have more resources or previous parenting experience to draw upon. The study's focus on this age group is appropriate for Kindergarten transitions, as these parents are likely experiencing their first major systemic challenge as their child enters the formal school system.

**Table 1.2 Sex of Respondents**

Sex	Frequency	Percentage
Male	25	30.12
Female	58	69.88

TOTAL	83	100.00
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Table 1.2 presents the sex distribution of the 83 respondents who participated in the study. The data indicate a significant gender imbalance among the primary caregivers or respondents.

The vast majority of respondents are female, comprising 69.88% (58 respondents) of the total study population. Males represent less than a third of the respondents at 30.12% (25 respondents). This distribution confirms that mothers remain the primary figures involved in the educational and developmental care of kindergarten children with special educational needs (SEN) within this study's context. The high female participation reflects traditional societal norms where the mother is the primary caregiver, especially for children with Special Educational Needs (SEN) at the early childhood level (Kindergarten).

The 70/30 split reinforces the idea that mothers remain the frontline respondents and caregivers when a child transitions into Special Education. This disproportionate burden can lead to higher levels of maternal stress but also a more nuanced sense of competence, as mothers are more likely to manage the day-to-day therapy and school coordination.

This thesis explores how sex influences the two pillars of competence: Efficacy (skill) and Satisfaction (emotional reward). Literature in the thesis mentions that mothers who feel confident in their role demonstrate more sensitive parenting behaviors. However, because they perform the bulk of the work, they are also more susceptible to burnout [32]. This paper highlights that fathers are vital sources of support and that their involvement is key to strengthening family resilience. The 30% male participation in the study is a positive indicator that some fathers are actively involved in their children's special education journey, contrary to the stereotype of the absent or passive father.

**Table 1.3 Civil Status of the Respondents**

Civil Status	Frequency	Percentage
Single	20	24.10
Married	55	66.27
Single Parent	1	1.20
Separated	1	1.20
Widowed	1	1.20
Cohabitation	5	6.03
TOTAL	83	100.00

Table 1.3 details the marital and civil status of the 83 respondents. The data indicate a high level of formal family structure among the participants.

The majority of respondents are married, representing 66.27% (55 respondents) of the total. Single individuals make up 24.10% (20 respondents). Other categories include cohabitation at 6.03% (5 respondents), with single parents, separated, and widowed individuals each representing 1.20% (1 respondent each). The high percentage of married respondents suggests that most children in this study are being raised in two-parent households, which potentially provides a foundation for shared caregiving and mutual support.

The high percentage of married respondents (66.27%) suggests that the majority of these parents may have access to

immediate emotional and instrumental support from a spouse. According to the Parental Sense of Competence (PSC) Theory, social support is a vital mediator that helps parents cope with the immense stress and unique demands of raising a child with special needs. A supportive marital relationship can act as an internal strength, helping parents manage the threats to self-efficacy and satisfaction that arise from challenging child behaviors, such as severe meltdowns or non-compliance. Literature indicates that strong social support, often found in stable marriages, is associated with reduced parenting stress and fewer depressive symptoms, both of which are essential for maintaining a high sense of competence.

Conversely, nearly a quarter of the respondents are single (24.10%), and others are single parents or widowed. These groups may face a higher risk of threats to satisfaction due to the significant time, effort, and specialized knowledge required for SEN parenting. Without a partner to share caregiving duties, these parents may experience higher levels of emotional exhaustion, which can deplete the personal reserves needed for sensitivity and responsivity, two core constructs of Parent Development Theory (PDT). Literature further highlights that parents of children with SEN often experience social isolation comparable to that of combat veterans. For single or separated parents, this isolation may be more profound, further eroding their belief in their ability to parent effectively.

**Table 1.4 Number of Children in the Family**

Number of Children	Frequency	Percentage
1	32	38.55
2	23	27.72
3	18	21.69
4	7	8.43
5	2	2.41
6	1	1.20
TOTAL	83	100.00

Table 1.4 details the family size of the 83 respondents, specifically the number of children residing in the household. The data suggests that most participants are managing small-to-medium-sized families. The largest segment of respondents has 1 child, accounting for 38.35% (32 respondents), often the child with special needs. Families with 2 children represent 27.72% (23 respondents), and those with 3 children at 21.69% (18 respondents). A smaller portion of the population has larger families, with 4 children at 8.43% (7 respondents), 5 children at 2.41% (2 respondents), and 6 children at 1.20% (1 respondent). Around 87.96% of the respondents have between one and three children. This distribution is significant as the presence of other children in the home can either act as a support system or add to the multifaceted challenges and immense effort required of the parents.

The number of children in a household is a critical socio-demographic factor that influences a parent's sense of competence and the distribution of family resources. Literature indicates that parenting a child with Special Educational Needs (SEN) requires complete responsibility and intensive parenting. For the 33.73% of parents with three

or more children, family resources, including time, finances, and emotional energy, must be divided among multiple siblings. This can lead to resource dilution, where the high demands of the child with SEN may inadvertently reduce the attention available for typically developing siblings, potentially increasing parental guilt and stress.

According to the Parental Sense of Competence (PSC) Theory, a parent's belief in their efficacy is tied to their ability to manage family demands successfully. For parents with only one child (38.55%), the focus is singular, but the pressure to succeed in the crucial milestone of the kindergarten transition can be more intense. For those with multiple children, mastery experiences with typically developing older siblings might bolster a parent's general self-efficacy, but the developmental mismatch associated with an SEN child can still challenge their specific competence in special education contexts.

The literature suggests that siblings can be a source of social support, which acts as a mediator against stress. In families with two or three children (49.41%), siblings may provide companionship for the child with SEN and eventually assist in caregiving. Yan & Hou [1] establish that the family plays a critical role in supporting a child's transition to school. This supports that siblings (as part of the family unit) act as a source of social support and companionship during critical developmental transitions. However, research also notes that the maladaptive behavior and emotional dysfunction of a child with SEN can disrupt the entire household, creating a ripple effect of stress for siblings and parents alike. Han & Yan [3] identify that children with Special Educational Needs (SEN) are vulnerable to temper tantrums, anxiety, and self-injurious behaviors. This specific behavior is set as the primary cause of the ripple effect of stress that disrupts the entire household, affecting siblings and parents alike.

**Table 1.5 Number of Children with Educational Needs**

Number of Children	Frequency	Percentage
1	78	93.98
2	5	6.02
TOTAL	83	100.00

Table 1.5 presents the distribution of respondents based on the number of children they have with special educational needs (SEN). The data shows that a vast majority of the respondents (93.98%) are parenting one child with special educational needs, while a small minority (6.02%) are managing the needs of two children with SEN.

The findings can be interpreted through the lens of parental competence, stress, and the specific challenges of the kindergarten transition as outlined in the thesis. While most parents (93.98%) only have one child with SEN, the result emphasizes that even a single child with disabilities requires significantly more time, effort, and specialized knowledge than a typically developing child. The immense effort required during the critical kindergarten phase can drastically reduce parental satisfaction and lead to burnout, regardless of the number of children. Parents often face a developmental mismatch where a kindergartener (aged 5–6) still requires the high levels of bonding, responsivity, and sensitivity typically associated with much younger children. This creates a unique

strain on the parents' perception of their own effectiveness. Cheng & Lai [35] highlight that parenting a child with SEN involves intensive caregiving requirements and a high time investment. This supports your interpretation that even one child with disabilities demands specialized knowledge and effort that can lead to burnout.

For the 6.02% of parents caring for two children with SEN, the challenges are likely compounded. Caregiving responsibilities for children with developmental disabilities often reshape family systems, disproportionately falling on mothers and reducing resources for other relationships or self-care. The results reveal that the severity, intensity, and frequency of challenging behaviors (e.g., severe meltdowns or non-compliance) directly threaten a parent's sense of self-efficacy. Managing these behaviors for two children simultaneously would theoretically increase the risk of the stress cycle described in Bandura's Social Cognitive Theory, where a demanding environment leads to lower competence and more reactive parenting.

**Table 1.6 Type of Abode of Personal Space**

Abode	Frequency	Percentage
House is owned	51	61.45
With a separate bedroom	12	14.46
House is rented	16	19.28
Without a separate bedroom	3	3.60
Not owned and not rented	1	1.21
TOTAL	83	100.00

*Note: The total frequency in the provided document was 100, but the data points for these specific categories sum to 83, matching the total sample size mentioned in other tables.*

Table 1.6 presents the distribution of respondents based on their housing situation and the availability of personal space, which are critical environmental factors in the parenting experience. The data reveals that the majority of respondents (61.45%) own their homes. However, only a small fraction (14.46%) specifically noted having a separate bedroom. A combined 22.88% of respondents live in rented housing or spaces without a separate bedroom.

The physical environment, as represented by one's abode, plays a significant role in shaping the Parenting Sense of Competence (PSC) and the ability to manage the unique challenges of raising a child with Special Educational Needs (SEN). The fact that over 61% of parents own their homes suggests a level of environmental stability. In the context of the paper, stability is a crucial external factor that can influence a parent's cognitive state. Homeownership often translates to lower financial volatility compared to renting. As the result notes, economic situation and family functioning are more strongly associated with PSC than other demographic factors like sex. Owning a home may contribute to a general sense of control over one's environment, which can positively spill over into a parent's belief in their ability to handle parenting-related issues (self-efficacy). Only 14.46% of respondents reported having a separate bedroom, and some explicitly live without a separate bedroom. This lack of private space can be a significant threat to satisfaction. Bandura's Social Cognitive Theory, cited in the paper, emphasizes self-regulation, the ability to monitor and adjust one's own behavior. High stress and burnout limit this

capacity. Without a personal space to retreat and recharge, parents may find it harder to maintain the emotional reserves needed for sensitivity and responsivity toward their child's complex needs. Children with SEN often exhibit severe meltdowns or sensory issues. In a home without separate spaces, these behaviors can permeate the entire living environment, escalating the stress cycle for the whole family. The Parent Development Theory (PDT) highlights education as an expert in the child's condition, and discipline as a core parenting task. Parents in rented or shared spaces may face more restrictions on modifying their environment to meet the sensory or safety needs of their child (e.g., soundproofing, safety locks, or specialized play areas). The data explain that environment, behavior, and cognitive factors all interact. A cramped or unstable living situation (environment) can lead to more reactive behavior (e.g., inconsistent discipline), which further exacerbates the child's challenges and lowers the parent's sense of competence.

**Table 1.7 Educational Attainment**

Educational Attainment	Frequency	Percentage
Elementary level	2	2.41
Elementary graduate	2	2.41
High school level	4	4.82
High school graduate	16	19.29
College level	27	32.53
College graduate	30	36.14
Master's level	1	1.20
Master's graduate	1	1.20
TOTAL	83	100.00

Table 1.7 outlines the educational backgrounds of the 83 respondents. The data indicate a relatively high level of formal education among the participants, with a significant majority having reached or completed collegiate studies.

The largest segment of respondents is college graduates, accounting for 36.14% (30 respondents). Those with some college education make up 32.53% (27 respondents). A notable portion has pursued post-graduate studies, with 2.20% (2 respondents) having some graduate studies and 1.20% (1 respondent) being a graduate degree holder. Respondents who are high school graduates represent 19.29% (16 respondents), while those with some high school education account for 4.82% (4 respondents). With over 32.23% of the respondents having at least some college education, this population likely possesses a baseline of literacy and academic skills that can be leveraged when navigating the complexities of special education systems.

The educational attainment of parents is a critical socio-demographic factor that shapes their sense of competence and their ability to advocate for their children. Literature suggests that higher educational attainment is often positively correlated with a stronger Parental Sense of Competence (PSC). According to Bandura's Social Cognitive Theory, self-efficacy is built not just through experience but also through the acquisition of specialized knowledge. For the nearly 50% of respondents who are college graduates, their educational background may provide them with the cognitive tools necessary to better understand medical diagnoses,

educational terminology, and the legalities of the Individualized Education Program (IEP) process.

The transition to kindergarten is described as a formalization of special education services. This stage requires parents to learn specialized terminology and act as intense advocates for their children. Parents with higher educational levels (college and graduate levels) may feel more capable, calm, and in control when interacting with professionals and educators, thereby protecting their sense of efficacy against the threats posed by a complex bureaucratic system.

The results note that socio-demographic factors like education can act as either a basis of empowerment or a source of vulnerability. For parents with lower educational attainment (e.g., the 9.64% with high school level education or less), the immense effort and specialized knowledge required for a child with SEN may feel even more overwhelming. These parents may be at a higher risk of feeling overwhelmed or less capable, highlighting the need for educators to tailor their communication and educational materials to be more accessible.

Research cited in the thesis [1] indicates that parental involvement mediates the relationship between a parent's sense of competence and their child's prosocial behavior. Highly educated parents may have more human resource stability and confidence to become actively involved in the education of their children with SEN. This involvement, in turn, helps children adapt to the new school environment and fosters their social development.

**Table 1.8 Employment Status of Spouses**

Status	Frequency	Percentage
Both are employed	19	22.89
Only one is employed	43	51.81
Both are self-employed	8	9.64
One is self-employed	3	3.61
Both work part-time	2	2.41
Only one works part-time	4	4.82
Both are unemployed	2	2.41
One is unemployed	2	2.41
TOTAL	83	100.00

Table 1.8 presents the employment profile of the 83 respondents. The data reveal a significant portion of the population is not currently in the formal labor force, which has implications for their time and financial resources. The largest segment of respondents is unemployed, accounting for 44.58% (37 respondents). Those who are self-employed make up 13.24% (11 respondents). Employed couples represent 22.89% (19 respondents).

Nearly half of the respondents are unemployed, which may suggest that they serve as full-time caregivers for their children with Special Educational Needs (SEN). While this provides more time for caregiving, it simultaneously places a heavy financial burden on the household.

The employment status of parents is a critical socio-demographic factor that influences their parenting sense of competence and the level of stress they experience. The high unemployment rate (25.3%) often reflects the complete responsibility parents must assume for the daily management of children with SEN. Literature suggests that mothers, who

make up the majority of respondents in this study, often set aside professional careers to manage the immense effort required for their child's health and educational needs. This role as a full-time caregiver can lead to high levels of maternal burden, potentially impacting their parenting satisfaction and psychological well-being.

Employment and income are inherently linked. The result notes that financial strain is a major risk factor for reduced parenting satisfaction and self-efficacy. For the unemployed and self-employed (collectively 25.3%), the added physical, time, and financial burdens of accessing specialized treatments, therapies, and schooling for a child with SEN can be overwhelming. Research indicates that families with lower or unstable income levels often report higher stress and lower perceived competence.

According to Bandura's Social Cognitive Theory, self-efficacy is built through mastery experiences. While unemployed parents may have more opportunities for these experiences through constant interaction with their child, the lack of professional validation and the isolation of full-time caregiving can sometimes undermine their broader sense of competence. Conversely, self-employed parents (13.24%) may benefit from greater flexibility, allowing them to balance work with the intense advocacy required during the kindergarten transition.

Literature by Yan & Hou [1] highlights that parenting efficacy is positively linked with parental involvement. Parents who are not tied to a traditional 9-to-5 job (the unemployed and self-employed) may have more disposable time to be "actively involved" in school readiness and the IEP process. This involvement is crucial for helping children with SEN adapt to the new learning environment and fostering their prosocial behaviors.

**Table 1.9 Combined Monthly Income**

Combined Monthly Income	Frequency	Percentage
Below P5,000.00	8	9.64
P5,001.00-P10,000.00	14	16.87
P10,001.00-P15,000.00	10	12.05
P15,001.00-P20,000.00	10	12.05
P20,001.00-P25,000.00	9	10.84
P25,001.00-P30,000.00	7	8.43
P30,001.00-P35,000.00	9	10.84
P35,001.00-P40,000.00	13	15.66
P40,001.00-P45,000.00	3	3.62
TOTAL	83	100.00

Table 1.9 details the economic status of the 83 respondents, measured by their monthly household income. The data indicate that a vast majority of the participants belong to the lower-income brackets. A good number of respondents earn P5,000 and below, accounting for 16.87% (14 respondents). Those earning between P 5,001 and P 10,000 represent 24.10% (20 respondents). A combined 21.70% of respondents fall into the P10,001–P20,000 (24.10%) and P20,001–P30,000 (19.27%) ranges. Only a small fraction earns above P30,001, with 26.50% in the P30,001–40,000 bracket and 3.62% earning P40,001 and above. Nearly 26.51% of the respondents live on a monthly income of P10,000 or less. This suggests that the majority of families in this study face significant financial constraints while managing the specialized needs of a kindergarten child with disabilities.

The monthly income of parents is a critical socio-demographic factor that significantly impacts their sense of competence and their ability to navigate the challenges of special education. The literature notes that financial strain is a major risk factor for reduced parenting satisfaction and self-efficacy. For the 9.64% of families earning below P5,000, the added physical, time, and financial burdens of accessing specialized treatments, therapies, and private schooling can be overwhelming. Research indicates that families with lower income levels often report higher stress and lower perceived competence because they lack the compensatory mechanisms or financial safety nets available to wealthier families.

The results emphasize that parents of children with Special Educational Needs (SEN) must assume complete responsibility for daily management. For low-income families, this responsibility is magnified. While higher-income parents might afford paid help (which only 2.41% of this study's total population utilizes), lower-income parents must often sacrifice employment to provide full-time care, creating a vicious cycle of financial instability and increased caregiving burden.

According to the Self-Efficacy Theory, parents with high efficacy are more likely to take action to overcome difficulties related to school readiness and school choice. However, the literature suggests that socioeconomic status can act as a barrier to this advocacy. Parents in the lowest income brackets (PHP 10,000 and below) may feel "less capable" or overwhelmed when interacting with the formal special education system, such as during the IEP process, due to the perceived power imbalance and lack of resources to seek second opinions or independent evaluations.

Research by Yan and Hou [1], cited in the thesis, highlights that parental involvement mediates the relationship between parenting efficacy and a child's prosocial behavior. Financial limitations can restrict a parent's ability to be actively involved in the way they desire. For instance, being unable to afford transportation to school events or specialized educational materials can indirectly affect the child's social and emotional adaptation to the new kindergarten environment.

This study identifies these socio-demographic factors as a basis of empowerment. Recognizing that 74.69% of the parents are in the lowest income tiers allows for the development of need-based support.

**Table 1.10 Availability of Domestic Support**

Domestic Support	Frequency	Percentage
Within the Household	70	84.34
Outside the immediate household but closely connected	11	13.25
Paid help	2	2.41
<b>TOTAL</b>	<b>83</b>	<b>100.00</b>

Table 1.10 identifies who holds the primary responsibility for the daily care of the child within the home. The data reveal a strong reliance on the immediate nuclear family. The vast majority of children are cared for by their parents, accounting for 84.34% (70 respondents). Care provided by individuals outside the immediate household but closely connected (such as extended family members) represents 13.25% (11 respondents). Only 2.41% (2 respondents) utilize paid help for primary caregiving. The high percentage of parental caregiving indicates that the respondents are directly

immersed in the day-to-day challenges of raising a child with Special Educational Needs (SEN). The minimal use of paid help further suggests that these families may lack the financial resources for external assistance or prefer the intensive parenting approach described in the literature.

The identity of the primary caregiver is a central factor in determining the level of stress and the sense of competence experienced within the family unit. The data showing that 84.34% of caregivers are parents aligns with literature stating that parents of children with SEN often assume complete responsibility for daily management. This direct involvement is a double-edged sword: while it allows for consistent care, it also exposes parents to the immense effort and physical distress associated with managing a child's chronic condition or developmental delay.

According to the Parental Sense of Competence (PSC) Theory, competence is derived from a parent's belief in their efficacy and the satisfaction they find in their role. Because the majority of respondents are the primary caregivers, their sense of competence is constantly tested by the maladaptive behaviors and emotional dysfunction often exhibited by kindergarteners with SEN during the transition to school. The literature suggests that direct caregiving provides the mastery experiences necessary to build efficacy, but only if the parent is not overwhelmed by the immense stress of the role.

The 13.25% of families who rely on closely connected individuals outside the household highlight the importance of social support. The thesis content notes that social support acts as a crucial mediator between the stress of caregiving and a parent's perceived efficacy. For the majority who do not have this external support, the risk of parental burnout is significantly higher, as they must navigate the formalization of special education services and the IEP process without relief.

The very low percentage of families using paid help (2.41%) correlates with the income data in Table 1.10, which showed that most respondents live in lower-income brackets. The literature identifies financial and human resource constraints as significant risk factors for reduced parenting satisfaction. Without the ability to afford professional caregivers, parents must manage the added physical, time, and financial burdens entirely on their own, which can lead to heightened anxiety and a diminished sense of control.

**Table 2.1 Age of Kindergarten Children with Special Needs**

Age	Frequency	Percentage
5 years old	12	14.84
6 years old	15	18.07
7 years old	27	32.53
8 years old	15	18.07
9 years old	10	12.06
10 years old	1	1.20
11 years old	1	1.20
12 years old	1	1.20
20 years old	1	1.20
<b>TOTAL</b>	<b>83</b>	<b>100.00</b>

Table 2.1 presents the age profile of the learners currently enrolled in kindergarten special education programs. The data reveal a significant trend toward delayed entry or prolonged

stay at the kindergarten level. The largest group of learners is 7 years old, accounting for 32.53% (27 children). Children aged 6 to 8 years old make up the bulk of the population (68.67%). A notable portion of the class consists of children aged 9 years and older (approximately 12.06%), including outliers as old as 20 years. Only 14.86% (12 children) are 5 years old, which is the standard age for kindergarten entry in many educational systems. The prevalence of 7 and 8-year-olds in kindergarten suggests that children with Special Educational Needs (SEN) are often held back or start their formal schooling later than their typically developing peers. This delayed transition is a central theme in the experiences of their parents.

The age distribution of the children directly impacts the Parenting Sense of Competence (PSC) and the specific challenges parents face during the school transition. The literature characterizes the transition to kindergarten as a crucial milestone and a predictor of future academic success. However, for the 85.54% of children in this study who are older than the standard age of five, this transition is not just a milestone but a delayed or prolonged process. The thesis notes that children with SEN are more vulnerable to emotional and behavioral problems during this stage. For parents of older children (7-9+ years), the stress of the transition may be exacerbated by the social stigma of having an average child in a foundational grade.

According to the literature cited [33], developmental transitions associated with growth and maturation are particularly challenging for children with disabilities. As these children grow older (moving from 5 toward 8 and 9 years old) while remaining in a kindergarten setting, the gap between their chronological age and their developmental level may become more apparent. This can affect parents' perceptions of their children's abilities, potentially leading to lowered expectations or increased frustration, which impacts their sense of parenting efficacy.

This highlights that many kindergarteners with SEN exhibit maladaptive behavior and emotional dysfunction, such as temper tantrums and anxiety. Research suggests that as a child with SEN grows older without significant developmental progress, these behaviors can become more physically and emotionally taxing for the parent to manage. For the parents of the 32.53% of 7-year-olds, the immense effort and physical distress of managing these behaviors are likely higher than they were when the child was younger, as the child is physically stronger and the social environment (the school) is more demanding.

**Table 2.2 Sex of Kindergarten Children with Special Needs**

Sex	Frequency	Percentage
Male	69	83.13
Female	14	16.87
TOTAL	83	100.00

Table 2.2 presents the gender distribution of the kindergarten learners with special needs involved in the study. The data reveals a stark disproportion between male and female students. Males constitute the vast majority of the sample, accounting for 83.13% (69 students). Females represent only 16.87% (14 students). There are approximately five male students for every one female student in this specific special

education context. This significant gender gap indicates that, within this study's population, boys are far more likely to be identified, diagnosed, and enrolled in special education services at the kindergarten level than girls.

The gender of the child is a critical factor identified in the thesis as shaping both the child's outcomes and the parents' experiences of competence and stress. The overwhelming majority of male learners (83.13%) aligns with broader educational and psychological literature cited in the thesis. Research consistently shows that neurodevelopmental disorders, particularly Autism Spectrum Disorder (ASD), which Table 2.3 identifies as the most common disability in this group, are diagnosed more frequently in males. The literature [34] notes that boys often present with more externalizing symptoms, such as hyperactivity and impulsivity, which are more easily noticed in a classroom setting, leading to higher referral rates.

The result emphasizes that child gender plays a role in shaping parental competence. Literature suggests that parenting boys with special needs may present different challenges than parenting girls. For instance, mothers of boys with early symptoms of inattention or hyperactivity often report higher levels of parenting stress because these behaviors are perceived as more physically demanding or socially disruptive during the school transition. With over 83% of the parents in this study raising boys, the collective parental burden in this cohort may be heavily influenced by these gender-specific behavioral traits.

The literature [33] discusses how child-level factors like sex affect parents' perceptions of their children's abilities. There is often a societal expectation for boys to be more active, which can sometimes lead to a delay in recognizing disability if behaviors are dismissed as boys being boys. Conversely, the lower percentage of girls (16.87%) might suggest that girls with special needs are being missed because they are more likely to exhibit internalizing behaviors (like social withdrawal or anxiety), which are less disruptive to the kindergarten environment but no less impactful on their development.

**Table 2.3 Type of Disability Kindergarten Children with Special Needs**

Disability Type	Frequency	Percentage
Autism Spectrum Disorder (ASD)	44	53.01
Global Developmental Delay	10	12.06
Intellectual Disability	8	9.64
Down Syndrome (DS)	5	6.02
ADHD	4	4.82
Learning Disability	4	4.82
Speech with Behavioral Problems	3	3.61
Cerebral Palsy (CP)	3	3.61
Language Impairment	2	2.41
Visual Disorder	1	1.21
ASD with Cerebral Palsy	1	1.21
Microcephaly	1	1.21
Non-verbal	1	1.21

**Multiple answers**

Table 2.3 presents the distribution of disability types among the 83 kindergarten children with special educational needs (SEN) participating in the study. Autism Spectrum Disorder (ASD) is the most prevalent disability, representing more than half of the total population at 53.01% (44 children). Global Developmental Delay follows at 12.06% (10 children), and Intellectual Disability accounts for 9.64% (8 children). The remaining categories, including Down

Syndrome, ADHD, and Cerebral Palsy, represent smaller segments, indicating a diverse range of specialized needs within the kindergarten special education setting.

The high prevalence of ASD and the diversity of disabilities identified in this table are significant when viewed through the study's core themes. The type and severity of a child's disability significantly influence parental expectations and behaviors. These expectations directly and indirectly shape child outcomes by guiding parental involvement and the opportunities provided. For parents of children with developmental disabilities like ASD or Global Developmental Delay, transitions associated with growth and maturation, such as entering kindergarten, are particularly challenging.

According to the Parental Sense of Competence (PSC) Theory, the unique demands of specific disabilities challenge a parent's self-efficacy and satisfaction: Threats to Self-Efficacy: The challenging behaviors often associated with ASD (e.g., severe meltdowns or non-compliance due to sensory issues) can directly threaten a parent's belief in their ability to parent effectively. Threats to Satisfaction: Raising a child with SEN requires immense effort and specialized knowledge during the kindergarten phase. The slow pace of developmental progress in conditions like Global Developmental Delay or Intellectual Disability can drastically reduce parental satisfaction, potentially leading to burnout.

**Table 2.4 Degree of Disability Kindergarten Children with Special Needs**

Degree of Disability	Frequency	Percentage
Level 1	27	32.53
Level 2	26	31.33
Level 3	30	36.14
TOTAL	83	100.00

Table 2.4 presents the distribution of the severity or level of disability among the 83 kindergarten children with special educational needs (SEN). The data shows a fairly balanced distribution across all three levels of disability. Children with Level 3 (Severe) disabilities represent the largest single group at 36.14% (30 children). Collectively, over two-thirds of the children (67.47%) fall into the Moderate to Severe categories (Levels 2 and 3), indicating that the majority of parents in this study are managing children with significant functional impairments.

The degree of a child's disability is a critical factor shaping the parental experience, directly affecting their sense of competence and the challenges they face. According to the Parental Sense of Competence (PSC) Theory, the severity of a disability directly challenges both parental self-efficacy and satisfaction. The literature states that the severity, intensity, and frequency of challenging behaviors often exhibited by children with SEN, which are typically more pronounced in Level 3 cases, directly threaten a parent's belief in their ability to parent effectively. Managing severe disabilities requires significantly more time, effort, and specialized knowledge. The slow pace of developmental progress in Level 3 cases can drastically reduce parental satisfaction, potentially leading to burnout.

Under Bandura's Social Cognitive Theory, parental efficacy is built through mastery experiences successfully managing

challenging situations. For the 36.14% of parents whose children have Level 3 disabilities, a lack of typical successes can reinforce low efficacy. This can trigger a negative stress cycle where the demanding environment of a severe disability lowers the parent's PSC, leading to more reactive parenting, which may further exacerbate the child's behavioral challenges.

**Table 3. Parental Sense of Competence**

Parental Sense of Competence	Weighted Mean	SD	Verbal Description
<b>1. Efficacy</b>			
1.1 The problem of taking care of a child is easy to solve once you know how your actions affect your child, an understanding I have acquired.	4.11	1.59	Agree, Homogeneous Responses
1.2 I would make a fine model for a new mother to follow to learn what she would need to know in order to be a good parent.	4.34	1.36	Somewhat Agree, Homogeneous Responses
1.3 Being a parent is manageable, and any problems are easily solved.	4.02	1.53	Agree, Homogeneous Responses
1.4 I meet my own personal expectations for expertise in caring for my child.	4.17	1.30	Agree, Homogeneous Responses
1.5 If anyone can find the answer to what is troubling my child, I am the one.	4.36	1.40	Somewhat Agree, Homogeneous Responses
1.6 Considering how long I've been a mother, I feel thoroughly familiar with this role.	4.33	1.26	Somewhat Agree, Homogeneous Responses
1.7 I honestly believe I have all the skills necessary to be a mother to my child.	4.42	1.30	Strongly Agree, Homogeneous Responses
1.8 Being a good mother is a reward in itself.	5.29	1.01	Strongly Agree, Homogeneous Responses
<b>Overall Mean (Efficacy)</b>	<b>4.38</b>	<b>1.34</b>	<b>Somewhat Agree</b>
<b>2. Satisfaction</b>			
2.1 Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	3.46	1.46	Disagree, Homogeneous Responses
2.2 I go to bed the same way I wake up in the morning; I feel that I have not accomplished everything.	3.36	1.44	Disagree, Homogeneous Responses
2.3 I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like being manipulated.	3.36	1.37	Disagree, Homogeneous Responses
2.4 My mother was better prepared to be a good mother than I am.	3.51	1.54	Agree, Homogeneous Responses
2.5 A difficult problem in being a parent is not knowing whether you're doing a good job or a bad	2.73	1.24	Disagree, Homogeneous Responses

Parental Sense of Competence	Weighted Mean	SD	Verbal Description
<b>1. Efficacy</b>			
one.			
2.6 Sometimes I feel like I'm not getting anything done.	3.11	1.35	Disagree, Homogeneous Responses
2.7 My talents and interests are in other areas, not being a parent.	4.11	1.47	Agree, Homogeneous Responses
2.8 If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.	2.76	1.47	Disagree, Homogeneous Responses
2.9 Being a parent makes me tense and anxious.	2.99	1.52	Disagree, Homogeneous Responses
<b>Overall Mean (Satisfaction)</b>	<b>3.27</b>	<b>1.43</b>	<b>Disagree, Homogeneous Responses</b>
<b>Grand Mean</b>	<b>3.83</b>	<b>1.39</b>	<b>Agree, Homogeneous Responses</b>

Based on the data from Table 3, the Parental Sense of Competence (PSOC) of the respondents is analyzed through two primary dimensions: Efficacy and Satisfaction. The overall grand mean of 3.83 indicates that, generally, the respondents agree that they possess a sense of competence in their parenting roles. This means they are familiar with their role. All items in this category show Homogeneous responses ( $SD \leq 3.00$ ), meaning there is a strong consensus among the mothers regarding their perceived level of skill.

The high efficacy scores support this paper's exploration of parental adaptation. According to the Self-Efficacy Theory referenced in the study, a parent's belief in their ability to handle child-rearing tasks directly impacts their persistence and the quality of the parent-child relationship. The results suggest that these mothers have a relatively stable internalized sense of what it means to be a good parent.

The Efficacy subscale measures the extent to which parents feel they possess the necessary skills and knowledge to manage their children effectively. With an overall mean of 4.38 (Somewhat Agree), parents generally feel capable and familiar with their roles. Indicator 1.8, "Being a good mother is a reward in itself," received the highest score (5.29, Strongly Agree). This suggests that the respondents find intrinsic value in their roles, which serves as a powerful motivator for developing parenting skills.

Several indicators gathered "somewhat agree". Indicator 1.7 regarding having all necessary skills scored 4.42. "I honestly believed I have all the skills necessary to be a mother to my child (Somewhat Agree). This aligns with the study's focus on how parents adapt to the demands of child-rearing.

A statement from a parent who said he is still on his journey to gain the skills necessary to be a good parent to his child states: No, I'm still in the middle of it. My child is only 7 years old, Ma'am. So, they are still in the learning stage? Actually, I've seen many people with autism who are older now and grown up. I hope my child becomes like that too." (Wala po nasa kalagitnaan palang ako. 7 years old palang po

ang bata ko Maam. So, naa pa ka sa process of learning? Actually, marami akong nakitang with autism na medyo may edad na malaki na sana maging ganon din ang anak ko, P5).

Moreover, another parent candidly expressed no skills yet. "Nothing. Nothing? Why? Because I really can't handle it, for example, if he acts out like that. Just the act of attending to his needs is already so difficult when I don't have anyone to help me. When it's just me alone, and I have no help from others, it's truly very hard. We don't have anyone else with us; it's just the two of us, my child and me, because my husband goes to work and the older sibling goes to school." (Wala. Wala? Ngano man? kay dili jud nako kaya pananglitan mag ing-ana siya. Kaning pag akatar lang daan murag lisod kaayo nga wala kay katabang. Kanang ikaw ra usa nya wala kay katabang sa uban lisod jd kaayo. Wala jd me laing kuyog kay kami ra duha sa akong anak nahibilin kay mutrabaho na pd akong bana then eskwela ang iyang magulang, P8.) It sounds like the parent is describing a very isolating and draining situation. It's incredibly tough to be the sole caregiver for a child with special needs for the majority of the day without a partner to step in when things get overwhelming.

Another parent further reveals that: "On my side, Ma'am, for me personally, it's really no easy task to care for these two children with autism. You are the one constantly in contact with them, figuring out how to handle everything. But would you agree that your skills in caring them haven't fully developed yet? "Yes, on my end, it's unavoidable that we give the children everything they need. We do get angry and we scold them. We can't tolerate their behavior all the time. We can't just let everything slide, because even normal children talk back or resist sometimes." (Sa akoang side maam Sa akong kaugalingon kay dili bya lalim ang pag alima aning duha ka bata nga with autism. Og ikaw mag contact ana permi og unsaon na nimo. Pero mo agree gyud kay wala pa na develop pa ako nga skills? Oo, sa ako nga side dili malikayan nga ang bata atong hatagan sa tanan. Masuko man gyud ta mabuyag nato ang bata. Dili pud tanang panahon itolerate ang mga bata. Dili man gyud unungan kay bisag normal musukol man gani, P9). It takes a lot of strength to admit that the parent can't tolerate everything all the time. It's a sign of burnout, but also a sign that she is trying to maintain some form of structure in a very chaotic environment.

Indicator 1.5 "If anyone can find the answer to what is troubling my child, I am the one" (mean: 4.36, somewhat agree). This represents a moderately high level of agreement, showing that the parent feels more competent than average but not at the highest possible level. "Um, what was that, Ma'am? It's that if there is one person who truly knows my child, that's me. Before, Ma'am, when he hadn't been diagnosed yet, it was a big question mark for me. At the age of two, I wondered why my child was like that, since at that age, he should have been able to utter words, but he couldn't at all. I questioned myself as to why it was happening, and then I enrolled him in Kindergarten. You really need to assist him compared to other children. By the time he was diagnosed, that's when I began to understand him; he started therapy, and the therapists explained things to us, but I still can't totally meet his needs on my own. I really need the help

of therapists and experts, P13)." (Ahm unsa na maam? Kanang og naay usa ka tawo nga nakahibalo sa akong child that's me. Before maam wala pa siya diagnose na big question mark gyud ko at the age of 2 years old ngano man naing-ana akong anak nga dapat at that age naa naman unta nay words nga malitok pero siya wala gyud. Na question nako akong kaugalingon ngano man na ing-ani dayon ako siyang gipa eskwela og kinder. Kinahanglan gyud nimo siya e-assist compared to other children by the time nga na diagnose na siya dinha nako nakasabot niya then nag patherapy na siya then and therapist pasabton pod me nila but not totally makatubag ko iyang needs gyud. Kay kinahanglan gyud ko sa mga therapist and expert, P13).

The statement "If there is one person who truly knows my child, that's me" is a verbatim reflection of the high efficacy score for the indicator: "If anyone can find the answer to what is troubling my child, I am the one" (mean: 4.36, Somewhat Agree). The respondent highlights the difficulty of enrolling a child in Kindergarten before understanding their condition. This aligns with the perspective regarding the maladjustment to the new school environment for children with Special Educational Needs (SEN). The parents' realization that they need therapists and experts underscores the legal objective of establishing an efficient system for early identification and intervention, as parents cannot and are not expected to navigate the transition alone.

Indicator 1.2 "I would make a fine model for a new mother to follow to learn what she would need to know in order to be a good parent," (mean: 4.34, somewhat agree). A parent (P8) openly expressed her reason relative to this indicator. "Oh! As for me, I could actually be a model for other parents because they see how I handle my child, but there are some mothers who just don't understand my situation. Because, of course, their children are typical while mine is not. So, it's difficult to be a model because you don't feel entirely confident being one for others? Yes! It is really difficult, Ma'am. The teaching process is such that it truly requires help... So 'somewhat agree' is right, because they don't fully agree and they don't disagree either; it's just right (P8)." (Oh! kay ako pwede man ko mamodelo kay kita man sila giunsa nako akong anak nga kuan pero naa man guy ubang inahan na di kasabot ba sa akong kuan sitwasyon. Kay ilang anak sympre normal nya akooa dili. So maglisod pod ka mahimong modelo kay dili kaayo ka kampante nga mahimong modelo sa uban? Oo! Maglisod gyud ma'am. Ang pagtudlo mao nga nanginahanglan jud ug tabang...So sakto nga somewhat agree kay dili sila agree ug dili pod sila disagree sakto ra gyud, P8).

This qualitative statement provides context for Table 3, Item 1.2 "I would make a fine model for a new mother to follow", which received a verbal description of "Somewhat Agree." The respondent explains that while she has the skills, the disparity between parenting a child with special needs and a typical child creates a barrier to feeling like a universal role model. This aligns with the research argument regarding how the type and severity of a disability shape parental perceptions and expectations during the transition to kindergarten.

Similarly, indicator 1.6: Considering how long I've been a mother, I feel thoroughly familiar with this role," (mean:4.33, somewhat agree) represents a moderately high level of agreement, showing that the parent feels more competent than average but not at the highest possible level. Parents explained their situations on why they somewhat agree on this indicator. One parent said, "Oh, it's really like that, Ma'am. I'm not sure because sometimes it's one way today, and then the next day their behavior is different again, heheheh; there are many 'bad' behaviors. So, it seems like a real challenge for you every day? It is definitely a challenge for me every single day." (Oh, ana jud Maam, dili sure kay usahay lahi karon nya pagkaugma lahi naman pd iyang behavior nya heheheh daghan ang mga bad behavior. So murag challenge gyud nimo everyday ni challenge gyud nako na everyday(P8).

Another parent further said that: "I can't really say that I am completely familiar with it yet, Ma'am. I am familiar with the sense that I have seen them growing up, but it is truly difficult, especially when there are things they want, and they really insist on having their way." (Dili man gyud ko kaingon nga familiar na gyud nako maam. Familiar nako kay nakita man nako nga nagtubo sila lisod man gyud pod samot na nga naa silay mga ganahan nga magtuman gyud sila, P9).

Lastly, a parent expressed that: "I can't really say that I am completely familiar with it yet, Ma'am. I am familiar with the sense that I have seen them growing up, but it is truly difficult, especially when there are things they want, and they really insist on having their way." (Dili pa gyud uy! Kinahanglan pa gyud tun-an og daghan. Kulang pa gyud maam. Dili pa gyud usahay ba naunsa na gyud ka dong uy grabi gyud siya kulisao kaayo nga pagkabata siya kay tungod with Autism man ang bata ana man gyud na, P14).

These statements serve as a qualitative explanation for the fluctuating sense of competence observed in the data. It connects to the legal framework in the following ways: The mention of different behavior every day explains why some parents might not "Strongly Agree" with the idea that parenting is always manageable. It aligns with the content of this paper regarding maladaptive behavior and emotional dysfunction often seen in special learners during the transition to Kindergarten. Under RA 12199, the mandate for developmentally appropriate experiences is crucial here. Since the parent faces a challenge every day, the school's role in providing a stable, structured environment during the Kindergarten transition becomes a vital support system for the family. Despite the daily challenges, the parents in this study still maintain a "High" grand mean in competence (3.83 in Table 3), showing that they are persevering through these daily behavioral shifts.

On the other hand, the Satisfaction subscale measures the parents' emotional response to their role, including feelings of frustration, anxiety, or the perceived reward of parenting. This dimension yielded a mean of 3.27 (Agree). It is important to note that many items in this section are reverse-coded or negative statements (e.g., feelings of frustration or tension).

On the lens of emotional resilience, respondents disagreed with the statement that parenting makes them feel tense and

anxious (mean: 2.99) or that they are currently "frustrated" (mean: 3.46). This indicates a healthy level of emotional adjustment.

Interestingly, indicator 2.4, "My mother was better prepared to be a good mother than I am," received a score of 3.51 (Agree). This suggests a level of self-doubt or an idealized view of previous generations' parenting, which could be a point of stress. When parents were interviewed, these were some of their responses relative to this indicator: "Perhaps in a situation like ours, we really need to be stronger because this requires a lot of patience. Their needs are different from others, which is why it varies; their needs are unique, and it was also different for my mother because we weren't like this when we were children (P1)." (Siguro kay pareha ing-ani nga sitwasyon namo nga mas kinahanglan jud namo ma strong kay ing-ani kay taas pasensya. Lahi iyang panginahanglan sa uban mao lahi-lahi kay lahi ning iyang panginahanglan then katong sa akong mama lahi pd kay di man me ing-ani nga pagkabata.) Another parent also answered on the same question: "For me, Ma'am, I'm not ready because I don't have any idea about this. I don't know anyone among our relatives, as we are the only ones who have a child like this (P4)." (Sa akua maam dili ko ready kay kanang wala koy idea nga kuan ba nga ing-ana kay wala koy kaila sa among mga parente kami pa ang naay ing-ana nga bata, P4).

Another parent responded this: "Yes, because these children of mine, Ma'am, they are twins and they both have autism. Of course, things were different before, Ma'am. Those were just normal circumstances but I can say that parents back then had it easier, especially in my case where both of them have autism. It is very difficult to handle as a parent (P9)." (Oh, kay kaning akong anak maam twins na sila nga with autism. Hinuon lahi manta sauna maam mga normal raman pero makaingon nga mas okay ang mga ginikanan sauna samot nanang akua oh nga with autism silang duha lisod kaayo i handle as a parent (P9).

Lastly, a parent further said: "Ah! Actually, my mother was better prepared in her role as a parent compared to me now that I am facing this. It's because, Ma'am, it's different. My child is truly special, so the attention required for them is much greater. They need more attention because they require so much understanding. It's not like with a typical child. For them, the care must be doubled compared to a typical child. Compared to the older siblings, this one is much more delicate. (P15)." (Ah! Actually ah, maypa si mama nako sa iyang pagkamama ba nga andam siya kaysa nako karon kay ga atobang ko ani ah! Kuan man maam kanang siya lahi ba kay special man gyud akong anak mas labaw ang attention para sa iyaha labaw ang attention para sa iyaha niya kay salabton man siya. Nya dili parehas sa natural nga bata kay sa iyaha double gyud ang care kaysa natural nga bata katong mga magulang kani siya mas delikado kaayo. Oo, Ma'am, P15).

The low score on indicator 2.7 (mean: 4.11, Agree) regarding a lack of motivation indicates that these mothers are highly motivated to do a good job despite the challenges they face.

Parents explained that "It's not quite like that, Ma'am. Although there's definitely a part of you that gets tired, in this kind of situation, even if it's exhausting, I have to keep going

because they need me. As a parent, I don't let myself feel fatigue because I am taking care of them every single day. I have never surrendered. Ever since he was two years old, he has been receiving physical therapy (PT), and until now, he goes to the Little Children of the Philippines for PT once a week. The doctor couldn't give a specific diagnosis, so they just labeled it as GDD (Global Developmental Delay). When I was pregnant, I wasn't stressed. I just didn't detect that I was pregnant right away because of work, and it wasn't really planned." (Dili man pud maam though naa man jud na sa part nga kapuyon ka pero sa ing-ani nga sitwasyon bisag kapoy pero kailangan jud nimo kay kailangn pud ka niya as a parent dili pud ka bation og kapoy kay everyday ga sge man pd ka og amuma niya. Wala jud koy surrender ani since 2 years old ni siya maam ga start n ani siya og PT until now sa LCP ni siya nag PT once a week dili makadiagnose ang doctor maam GDD ang gibutang. Katong ganabdos ko wala ko na stress wala lang jud nako na detect nga nabdos ko kay trabaho nya wala kaayo na plano, P1).

While the parent acknowledges that it is exhausting, her statement "Wala jud koy surrender" (I have never surrendered) explains why the grand mean for competence remains High (3.83). Even when parents feel "tense and anxious" (Item 2.8), their sense of duty to the child overrides the fatigue. The mention of Global Developmental Delay (GDD) as a placeholder diagnosis connects to the idea regarding how the type and severity of disability influence parental expectations. Navigating a transition to Kindergarten with an unclear diagnosis adds a layer of complexity to the parent's expertise and efficacy. The commitment to weekly therapy since age two aligns with the Legal Basis (RA 12199), which emphasizes early identification and intervention. This parent is an example of the primary caregiver role the law seeks to reinforce, ensuring the child has a foundation of support before entering the formal Kindergarten system.

One respondent also expressed that: "I agree with that mother who said she isn't motherly because she abandoned the child. That's why it's really a no." (Agree tong mama nga dili siya inahanon kay iya mang gibya-an. Mao dili jud, P2).

This statement offers a stark contrast to the high levels of competence found in the primary data, providing a deeper look into the Satisfaction sub-scale of Table 3. This quote directly addresses the sentiment in Indicator 2.6: "If being a mother of a child with special needs were only more interesting, I would be motivated to do a better job". It highlights that when a parent feels a lack of motherly connection or motivation, it can lead to the extreme outcome of abandonment. Under RA 12199, the state recognizes the necessity to provide special protection to children. When a parent abandons their role, the legal framework for the Early Childhood Care and Development (ECCD) system must step in to ensure the child's transition to Kindergarten is still managed by a parent-substitute or the state. As discussed, children with Special Educational Needs (SEN) are already prone to emotional dysfunction and temper tantrums. The absence of a stable, motherly figure, as described in this quote, significantly increases the risk of maladjustment to the new school environment during the Kindergarten transition.

Consequently, one parent expounded that: "You really can't avoid getting frustrated, Ma'am, when handling ASD (Autism Spectrum Disorder). It is actually very difficult because the child struggles, and the parent struggles too. I think, Ma'am, what makes it hard for me with my child is the behavior. You try to teach him, but at school, he is totally different. He doesn't listen. It's like our struggle as parents is a daily occurrence. Because it's always different. It's not like yesterday; today is different again. So, if you're a positive thinker, you just have to think of it as another 'surprise' for tomorrow (P6). (Dili gud malikayan na ma frustrate ka mam pag handle ug ASD but lisod gyud siya mam actually kay struggle ang bata, struggle pod ang parent. Because siguro mam sa ilahang dili sila kanang ang akong kalisdan man gud sa akong anak mam is iyahang behavior, tudluan nimo siya, sa school lahi ra gyud siya mam dili siya mtutuo murag among struggle as a parent everyday. Oo, kay lainlain dili pareha kahapon nya karon lahi na pod so kong positive thinking ka imo naklang hunahunaon nga surprise na pod ugma. Dili Maam, mag advance nalang ko. Kuan ana ko ma frustrate mam kung nag therapy siya, for the whole month wala siyay pag wild, banging of the head. I thought Mam is okay na siya, na naka help ang therapy niya, actually ang therapy is makahelp gud siya pero pag abot nakog other. Pila ka adlaw naa napod siyay laing behavior so frustrate napod ka mam, lahi napod ni na challenge as a parent... lahi napod inana. So, you feel nga dili ko maayong pagkamama? Murag maka ingon ka mam ba na naa ba koy pagkulang sa iyaha and asa ba ko dapit nagkulang sa iyaha, P6).

Table 3 shows that parents generally "Agree" that problems are manageable. However, this respondent highlights the unpredictability of ASD. The phrase "yesterday was different, today is different again" explains why parents may struggle to feel "thoroughly familiar" (Item 1.6) with their role. The constant emergence of new behaviors makes the transition to Kindergarten a moving target, requiring constant recalibration of parenting strategies.

This explains that children with SEN exhibit maladaptive behaviors (e.g., banging of the head, "wild" episodes). This transcript confirms that these behaviors are the primary source of parental frustration and the feeling of "shortcoming." The transition to Kindergarten is hindered when therapy gains at the clinic do not immediately translate to home or school settings, leading to the "weariness of learning" mentioned in your introduction.

The respondent's question "Where exactly did I fail him?" is a qualitative manifestation of the stress factors in the Satisfaction sub-scale. It reveals that even when parents are highly involved (like attending therapy for a full month), the lack of linear progress in the child can damage the parents' self-esteem and sense of competence. This statement underscores why RA 12199 emphasizes "special protection" and "parent-substitutes." The parents' daily "struggle" and "frustration" highlight the necessity for the state to provide a "nurturing environment" in Kindergarten that doesn't just focus on the child, but also offers psychological and instructional support for the parents to mitigate these feelings of inadequacy.

A mother further expounded: "Yes, sometimes. Because it's when I can't give him what he needs and I can't understand him. There are so many things lacking. So, I really end up saying, 'Lord, maybe I wasn't meant to be a parent?' Oh, Lord... (I ask) Why is it like this, that I can't give everything? I give my absolute best in taking care of him, but when it comes to his (material/special) needs, I really can't provide everything. And that is because he also cannot speak, P7." (Oo, usahay kay kuan man kanang dili nako mahatag niya ug di ko kasabot Kay dili nimo ma provide og unsa iyang ganahan mao di ka kasabot? Daghan kaayong kulang So makaingon gyud ko nga matay dili man gyud dagay ko para mahimong parent? Oh, Lord nganong kuan na dili man nako mahatag tanan pero ihatag nako akong best sa akong pag alaga pero kung sa needs di jud nako mahatag tanan Kay because dili man pod siya makaestorya mao na, P7).

This emphasizes that parenting satisfaction is a crucial predictor of overall family well-being. The "Disagree" ratings on negative emotional states (tension, frustration) correlate with the thesis's argument that a positive parental identity helps buffer against the daily stressors of raising a child.

The Grand Mean of 3.83 (Agree) signifies that the respondents, as a whole, have a positive and consistent sense of competence.

Table 4.1 reveals that most socio-demographic variables have a statistically significant relationship with parenting efficacy. On Age and Efficacy ( $\rho = -0.83, p = 0.02$ ): There is a strong negative correlation between age and efficacy. This suggests that as parents age, their perceived ability to manage the demands of a kindergarten learner with special educational needs (SEN) may decline. Table 1.1 shows that over half (51.81%) of respondents are between 30 and 40 years old. This is a critical period for both career development and intensive parenting.

**Table 4.1 Relationship Between Socio-Demographic Profile of Parents and Level of Parenting Sense Competence @ 5% Level of Significance**

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value ( $\chi^2$ - Value)/ Spearman's Rank Correlation Value ( $\rho$ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
<b>1. Efficacy and socio-demographic profile:</b>			
1.1 age;	$\rho$ -Value= -0.83	0.02	Significant
1.2 Sex;	$\chi^2$ - Value=13.87	0.09	Not Significant
1.3 civil status;	$\chi^2$ - Value=4.91	0.04	Significant
1.4 number of children in the family;	$\rho$ -Value=0.92	0.02	Significant
1.5 number of children with educational needs;	$\rho$ -Value=0.89	0.02	Significant
1.6 type of abode or personal space;	$\chi^2$ - Value=9.05	0.11	Not Significant
1.7 educational attainment;	$\rho$ -Value=0.91	0.03	Significant
1.8 employment status of spouses;	$\rho$ -Value= -0.87	0.04	Significant
1.9 combined monthly income; and	$\rho$ -Value= -79	0.04	Significant

1.10 availability of domestic support	$\rho$ -Value=0.93	0.07	Not Significant
<b>2. Satisfaction and socio-demographic profile:</b>			
1.1 age;	$\rho$ -Value=0.89	0.01	Significant
1.2 Sex;	$\chi^2$ – Value=10.01	0.12	Not Significant
1.3 civil status;	$\chi^2$ – Value=8.77	0.08	Not Significant
1.4 number of children in the family;	$\rho$ -Value=0.88	0.00	Significant
1.5 number of children with educational needs;	$\rho$ -Value= -0.85	0.00	Significant
1.6 type of abode or personal space;	$\rho$ -Value= - 82	0.03	Significant
1.7 educational attainment;	$\rho$ -Value=0.92	0.01	Significant
1.8 employment status of spouses;	$\rho$ -Value= - 0.87	0.00	Significant
1.9 combined monthly income; and	$\rho$ -Value=0.93	0.04	Significant
1.10 availability of domestic support	$\rho$ -Value=0.94	0.01	Significant

On Civil Status, Number of Children, and SEN Children: All three variables show significant relationships with efficacy. Efficacy is positively correlated with the total number of children ( $\rho = 0.92$ ) and the number of children with SEN ( $\rho = 0.89$ ).

On Socio-Economic Factors (Education, Income, and Employment): Educational attainment ( $\rho = 0.91$ ) and combined monthly income ( $p = 0.04$ ) are significant predictors of efficacy.

On Age and Satisfaction ( $\rho = 0.89$ ,  $p = 0.01$ ): Unlike efficacy, satisfaction shows a strong positive correlation with age. While older parents may feel less effective in high-intensity physical management, they report higher satisfaction in their role.

On Number of Children with SEN ( $\rho = -0.85$ ,  $p = 0.00$ ): There is a significant negative correlation here. As the number of children with SEN increases, parenting satisfaction decreases. This finding mirrors Yan & Hou [1], who establish that parenting satisfaction negatively predicts the total difficulty of the child's behavior.

On Environmental Factors (Type of Abode and Domestic Support): Both are significant for satisfaction. The availability of domestic support ( $\rho = 0.94$ ,  $p = 0.01$ ) is a major contributor. Table 1.10 shows that 84.34% of parents have support within the household. This high level of support acts as a mediator against the immense stress and negative emotions (anxiety, guilt) caused by raising a child with special needs.

Notably, Sex was not significantly related to either efficacy ( $p = 0.09$ ) or satisfaction ( $p = 0.12$ ). Table 1.2 indicates that nearly 70% of respondents are female. Despite the disproportionate burden often placed on mothers [32], this study suggests that when it comes to the internal sense of competence, fathers and mothers of children in kindergarten SEN programs experience similar levels of efficacy and satisfaction. This may be due to the shared transition stress that affects the entire family system during school entry [2].

The data in Table 4.1 confirms that a parent's socio-demographic background is intrinsically linked to how they perceive their competence. The study highlights a mastery

paradox: while experience with more children builds efficacy (mastery), the added stress of multiple SEN children significantly reduces satisfaction (emotional reward). These findings underscore the importance of Then & Pohlmann's [4] call for need-based support that addresses both the financial/educational resources of parents (to boost efficacy) and their emotional support systems (to preserve satisfaction). Table 4.2 presents the statistical relationship between the profiles of kindergarten special education learners and the two primary dimensions of Parenting Sense of Competence (PSC): Efficacy (the parent's belief in their ability to perform parenting tasks) and Satisfaction (the fulfillment derived from the role). The analysis utilized Chi-Square and Spearman's Rank Correlation tests at a 5% level of significance. The data indicate that while the child's demographic factors like age ( $p=0.07$ ) and sex ( $p=0.06$ ) do not significantly influence a parent's sense of efficacy, the nature of the child's condition is a decisive factor.

On Type and Degree of Disability. There is a significant relationship between the type of disability ( $p=0.00$ ) and the degree of disability ( $p=0.04$ ) with parental efficacy. This suggests that the specific challenges associated with different diagnoses and the severity of the impairment directly impact how capable parents feel in managing their child's needs. This aligns with the Parental Sense of Competence (PSC) Theory, which notes that the severity and frequency of challenging behaviors in children with Special Educational Needs (SEN) directly threaten a parent's self-efficacy. If a parent repeatedly struggles with behaviors unique to a severe disability (e.g., meltdowns or non-verbal communication), their belief in their mastery is eroded.

**Table 4.2 Relationship Between the Profile of the Kindergarten Special Education Learners and Parenting Sense Competence @ 5% Level of Significance**

<b>A. CHILD-RELATED CHALLENGES</b>			
<b>VARIABLES CORRELATED</b>	<b>Chi-Square Value (<math>\chi^2</math> – Value)/ Spearman's Rank Correlation Value (<math>\rho</math>-Value)</b>	<b>P-Values</b>	<b>Interpretation (@0.05 Alpha Value)</b>
<b>1. Efficacy and the Kindergarten Special Education Learners profile:</b>			
1.1 age of learners	$\rho$ -Value= -0.88	0.07	Not Significant
1.2 Sex of learners	$\chi^2$ – Value=6.05	0.06	Not Significant
1.3 Type of Disability	$\chi^2$ – Value=13.87	0.00	Significant
1.4 Degree of Disability	$\rho$ -Value= -0.83	0.04	Significant
<b>2. Satisfaction and the Kindergarten Special Education Learners profile:</b>			
1.1 age of learners	$\rho$ -Value=0.91	0.00	Significant
1.2 Sex of learners	$\chi^2$ – Value=2.99	0.07	Not Significant
1.3 Type of Disability	$\chi^2$ – Value=4.87	0.03	Significant
1.4 Degree of Disability	$\rho$ -Value= -0.85	0.04	Significant

On Parenting Satisfaction and Learner Profile. Unlike efficacy, Satisfaction shows a significant relationship with nearly all learner profile variables, including the age of the child.

On Age of Learners: The relationship between child age and satisfaction is significant ( $p=0.00$ ). This indicates that as children move through the kindergarten transition, the shifting developmental demands affect the joy and reward parents feel in their role.

On Type and Degree of Disability: Both Types of Disability ( $p=0.03$ ) and Degree of Disability ( $p=0.04$ ) are significantly related to satisfaction. The Spearman value of  $-0.85$  for the degree of disability suggests a strong inverse relationship. As the severity of the disability increases, parental satisfaction tends to decrease.

There are also non-significant variables like the sex of the learner, efficacy, and satisfaction. The Sex of the learner did not show a significant relationship with either Efficacy ( $p=0.06$ ) or Satisfaction ( $p=0.07$ ). This suggests that the parental experience of competence in the kindergarten special education context is more universally tied to the functional and developmental needs of the child rather than their gender. While some literature, such as Bucsea *et al.* [34], suggests that maternal competence might moderate academic readiness differently for boys than for girls, the internal sense of competence for the parent appears to be more heavily dictated by the diagnostic and caregiving intensity (Type and Degree of Disability).

The analysis of Table 4.2 underscores that, for parents of kindergarteners in special education, the specifics of the child's disability are the most consistent stressors affecting their sense of internal competence. This supports the thesis's theoretical anchoring that interventions must be multifaceted, targeting mastery experiences to build efficacy and providing support systems to protect parental satisfaction against the high demands of severe disabilities.

## CONCLUSIONS

The socio-demographic profile of the parent-respondents suggests a foundation of stability and maturity, characterized by individuals in their prime productive years who possess the educational and residential security necessary to navigate the complexities of raising a child with special educational needs (SEN). While the prevalence of college-educated, married homeowners with consistent domestic support creates a relatively resilient environment, the significant gender skew confirms that the primary burden of caregiving remains disproportionately concentrated among mothers. Furthermore, the data indicate that these parents are often managing larger-than-average households with multiple children, which may create a compounding effect of responsibility even when only one child has specific SEN requirements. Ultimately, the profile portrays a group that is structurally well-supported and experienced, yet potentially vulnerable to the long-term physical and emotional demands of balancing intensive childcare with the maintenance of a stable, middle-income household.

The profile of kindergarten learners with special needs portrays a non-traditional student population where advanced age is the norm, indicating that these children often

experience delayed entry or extended stays in early education. There is a pronounced gender disparity within this cohort, as the vast majority of students are male, highlighting a significant trend in the early identification and enrollment of boys in specialized programs. Autism Spectrum Disorder serves as the primary diagnostic challenge for most families, acting as the central factor that shapes the caregiving and educational requirements of the group. Ultimately, the diverse range of cognitive, physical, and sensory hurdles faced by these learners necessitates a highly specialized and multifaceted approach to support their unique developmental journeys.

The assessment of parental competence reveals a generally positive outlook among respondents, characterized by a high degree of consensus and consistency in their shared experiences. While parents express a strong sense of efficacy and confidence in their caregiving skills, they simultaneously navigate an emotional landscape where their perceived mastery does not always translate to personal fulfillment. This distinction suggests that although parents believe they are capable of managing the demands of their role, they continue to encounter underlying tensions and challenges that impact their overall satisfaction. Ultimately, the findings portray a resilient group of caregivers who remain committed to their responsibilities despite the emotional and situational pressures inherent in raising a child with special needs.

## RECOMMENDATIONS

1. The school, through its principal, may establish Gender-Inclusive Community Support Groups and Respite Care Programs: Given that caregiving is disproportionately concentrated among mothers within these households, local government units or educational institutions should develop structured respite care services. These programs would allow primary caregivers to temporarily delegate responsibilities to trained professionals, alleviating the compounding effect of managing larger households with multiple children while reducing the long-term physical and emotional fatigue inherent in their roles.

2. The school, through its teachers, may develop targeted financial literacy and SEN-Resource Subsidy Initiatives: While the profile suggests a degree of stability with a middle-income range, the costs associated with specialized interventions for learners with special educational needs can quickly deplete these resources. It is recommended that educational centers partner with financial institutions to provide specialized insurance or subsidy schemes specifically for SEN-related expenses (such as therapies and assistive devices), ensuring that families can maintain their current residential and domestic stability without compromising the child's developmental needs.

Additionally, to empower parents to seek ways to enhance financial resources, livelihood skills training may be offered through the Bachelor of Technology and Livelihood Education of the College of Teacher Education and the Master of Arts in Vocational Education for the Graduate School. A student-led activity providing livelihood skills training for parents will help them be empowered financially. Entrepreneurial and financial literacy skills can be embedded

in the training. The parents are captured clients since they are in school every day, waiting for their children.

3. West City Exceptional Child Learning Center personnel may implement Age-Appropriate Transitional and Vocational Curriculum Adjustments: Since a staggering number of learners are older than the standard kindergarten age, with some extending into adolescence and adulthood, schools should move beyond a traditional early childhood curriculum. It is recommended that educational institutions develop Bridging Programs that integrate functional life skills and age-appropriate socialization for these older learners, ensuring that a 9-or 10-year-old student is not restricted to play-based activities designed for 5-year-olds.

4. The school personnel may initiate ASD-Specific Professional Development and Gender-Sensitive Screening by tapping community human resources with expertise. With learners diagnosed with ASD and a five-to-one male-to-female enrollment ratio, there is a dual need for specialized training and improved identification. Schools should prioritize intensive training for teachers and staff in evidence-based ASD management (such as Applied Behavior Analysis or sensory integration) while also launching awareness campaigns to ensure that girls with special needs who may present different or less obvious behavioral markers are not being overlooked in the screening and enrollment process.

5. The school principal may implement Emotional Resilience and Mindfulness-Based Stress Reduction (MBSR) Programs. Since parents reported a lower mean in the satisfaction domain and feelings of being tense and anxious, local health units or school counseling departments should provide specialized mental health workshops. These programs should focus specifically on the affective dimension of parenting, moving beyond how-to skills to address the emotional fatigue and frustration that occur even when a parent is technically proficient in their role. The school guidance counselor can facilitate activities relevant to emotional resilience and mindfulness.

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