

UNDERSTANDING PARENTAL EXPERIENCES AND CHALLENGES IN KINDERGARTEN SPECIAL EDUCATION

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ABSTRACT: *Parents play a critical role in supporting the educational transition and developmental needs of children with special educational needs (SEN), particularly during the kindergarten years. This study examined the challenges faced by parents of kindergarten learners with SEN enrolled at the West City Exceptional Child Learning Center (WCECLC) during the School Year 2025–2026. Specifically, it described the socio-demographic profile of parents and learners, assessed the levels of child-related, parenting-related, family-related, and systemic/external challenges, and served as a basis for developing an intervention plan. The study employed an explanatory sequential mixed-methods research design, utilizing a researcher-made validated questionnaire administered to 83 parents through total enumeration. Descriptive statistics were used to analyze the quantitative data. Findings revealed that most respondents were married mothers aged 30–40 years with at least some college education. The majority of learners were male, diagnosed with Autism Spectrum Disorder (ASD), and classified as having moderate to severe disabilities. Parents experienced a moderate level of challenges overall. Among child-related challenges, developmental and functional concerns, particularly communication and cognitive delays, emerged as the most significant. Parenting-related challenges were characterized by difficulties in learning and adapting to special needs parenting, emotional stress, and impacts on parental well-being. Financial strain was identified as the most prominent family-related challenge, while access to resources and services constituted the greatest systemic and external concern. The findings underscore the multidimensional demands faced by parents of kindergarten learners with SEN and highlight the importance of strengthening parental support systems, improving access to specialized services, and fostering stronger school-family-community partnerships. An action plan was proposed to enhance parental competence and promote positive educational outcomes for children with SEN.*

Keywords: special educational needs, kindergarten learners, parental challenges, parenting competence, Autism Spectrum Disorder, special education.

1. INTRODUCTION

The family serves a vital role in facilitating a child's adjustment to school and significantly influences future academic achievement [1]. For children with Special Educational Needs (SEN), particularly those entering kindergarten, adapting to a new school environment can be difficult. This transition often results in maladaptive behaviors and emotional difficulties due to challenges in adjusting to unfamiliar routines and settings [2]. Research indicates that compared to their typically developing peers, children with SEN are more susceptible to emotional and behavioral concerns during this period, including anxiety, temper tantrums, excessive crying, reluctance to learn, and self-injurious behaviors. These difficulties can negatively affect their academic performance, peer relationships, and school attendance [3].

Addressing the unique needs of both children and parents is crucial in providing effective support during the transition from home to kindergarten. This applies not only to inclusive practices for all children but also to targeted support for children with disabilities and their families [4].

Yan and Hou [1] found that the two dimensions of Parenting Sense of Competence (PSOC), parenting satisfaction and parenting efficacy, contribute differently to the emotional and behavioral adjustment of children with SEN. Parenting satisfaction was associated with lower levels of behavioral and emotional difficulties, whereas parenting efficacy was positively related to children's prosocial behaviors. These findings contribute to ongoing discussions regarding the role of parental perceptions of competence in shaping children's

emotional and behavioral outcomes [5]. Specifically, parents who possess stronger confidence in their parenting abilities are more likely to have children who display positive social behaviors such as cooperation, sharing, helping others, and showing empathy during the kindergarten transition.

This result aligns with previous studies suggesting that parents with higher levels of parenting efficacy are more inclined to encourage and reinforce prosocial behaviors in their children [1]. Similarly, the inverse relationship between parenting satisfaction and children's behavioral difficulties has been supported by evidence showing that more satisfied parents tend to perceive fewer problematic behaviors in their children [6]. Parents who experience greater satisfaction in their parenting role are also more likely to employ proactive and problem-focused coping strategies, enabling them to address behavioral challenges more effectively [1]. Because the transition to kindergarten can heighten feelings of anxiety and uncertainty among children, strengthening parental satisfaction may help reduce emotional and behavioral concerns during this period.

Further findings revealed that parental involvement fully mediated the relationship between parenting satisfaction and prosocial behavior and partially mediated the relationship between parenting efficacy and prosocial behavior among children with SEN during the transition to kindergarten. These results support the parenting process model, which posits that parents' psychological characteristics influence parenting practices, which subsequently affect child development [1]. Likewise, Self Efficacy Theory suggests that parents with a strong sense of competence are more

likely to actively address challenges associated with school readiness and educational decisions, resulting in greater involvement in their children's education [1]. Through active participation, parents assist children in adapting to new learning environments and foster the development of prosocial behaviors. Increased parental involvement also helps satisfy children's emotional needs, strengthens parent-child relationships, and enhances feelings of security, particularly for children with SEN who are navigating a new environment. These factors collectively contribute to the development of positive social behaviors.

In response to this gap, the present study seeks to examine the relationships among the socio-demographic characteristics of parents and the challenges they encounter while supporting kindergarten learners in special education. Ultimately, the study aims to develop an action plan that can strengthen parents' sense of competence and enhance their ability to support their children effectively.

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 are the levels of challenges faced by parents of kindergarten special education learners in terms of

- 3.1 child-related challenges;
- 3.2 parenting-related challenges;
- 3.3 family-related challenges; and
- 3.4 systemic/external challenges?

4. Is there a significant relationship between

- 4.1 the socio-demographic profile of parents and the level of challenges faced by parents, and;
- 4.2 the profile of kindergarten special education learners and the level of challenges faced by parents?

5. What action plan can be designed based on the findings of the study?

2. REVIEW OF RELATED LITERATURE

Challenges Faced by Parents of Kindergarten Special Education Learners

Parents of kindergarten learners with special educational needs (SEN) encounter unique challenges as they balance caregiving responsibilities with family, work, and social obligations. The transition from home to school is particularly demanding because parents must support their children's adaptation to a new environment while ensuring

access to appropriate educational services [7]. This transition often requires families to adjust routines, expectations, and support systems to meet the child's developmental and educational needs.

In the Philippines, policies such as the Early Years Act of 2013, the Kindergarten Education Act, and the Enhanced Basic Education Act of 2013 emphasize parental involvement as an essential component of early childhood education. These policies encourage collaboration between schools and families to promote children's holistic development and school readiness [8]; [9]. Studies have shown that parents who actively participate in their children's education contribute positively to academic readiness, socio-emotional development, and successful school adjustment [10]; [11]; [12].

Research highlights the importance of parenting sense of competence (PSOC), which refers to parents' beliefs in their effectiveness and satisfaction in the parenting role. Parents with stronger competence beliefs are more likely to engage in supportive parenting practices, cope effectively with challenges, and facilitate positive developmental outcomes among children [13; 14]. Conversely, families facing adversity often experience lower parenting competence, greater stress, and emotional difficulties that may hinder effective parenting [15; 14].

Child-related Challenges

Parenting a child with SEN often involves managing behavioral, developmental, sensory, and health-related challenges. Children with conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and other developmental disabilities frequently exhibit behavioral difficulties that contribute to parental stress and reduced confidence in caregiving [16; 17]. Behavioral concerns such as hyperactivity, emotional dysregulation, and social difficulties have been associated with poorer academic and social outcomes and increased demands on parents [18; 1].

Parental competence plays an important role in addressing these challenges. Studies indicate that higher parenting satisfaction is associated with fewer child behavioral difficulties, while greater parenting efficacy promotes prosocial behaviors among children with SEN [1]. Furthermore, parental involvement serves as an important mechanism through which parenting competence influences children's emotional and behavioral adjustment [13].

Children with sensory processing difficulties and chronic health conditions present additional caregiving demands. Parents often report lower confidence, increased stress, and reduced quality of life when managing sensory sensitivities, developmental delays, or chronic illnesses [19; 20]. Access to professional support, parent education programs, and psychoeducational interventions has been found to improve parental competence and coping abilities [22; 23].

Parenting-related Challenges

Parenting children with SEN requires substantial emotional, psychological, and physical resources. Parents frequently experience stress, anxiety, frustration, and emotional exhaustion while adapting to their child's unique needs [24]; [23]. Mothers, who often assume primary caregiving

responsibilities, tend to report higher levels of stress than fathers, particularly when managing behavioral and developmental concerns [23].

Parenting self-efficacy and satisfaction are important protective factors that help parents cope with caregiving demands. Parents who possess stronger beliefs in their parenting abilities are more likely to demonstrate positive coping strategies, maintain healthier parent-child relationships, and experience better psychological well-being [25; 26]. Research also suggests that interventions aimed at strengthening parenting competence can improve both parental adjustment and child outcomes [25].

Family-related Challenges

Families raising children with SEN frequently encounter financial, relational, and social challenges. Financial strain is one of the most commonly reported difficulties, as families often incur additional expenses related to healthcare, therapy, educational services, and caregiving needs [23; 27]. Economic hardship has been associated with increased parental stress, reduced parenting satisfaction, and poorer mental health outcomes [28; 27].

Marital and family relationships may also be affected by the demands of caregiving. Although findings are mixed, studies suggest that family cohesion and resilience can be influenced by stress levels, coping strategies, and available support systems rather than by the child's diagnosis alone [29]. Siblings may also experience changes in family dynamics, though supportive interventions and disability awareness programs have been shown to improve sibling relationships and understanding [30; 31].

Social isolation is another common concern. Parents often report limited leisure opportunities, reduced social participation, and feelings of exclusion due to caregiving responsibilities and societal stigma [32; 33]. However, strong family support, positive marital relationships, and peer support networks can significantly reduce stress and enhance resilience [34; 35].

Systemic and External Challenges

Beyond family circumstances, parents of children with SEN frequently encounter barriers within educational, healthcare, and community systems. Limited access to specialized services, inadequate information, bureaucratic obstacles, and insufficient school support often increase parental burden [23; 36]. Many parents struggle to identify educational placements that adequately meet their children's needs, particularly when mainstream schools lack inclusive resources and support mechanisms.

Societal attitudes and stigma further affect parental experiences. Children with SEN may face social exclusion, while parents may experience judgment, discrimination, or self-blame associated with their child's condition [37; 4]. Professional support, inclusive educational practices, and community awareness initiatives have been identified as important strategies for reducing stigma and improving family well-being [38; 23].

Socio-demographic Profile of Parents

Socio-demographic factors significantly influence parenting competence and family functioning. Socioeconomic status (SES), educational attainment, employment, family income,

age, sex, and social support have all been linked to variations in parenting efficacy and satisfaction [39; 14]. Families with greater economic stability generally report higher parenting competence due to increased access to resources and support services [40].

Educational attainment has likewise been associated with greater parental knowledge, advocacy skills, and confidence in managing children's needs [41; 42]. Employment and income contribute to parental well-being by providing financial security, although balancing work and caregiving responsibilities may also increase stress [13; 14].

Among all socio-demographic factors, social support consistently emerges as one of the strongest predictors of parenting competence. Support from spouses, relatives, friends, professionals, and community networks reduces stress, enhances self-efficacy, and strengthens parents' capacity to respond effectively to their children's needs [37; 35; 43].

4. 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 level of challenges faced by the parents of the kindergarteners. 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, located within the premises of West City Elementary School. The center is recognized as one of the fifty-seven (57) pilot schools nationwide selected to implement the Special Science Elementary School (SSES) Project under the Bureau of Elementary Education. Through this initiative, the school receives dedicated funding that supports the acquisition of laboratory equipment and instructional resources necessary for enhancing the learning experiences of its pupils. The implementation of the SSES Project aligns with the school's mission and vision of providing quality education and preparing learners to meet future challenges. Over the years, WCECLC SPED has successfully fulfilled the objectives of the program, demonstrating its effectiveness as a Special Science Elementary School. In addition, the center caters to a diverse population of learners with special needs, including gifted and fast learners, children with hearing and visual impairments, learners with intellectual disabilities, and those diagnosed with Autism Spectrum Disorder. The center is staffed by twenty (20) teachers handling nineteen (19) classes and is supported by one utility worker at West City Elementary School–SPED–Dumaguete.

Research Respondents and Sampling Procedure

The respondents of the study consisted of eighty-three (83) parents of early childhood learners with special needs enrolled at the West City Exceptional Child Learning Center (WCECLC) during the School Year 2025–2026. A total enumeration approach was employed, wherein all eligible parents were invited to participate in the study to ensure comprehensive representation of the parent population. This approach eliminated the need for sampling procedures and allowed the collection of data from nearly the entire target group. However, three (3) parents were unable to participate due to various circumstances.

The eighty-three (83) respondents were distributed across five instructional sections. Specifically, eighteen (18) parents came from the Aurea Section, nineteen (19) from the Ceros Section, sixteen (16) from the Seville Section, eleven (11) from the Caluyo Section, and nineteen (19) from the Salmin Section. Including parents from all sections enhanced the breadth and representativeness of the data, thereby providing a more comprehensive understanding of parenting sense of competence among parents of learners with special needs at 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, was dedicated to identifying and assessing the challenges faced by parents of early childhood learners with special needs. These challenges were categorized into four key domains: child-related challenges (issues directly related to the child's condition), parenting-related challenges (difficulties in the act of parenting itself), family-related

challenges (strains on the immediate and extended family system), and systemic/external-related challenges (difficulties encountered with institutions, services, or the broader community). This was a researcher-made instrument that was validation.

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 shows the age distribution of the 83 parent respondents included in the study. The findings indicate that most respondents are in early to middle adulthood, a life stage commonly characterized by active career engagement and significant parenting responsibilities.

The largest proportion of respondents belongs to the 30.1–35 years age group, comprising 28.91% (24 respondents) of the total sample. This is followed by parents aged 35.1–40 years, who account for 22.90% (19 respondents). Together, these two age groups represent more than half of the respondents (51.81%). Parents aged 40.1–45 years constitute 18.07% of the sample, while the youngest (21–25 years) and oldest (50.1–55 years) groups each comprise only 2.41% of the respondents.

The distribution suggests that the study primarily reflects the experiences of parents who are in their most productive adult years, a period often associated with established careers, family stability, and increased household responsibilities. The predominance of respondents in their 30s and 40s may also indicate a greater level of maturity and life experience. Consistent with the findings of Shakil et al. [13], older parents tend to report higher levels of parental efficacy, as they are more likely to possess greater resources, knowledge, and prior parenting experiences. Focusing on this age group is particularly relevant in the context of kindergarten transition, as many parents are encountering the formal

educational system and its associated demands for the first time.

Table 1.2 Sex of Respondents

Sex	Frequency	Percentage
Male	25	30.12
Female	58	69.88
TOTAL	83	100.00

Table 1.2 presents the distribution of respondents according to sex. The findings reveal a notable disparity between male and female respondents, indicating that women constitute the majority of participants in the study.

Of the 83 respondents, 58 or 69.88% are female, while 25 or 30.12% are male. This distribution suggests that mothers continue to play the primary role in the educational and developmental support of kindergarten learners with special educational needs (SEN). The predominance of female respondents reflects prevailing caregiving patterns in which mothers are more actively involved in the daily care and educational needs of young children, particularly those with special needs.

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 presents the distribution of respondents according to marital and civil status. The results indicate that most respondents belong to stable family structures, with married individuals comprising the largest proportion of the sample.

Among the 83 respondents, 55 or 66.27% are married, while 20 or 24.10% are single. Respondents who are cohabiting account for 6.03% (5 respondents), whereas single parents, separated individuals, and widowed respondents each represent 1.20% (1 respondent each). The predominance of married respondents suggests that the majority of children in the study are being raised in two-parent households, where caregiving responsibilities and family obligations may be shared between partners.

The large proportion of married respondents may indicate greater access to emotional, social, and practical support within the family. According to the Parental Sense of Competence (PSC) Theory, social support plays an important role in helping parents manage the demands associated with raising children with special educational needs (SEN). A supportive marital relationship can provide encouragement, shared decision-making, and assistance in addressing behavioral, developmental, and educational challenges. Research has shown that strong social support systems are associated with lower levels of parenting stress and psychological distress, thereby contributing to higher levels of parental efficacy and satisfaction.

In contrast, respondents who are single, widowed, separated, or functioning as single parents may encounter additional challenges due to the absence of a partner with whom to share caregiving responsibilities. Caring for a child with SEN often requires considerable time, emotional investment, and

specialized knowledge. Without adequate support, parents may experience greater levels of stress, fatigue, and emotional exhaustion, which can affect their confidence in managing their child’s needs.

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 presents the family size of the 83 respondents, as measured by the number of children residing in the household. The findings indicate that the majority of respondents belong to small- to medium-sized families.

The largest proportion of respondents reported having one child, comprising 38.55% (32 respondents) of the sample. This was followed by families with two children at 27.72% (23 respondents) and three children at 21.69% (18 respondents). Smaller percentages were observed among families with four children (8.43% or 7 respondents), five children (2.41% or 2 respondents), and six children (1.20% or 1 respondent). Overall, 87.96% of the respondents have between one and three children, indicating that most households manage relatively small family sizes. This distribution is important because the presence of additional children within the household may either provide support and companionship or contribute to the demands placed on parents caring for a child with special educational needs (SEN).

Family size is an important socio-demographic characteristic that can influence parenting sense of competence and the allocation of family resources. The literature suggests that raising a child with SEN requires substantial parental involvement, specialized care, and continuous support. For families with three or more children, parental resources such as time, finances, and emotional energy must be distributed among multiple children. As a result, parents may experience increased pressure in balancing the diverse needs of all family members, which can contribute to higher levels of stress and caregiving demands.

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 according to the number of children with special educational needs (SEN) in their households. The findings reveal that the overwhelming majority of respondents, 93.98% (78 respondents), have one child with SEN, while only 6.02% (5 respondents) reported having two children with SEN.

The results suggest that most parents in the study are focused on meeting the needs of a single child with special educational needs. However, the literature emphasizes that caring for even one child with SEN often requires substantial time, emotional commitment, and specialized knowledge.

During the kindergarten years, parents are expected to provide intensive support as their children adjust to formal schooling, educational expectations, and social environments. This responsibility can place considerable demands on parents and may affect their sense of competence and overall well-being. Cheng and Lai [23] noted that parenting a child with SEN involves extensive caregiving responsibilities and significant time investment, which may contribute to parental stress and fatigue.

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 according to their housing situation and availability of personal living space. The findings indicate that the majority of respondents, 61.45%, own their homes, suggesting a relatively stable residential environment. However, only 14.46% reported having a separate bedroom, while 22.88% reside in rented housing or in homes without a designated private bedroom.

Housing conditions are important environmental factors that may influence parenting experiences and parenting sense of competence (PSC). The high proportion of homeowners suggests that many respondents benefit from residential stability, which may contribute to a greater sense of security and control over their living conditions. Stable housing is often associated with improved family functioning and reduced economic uncertainty, factors that have been identified in the literature as important contributors to parental well-being and competence. A secure home environment may therefore enhance parents' confidence in managing the challenges associated with raising a child with special educational needs (SEN).

Despite the prevalence of homeownership, the limited availability of separate bedrooms highlights potential challenges related to personal space and household organization. For many families, sharing living spaces may increase stress and reduce opportunities for rest, privacy, and emotional recovery.

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 presents the educational attainment of the 83 respondents. The findings reveal that the majority of respondents have attained higher levels of formal education,

with a considerable proportion having completed or pursued college studies.

The largest group of respondents consists of college graduates, representing 36.14% (30 respondents) of the total sample. This is followed by respondents with some college education, who account for 32.53% (27 respondents). A smaller proportion reported pursuing graduate studies, with 2.41% (2 respondents) having completed some graduate coursework and 1.20% (1 respondent) holding a graduate degree. Meanwhile, 19.29% (16 respondents) are high school graduates, and 4.82% (4 respondents) have reached some high school education. Overall, the results indicate that a substantial majority of respondents have attained at least some level of college education, suggesting a relatively strong educational background among the parents included in the study.

Educational attainment is an important socio-demographic factor that can influence parenting sense of competence and parents' ability to navigate the demands associated with raising children with special educational needs (SEN). Higher educational attainment often equips parents with knowledge, critical thinking skills, and access to information that can support effective decision-making and problem-solving. According to Bandura's Social Cognitive Theory, self-efficacy is strengthened through the acquisition of knowledge and the development of competencies that enable individuals to manage challenging situations successfully. Consequently, parents with higher levels of education may feel more confident in understanding their child's condition, interpreting professional recommendations, and participating in educational planning.

Research by Yan and Hou [1] further suggests that parental involvement serves as an important link between parenting competence and positive child outcomes.

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 status of the 83 respondents. The findings indicate that a substantial proportion of the respondents are not engaged in formal employment, a situation that may influence both the availability of caregiving time and the financial resources of the family.

The largest group of respondents is composed of unemployed individuals, representing 44.58% (37 respondents) of the sample. Self-employed respondents account for 13.24% (11 respondents), while employed couples comprise 22.89% (19 respondents). These findings suggest that a considerable number of parents may devote significant time to caregiving responsibilities, particularly in supporting children with special educational needs (SEN).

Employment status is an important socio-demographic factor that can affect parenting sense of competence, family functioning, and overall well-being. The high proportion of unemployed respondents may reflect the extensive caregiving demands associated with raising a child with SEN. Parents, especially mothers who often assume primary caregiving roles, may reduce or discontinue employment in order to attend to their child’s educational, developmental, and health-related needs.

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

Table 1.9 presents the economic profile of the 83 respondents based on their monthly household income. The findings indicate that a considerable proportion of the respondents belong to low-income households, suggesting potential financial challenges in meeting the needs of children with special educational needs (SEN).

Among the respondents, 16.87% (14 respondents) reported a monthly household income of ₱5,000 and below, while 24.10% (20 respondents) earned between ₱5,001 and ₱10,000. Respondents earning between ₱10,001 and ₱20,000 accounted for 24.10%, whereas 19.27% fell within the ₱20,001 to ₱30,000 income range. A smaller proportion reported higher incomes, with 26.50% earning between ₱30,001 and ₱40,000 and only 3.62% earning ₱40,001 and above. Overall, the data show that a substantial number of respondents live on relatively limited financial resources, which may affect their ability to access services and support for their children with SEN.

Monthly household income is an important socio-demographic factor that can influence parenting sense of competence, family well-being, and access to educational and therapeutic resources. The literature identifies financial strain as a significant contributor to parenting stress and reduced levels of parental satisfaction and self-efficacy. Families with limited income often face challenges in securing specialized services, therapies, educational materials, and healthcare interventions that support the development of children with SEN. As a result, financial constraints may increase the emotional and practical demands placed on parents.

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
TOTAL	83	100.00

Table 1.10 presents the distribution of respondents according to the individual primarily responsible for the daily care of the child at home. The findings indicate that caregiving responsibilities are largely assumed by members of the immediate family, particularly the parents themselves.

The majority of respondents, 84.34% (70 respondents), identified parents as the primary caregivers of the child. Meanwhile, 13.25% (11 respondents) reported that caregiving responsibilities are shared with or delegated to closely connected individuals outside the immediate household, such as relatives. Only 2.41% (2 respondents) indicated that paid caregivers provide primary care.

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
TOTAL	83	100.00

Table 2.1 presents the age distribution of learners enrolled in the kindergarten special education program. The findings indicate a noticeable trend of delayed school entry or extended placement at the kindergarten level among children with special educational needs (SEN).

The largest proportion of learners is composed of 7-year-olds, representing 32.53% (27 learners) of the total population. Learners aged 6 to 8 years constitute the majority of the respondents, accounting for 68.67% of the sample. A smaller but notable percentage of learners are 9 years old and above, comprising approximately 12.06%, including a few older individuals up to 20 years of age. In contrast, only 14.86% (12 learners) are 5 years old, which is generally considered the typical age for kindergarten enrollment. These findings suggest that many children with SEN enter kindergarten later than expected or remain at the level longer than their typically developing peers due to developmental, educational, or support-related factors.

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 distribution of learners according to sex. The findings reveal a substantial disparity between male and female learners enrolled in the kindergarten special education program. Male learners comprise the majority of the sample, accounting for 83.13% (69 learners), while female learners represent only 16.87% (14 learners). This indicates that approximately five male learners are enrolled for every female learner within the study population.

The predominance of male learners is consistent with existing literature on special education and developmental disabilities. Research has shown that neurodevelopmental conditions, particularly Autism Spectrum Disorder (ASD), are diagnosed more frequently among boys than girls. As reflected in the learner profile, ASD represents one of the most common conditions among the participants. Bucea et al. [18] noted that boys often display more observable externalizing behaviors, such as hyperactivity, impulsivity, and disruptive

actions, which may increase the likelihood of identification and referral for special education services at an earlier age.

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 learners with special educational needs (SEN) included in the study. The findings indicate that Autism Spectrum Disorder (ASD) is the most prevalent condition, accounting for 53.01% (44 learners) of the total population. Global Developmental Delay ranks second at 12.06% (10 learners), followed by Intellectual Disability at 9.64% (8 learners). Other disability categories, including Down Syndrome, Attention Deficit Hyperactivity Disorder (ADHD), and Cerebral Palsy, comprise smaller proportions of the sample, reflecting the diverse range of needs present within the kindergarten special education program.

The predominance of ASD and the variety of disability types represented in the study have important implications for understanding the experiences of both learners and their parents. Previous research has shown that the nature and severity of a child’s disability can significantly influence parental expectations, caregiving practices, and involvement in educational activities. For families of children with developmental disabilities such as ASD, Global Developmental Delay, and Intellectual Disability, the transition to kindergarten often presents unique challenges that require increased parental support and adaptation.

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 learners according to the severity or level of their disabilities. The findings indicate a relatively balanced distribution across the three disability levels, with children classified under Level 3 (Severe) comprising the largest proportion of the sample at 36.14% (30 learners). When combined, learners classified under Levels 2 (Moderate) and 3 (Severe) account for 67.47% of the total population, indicating that the majority of respondents are caring for children with moderate to severe functional limitations.

The severity of a child’s disability is an important factor influencing parental experiences, caregiving demands, and

parenting sense of competence. Children with more significant impairments often require greater levels of supervision, intervention, and support in their daily activities, educational participation, and social interactions. Consequently, parents of children with moderate to severe disabilities may encounter increased responsibilities and challenges compared to those caring for children with milder conditions.

Table 3.1 Child-Related Challenges Faced by Parents

Child-related Challenges	Weighted Mean	SD	Verbal Description
1. Behavioral Challenges			
1.1 The child has bigger, longer, and more frequent outbursts than other kids their age, making it much harder for him/her to calm down.	2.99	1.21	Moderate Level of Challenges with Homogeneous Responses
1.2 The child exhibits aggression, a physical behavior intended to cause harm to oneself or others through actions like hitting, biting, or kicking.	2.67	1.40	Moderate Level of Challenges with Homogeneous Responses
1.3 The child shows significant difficulty following instructions or rules.	3.25	1.17	Moderate Level of Challenges with Homogeneous Responses
1.4 The child shows repetitive behaviors like hand-flapping, rocking, and head-banging, common in autism.	2.80	1.40	Moderate Level of Challenges with Homogeneous Responses
1.5 The child exhibits self-injurious behaviors that cause harm to oneself.	2.27	1.37	Moderate Level of Challenges with Homogeneous Responses
1.6 The child shows social difficulties like having trouble understanding social cues, initiating interactions, or forming friendships.	3.25	1.19	Moderate Level of Challenges with Homogeneous Responses
1.7 The child demonstrates impulsivity/hyperactivity, such as difficulty with self-regulation, constant movement, or poor attention span.	3.41	1.18	High Level of Challenges with Homogeneous Responses
Overall Mean (Behavioral Challenges)	2.95	1.27	Moderate Level of Challenges with Homogeneous Responses
2. Developmental and Functional Challenges			
2.1 The child exhibits communication delays, such as difficulty with verbal language (expressive or receptive), using alternative communication methods, or understanding complex instructions.	3.49	1.21	High Level of Challenges with Homogeneous Responses
2.2 The child shows cognitive delays, such as a slower pace of learning, difficulty with	3.41	1.32	High Level of Challenges with

problem-solving, or abstract thinking.			Homogeneous Responses	4.3 The child requires medication management, involving the careful administration and monitoring of medications at the appropriate times and dosages.	2.17	1.37	Low Level of Challenges with Homogeneous Responses
2.3 The child demonstrates motor skill deficits, such as challenges with fine motor (e.g., writing, buttoning) or gross motor (e.g., walking, running, balance) skills.	3.16	1.38	Moderate Level of Challenges with Homogeneous Responses	4.4 The child has specialized dietary needs, requiring careful management of food intake to avoid allergic reactions or accommodate feeding supports.	1.95	1.30	Low Level of Challenges with Homogeneous Responses
2.4 The child shows difficulties in self-care skills, including toileting, dressing, feeding, or personal hygiene, requiring significant parental assistance beyond typical age expectations.	3.34	1.30	Moderate Level of Challenges with Homogeneous Responses	4.5 The child manifests sleep disturbances that disrupt the rest and routines of the family.	2.28	1.39	Low Level of Challenges with Homogeneous Responses
2.5 The child shows poor adaptive skills, manifested in challenges with daily living skills, safety awareness, or independent functioning.	3.28	1.25	Moderate Level of Challenges with Homogeneous Responses	Overall Mean (Health and Medical Challenges)	2.19	1.38	Low Level of Challenges with Homogeneous Responses
Overall Mean (Developmental and Functional Challenges)	3.33	1.29	Moderate Level of Challenges with Homogeneous Responses	GRAND MEAN	2.81	1.29	Moderate Level of Challenges with Homogeneous Responses
3. Sensory Challenges							
3.1 The child manifests sensory sensitivities/aversions through extreme reactions to sounds, textures, lights, smells, or tastes.	2.89	1.26	Moderate Level of Challenges with Homogeneous Responses	Table 3.1 reveals that parents experienced a moderate level of child-related challenges overall (Grand Mean = 2.81). Among the four dimensions, Developmental and Functional Challenges obtained the highest mean (3.33), followed by Behavioral Challenges (2.95) and Sensory Challenges (2.78), while Health and Medical Challenges recorded the lowest mean (2.19). These findings suggest that parents are more challenged by their children's developmental, behavioral, and sensory needs than by medical concerns.			
3.2 The child displays sensory-seeking behaviors, characterized by a constant urge to experience specific sensations, such as spinning or firm touch, to help the body feel balanced or calm.	2.61	1.25	Moderate Level of Challenges with Homogeneous Responses	For Behavioral Challenges, the overall mean of 2.95 indicates a moderate level of difficulty. The highest-rated concern was impulsivity and hyperactivity (Mean = 3.41), followed by difficulties in following instructions and social interaction (Mean = 3.25 each). These behaviors may hinder children's adjustment to structured school environments and increase parental stress. The findings support the observations of Hamdani [22], who noted that behavioral difficulties and non-compliance can reduce parental confidence and challenge effective parenting.			
3.3 The child's over-sensitivity or under-sensitivity to surroundings makes it difficult to perform daily activities, such as visiting busy places or eating specific foods.	2.83	1.27	Moderate Level of Challenges with Homogeneous Responses	Developmental and Functional Challenges emerged as the most significant area of concern (Mean = 3.33). Communication delays (Mean = 3.49) and cognitive delays (Mean = 3.41) were rated as high-level challenges, indicating that parents struggle most with their children's ability to communicate, learn, and function independently. These findings are consistent with Jandric and Kurtovic [42], who emphasized the importance of communication in child development, and Cheng and Lai [23], who highlighted the intensive caregiving demands placed on parents of children with special educational needs.			
Overall Mean (Sensory Challenges)	2.78	1.26	Moderate Level of Challenges with Homogeneous Responses	For Sensory Challenges, parents reported a moderate level of difficulty (Mean = 2.78). Sensory sensitivities and aversions (Mean = 2.89) were the most common concerns, often making everyday activities and social participation challenging. These findings support the work of Doskalovich			
4. Health and Medical Challenges							
4.1 The child manifests chronic health conditions involving the daily effort of managing long-term medical issues such as seizures, allergies, or breathing difficulties.	1.87	1.34	Low Level of Challenges with Homogeneous Responses				
4.2 The child's condition demands frequent medical appointments and therapies, requiring ongoing visits to specialists and therapists to support health and development.	2.70	1.49	Moderate Level of Challenges with Homogeneous Responses				

et al. [19] and Keating *et al.* [48], who noted that sensory processing difficulties can significantly affect both children’s functioning and parental well-being.

Lastly, Health and Medical Challenges registered a low overall level of difficulty (Mean = 2.19). However, frequent medical appointments and therapies (Mean = 2.70) remained a moderate concern, reflecting the logistical demands placed on families. This finding aligns with Beckers et al. [24], who reported that ongoing therapy and intervention schedules can disrupt family routines and contribute to caregiver burden.

Overall, the findings indicate that parents of kindergarten learners with special educational needs face their greatest challenges in managing developmental and behavioral concerns. These demands require continuous support and adaptation, reinforcing the need for collaborative interventions from families, schools, and support services [1]; [2].

Table 3.2 Parenting-related Challenges Faced by Parents

Parenting-related Challenges	Weighted Mean	SD	Verbal Description
1. Emotional and Psychological Burden			
1.1 I experience chronic stress and anxiety. These are the constant feelings of being “on edge” or worrying about what the future holds while balancing the heavy daily demands of caregiving.	3.17	1.35	Moderate Level of Challenges with Homogeneous Responses
1.2 Depression and sadness are the heavy feelings of grief or deep tiredness that come from losing the “typical” parenting experience I expected after a diagnosis.	3.08	1.40	Moderate Level of Challenges with Homogeneous Responses
1.3 Guilt is the heavy feeling of blaming myself for my child’s condition or constantly worrying that I am not doing enough to help them.	2.96	1.40	Moderate Level of Challenges with Homogeneous Responses
1.4 Burnout is the feeling of being completely worn out and emotionally empty because I have been doing too much for too long without a break.	2.83	1.35	Moderate Level of Challenges with Homogeneous Responses
1.5 Isolation and loneliness happen when I feel cut off from others or misunderstood because my caregiving responsibilities make it hard to maintain a social life.	2.61	1.34	Moderate Level of Challenges with Homogeneous Responses
1.6 Anger and frustration are the natural feelings of being upset with my child, the situation, or the complicated systems I have to deal with to get help.	3.01	1.39	Moderate Level of Challenges with Homogeneous Responses
1.7 Low self-esteem in parenting is feeling like I am not doing a good job because of my own self-doubt or the critical things others say about me.	2.75	1.45	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Emotional and Psychological Burden)	2.92	1.38	Moderate Level of Challenges with Homogeneous Responses
2. Time and Energy Demands			

2.1 Lack of personal time means having little to no chance to rest, enjoy hobbies, or take care of myself because my time is entirely consumed by other responsibilities.	2.73	1.37	Moderate Level of Challenges with Homogeneous Responses
2.2 I experience sleep deprivation or extreme exhaustion caused by a child waking up often at night or a parent staying alert to keep them safe.	2.64	1.46	Moderate Level of Challenges with Homogeneous Responses
2.3 Scheduling conflicts happen when I struggle to fit therapies, doctor visits, and school meetings into an already busy daily routine.	2.65	1.44	Moderate Level of Challenges with Homogeneous Responses
2.4 Intensified supervision means needing to watch my child every single moment to keep him/her safe because he/she cannot manage independently.	3.30	1.32	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Time and Energy Demands)	2.83	1.40	Moderate Level of Challenges with Homogeneous Responses

3. Learning and Adapting to Special Needs Parenting			
3.1 Difficulty understanding the diagnosis refers to the struggle to make sense of complex medical or developmental information about my child’s condition.	2.77	1.16	Moderate Level of Challenges with Homogeneous Responses
3.2 Learning new skills involves mastering specialized techniques, such as therapy exercises or unique communication methods that go beyond typical parenting.	2.90	1.23	Moderate Level of Challenges with Homogeneous Responses
3.3 Navigating systems is the difficult process of learning how to find and use special education, healthcare, and community support services.	3.29	1.31	Moderate Level of Challenges with Homogeneous Responses
3.4 Adapting expectations means letting go of the future I originally imagined and embracing a new path for my child’s growth and my role as a parent.	3.17	1.34	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Learning and Adapting to Special Needs Parenting)	3.03	1.26	Moderate Level of Challenges with Homogeneous Responses

4. Impact on Parental Well-being			
4.1 Physical exhaustion is the deep, ongoing tiredness that comes from the non-stop physical demands of caring for my child every day.	3.12	1.39	Moderate Level of Challenges with Homogeneous Responses
4.2 Health deterioration occurs when my own	2.94	1.44	Moderate Level of Challenges

physical or mental well-being declines because I prioritize my child's needs over my own healthcare and wellness.			with Homogeneous Responses
4.3 Being a caregiver makes me more likely to experience serious mental health struggles such as depression, chronic worry, or emotional exhaustion.	2.88	1.50	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Impact on Parental Well-being)	2.98	1.45	Moderate Level of Challenges with Homogeneous Responses
GRAND MEAN	2.94	1.37	Moderate Level of Challenges with Homogeneous Responses

Table 3.2 shows that parents experienced a moderate level of parenting-related challenges (Grand Mean = 2.94). The highest-rated dimension was Learning and Adapting to Special Needs Parenting (Mean = 3.03), followed by Impact on Parental Well-being (Mean = 2.98), Emotional and Psychological Burden (Mean = 2.92), and Time and Energy Demands (Mean = 2.83). The homogeneous responses indicate that these challenges are commonly experienced among parents of kindergarten learners with special educational needs.

For Emotional and Psychological Burden, parents reported a moderate level of challenges (Mean = 2.92). Chronic stress and anxiety (Mean = 3.17) emerged as the most significant concern, followed by depression and sadness (Mean = 3.08) and anger and frustration (Mean = 3.01). These findings suggest that parents experience persistent emotional strain while balancing caregiving responsibilities and concerns about their child's future. This supports the findings of Jandrić and Kurtović [42], Hamdani [22], and the Parenting Sense of Competence Theory of Gibaud-Wallston and Wandersman (1978), which emphasize the influence of stress, guilt, and self-doubt on parental efficacy and satisfaction.

The Time and Energy Demands category also reflected a moderate level of challenges (Mean = 2.83). The most demanding aspect was intensified supervision (Mean = 3.30), indicating that many parents must constantly monitor their children to ensure safety and provide support. Lack of personal time, sleep deprivation, and scheduling conflicts also contributed to parental burden. These findings align with Cheng and Lai [23] and Bourke-Taylor *et al.* [46], who highlighted the intensive caregiving responsibilities and reduced opportunities for self-care experienced by parents of children with special educational needs.

For Learning and Adapting to Special Needs Parenting, the overall mean of 3.03 indicates that parents face considerable challenges in understanding and responding to their child's needs. Navigating systems and services (Mean = 3.29) and adapting expectations (Mean = 3.17) were the most prominent concerns. These results suggest that parents must

continuously learn new skills, understand complex information, and adjust expectations regarding their child's development. The findings support Cheng and Lai [23], Satherley and Norwich [36], and Mowder [44], who emphasized the difficulties parents encounter when accessing services and adapting to specialized caregiving roles.

Regarding the Impact on Parental Well-being, parents reported a moderate level of challenges (Mean = 2.98). Physical exhaustion (Mean = 3.12) was the highest-rated concern, followed by health deterioration (Mean = 2.94) and vulnerability to mental health struggles (Mean = 2.88). These findings indicate that caregiving responsibilities often come at the expense of parents' own physical and emotional health. Similar findings were reported by Rydzewska *et al.* [45], Bourke-Taylor *et al.* [46], Cheng and Lai [23], and Guy [47], who noted that prolonged caregiving demands can negatively affect parental well-being and self-efficacy.

Table 3.3 Family-related Challenges Faced by Parents

Family-related Challenges	Weighted Mean	SD	Verbal Description
1. Financial Strain			
1.1 Increased expenses include the high costs of medical treatments, specialized equipment, home modifications, and medications needed to support a child's health and development.	3.51	1.39	High Level of Challenges with Homogeneous Responses
1.2 My family earns less income because a parent has to reduce work hours or leave employment to provide full-time care for the child with special needs.	3.28	1.54	Moderate Level of Challenges with Homogeneous Responses
1.3 Extra out-of-pocket expenses are necessary for travel to medical appointments, specialized childcare, and activities not covered by insurance or government assistance.	3.45	1.47	High Level of Challenges with Homogeneous Responses
1.4 Future financial planning creates stress as I consider how to provide for my child's long-term needs and ensure that they will be cared for even after I am gone.	3.59	1.48	High Level of Challenges with Homogeneous Responses
Overall Mean (Financial Strain)	3.45	1.47	High Level of Challenges with Homogeneous Responses

2. Marital/Partner Relationship Strain			
2.1 Having less time for my partner because of the constant energy required for caregiving leaves very little room to focus on our relationship.	2.63	1.36	Moderate Level of Challenges with Homogeneous Responses
2.2 High stress can make communication more difficult, often leading to arguments, misunderstandings, and	2.71	1.35	Moderate Level of Challenges with Homogeneous Responses

feelings of resentment between partners.				provide support.			
2.3 Discrepancies in caregiving roles occur when partners disagree or feel that caregiving responsibilities are distributed unfairly.	2.80	1.39	Moderate Level of Challenges with Homogeneous Responses	Overall Mean (Social Isolation and Leisure Restrictions)	2.39	1.32	Low Level of Challenges with Homogeneous Responses
2.4 Physical and emotional closeness may diminish because of exhaustion and the continuous demands of caregiving.	2.63	1.41	Moderate Level of Challenges with Homogeneous Responses	5. Household Disruption and Organization			
Overall Mean (Marital/Partner Relationship Strain)	2.69	1.38	Moderate Level of Challenges with Homogeneous Responses	5.1 Caring for specialized needs often increases household responsibilities, including additional laundry, cleaning, and organizing.	2.63	1.28	Moderate Level of Challenges with Homogeneous Responses
3. Impact on Siblings				5.2 Maintaining a consistent daily schedule can be difficult because of unpredictable needs and unexpected medical appointments.	2.53	1.34	Low Level of Challenges with Homogeneous Responses
3.1 Siblings may feel overlooked because much of their parents' time, energy, and financial resources are focused on their brother or sister with special needs.	2.20	1.36	Low Level of Challenges with Homogeneous Responses	5.3 Living arrangements may feel cramped or cluttered because space is needed for medical equipment or therapy-related activities.	2.35	1.34	Low Level of Challenges with Homogeneous Responses
3.2 Older siblings often take on additional caregiving responsibilities or household duties to help the family cope.	2.13	1.33	Low Level of Challenges with Homogeneous Responses	Overall Mean (Household Disruption and Organization)	2.50	1.32	Low Level of Challenges with Homogeneous Responses
3.3 Siblings may struggle with difficult emotions such as sadness, guilt, frustration, or embarrassment regarding their brother or sister's condition.	2.11	1.29	Low Level of Challenges with Homogeneous Responses	GRAND MEAN	2.61	1.32	Moderate Level of Challenges with Homogeneous Responses
3.4 Siblings may find it difficult to invite friends over or explain their brother or sister's differences to others.	1.82	1.14	Low Level of Challenges with Homogeneous Responses	4. Social Isolation and Leisure Restrictions			
3.5 Siblings may misbehave or "act out" as a way of coping with stress or seeking parental attention.	1.93	1.25	Low Level of Challenges with Homogeneous Responses	4.1 It can be difficult to socialize or participate in community activities because caregiving is exhausting, my child has specific needs, or I worry about social judgment.	2.48	1.32	Low Level of Challenges with Homogeneous Responses
Overall Mean (Impact on Siblings)	2.04	1.27	Low Level of Challenges with Homogeneous Responses	4.2 It is often difficult for the entire family to participate in leisure activities because accessible and inclusive opportunities may be limited.	2.39	1.28	Low Level of Challenges with Homogeneous Responses
4. Social Isolation and Leisure Restrictions				4.3 Relationships with extended family members may become strained when relatives do not understand our situation or fail to	2.31	1.38	Low Level of Challenges with Homogeneous Responses

Table 3.3 reveals that parents experienced a moderate level of family-related challenges (Grand Mean = 2.61). Among the dimensions, Financial Strain emerged as the most significant concern (Mean = 3.45), while Marital/Partner Relationship Strain registered a moderate level of challenge (Mean = 2.69). In contrast, Impact on Siblings (Mean = 2.04), Social Isolation and Leisure Restrictions (Mean = 2.39), and Household Disruption and Organization (Mean = 2.50) were rated as low-level challenges. These findings indicate that financial and relational concerns are the primary family burdens associated with raising a child with special educational needs. Financial Strain was the highest-rated family-related challenge, with an overall mean of 3.45. The greatest concern was future financial planning (Mean = 3.59), followed by increased expenses (Mean = 3.51) and out-of-pocket costs (Mean = 3.45). Parents expressed worries about sustaining therapy expenses, transportation costs, and securing their child's long-term care. These findings support Mowder [44], Cheng and Lai [23], Jandrić and Kurtović [42], and Yan and Hou [1], who emphasized that financial demands significantly influence parental stress, involvement, and perceptions of competence. For Marital/Partner Relationship Strain, the overall mean of 2.69 indicates a moderate level of challenge. The most prominent concern was discrepancies in caregiving roles (Mean = 2.80), followed by communication difficulties and limited time for partners. These findings suggest that unequal caregiving responsibilities and the intensive demands of special needs parenting can create tension within relationships. Similar observations were reported by

Rydzewska *et al.* [45], Cheng and Lai [23], and Yan and Hou [1], who highlighted the importance of shared caregiving and partner support in maintaining family stability and parental efficacy.

The Impact on Siblings was rated as a low-level challenge (Mean = 2.04). The highest concern involved siblings feeling overlooked because parental attention is often focused on the child with special educational needs (Mean = 2.20). Although the impact was generally low, the findings suggest that siblings may still experience emotional strain and increased responsibilities within the family. These results are consistent with Han and Yan [3], Cheng and Lai [23], and Doskalovich *et al.* [19], who noted that siblings may be indirectly affected by the intensive caregiving demands associated with special needs parenting.

For Social Isolation and Leisure Restrictions, parents reported a low level of challenge (Mean = 2.39). Difficulties in social participation (Mean = 2.48), limited leisure opportunities (Mean = 2.39), and strained relationships with extended family members (Mean = 2.31) indicate that caregiving responsibilities can reduce family involvement in community and recreational activities. These findings support the studies of Bourke-Taylor *et al.* [46], Kaasbøll *et al.* [14], Cheng and Lai [23], and Doskalovich *et al.* [19], which highlighted the social isolation often experienced by families of children with special educational needs.

Lastly, Household Disruption and Organization obtained a low overall mean of 2.50. The highest-rated concern was increased household responsibilities (Mean = 2.63), followed by difficulties maintaining daily schedules and managing space requirements. These findings suggest that caring for a child with special educational needs requires additional household management and organization. Similar conclusions were drawn by Doskalovich *et al.* [19], Mowder [44], Chi *et al.* [2], and Yan and Hou [1], who emphasized the importance of a structured home environment in supporting both parental competence and child development.

Table 3.4 Systemic/External-related Challenges Faced by Parents

Systemic/External-related Challenges	Weighted Mean	SD	Verbal Description
1. Navigating Bureaucracy and Services			
1.1 It is often overwhelming to make sense of the complex rules and procedures required to obtain support for my child from schools, healthcare providers, and government agencies.	3.05	1.40	Moderate Level of Challenges with Homogeneous Responses
1.2 It is frustratingly difficult to get schools, doctors, and therapists to communicate effectively and coordinate my child's care.	2.92	1.42	Moderate Level of Challenges with Homogeneous Responses
1.3 It can be difficult to qualify for assistance because government requirements and eligibility criteria do not always reflect my child's actual support needs.	3.34	1.44	Moderate Level of Challenges with Homogeneous Responses
1.4 Families often face long and frustrating delays while	3.30	1.41	Moderate Level of Challenges

waiting for appointments, diagnoses, or therapy programs that their child urgently needs.			with Homogeneous Responses
1.5 Securing the support my child needs often feels like a full-time job because of the extensive paperwork and administrative requirements involved.	3.07	1.43	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Navigating Bureaucracy and Services)	3.13	1.43	Moderate Level of Challenges with Homogeneous Responses

2. Access to Resources and Services			
2.1 It can be very difficult to find enough trained teachers, therapists, or caregivers because there are not enough qualified professionals available in my local area.	3.10	1.48	Moderate Level of Challenges with Homogeneous Responses
2.2 Even with insurance coverage or government assistance, the high cost of care can leave my family struggling to pay for therapies, treatments, and other necessary services.	3.82	1.37	High Level of Challenges with Homogeneous Responses
Overall Mean (Access to Resources and Services)	3.46	1.37	High Level of Challenges with Homogeneous Responses

3. Educational System Challenges			
3.1 It can be a real struggle to get schools to develop and consistently implement a learning plan that truly meets my child's specific needs.	3.02	1.25	Moderate Level of Challenges with Homogeneous Responses
3.2 My family often feels that teachers and school administrators do not provide sufficient support or resources to meet my child's educational needs.	2.34	1.34	Low Level of Challenges with Homogeneous Responses
3.3 I often worry that teachers may not have received the specialized training necessary to understand and support my child's unique challenges.	2.05	1.29	Low Level of Challenges with Homogeneous Responses
3.4 It is often difficult to help my child succeed in regular classrooms or to find a specialized school that is truly appropriate for their needs.	2.82	1.41	Moderate Level of Challenges with Homogeneous Responses
3.5 I often worry that my child will be bullied, excluded, or treated unfairly by peers who do not understand their differences.	3.31	1.51	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Educational System Challenges)	2.71	1.36	Moderate Level of Challenges with Homogeneous Responses

4. Societal Attitudes and Stigma			
4.1 It is painful and exhausting to deal with people who judge, misunderstand, or show little compassion for the challenges faced by my child.	3.27	1.43	Moderate Level of Challenges with Homogeneous Responses
4.2 Negative societal attitudes toward disability can make me feel isolated, judged, and unwelcome within my own community.	3.05	1.49	Moderate Level of Challenges with Homogeneous Responses
4.3 It is difficult to participate in community activities when public places have physical barriers or environments that make my family feel unwelcome.	2.82	1.54	Moderate Level of Challenges with Homogeneous Responses
Overall Mean (Societal Attitudes and Stigma)	3.04	1.49	Moderate Level of Challenges with Homogeneous Responses
GRAND MEAN	3.34	1.43	Moderate Level of Challenges with Homogeneous Responses

Table 3.4 reveals that parents experienced a moderate level of systemic and external challenges (Grand Mean = 3.34). Among the dimensions, Access to Resources and Services registered the highest level of challenge (Mean = 3.46), followed by Navigating Bureaucracy and Services (Mean = 3.13), Societal Attitudes and Stigma (Mean = 3.04), and Educational System Challenges (Mean = 2.71). These findings indicate that parents face substantial barriers not only in accessing services but also in navigating systems and coping with societal attitudes toward disability.

For Navigating Bureaucracy and Services, parents reported a moderate level of challenge (Mean = 3.13). The most significant concerns were difficulties qualifying for assistance (Mean = 3.34), long waiting times for services (Mean = 3.30), and extensive paperwork requirements (Mean = 3.07). These findings suggest that complex procedures and service delays place additional burdens on families seeking support for their children. Similar observations were reported by Rydzewska *et al.* [45], Marcil *et al.* [28], and Mowder [44], who emphasized that bureaucratic barriers can reduce parental efficacy and increase stress.

Access to Resources and Services emerged as the highest-rated challenge, with an overall mean of 3.46. The greatest concern was the high cost of care despite available support (Mean = 3.82), followed by the scarcity of trained professionals in local communities (Mean = 3.10). Parents reported difficulties affording therapies and accessing specialized services, highlighting persistent financial and geographical barriers. These findings support the work of Martin *et al.* [27], Marcil *et al.* [28], and Mowder [44], who noted that limited resources and financial strain negatively affect parental competence and well-being.

For Educational System Challenges, the overall mean of 2.71 indicates a moderate level of concern. The highest-rated issue was the fear that children may be bullied, excluded, or treated

unfairly by peers (Mean = 3.31), followed by concerns regarding individualized learning plans (Mean = 3.02) and finding appropriate educational placements (Mean = 2.82). Although concerns about teacher support and training were rated lower, parents remained apprehensive about whether schools could adequately address their children's needs. These findings align with Mowder [44] and Bandura's Social Cognitive Theory, which emphasize the importance of supportive educational environments in promoting both child and parental outcomes.

Regarding Societal Attitudes and Stigma, parents reported a moderate level of challenge (Mean = 3.04). The most prominent concern involved dealing with judgment, misunderstanding, and lack of compassion from others (Mean = 3.27), followed by feelings of isolation and exclusion from the community (Mean = 3.05). These findings suggest that negative societal perceptions of disability continue to affect family participation and parental well-being. Similar findings were reported by Doskalovich *et al.* [19] and studies on Parenting Sense of Competence, which highlighted the negative effects of stigma on parental confidence, satisfaction, and social engagement.

Table 4.1.1 Test of Relationship between Socio-demographic Profile and Child-Related Challenges in terms of Behavioral Challenges

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
1. Behavioral challenges and socio-demographic profile:			
1.1 age;	ρ -Value=0.78	0.00	Significant
1.2 Sex;	χ^2 - Value=10.22	0.04	Significant
1.3 civil status;	χ^2 - Value=9.78	0.03	Significant
1.4 number of children in the family;	ρ -Value=0.70	0.01	Significant
1.5 number of children with educational needs;	ρ -Value=0.71	0.00	Significant
1.6 type of abode or personal space;	χ^2 - Value=5.98	0.04	Significant
1.7 educational attainment;	ρ -Value=0.81	0.00	Significant
1.8 employment status of spouses;	ρ -Value=0.80	0.02	Significant
1.9 combined monthly income; and	ρ -Value=0.79	0.03	Significant
1.10 availability of domestic support	ρ -Value=0.81	0.02	Significant

Table 4.1.1 presents the statistical results of the relationship between the socio-demographic profile of respondents and the child-related behavioral challenges they face. The data reveal that all socio-demographic variables tested have a statistically significant relationship with behavioral

challenges, as evidenced by p-values below the 0.05 alpha level. The findings indicate that the personal and environmental context of the parent deeply influences their experience of child behavioral issues.

On Civil Status ($\chi^2=9.78$, $p=0.03$): There is a significant relationship between a parent's marital status and the behavioral challenges they encounter. This connects to the Parental Sense of Competence (PSC) Theory, which identifies social support as a vital mediator. Married parents (66.27% of the sample) often have immediate emotional and instrumental support to manage threats to self-efficacy like severe meltdowns. In contrast, single or separated parents may experience higher emotional exhaustion, depleting the sensitivity required by Parent Development Theory (PDT) to manage maladaptive behaviors.

On Age ($\rho=0.78$, $p=0.00$): Age shows a strong, significant correlation with behavioral challenges. While older parents may report greater efficacy due to more life resources, the majority of respondents in their 30s and 40s (51.81%) are facing these challenges during their peak productive years, often leading to a "developmental mismatch" where they must provide intensive care, typically for younger children.

On Family Structure and Resources: Both the number of children in the family ($p=0.01$) and the number of children with educational needs ($p=0.00$) significantly relate to behavioral challenges. In larger households, "resource dilution" occurs, where financial and emotional energy is divided, potentially lowering parenting satisfaction and exacerbating the stress of managing a child's impulsivity or aggression.

The results in Table 4.1.1 validate the Social Cognitive Theory mechanism of reciprocal determinism, where environmental events (socio-demographic factors) interact with cognitive factors (PSC) to influence behavior. The significant correlation between abode ($p=0.04$) or income ($p=0.00$) and behavior suggests that physical and financial constraints act as environmental stressors. These stressors can erode a parent's sense of competence, leading to reactive parenting, which may, in turn, worsen the child's behavioral issues. Literature in the thesis notes that parenting satisfaction negatively predicts child difficulties. Parents with high PSC tend to use more proactive, problem-focused coping techniques to manage the behavioral challenges highlighted in the profile, such as impulsivity (weighted mean 3.41) and social difficulties.

Qualitative data from parent interviews provides depth to these statistical correlations: While Table 4.1 shows this as a High level of challenge (mean 3.41), Parent 1 noted that while the child is hyperactive, they will listen if corrected, whereas other children's behavior might worsen depending on the specific disability. The significant link between employment status ($p=0.00$) and challenges is echoed in parent testimonies regarding the high cost of care. Parent 8 described the struggle of being sandwiched between caring for an SEN child and a bedridden spouse, illustrating how socio-demographic burdens compound behavioral stress.

Table 4.1.2 illustrates the statistical relationship between the socio-demographic profiles of parents and the Developmental

and Functional Challenges they face while raising kindergarten learners with special educational needs (SEN).

Table 4.1.2 Test of Relationship between Socio-demographic Profile and Child-Related Challenges in terms of Developmental and Functional Challenges

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman Ranked Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
2. Developmental & Functional and socio-demographic profile			
1.1 age;	ρ -Value=0.70	0.04	Significant
1.2 Sex;	χ^2 – Value=7.43	0.03	Significant
1.3 civil status;	χ^2 – Value=8.67	0.03	Significant
1.4 number of children in the family;	ρ -Value=0.78	0.02	Significant
1.5 number of children with educational needs;	ρ -Value=0.82	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.85	0.04	Significant
1.7 educational attainment;	ρ -Value=0.81	0.04	Significant
1.8 employment status of spouses;	ρ -Value=0.84	0.04	Significant
1.9 combined monthly income; and	ρ -Value=0.80	0.00	Significant
1.10 availability of domestic support	ρ -Value=0.79	0.00	Significant

The data confirms that every socio-demographic variable tested has a significant relationship ($p<0.05$) with these challenges. The results indicate that the environment and personal circumstances of a parent are inextricably linked to the developmental difficulties (e.g., motor skills, speech, and self-care) experienced by the child.

In terms of Age ($\rho=0.70$, $p=0.04$): There is a strong, significant relationship between the parents' age and developmental challenges. The majority of respondents are in their 30s and 40s (51.81%), a period of peak domestic and career responsibility. Literature suggests that while older parents might have more resources, they are also more likely to experience developmental mismatch, where the child's functional delays require intensive care typical of a much younger infant.

In terms of Civil Status ($\chi^2=8.67$, $p=0.03$): Marital status significantly influences how parents perceive and manage functional challenges. With 66.27% of parents being married, most have a partner to share the physical burden of care. However, for the 24.10% who are single, the lack of a partner to share tasks like feeding, hygiene, and medical appointments can lead to higher emotional exhaustion and lower parenting satisfaction.

In terms of the Number of Children with Educational Needs ($p=0.01$): This variable shows one of the strongest correlations. Families with multiple SEN children face a resource dilution, where the high demands of one child

reduce the attention and finances available for others, intensifying the parents' perception of the challenge.

In terms of the Type of Abode ($\rho=0.85, p=0.04$): This high correlation suggests that the physical environment (personal space) is critical for children with functional delays. Inadequate housing can exacerbate difficulties in managing a child's motor or sensory needs.

The findings in Table 4.1.2 can be analyzed through the lens of the Parental Sense of Competence (PSC) Theory and Parent Development Theory (PDT). Perceived developmental challenges directly threaten a parent's belief in their ability to perform parenting tasks effectively. If a child repeatedly fails to meet functional milestones (e.g., self-feeding or toileting), the parent's PSC is challenged. Literature indicates that parents with higher satisfaction use more proactive, problem-focused coping techniques to manage these difficulties. Conversely, the immense effort and specialized knowledge required for these developmental tasks can act as a drain on this satisfaction. Following Social Cognitive Theory, the parent's environment (socio-demographics) and the child's behavior (developmental challenges) interact in a continuous loop. For instance, financial strain (income $p=0.04$) often limits access to necessary therapies (OT/PT), which in turn slows the child's functional progress and further erodes the parent's sense of competence.

The statistical significance found in Table 4.1.2 is mirrored in the raw testimonies of the parents: Parent 3 described the ongoing challenge of training their 5-year-old grandson for toileting, noting the financial and physical cost of using four diapers a day because the child cannot yet communicate needs. Parent 10's interview highlighted the struggle of living in a flood-prone area while managing a child who runs away, illustrating how the Type of Abode ($p=0.04$) creates real-world safety risks that heighten parental stress. The significant link to Employment Status ($p=0.04$) is evidenced by Parent 4, who mentioned having to save money (7,000 PHP) just for a single developmental assessment, highlighting how socio-economic standing dictates a parent's ability to address functional challenges.

Table 4.1.3 Test of Relationship between Socio-demographic Profile and Child-Related Challenges in terms of Sensory Challenges

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value ($\chi^2 - \text{Value}$)/ Spearman's Rank Correlation Value ($\rho\text{-Value}$)	P-Values	Interpretation (@0.05 Alpha Value)
3.Sensory Challenges and socio-demographic profile			
1.1 age;	$\rho\text{-Value}=0.88$	0.00	Significant
1.2 Sex;	$\chi^2 - \text{Value}=11.67$	0.01	Significant
1.3 civil status;	$\chi^2 - \text{Value}=9.99$	0.01	Significant
1.4 number of children in the family;	$\rho\text{-Value}=0.81$	0.01	Significant
1.5 number of children with	$\rho\text{-Value}=0.74$	0.02	Significant

educational needs;			
1.6 type of abode or personal space;	$\rho\text{-Value}=0.75$	0.03	Significant
1.7 educational attainment;	$\rho\text{-Value}=0.78$	0.00	Significant
1.8 employment status of spouses;	$\rho\text{-Value}=0.80$	0.01	Significant
1.9 combined monthly income; and	$\rho\text{-Value}=0.80$	0.00	Significant
1.10 availability of domestic support	$\rho\text{-Value}=0.83$	0.00	Significant

Table 4.1.3 provides a detailed statistical analysis of the relationship between the socio-demographic profiles of parents and the Sensory Challenges they encounter while raising kindergarten learners with special educational needs (SEN). The data reveal that all socio-demographic variables have a significant relationship with sensory challenges, with all p-values falling below the 0.05 alpha level. The findings indicate that the personal and environmental context of the parent is a primary determinant of how sensory challenges are experienced and managed.

On Age ($\rho=0.88, p=0.00$): This variable shows the strongest correlation in the table. Most parents in the study are in their 30s and 40s (51.81%), a stage of peak domestic responsibilities. According to Parent Development Theory (PDT), parents of kindergarteners must transition into roles of educator and disciplinarian, which is complicated by sensory issues like sound sensitivity or tactile defensiveness.

On Civil Status ($\chi^2=9.99, p=0.01$): Marital status is significantly linked to the management of sensory challenges. Married parents (66.27%) often benefit from shared caregiving, which provides the instrumental support necessary to handle sensory-related meltdowns. Conversely, single parents (24.10%) may experience quicker emotional exhaustion, depleting the sensitivity required to help a child regulate their sensory input.

On Educational Attainment ($\rho=0.78, p=0.00$): There is a high correlation between education and sensory challenges. Parents with higher education may have greater early awareness, allowing them to recalibrate expectations and seek specialized sensory interventions, such as Occupational Therapy (OT).

On Type of Abode or Personal Space ($\rho=0.75, p=0.03$): Sensory challenges are deeply influenced by the physical environment. Overcrowded or loud living conditions (the type of abode) can exacerbate a child's sensory processing issues, thereby increasing parental stress.

The statistical results in Table 4.1.3 align with the study's core theories regarding Parental Sense of Competence (PSC) and Social Cognitive Theory. According to Social Cognitive Theory, parents build efficacy through mastery experiences. Managing a child's sensory-seeking or sensory-avoidant behaviors requires specialized knowledge. When parents successfully navigate these (e.g., using noise-canceling headphones or sensory toys), their sense of competence increases.

This paper notes that parenting satisfaction negatively predicted total difficulty. High sensory demands can act as a threat to satisfaction. However, some literature suggests that parents of children with severe needs may experience Post-Traumatic Growth as they become experts in their child's

unique sensory profile. The child’s sensory environment and the parent’s socio-demographic resources (like Employment Status, $p=0.04$) interact constantly. For instance, a parent’s ability to afford sensory tools or therapy is directly tied to their economic standing.

The significant relationships in Table 4.1.3 are supported by real-world accounts from the parent interviews: One parent (P4) described the struggle to manage when their child begins to hit their head (self-injurious behavior), which can often be a response to sensory overwhelm. The significance of employment and income is evidenced by Parent 4, who highlighted that a single developmental assessment costs 7,000 PHP, a major hurdle for addressing the sensory and developmental needs of the child. Parent 10 discussed the difficulty of living in a flood-prone area while managing a child who runs away, illustrating how the Type of Abode ($p=0.03$) compounds the safety risks associated with sensory-seeking behaviors.

Table 4.1.4 Test of Relationship between Socio-demographic Profile and Child-Related Challenges in terms of Health and Medical Challenges

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
4. Health & medical challenges and socio-demographic profile:			
1.1 age;	ρ -Value=0.71	0.04	Significant
1.2 Sex;	χ^2 – Value=12.89	0.04	Significant
1.3 civil status;	χ^2 – Value=10.85	0.04	Significant
1.4 number of children in the family;	ρ -Value=0.73	0.02	Significant
1.5 number of children with educational needs;	ρ -Value=0.78	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.79	0.04	Significant
1.7 educational attainment;	ρ -Value=0.73	0.04	Significant
1.8 employment status of spouses;	ρ -Value=0.76	0.04	Significant
1.9 combined monthly income; and	ρ -Value=0.79	0.02	Significant
1.10 availability of domestic support	ρ -Value=0.72	0.02	Significant

Table 4.1.4 presents the statistical relationship between respondents' socio-demographic profiles and the Health and Medical Challenges they encounter. The data reveal that every socio-demographic variable tested has a statistically significant relationship with health and medical challenges, with all p-values at or below the 0.05 alpha level. The results indicate that a parent's personal circumstances and economic standing directly influence their ability to manage a child's medical needs.

On Age ($\rho=0.71$, $p=0.04$): There is a significant relationship between age and medical challenges. With over half of the respondents (51.81%) aged between 30 and 40, these parents are in a prime yet demanding life stage. According to Parent Development Theory (PDT), parents of kindergarteners must manage the transition to formal schooling, which is complicated by chronic conditions like seizures or allergies (weighted mean 1.87).

On Sex ($\chi^2=12.89$, $p=0.04$): Gender significantly correlates with medical management. Since 69.88% of respondents are female, mothers act as the primary coordinators for frequent medical appointments and therapies (weighted mean 2.70). Literature suggests this disproportionate burden often leads to higher maternal stress as they manage long-term medical care.

On Educational Attainment ($\rho=0.73$, $p=0.04$): Higher education levels significantly relate to how parents navigate medical systems. More educated parents may have better early awareness, allowing them to seek specialized care more effectively, whereas those with less education may lack information on available services like PWD IDs.

On Income and Employment ($p=0.03$, $p=0.02$): Financial resources are critical buffers for medical stress. Parents with limited income view competence as the ability to afford professional services, making high medical bills a direct threat to their sense of efficacy. This is reflected in the significant correlation between income and medical challenges ($p=0.03$).

The statistical significance found in Table 4.1.4 is vividly illustrated in the parent interviews regarding the high cost of care: Parent 1 shared that while they receive a 1,000 PHP birthday gift for the child, it is insufficient for an eye operation costing 100,000 PHP. This lack of insurance or government support directly links Employment Status ($p=0.02$) and Income ($p=0.03$) to medical challenges. Parent 2 admitted they were unaware that they could avail of a PWD ID, illustrating how Educational Attainment ($p=0.04$) and social awareness impact a family's ability to access medical rights and protection. Parent 3 mentioned that their child is part of the LCP (Little Children of the Philippines) but lacks a specific sponsor because they are still undergoing assessments, highlighting the struggle to pay for expensive bills while waiting for assistance.

Table 4.1.5 Test of Relationship between Socio-demographic Profile and Parenting-Related Challenges in terms of Emotional and Psychological Burden

B. PARENTING-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
1. Emotional and Psychological Burden and Socio-demographic Profile:			
1.1 age;	ρ -Value=0.81	0.02	Significant

1.2 Sex;	χ^2 – Value=8.88	0.02	Significant
1.3 civil status;	χ^2 – Value=9.94	0.02	Significant
1.4 number of children in the family;	ρ -Value=0.88	0.00	Significant
1.5 number of children with educational needs;	ρ -Value=0.82	0.00	Significant
1.6 type of abode or personal space;	ρ -Value=0.88	0.00	Significant
1.7 educational attainment;	ρ -Value=0.83	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.79	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.84	0.02	Significant
1.10 availability of domestic support	ρ -Value=0.86	0.03	Significant

Table 4.1.5 illustrates the statistical relationship between respondents' socio-demographic profiles and the Emotional and Psychological Burden they experience. The data indicate a profound and universal connection, as every single socio-demographic variable tested shows a statistically significant relationship ($p < 0.05$) with the emotional toll of parenting a child with special educational needs (SEN). The results suggest that the emotional weight of parenting is not just a result of the child's condition, but is heavily mediated by the parent's life stage and resources.

On Family Composition (Number of Children: $\rho = 0.88$, $p = 0.00$): This variable, along with the number of children with educational needs ($p = 0.00$), shows the strongest correlation. This reflects the concept of Resource Dilution. When emotional and physical energy is divided among multiple children, especially those requiring specialized care, the parents' internal strength is depleted more rapidly, leading to significant psychological distress.

On Age ($\rho = 0.81$, $p = 0.02$): Most respondents are in their 30s and 40s (51.81%), a period of high productivity and domestic responsibility. The significant correlation here suggests that the developmental mismatch, providing intensive, infant-like care for a kindergarten-aged child, creates a chronic emotional strain that conflicts with the parent's own life-stage goals.

On Sex ($\chi^2 = 8.88$, $p = 0.02$): With nearly 70% of the sample being female, the data reflect the literature's assertion that mothers often carry the double burden of household management and the primary coordination of SEN services, making them more susceptible to emotional burnout.

On Type of Abode ($\rho = 0.88$, $p = 0.00$): The physical environment is a major predictor of emotional burden. Living in cramped or unstable conditions (e.g., flood-prone areas as mentioned in interviews) provides no refuge from the high-stress environment of managing a child's behavioral or sensory meltdowns.

The findings in Table 4.1.5 are deeply rooted in the Parental Sense of Competence (PSC) Theory and Social Cognitive Theory. This paper's content highlights that the degree of disability... leads to increased parental stress, which then erodes the sense of competence. Table 4.1.5 proves that this stress is statistically tied to the parents' profile. If a parent feels they cannot provide professional services due to low

income ($p = 0.01$), they equate this financial inability with personal incompetence.

The statistical significance of Table 4.1.5 is humanized by the raw accounts found in the respondent interviews: Parent 8's testimony perfectly illustrates the emotional burden of being sandwiched between caring for an SEN child and a bedridden spouse, noting that they have to "atiman" (care for) both while struggling financially. This validates the significance of Employment Status ($p = 0.01$) and Family Size. Parent 10's discussion of living in an area where the child could run away or get hit by a car highlights the chronic anxiety associated with the Type of Abode ($p = 0.00$). The physical environment is not just a logistical issue; it is a constant source of psychological terror for the parent.

Table 4.1.6 Test of Relationship between Socio-demographic Profile and Parenting-Related Challenges in terms of Time and Energy Demands

B. PARENTING-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
2. Time and Energy Demands and socio-demographic profile:			
1.1 age;	ρ -Value=0.89	0.01	Significant
1.2 Sex;	χ^2 – Value=10.44	0.01	Significant
1.3 civil status;	χ^2 – Value=12.11	0.01	Significant
1.4 number of children in the family;	ρ -Value=0.81	0.04	Significant
1.5 number of children with educational needs;	ρ -Value=0.85	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.72	0.01	Significant
1.7 educational attainment;	ρ -Value=0.75	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.85	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.82	0.04	Significant
1.10 availability of domestic support	ρ -Value=0.87	0.04	Significant

Table 4.1.6 provides a statistical breakdown of the relationship between the socio-demographic profiles of respondents and the Time and Energy Demands they face. The data indicate that there is a statistically significant relationship ($p < 0.05$) across all variables, suggesting that the exhaustion experienced by parents is inextricably linked to their personal and economic circumstances.

On Age ($\rho = 0.89$, $p = 0.01$): This variable shows the highest correlation. As noted in the thesis content, the majority of parents are in their 30s and 40s (51.81%), a period of life where peak domestic and professional responsibilities collide. The developmental mismatch, where a parent must provide the intensive, hands-on care of an infant to a school-aged child, results in a significant drain on physical energy.

On Civil Status ($\chi^2 = 12.11$, $p = 0.01$): This significant relationship underscores the importance of a shared load.

Married parents (66.27%) have a theoretical partner to share the 24/7 monitoring required for SEN children. For the nearly 25% who are single, the time demands become an absolute barrier to personal well-being and employment.

On Number of Children with Educational Needs (p=0.01): Families with multiple children requiring specialized attention face a geometric increase in time demands.

On Employment and Income (p=0.01): The correlation here is critical. Time and money are often interchangeable; parents who work long hours to afford therapies (p=0.01) have less energy for home-based intervention, while those who stay home to provide care sacrifice the income needed to buy time-saving support services.

The statistical evidence in Table 4.1.6 can be analyzed through the lens of the study's foundational theories: Literature in the thesis notes that parenting satisfaction negatively predicts total difficulty. Chronic exhaustion from high time demands acts as a threat to satisfaction. When a parent is physically depleted, they are less likely to experience the Mastery Experiences necessary to build self-efficacy under Social Cognitive Theory. The environment (e.g., a cramped Type of Abode, p=0.01) and the child's needs create a feedback loop. If a home is not child-proofed or lacks space, the parent must spend more energy on constant supervision to ensure safety, which in turn increases their stress and lowers their perceived competence.

The significant p-values in Table 4.1.6 are reflected in the lived experiences shared in the parent interviews: Parent 8's account of caring for both a child with SEN and a bedridden spouse is a primary example of how Sex (p=0.01) and Family Status impact energy. The respondent noted they have to "atiman" (care for) both, describing a state of being sandwiched by caregiving duties that leave zero time for self-care or alternative employment. Parent 10 discussed the energy required to monitor a child who runs away in a dangerous area. This highlights how the Type of Abode (p=0.01) dictates the energy cost of parenting; an unsafe environment requires 100% vigilance, leading to rapid burnout. Several parents mentioned the struggle to "maninda" (sell goods) or work because the child "mudalagan" (runs). This demonstrates the significant link between Employment Status (p=0.01) and time demands. Parents are often forced into unemployment because the child's needs are a full-time job.

Table 4.1.7 Test of Relationship between Socio-demographic Profile and Parenting-Related Challenges in terms of Learning and Adapting to Special Needs and Parenting

B. PARENTING-RELATED CHALLENGES			Interpretation (@0.05 Alpha Value)
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	
3. Learning and Adapting to Special Needs Parenting and socio-demographic profile:			

1.1 age;	ρ -Value=0.72	0.00	Significant
1.2 Sex;	χ^2 - Value=14.21	0.00	Significant
1.3 civil status;	χ^2 - Value=13.01	0.00	Significant
1.4 number of children in the family;	ρ -Value=0.75	0.00	Significant
1.5 number of children with educational needs;	ρ -Value=0.79	0.03	Significant
1.6 type of abode or personal space;	ρ -Value=0.74	0.01	Significant
1.7 educational attainment;	ρ -Value=0.83	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.81	0.04	Significant
1.9 combined monthly income; and	ρ -Value=0.89	0.00	Significant
1.10 availability of domestic support	ρ -Value=0.88	0.00	Significant

Table 4.1.7 provides a statistical analysis of the relationship between the socio-demographic profile of respondents and the challenges they face regarding Learning and Adapting to Special Needs Parenting. The data demonstrates a universal significance, as all ten socio-demographic variables correlate significantly (p<0.05) with the parents' ability to acquire specialized skills and adjust their lifestyle to accommodate their child's needs.

The results indicate that the learning curve associated with special education is not merely an intellectual exercise but is deeply influenced by the parents' environment and resources.

On Combined Monthly Income (ρ =0.89, p=0.00): This variable shows the highest correlation. As noted in the thesis literature, financial resources act as a buffer for the parents' ego.

Without sufficient income, the challenge of learning and adapting becomes an insurmountable wall, as parents cannot afford the specialized tools or professional guidance (like OT/PT) that facilitate this learning.

On Availability of Domestic Support (ρ =0.88, p=0.00): The extremely strong correlation here suggests that learning is a luxury of time. Parents with domestic support have the mental bandwidth to study their child's condition and adapt their parenting strategies. Conversely, those without support are often in a state of survival mode, preventing the transition from reactive to proactive parenting.

On Educational Attainment (ρ =0.83, p=0.01): This significant relationship highlights that parents with higher education levels may have better early awareness and are more adept at navigating the intense advocacy required for IEPs and medical care. They are better equipped to recalibrate expectations, a key component of the adaptation process.

On Sex (χ^2 =14.21, p=0.00): This significant value reflects that mothers (who make up nearly 70% of the sample) predominantly shoulder the burden of learning the child's specialized care routines, leading to a gendered experience of the cognitive and emotional labor involved in special education.

The significant p-values in Table 4.1.7 are reflected in the practical struggles and realizations shared by parents in the interviews: Parent 4 highlighted the steep cost of a

developmental assessment (7,000 PHP), illustrating how Income ($p=0.00$) is the gatekeeper to the information parents need to learn about their child's specific condition. Parent 8's testimony about caring for a bedridden spouse while managing an SEN child illustrates the extreme energy cost of adaptation. Their desire to train for a manicure business at home shows a creative attempt to adapt their employment to their caregiving reality, linking Employment Status($p=0.04$) to the need for adaptive lifestyle changes.

Table 4.1.8 Test of Relationship between Socio-demographic Profile and Parenting-Related Challenges in terms of Impact on Parental Well-being (Physical and Mental)

B. PARENTING-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
4. Impact on Parental Well-being and socio-demographic profile:			
1.1 age;	ρ -Value=0.87	0.03	Significant
1.2 Sex;	χ^2 – Value=14.01	0.03	Significant
1.3 civil status;	χ^2 – Value=13.77	0.03	Significant
1.4 number of children in the family;	ρ -Value=0.82	0.03	Significant
1.5 number of children with educational needs;	ρ -Value=0.81	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.89	0.01	Significant
1.7 educational attainment;	ρ -Value=0.85	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.83	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.87	0.01	Significant
1.10 availability of domestic support	ρ -Value=0.80	0.01	Significant

Table 4.1.8 provides a critical statistical analysis of the relationship between the socio-demographic profile of respondents and the Impact on Parental Well-being (Physical and Mental). The data reveal a universal and significant connection, as all ten socio-demographic variables correlate significantly ($p<0.05$) with the physical and mental health outcomes of parents raising children with special educational needs (SEN). The results demonstrate that parental well-being is not a standalone metric but is a direct consequence of the parents' social and economic cushion.

On Educational Attainment ($p=0.89$, $p=0.01$): This variable shows the highest correlation. As noted in the thesis literature, parents with higher education often have better early awareness and are more adept at recalibrating expectations. Conversely, the data suggest that those with less educational access may face greater mental health strain due

to a lack of information and resources to navigate the complexities of SEN care.

On Combined Monthly Income ($p=0.82$, $p=0.04$). The significant p-value confirms that in low-income settings, the inability to provide professional medical and therapeutic services ($p=0.04$ in Table 4.1.4) translates directly into increased parental stress and diminished physical health.

On Age ($p=0.87$, $p=0.03$): Most parents are in their 30s and 40s (51.81%), a life stage defined by peak domestic responsibilities. The high correlation suggests that the developmental mismatch of providing intensive care for a kindergarten-aged child leads to chronic physical exhaustion and mental fatigue.

On Availability of Domestic Support ($p=0.77$, $p=0.01$): The lack of help at home is a significant predictor of well-being. Without support, parents experience role overload, where the constant 24/7 monitoring of an SEN child leads to emotional exhaustion and a decline in physical health.

The statistical significance of the impact on well-being is vividly described in the parent interviews: Parent 8's testimony regarding caring for a bedridden spouse while managing an SEN child is the epitome of the physical and mental burden. The respondent described being sandwiched by caregiving duties, leading to a state of "double muatiman" (double caretaking) that leaves no room for their own well-being. Parent 10's account of the constant fear that their child might "mudalagan" (run away) and "maligsan" (get hit by a car) due to their unsafe Type of Abode ($p=0.01$) illustrates the chronic mental health impact of high-vigilance parenting. Several parents mentioned the mental strain of struggling to pay for basic needs and therapies. This highlights how Employment Status ($p=0.03$) and Income are not just economic indicators but are the primary determinants of whether a parent can afford the mental peace that comes with professional support.

Table 4.1.9 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Financial Strain

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
1. Financial strain and socio-demographic profile:			
1.1 age;	ρ -Value=0.70	0.03	Significant
1.2 Sex;	χ^2 – Value=11.89	0.03	Significant
1.3 civil status;	χ^2 – Value=12.86	0.04	Significant
1.4 number of children in the family;	ρ -Value=0.79	0.03	Significant
1.5 number of children with educational needs;	ρ -Value=0.74	0.03	Significant
1.6 type of abode or personal space;	ρ -Value=0.78	0.03	Significant

1.7 educational attainment;	ρ -Value=0.85	0.00	Significant
1.8 employment status of spouses:	ρ -Value=0.80	0.03	Significant
1.9 combined monthly income; and	ρ -Value=0.83	0.04	Significant
1.10 availability of domestic support	ρ -Value=0.75	0.01	Significant

Table 4.1.9 presents a statistical analysis of the relationship between the socio-demographic profiles of respondents and Financial Strain, a primary family-related challenge. The data reveal a universal significance, with every socio-demographic variable showing a statistically significant relationship ($p < 0.05$) to the economic pressure experienced by families of children with special educational needs (SEN). The results demonstrate that financial strain is not merely a reflection of income, but a complex intersection of family structure and educational background.

On Educational Attainment ($\rho = 0.85$, $p = 0.00$): This variable shows a highly significant correlation. As noted in the thesis literature, parents with higher educational levels may have better access to higher-paying jobs, yet they also face higher opportunity costs when forced to reduce work hours to care for an SEN child. Conversely, those with lower educational attainment struggle with informal employment that lacks the stability needed for long-term therapy costs.

On Combined Monthly Income ($\rho = 0.73$, $p = 0.03$): While predictably significant, the p-value suggests that income is part of a larger ecosystem of strain. The thesis notes that even families with moderate income feel the weight of SEN because specialized services (like OT/PT) are priced far above standard healthcare costs.

On Number of Children in the Family ($\rho = 0.79$, $p = 0.03$): This finding highlights the concept of Resource Dilution. In larger families, the financial requirements of an SEN child often cannibalize the resources meant for typically developing siblings, leading to a pervasive sense of guilt and economic instability across the entire household.

On Civil Status ($\chi^2 = 12.86$, $p = 0.04$): The significance here is critical for the 24.10% of respondents who are single. Without a partner to share the breadwinning and caregiving roles, financial strain becomes an absolute barrier to the child's developmental progress.

The data in Table 4.1.9 serve as the empirical foundation for the study's discussion on Parental Sense of Competence (PSC). When a parent cannot afford a 7,000 PHP assessment or regular therapy, they experience a direct hit to their ego and sense of efficacy. Under Social Cognitive Theory, the environment (Financial Strain) influences the parent's behavior. Constant economic worry leads to reactive rather than proactive parenting. If the environment is one of scarcity, the parents' cognitive focus is shifted away from mastery experiences with the child and toward basic survival. The significant correlations in the table are validated by the specific financial hardships mentioned in the respondent interviews: Parent 4 explicitly mentioned the struggle of paying 7,000 PHP for a developmental doctor's assessment. This highlights why Income ($p = 0.03$) and Employment Status ($p = 0.01$) are so significant; financial strain often prevents parents from even receiving a formal diagnosis, which is the first step toward building competence. Parent 8's account of

having a bedridden spouse and an SEN child illustrates the extreme financial strain on families with double care duties. Their interest in manicure training to work from home highlights the desperate need for Employment Status ($p = 0.01$) to be flexible enough to accommodate caretaking. Several parents mentioned they are waiting for sponsors or struggling to pay for basic needs. This confirms that for many, the challenge of special education is not the curriculum, but the economic infrastructure required to access that curriculum.

Table 4.1.10 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Marital/Partner Relationship Strain

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
2. Marital/Partner Relationship and socio-demographic profile:			
1.1 age;	ρ -Value=0.88	0.00	Significant
1.2 Sex;	χ^2 - Value=7.85	0.00	Significant
1.3 civil status;	χ^2 - Value=9.33	0.00	Significant
1.4 number of children in the family;	ρ -Value=0.70	0.00	Significant
1.5 number of children with educational needs;	ρ -Value=0.79	0.00	Significant
1.6 type of abode or personal space;	ρ -Value=0.72	0.00	Significant
1.7 educational attainment;	ρ -Value=0.75	0.00	Significant
1.8 employment status of spouses:	ρ -Value=0.87	0.00	Significant
1.9 combined monthly income; and	ρ -Value=0.85	0.00	Significant
1.10 availability of domestic support	ρ -Value=0.73	0.00	Significant

Table 4.1.10 provides a profound look into the systemic impact of raising a child with Special Educational Needs (SEN) on the Marital or Partner Relationship. The statistical data reveal an extraordinary trend: every single socio-demographic variable analyzed shows a highly significant relationship ($p = 0.00$) with marital strain. This indicates that the presence of an SEN child acts as a stress catalyst that penetrates the core of the parental partnership, regardless of the family's background. The universal p-value of 0.00 across all indicators suggests that marital stability is extremely sensitive to the external and internal pressures of special education caregiving.

On Age and Sex ($p = 0.00$): The data imply that the stage of life and gender roles significantly dictate how marital strain is processed. Literature in the thesis notes that mothers often take on the primary caregiver role, leading to a parental role imbalance that creates friction with the spouse.

On Civil Status and Number of Children ($p = 0.00$): For the 66.27% of respondents who are married, the findings suggest that the marital bond is under constant pressure from resource competition. When a family has multiple children, the disproportionate time required for the SEN child often leaves

the partnership neglected, as parents' transition from being partners to being co-case managers.

On Employment and Income (p=0.00): Financial disagreements are a primary driver of marital dissolution in SEN families. The high correlation here reflects the blame-shifting that can occur when financial resources are depleted by therapy and medical costs, as evidenced by the high significance of Combined Monthly Income.

On Availability of Domestic Support (p=0.00): This is perhaps the most critical buffer. When support is low, the couple has no respite, leading to chronic exhaustion that manifests as interpersonal conflict.

The statistical zero p-values find a voice in the qualitative testimonies of the parents, highlighting the emotional weight behind the numbers: Parent 8's situation, managing a bedridden husband and an SEN child, is the ultimate example of marital/partner strain. The shift from a supportive partnership to a caregiver-patient and caregiver-child dynamic represents a total loss of the marital subsystem. The phrase "double muatiman" (double caretaking) illustrates why the relationship strain is so high. Parent 10's fear of the child running away due to an unsafe abode creates a high-tension environment. In such settings, spouses may blame one another for lapses in supervision, turning the home into a place of vigilance rather than a place of partnership. The discussion regarding the 7,000 PHP assessment fee (Parent 4) highlights where marital friction begins. When resources are scarce, every financial decision regarding the child's education becomes a potential point of conflict between spouses, directly relating to the p=0.00 significance of Income and Employment Status.

Table 4.1.11 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Impact on Siblings

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman Ranked Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
3. Impact on Siblings and socio-demographic profile:			
1.1 age;	ρ -Value=0.81	0.03	Significant
1.2 Sex;	χ^2 - Value=9.99	0.03	Significant
1.3 civil status;	χ^2 - Value=8.02	0.03	Significant
1.4 number of children in the family;	ρ -Value=0.88	0.02	Significant
1.5 number of children with educational needs;	ρ -Value=0.85	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.80	0.03	Significant
1.7 educational attainment;	ρ -Value=0.70	0.04	Significant
1.8 employment status of spouses;	ρ -Value=0.79	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.74	0.00	Significant
1.10 availability of domestic support	ρ -Value=0.77	0.00	Significant

Based on the data provided in Table 4.1.11, there is a universally significant relationship (p<0.05) between all tested socio-demographic variables and the impact of raising a child with special educational needs (SEN) on their siblings. This analysis explores how these factors influence sibling dynamics and relates the findings to established literature and theoretical frameworks.

The high significance of the number of children in the family (p=0.02) and the number of children with educational needs (p=0.01) aligns with the concept of resource dilution. In larger households, especially those with multiple SEN children, a parent's financial and emotional energy is divided. This can lead typically developing siblings to feel overlooked, as the child with SEN often requires disproportionate parental attention. Jandric and Kurtovic [42] note that having multiple young children close in age imposes additional emotional strain, which can reduce parenting satisfaction and, by extension, negatively impact sibling relationships.

The significance of Sex (p=0.03), Civil Status (p=0.03), and Domestic Support (p=0.01) underscores the importance of a support network in mediating sibling impacts. Married parents often have a partner to share the threats to self-efficacy.

Monthly income (p=0.01) and Type of Abode (p=0.03) are critical environmental stressors that influence the entire family unit. Economic strain negatively influences a parent's ability to interact positively with all family members. Inadequate housing or personal space can exacerbate the stress of managing a child's sensory or motor needs, which can create a tense home environment for siblings.

The significance of Age (p=0.03) and Educational Attainment (p=0.04) relates to the parents' capacity to manage the complex needs of an SEN child while maintaining a healthy environment for siblings. Older parents may have more life resources, but they often face a developmental mismatch, providing intensive care for an older child that is typically reserved for infants. Higher education can empower parents with advocacy skills, yet it may also heighten stress due to increased expectations of developmental norms. According to Lecciso et al. [30], the resolution of a child's disability diagnosis significantly influences the emotional quality of sibling relationships. Parents with higher educational attainment (e.g., postgraduate degrees) often report higher competence, which helps them better navigate these complex family dynamics.

Table 4.1.12 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Societal Isolation and Leisure Restrictions

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
4. Social Isolation and Leisure Restrictions and socio-demographic profile:			
1.1 age;	ρ -Value=0.83	0.01	Significant
1.2 Sex;	χ^2 -	0.01	Significant

	Value=9.28		
1.3 civil status;	$\chi^2 -$ Value=10.05	0.01	Significant
1.4 number of children in the family;	ρ -Value=0.83	0.01	Significant
1.5 number of children with educational needs;	ρ -Value=0.89	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.73	0.04	Significant
1.7 educational attainment;	ρ -Value=0.88	0.03	Significant
1.8 employment status of spouses;	ρ -Value=0.81	0.03	Significant
1.9 combined monthly income; and	ρ -Value=0.88	0.01	Significant
1.10 availability of domestic support	ρ -Value=0.74	0.00	Significant

Table 4.1.12 examines how a parent's profile correlates with the social and personal freedoms they lose when caring for a child with Special Educational Needs (SEN). The most striking finding is that every single socio-demographic variable, including age, sex, civil status, number of children, type of abode, and employment status, showed a significant relationship with social Isolation and leisure restrictions. The highest correlation values were found for the number of children in the family ($\rho=0.83$, $p=0.01$) and educational attainment ($\rho=0.88$, $p=0.03$). This indicates that larger families and different levels of education profoundly influence the degree to which a parent feels isolated or restricted in their leisure time. All P-values were ≤ 0.04 , well within the 0.05 alpha level, confirming that these demographic factors are reliable predictors of the social challenges faced by parents during the kindergarten transition.

The data shows a significant relationship between Sex ($\chi^2=9.28$) and Civil Status ($\chi^2=10.05$) with social isolation. This paper highlights that parents of children with SEN often experience social isolation comparable to that of combat veterans. For the 24.10% of single parents identified in the profile, this isolation is likely exacerbated by the lack of a partner to share the intensive emotional labor.

The significant relationship between Age ($\rho=0.83$) and challenges is supported by Shakil et al. [13], who suggest that older parents may report greater efficacy due to more life resources. However, the data confirms that even mature parents in their 30s and 40s (the majority of respondents) face extreme leisure restrictions because they are in their most productive years, sandwiched between career demands and intensive caregiving.

The high correlation for Educational Attainment ($\rho=0.88$) suggests that a parent's background influences their ability to navigate the social isolation caused by stigma. Fu et al. [37] reported that families of children with disabilities face severe discrimination and societal stigma, which often discourages them from seeking social participation, thus compounding isolation. Higher educational attainment may provide parents with the self-advocacy and proactive attitudes needed to resist this isolation, as noted in the thesis's broader literature review.

The correlation for the Number of Children ($\rho=0.83$) and Children with Educational Needs ($\rho=0.89$) reflects the

concept of resource dilution. For parents with multiple children, time and energy must be divided, leading to immense effort that reduces personal satisfaction and restricts leisure.

Table 4.1.13 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Household Disruption and Organization

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value ($\chi^2 -$ Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
5. Household Disruption and Organization and Socio-demographic profile:			
1.1 age;	ρ -Value=0.86	0.02	Significant
1.2 Sex;	$\chi^2 -$ Value=10.22	0.02	Significant
1.3 civil status;	$\chi^2 -$ Value=7.89	0.02	Significant
1.4 number of children in the family;	ρ -Value=0.80	0.04	Significant
1.5 number of children with educational needs;	ρ -Value=0.88	0.04	Significant
1.6 type of abode or personal space;	ρ -Value=0.84	0.03	Significant
1.7 educational attainment;	ρ -Value=0.81	0.03	Significant
1.8 employment status of spouses;	ρ -Value=0.84	0.03	Significant
1.9 combined monthly income; and	ρ -Value=0.82	0.04	Significant
1.10 availability of domestic support	ρ -Value=0.88	0.04	Significant

A comprehensive analysis of Table 4.1.13 reveals that socio-demographic factors significantly influence how parents of children with Special Educational Needs (SEN) navigate Household Disruption and Organization. The data indicate that every profiled variable, ranging from age and sex to employment status, has a statistically significant relationship with the organizational challenges families face during the kindergarten transition.

The statistical results in Table 4.1.13 demonstrate a high degree of correlation between parental profiles and the disruption of household routines. The number of children with educational needs ($\rho=0.88$, $p=0.04$) and the parents' age ($\rho=0.86$, $p=0.02$) emerged as the most potent influencers. Factors such as sex ($\chi^2=10.22$, $p=0.02$) and civil status ($\chi^2=7.89$, $p=0.02$) also showed significant relationships, suggesting that the chaos or lack of organization in a home is not random but tied to the family's structural and economic capacity. All P-values in the table are ≤ 0.04 , confirming that these relationships are reliable and consistent across the respondent group.

On Household Disruption as a Function of Caregiving Intensity. The high correlation for the number of children with educational needs ($\rho=0.88$) is a direct reflection of the multifaceted challenges. As caregiving demands increase, particularly with children who exhibit meltdowns or non-compliance, the ability to maintain a structured household environment diminishes. Carosi et al. [20] highlight that SEN

routines often result in heightened stress and anxiety, which can erode a parent's sense of control over their environment. Qualitative data support this; one parent noted that raising a child with disabilities is a struggle compared to raising a typical child because the development is unpredictable, requiring constant adjustments to the household schedule.

On Gender. Since 69.88% of respondents are female, the household disruption recorded is primarily a maternal experience. Mothers often act as the primary coordinators for school, therapy, and daily care, making them more susceptible to the burnout associated with disorganized home environments.

On Age and Educational Attainment. The significant relationship with Age ($\rho=0.86$) and Educational Attainment ($\rho=0.81$) suggests that older or more educated parents may have better mastery experiences to draw upon. This is reflected in the table's significant finding for employment status ($\rho=0.84$), as families with stable incomes can afford help (like the helper or nanny mentioned in the profiles) to mitigate household disruption.

On the Impact of Physical Environment. The type of abode ($\rho=0.84$) significantly relates to organization. The thesis notes that children with SEN often exhibit constant movement or a poor attention span. In limited or crowded personal spaces, these behaviors lead to greater perceived household disruption, as there is less room for the child to regulate their energy without disturbing the family structure.

Table 4.1.14 Test of Relationship between Socio-demographic Profile and Systemic/External Challenges in terms of Navigating Bureaucracy and Services

D. SYSTEMIC/EXTERNAL CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ -Value)	P-Values	Interpretation (@0.05 Alpha Value)
1. Navigating Bureaucracy and Services and Socio-demographic profile:			
1.1 age;	ρ -Value=0.71	0.00	Significant
1.2 Sex;	χ^2 – Value=7.99	0.01	Significant
1.3 civil status;	χ^2 – Value=8.69	0.01	Significant
1.4 number of children in the family;	ρ -Value=0.78	0.01	Significant
1.5 number of children with educational needs;	ρ -Value=0.74	0.01	Significant
1.6 type of abode or personal space;	ρ -Value=0.73	0.01	Significant
1.7 educational attainment;	ρ -Value=0.70	0.00	Significant
1.8 employment status of spouses;	ρ -Value=0.75	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.78	0.01	Significant
1.10 availability of domestic support	ρ -Value=0.75	0.01	Significant

A comprehensive analysis of Table 4.1.14, titled Test of Relationship between Socio-demographic Profile and Systemic/External Challenges in terms of Navigating

Bureaucracy and Services, reveals a profound and statistically significant connection between a parent's demographic profile and their ability to navigate the complex systems surrounding Special Education (SPED).

The data indicate that for parents of kindergarteners with Special Educational Needs (SEN), the systemic challenge of navigating bureaucracy is not a uniform experience but is heavily dictated by their personal and socio-economic standing. Every single socio-demographic variable tested, including age, sex, civil status, family size, educational attainment, and employment, showed a significant relationship with the challenge of navigating bureaucracy ($p \leq 0.01$ for all variables).

On Educational Attainment ($\rho=0.70$, $p=0.00$) and Age ($\rho=0.71$, $p=0.00$) showed the most robust statistical links. This suggests that a parent's maturity and academic background are the primary determinants of how effectively they can manage the paperwork and legalities of the SPED system.

The number of children in the family ($\rho=0.78$) and civil status ($\chi^2=8.69$) also impact this navigation. This implies that the more domestic responsibilities a parent has, the more bureaucracy becomes a barrier to accessing services.

This paper emphasizes that school entry is a critical predictor of future success, making the parents' ability to navigate the transition paramount. According to Mowder's Parent Development Theory [44], as children reach kindergarten age, the parents' role as an educator and advocate becomes central. The significant relationship for Age ($\rho=0.71$) suggests that younger parents may lack the mastery experiences needed to confront bureaucratic hurdles. Older parents (30–40 years old, who make up over 50% of the sample) are in their prime productive years and are highly invested in their child's educational trajectory, yet still find these systemic barriers significant.

The data shows that Sex ($\chi^2=7.99$) and Civil Status ($\chi^2=8.69$) are key factors in navigating services. Since 69.88% of respondents are female, the burden of navigating bureaucracy falls disproportionately on mothers. With 24.10% of respondents being single, the significant relationship for civil status highlights a critical gap. Single parents must navigate these systems without a partner's support, which Roby and Scott [49] note can lead to forced trade-offs in parenting quality due to systemic exhaustion.

The significant results for Educational Attainment ($\rho=0.70$) and Employment Status ($\rho=0.81$) highlight that navigating bureaucracy is often a literacy and resource challenge. Parents with higher educational attainment are better positioned to act as intense advocates for Individualized Education Programs (IEPs). Qualitative interviews reveal a startling lack of systemic awareness; for example, one parent explicitly stated, "I didn't avail of PWD (Person with Disability) benefits because I didn't know about that. Is that allowed?" This underscores the thesis's argument that parents cannot and should not be expected to navigate these transitions alone.

Table 4.1.15 presents the statistical relationship between the socio-demographic profile of parents and the

systemic/external challenges they face, specifically regarding Access to Resources and Services.

Table 4.1.15 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Access to Resources and Services

D. SYSTEMIC/EXTERNAL CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman Ranked Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
2. Access to Resources and Services and Socio-demographic profile:			
1.1 age;	ρ -Value=0.75	0.03	Significant
1.2 Sex;	χ^2 – Value=10.55	0.02	Significant
1.3 civil status;	χ^2 – Value=7.58	0.04	Significant
1.4 number of children in the family;	ρ -Value=0.79	0.00	Significant
1.5 number of children with educational needs;	ρ -Value=0.70	0.00	Significant
1.6 type of abode or personal space;	ρ -Value=0.71	0.02	Significant
1.7 educational attainment;	ρ -Value=0.72	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.72	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.74	0.01	Significant
1.10 availability of domestic support	ρ -Value=0.78	0.01	Significant

The data reveals a significant correlation across all measured variables, with p-values falling below the 0.05 alpha level. The significant relationship between age ($\rho=0.75$), sex ($\chi^2=10.55$), and civil status ($\chi^2=7.58$) with access to resources highlights that a parent’s basic identity and social standing dictate their ability to navigate healthcare and educational systems.

On Civil Status and Support. Married parents (66.27%) often benefit from shared caregiving and mutual support, which acts as a mediator against stress. In contrast, single parents (24.10%) face higher threats to satisfaction because they must handle the overwhelming responsibility of researching conditions and laws alone.

The strongest correlations in the table are the number of children in the family ($\rho=0.79$) and the number of children with educational needs ($\rho=0.70$). In larger families, physical, time, and financial resources are divided, which can lead to resource dilution. Interview data highlights that even basic needs, like diapers, become a significant financial strain when a child has not yet mastered self-care. For the 6.02% of parents managing two children with Special Educational Needs (SEN), the environmental demands are intensified. This creates a stress cycle where the demanding environment leads to lower Parenting Sense of Competence (PSC) and more reactive parenting.

Educational attainment ($\rho=0.72$) and employment status ($\rho=0.72$) are pivotal in determining a parent's psychological capital and ability to utilize social support. Parents with higher education often possess better advocacy skills and

knowledge of specialized terminology needed for the Individualized Education Program (IEP) process. The qualitative data illustrate the harsh reality of these statistics. One parent (P1) mentioned a potential PHP 100,000 cost for a child's eye operation, highlighting that even with government aid (like a PHP 1,000 birthday gift), the high cost of care remains a moderate to high challenge.

The type of abode ($\rho=0.71$) reflects environmental stability. While 61.45% of respondents own their homes, only 14.46% have a separate bedroom. The lack of private space is a threat to satisfaction, as it limits the parent's ability to retreat and recharge, essential for self-regulation under the high stress of SEN caregiving.

Table 4.1.16 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Educational System Challenges

D. SYSTEMIC/EXTERNAL CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
3. Educational System Challenges and Socio-demographic Profile:			
1.1 age;	ρ -Value=0.73	0.01	Significant
1.2 Sex;	χ^2 – Value=8.55	0.01	Significant
1.3 civil status;	χ^2 – Value=10.54	0.01	Significant
1.4 number of children in the family;	ρ -Value=0.72	0.01	Significant
1.5 number of children with educational needs;	ρ -Value=0.77	0.02	Significant
1.6 type of abode or personal space;	ρ -Value=0.78	0.01	Significant
1.7 educational attainment;	ρ -Value=0.75	0.01	Significant
1.8 employment status of spouses;	ρ -Value=0.79	0.01	Significant
1.9 combined monthly income; and	ρ -Value=0.71	0.01	Significant
1.10 availability of domestic support	ρ -Value=0.72	0.01	Significant

Based on the data in Table 4.1.16, there is a significant relationship between all socio-demographic variables and the Educational System Challenges faced by parents of children with Special Educational Needs (SEN). The table indicates that socio-demographic factors strongly correlate with the challenges parents face when navigating the educational system. All p-values are ≤ 0.02 , which is below the 0.05 alpha level, signifying a statistically significant relationship.

The significant relationship with age ($\rho=0.73$) and educational attainment ($\rho=0.75$) highlights the cognitive and experiential burden of the educational system. Entry into kindergarten marks the formalization of special education services, including the Individualized Education Program (IEP) process. Parents must master specialized terminology and advocate for services, a responsibility that can be overwhelming and drain the energy needed for parenting satisfaction. Literature suggests older parents often report greater efficacy because they have more resources or previous experience. However, even mature parents face maladjustment to the new school environment, as children

with SEN are more vulnerable to emotional and behavioral problems during this transition.

With sex ($\chi^2=8.55$) showing a significant relationship, the data reflect the disproportionate burden on mothers (69.88% of respondents). Mothers typically manage day-to-day school coordination and therapy. While this role can lead to a more nuanced sense of competence, it also makes them more susceptible to burnout.

The number of children ($\rho=0.72$) and children with educational needs ($\rho=0.77$) are critical predictors of educational challenges. In larger families, parents may find it more difficult to attend IEP meetings or participate in school readiness activities due to the competing needs of other children. Having multiple children with SEN intensifies the requirement for specialized and frequent assistance, which may lead to feeling ineffective if efforts do not yield typical results.

The high correlation with type of abode ($\rho=0.78$) and employment status ($\rho=0.72$) underscores the Social Cognitive Theory (Bandura, 1986), which posits that environment, behavior, and cognitive factors are interlinked. A high sense of parenting competence acts as an internal strength against the immense stress of finding resources. However, systemic failures, such as a lack of government funding or high costs for therapy (e.g., PHP 7,000 cited in interviews), directly erode this sense of competence. Because school entry is a predictor of future success, the inability to navigate the educational system effectively can lead to chronic high stress, undermining the parents' belief in their ability to protect their child's general welfare.

Table 4.1.17 Test of Relationship between Socio-demographic Profile and Family-Related Challenges in terms of Societal Attitudes and Stigma

D. SYSTEMIC/EXTERNAL CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman Ranked Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
4. Societal Attitudes & Stigma and Socio-demographic profile:			
1.1 age;	ρ -Value=0.79	0.00	Significant
1.2 Sex;	χ^2 – Value=11.02	0.00	Significant
1.3 civil status;	χ^2 – Value=10.59	0.00	Significant
1.4 number of children in the family;	ρ -Value=0.79	0.00	Significant
1.5 number of children with educational needs;	ρ -Value=0.72	0.00	Significant
1.6 type of abode or personal space;	ρ -Value=0.73	0.00	Significant
1.7 educational attainment;	ρ -Value=0.81	0.01	Significant
1.8 employment status of spouses:	ρ -Value=0.85	0.00	Significant

1.9 combined monthly income; and	ρ -Value=0.75	0.00	Significant
1.10 availability of domestic support	ρ -Value=0.73	0.00	Significant

The data in Table 4.1.17 reveal that every socio-demographic variable measured has a statistically significant relationship with the experience of societal attitudes and stigma. With all p-values at or below 0.01, the null hypothesis is rejected across the board.

The exceptionally high correlation for Employment status ($\rho=0.85$) and Educational attainment ($\rho=0.81$) suggests that a parent's socio-economic standing heavily influences how they perceive and are affected by societal judgment. Higher educational attainment often provides parents with better advocacy skills and resources to navigate or confront stigma. However, the literature also notes that highly educated parents may experience lower self-efficacy because they are more aware of developmental norms, leading to heightened stress when their child is judged for missing these benchmarks. In the study's specific cultural lens, disability is sometimes viewed through a spiritual or moral framework, which can either foster acceptance or deepen stigma depending on the community's interpretation.

The significant relationship with Sex ($\chi^2=11.02$) underscores that mothers, who represent 69.88% of the respondents, bear the brunt of public stigma. Because mothers typically manage day-to-day school coordination and therapy, they are the ones most frequently exposed to judgmental societal attitudes during transitions. The literature argues that maternal competence can act as a buffer against negative environmental factors. However, constant exposure to stigma can lead to disengagement and hindered bonding if the parent's sense of efficacy is eroded by the maladaptive behavior or emotional dysfunction of their child in public settings.

The high correlation with Age ($\rho=0.79$) and Number of children ($\rho=0.79$) highlights how family composition impacts a parent's vulnerability to stigma. Parents of children with SEN often experience social isolation comparable to that of combat veterans. This isolation is compounded for single parents (24.10% of the sample) who lack a partner to share the emotional exhaustion caused by public scrutiny. As children with SEN grow older while remaining in kindergarten, the gap between their chronological age and their developmental level becomes more apparent to the public. This visibility often triggers increased societal judgment, which in turn challenges the parent's perception of being effective or satisfying.

According to Bandura's Social Cognitive Theory (1986), a parent's environment, including societal attitudes, interacts directly with their cognitive sense of competence. The significant relationship with Type of abode ($\rho=0.73$) suggests that parents with less private or stable personal space may feel more exposed to the judgment of neighbors and the community, further taxing their psychological reserves. To maintain a high Parenting Sense of Competence (PSC), parents must perceive themselves as being in control despite negative societal feedback. Qualitative data shows that despite the struggle and societal labels, some parents

maintain high efficacy through a mindset of "Wala jud koy surrender" (I have never surrendered).

Table 4.2.1. Relationship Between the Profile of the Kindergarten with Special Needs and the Level of Challenges @ 5% Level of Significance

A. CHILD-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation (@0.05 Alpha Value)
1. Behavioral challenges and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.91	0.08	Not Significant
1.2 Sex of learners	χ^2 – Value=10.84	0.02	Significant
1.3 Type of Disability	χ^2 – Value=11.24	0.04	Significant
1.4 Degree of Disability	ρ -Value=0.77	0.03	Significant
2. Developmental & Functional and the Kindergarten with Special Needs Profile:			
1. Behavioral challenges and socio-demographic profile:			
1.1 age of learners	ρ -Value=0.91	0.03	Significant
1.2 Sex of learners	χ^2 – Value=6.57	0.00	Significant
1.3 Type of Disability	χ^2 – Value=10.72	0.02	Significant
1.4 Degree of Disability	ρ -Value=0.88	0.12	Not Significant
3.Sensory Challenges and the Kindergarten with Special Needs Profile:			
1. Behavioral challenges and socio-demographic profile:			
1.1 age of learners	ρ -Value=0.81	0.09	Not Significant
1.2 Sex of learners	χ^2 – Value=9.68	0.09	Not Significant
1.3 Type of Disability	χ^2 – Value=7.87	0.02	Significant
1.4 Degree of Disability	ρ -Value=0.89	0.03	Significant
4. Health & medical challenges and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.79	0.01	Significant
1.2 Sex of learners	χ^2 – Value=7.75	0.00	Significant
1.3 Type of Disability	χ^2 – Value=9.82	0.00	Significant
1.4 Degree of Disability	ρ -Value=0.86	0.04	Significant

Table 4.2.1 examines the relationship between the profile of kindergarten learners with special needs and the specific levels of challenges (Behavioral, Developmental/Functional, Sensory, and Health/Medical) encountered by their parents. The analysis, conducted at a 0.05 level of significance, reveals that the nature of a child’s disability is a primary driver of the intensity of parental challenges.

Table 4.2.1 indicates that Sex ($p=0.02$), Type of Disability ($p=0.04$), and Degree of Disability ($p=0.03$) are significantly

related to the Level of Behavioral Challenges. Interestingly, the child’s Age ($p=0.08$) was not a significant factor.

The significance of the type and degree of disability suggests that behavioral manifestations such as temper tantrums or self-injurious behaviors are inherently tied to the diagnostic category and severity of the condition. This aligns with Han and Yan [3], who found that children with SEN are significantly more vulnerable to emotional and behavioral problems during the transition stage compared to typically developing peers. The high correlation with the degree of disability supports the findings of Yan and Hou [1], who noted that a child’s behavioral maladjustment negatively predicts a parent’s sense of satisfaction. In the context of kindergarten, these behaviors create a challenging transition that affects both school attendance and peer relationships.

The table shows that Age ($p=0.03$), Sex ($p=0.00$), and Type of Disability ($p=0.02$) are significantly correlated with developmental and functional challenges. The significant relationship with age suggests that as children reach the kindergarten threshold (ages 5–6), the developmental gap between them and their typically developing peers becomes more pronounced, increasing the functional burden on parents. This reflects Mowder’s [44] Parent Development Theory, which highlights that parents must adjust their roles (educator, disciplinarian, and protector) based on the child’s developmental stage. When a child faces functional delays, the parent is forced into an intensive caregiving role that may not match the chronological age of the child, leading to what the literature describes as a developmental mismatch that complicates the home-to-school transition [4].

For sensory challenges, the Type of Disability ($p=0.02$) and Degree of Disability ($p=0.03$) remain the most critical predictors, while Age and Sex were not significant. Sensory processing issues (over-responsiveness or under-responsiveness to stimuli) are often core symptoms of specific disabilities, such as Autism Spectrum Disorder or ADHD. The Significant interpretation for the degree of disability indicates that as the severity of the condition increases, the sensory noise the child experiences and the parent must manage increases proportionally. Recent studies (2021–2024) cited in the thesis suggest that these sensory challenges are often the root cause of the maladaptive behavior and emotional dysfunction mentioned by Chi et al. [2]. Parents often feel a lower sense of competence when they cannot soothe a child experiencing sensory overload, as it directly impacts the parent’s perceived skills and belief in influencing development (Gibaud-Wallston & Wandersman, 1978).

Table 4.2.2 Relationship Between the Profile of the Kindergarten with Special Needs and the Level of Challenges @ 5% Level of Significance

B. PARENTING-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation
1. Behavioral challenges and the Kindergarten with Special Needs Profile:			

1.1 age of learners	ρ -Value=0.73	0.03	Significant
1.2 Sex of learners	χ^2 - Value=8.34	0.04	Significant
1.3 Type of Disability	χ^2 - Value=9.89	0.07	Not Significant
1.4 Degree of Disability	ρ -Value=0.78	0.03	Significant
2. Time and Energy Demands and the Kindergarten with Special Needs Profile:			
1. Behavioral challenges and socio-demographic profile:			
1.1 age of learners	ρ -Value=0.78	0.13	Not Significant
1.2 Sex of learners	χ^2 - Value=10.6.89	0.14	Not Significant
1.3 Type of Disability	χ^2 - Value=10.05	0.02	Significant
1.4 Degree of Disability	ρ -Value=0.74	0.01	Significant
3. Learning and Adapting to and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.79	0.04	Significant
1.2 Sex of learners	χ^2 - Value=8.49	0.07	Not Significant
1.3 Type of Disability	χ^2 - Value=10.29	0.09	Not Significant
1.4 Degree of Disability	ρ -Value=0.78	0.08	Not Significant
4. Impact on Parental Well-being and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.82	0.04	Significant
1.2 Sex of learners	χ^2 - Value=6.52	0.00	Significant
1.3 Type of Disability	χ^2 - Value=7.76	0.03	Significant
1.4 Degree of Disability	ρ -Value=0.88	0.00	Significant

Table 4.2.2 provides an inferential analysis of the relationship between the Profile of Kindergarten Special Needs Learners and the Parenting-Related Challenges experienced by their caregivers. Unlike the previous table, which focused on child-related symptoms, this table evaluates the systemic impact on the parents' lives, including emotional strain, time demands, and personal well-being.

The table indicates that the Age ($p=0.03$), Sex ($p=0.04$), and Degree of Disability ($p=0.03$) are significantly related to the behavioral challenges felt by the parents. The significant relationship with the degree of disability is particularly telling. It suggests that the intensity of a child's condition directly dictates the level of emotional turbulence a parent experiences. This reflects the Parental Sense of Competence (PSC) Theory (Gibaud-Wallston & Wandersman, 1978), which posits that a parent's self-judgment is heavily influenced by the unique and often overwhelming demands of raising a child with special needs. As noted in this paper, these unique demands act as a crucial internal strength or mediator but can be easily depleted by the severity of the disability. Furthermore, Han & Yan [3] emphasize that behavioral problems like self-injurious behaviors (more common in severe degrees of disability) lead to higher levels of parental anxiety and guilt.

The analysis reveals that Type of Disability ($p=0.02$) and Degree of Disability ($p=0.01$) are the primary predictors of the time and energy demands placed on parents. Interestingly, the child's age and sex were not significant here, implying that regardless of whether the child is a boy or girl, or 5 or 6 years old, the nature of their disability is what consumes the parent's schedule. This is closely tied to Mowder's [44] Parent

In this domain, Age of the learner ($p=0.04$) was found to be significant, while sex and disability type were not. This suggests that the transition to kindergarten (the child's current age) represents a steep learning curve for parents. As the child enters a formal school environment, parents must adapt to new educational terminologies, Individualized Education Programs (IEPs), and school routines. Then & Pohlmann [4] highlight that the transition from home to kindergarten is a predictor of future success, but it requires parents to take on the role of educator and advocate. The significance of age in this table confirms that the kindergarten entry point is a specific period of heightened learning stress for parents, necessitating the need-based support.

Table 4.2.3 Relationship Between the Profile of the Kindergarten with Special Needs and the Level of Challenges @ 5% Level of Significance

C. FAMILY-RELATED CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 - Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation
1. Financial strain and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.91	0.00	Significant
1.2 Sex of learners	χ^2 - Value=9.40	0.02	Significant
1.3 Type of Disability	χ^2 - Value=11.04	0.08	Not Significant
1.4 Degree of Disability	ρ -Value=0.87	0.11	Not Significant
2. Marital/Partner Relationship and the Kindergarten with Special Needs profile:			
1.1 age of learners	ρ -Value=0.93	0.03	Significant
1.2 Sex of learners	χ^2 - Value=8.30	0.02	Significant
1.3 Type of Disability	χ^2 - Value=9.18	0.03	Significant
1.4 Degree of Disability	ρ -Value=0.89	0.02	Significant
3. Impact on Siblings and the Kindergarten with Special Needs profile:			
1.1 age of learners	ρ -Value=0.83	0.04	Significant
1.2 Sex of learners	χ^2 - Value=11.10	0.00	Significant
1.3 Type of Disability	χ^2 - Value=10.82	0.01	Significant
1.4 Degree of Disability	ρ -Value=0.82	0.04	Significant
4. Social Isolation and Leisure and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.86	0.01	Significant
1.2 Sex of learners	χ^2 - Value=10.75	0.01	Significant

1.3 Type of Disability	χ^2 – Value=10.68	0.01	Significant
1.4 Degree of Disability	ρ -Value=0.71	0.01	Significant
5. Household Disruption and the Kindergarten with Special Needs profile:			
1.1 age of learners	ρ -Value=0.79	0.01	Significant
1.2 Sex of learners	χ^2 – Value= 11.03	0.03	Significant
1.3 Type of Disability	χ^2 – Value=7.93	0.01	Significant
1.4 Degree of Disability	ρ -Value=0.83	0.02	Significant

Table 4.2.3 investigates the relationship between the profile of kindergartens with special needs and the level of family-related challenges. This table specifically addresses the systemic ripple effect that a child's disability has on the family unit, including financial strain, marital dynamics, sibling impacts, and social isolation.

The analysis shows a highly significant relationship with the child's age ($p=0.00$) and sex ($p=0.02$), while the type and degree of disability were surprisingly not significant in this specific family-related domain. The significance of the child's age (5–6 years old) underscores the financial shock of entering the formal education system. Kindergarten entry often marks the transition from home-based care to school-based specialized services, which often require additional out-of-pocket expenses. This correlates with the challenges mentioned in the thesis regarding the cost of PT/OT (Physical Therapy and Occupational Therapy).

In a rare instance of total statistical alignment, age ($p=0.03$), sex ($p=0.02$), type ($p=0.03$), and degree ($p=0.02$) of disability were all significantly related to challenges in the marital or partner relationship. The high caregiving demand of a kindergarten SEN learner acts as a pervasive stressor on the parental dyad. Whether it is the type of behavioral manifestation or the severity of the disability, the strain requires constant negotiation of roles. This finding is a direct manifestation of Mowder's [44] Parent Development Theory, where the primary caretaker and educator roles can eclipse the spouse role. As Han & Yan [3] established, the emotional problems of SEN children (anxiety, crying, weariness) affect the entire family climate. When parents are in a constant state of maladjustment to their child's school needs, it leaves little emotional bandwidth for maintaining the marital bond.

All learner profile variables, Age ($p=0.04$), Sex ($p=0.00$), Type ($p=0.01$), and Degree ($p=0.04$) showed a significant relationship with the challenges faced by siblings. The data highlights that siblings of kindergarten SEN learners are not immune to the family shift. A more severe degree of disability or a specific type of behavioral challenge often leads to resource dilution, where the SEN child requires a disproportionate amount of parental time and money. This reflects the Family Systems perspective often cited in disability literature. As children with SEN are more vulnerable to emotional dysfunction during the transition stage [2], the household environment can become "SEN-centric," potentially leading to what the thesis describes as the need for need-based support not just for the child, but for the family unit as a whole [4].

Social isolation also showed significant correlations across Age ($p=0.01$), Sex ($p=0.01$), and Type of Disability ($p=0.01$). The child's maladaptive behaviors in public (temper tantrums, self-injury) often lead parents to self-isolate to avoid judgment or the difficulty of managing a meltdown in a non-inclusive environment. The Parental Sense of Competence (PSC) Theory (1978) suggests that social support is a vital internal strength. When social isolation occurs due to the child's profile, this support is cut off, making parents more susceptible to the anxiety and guilt mentioned by Han & Yan [3].

TABLE 4.2.4 Relationship Between the Profile of the Kindergarten with Special Needs and the Level of Challenges @ 5% Level of Significance

D. SYSTEMIC/EXTERNAL CHALLENGES			
VARIABLES CORRELATED	Chi-Square Value (χ^2 – Value)/ Spearman's Rank Correlation Value (ρ-Value)	P-Values	Interpretation
1. Navigating Bureaucracy and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.80	0.02	Significant
1.2 Sex of learners	χ^2 – Value=11.68	0.02	Significant
1.3 Type of Disability	χ^2 – Value=10.63	0.00	Significant
1.4 Degree of Disability	ρ -Value=0.84	0.04	Significant
2. Access to Resources and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.76	0.01	Significant
1.2 Sex of learners	χ^2 – Value=10.91	0.09	Not Significant
1.3 Type of Disability	χ^2 – Value=11.29	0.01	Significant
1.4 Degree of Disability	ρ -Value=0.81	0.14	Significant
3. Educational System Challenges and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.91	0.00	Significant
1.2 Sex of learners	χ^2 – Value=8.36	0.04	Significant
1.3 Type of Disability	χ^2 – Value=9.18	0.02	Significant
1.4 Degree of Disability	ρ -Value=0.89	0.04	Significant
4. Societal Attitudes & Stigma and the Kindergarten with Special Needs Profile:			
1.1 age of learners	ρ -Value=0.72	0.01	Significant
1.2 Sex of learners	χ^2 – Value=9.24	0.01	Significant
1.3 Type of Disability	χ^2 – Value=10.69	0.04	Significant
1.4 Degree of Disability	ρ -Value=0.76	0.12	Not Significant

Table 4.2.4 presents a statistical analysis of the relationship between the profile of kindergarten learners with Special Educational Needs (SEN) and the level of Systemic/External Challenges encountered by their parents. The analysis utilizes Chi-Square (χ^2) and Spearman's Rank Correlation (ρ) to determine significance at a 5% level. The data reveal that

systemic factors ranging from bureaucratic hurdles to societal stigma are not felt uniformly but are deeply influenced by the child's specific demographic and diagnostic profile.

The analysis shows a significant relationship between all learner profile variables and the challenge of navigating bureaucracy. Age, sex, type, and degree of disability all yielded P-values below 0.05 (e.g., Type of Disability at 0.00 and Sex at 0.02). This significance aligns with the literature stating that the entry into kindergarten marks a formalization of services, requiring parents to become intense advocates for Individualized Education Programs (IEPs) and specialized therapies. As the degree of disability ($\rho = 0.84$, $p = 0.04$) becomes more severe, the bureaucratic burden increases because these children require more complex, multi-agency support. Satherley and Norwich [36] note that while policies aim to expand choice, parents often encounter forced choices due to limited options and inconsistent communication across services, a struggle that is clearly magnified by the specific needs of the learner.

Accessing resources showed significant correlations with age ($p = 0.01$), type of disability ($p = 0.01$), and degree of disability ($p = 0.14$, interpreted as significant in the table). However, the sex of the learner ($p = 0.09$) was not significant. The significant link between the type of disability and resource access ($\chi^2 = 11.29$) reflects findings that certain conditions require more specialized, high-cost interventions like PT or OT. Literature suggests that parents equate competence with their ability to provide these professional services; thus, a lack of resources directly erodes their sense of self-efficacy. The non-significance of sex suggests that the struggle to find equipment, funding, or specialists is a systemic failure that affects families regardless of whether the child is a boy or a girl.

Every learner profile variable: Age, sex, type, and degree of disability, showed a significant relationship with educational system challenges, with P-values ranging from 0.00 to 0.04. The high correlation with age ($\rho = 0.91$) is particularly telling. Kindergarten is a major developmental transition. According to Parent Development Theory (PDT), as a child enters formal schooling, the education construct of parenting becomes paramount. For SEN learners, this transition is often fraught with a developmental mismatch where the school system may not be ready to accommodate the child's specific functional level, causing intense stress for the parent. Furthermore, Satherley and Norwich [36] highlight that families prioritize small class sizes and caring cultures, yet systemic limitations often push them toward placements that may not feel ideal.

Significant relationships were found for age ($p = 0.01$), sex ($p = 0.01$), and type of disability ($p = 0.04$). Interestingly, the degree of disability ($p = 0.12$) was not significant. The significance of the type of disability ($\chi^2 = 10.69$) corroborates literature stating that societal reactions vary based on the visibility of a disability. Research indicates that peers and the public often have more positive attitudes toward visible sensory impairments compared to less obvious behavioral or learning disabilities, which are sometimes met with more judgment. The finding that the degree of disability was not significantly related to stigma ($p = 0.12$) suggests that stigma

is a pervasive societal barrier that affects parents, whether their child's condition is mild or severe; the label of being in special education itself may be the primary driver of social exclusion and affiliate stigma.

CONCLUSIONS

The study concludes that parents of kindergarten learners with special educational needs (SEN) experience a moderate level of challenges across child-related, parenting-related, family-related, and systemic/external domains. The findings indicate that while parents demonstrate resilience in supporting their children, they continue to encounter substantial demands associated with caregiving, educational participation, and access to support services.

The respondents were predominantly mothers in their early to middle adulthood, mostly married, with one child with SEN and at least some college education. Most learners were male, diagnosed with Autism Spectrum Disorder (ASD), and classified as having moderate to severe disabilities. These characteristics suggest that many families are caring for children who require intensive developmental, behavioral, and educational support.

Among the child-related challenges, developmental and functional difficulties emerged as the most significant concern, particularly communication and cognitive delays. Parenting-related challenges were largely associated with learning and adapting to special needs parenting, emotional strain, and the effects of caregiving on parental well-being. In the family domain, financial strain was identified as the greatest burden, especially regarding therapy costs, educational expenses, and concerns about long-term financial security. Systemic and external challenges were primarily linked to limited access to resources and services, bureaucratic procedures, and the high cost of specialized interventions.

Overall, the findings affirm that raising a kindergarten learner with SEN is a multidimensional responsibility that extends beyond the home and requires coordinated support from families, schools, healthcare providers, and community institutions. The moderate yet persistent challenges reported by parents highlight the need for responsive intervention programs that strengthen parental competence, provide accessible support services, reduce financial burdens, and promote collaborative partnerships among stakeholders. Such efforts are essential in enhancing parents' capacity to support their children's successful transition, adjustment, and participation in kindergarten education.

RECOMMENDATIONS

Based on the findings of the study, an action plan may be implemented to strengthen the parenting sense of competence of parents of kindergarten learners with special educational needs (SEN) and address the challenges they encounter. The school principal may establish Gender-Inclusive Community Support Groups and Respite Care Programs in partnership with local government units and community stakeholders to provide temporary caregiving support, reduce caregiver fatigue, and promote family well-being.

To address financial concerns, the school may implement Financial Literacy and SEN Resource Support Initiatives.

These may include seminars on financial management, information on available subsidies and assistance programs, and livelihood skills training in collaboration with the Bachelor of Technology and Livelihood Education program and the Master of Arts in Vocational Education program. Such initiatives can help parents improve their financial stability while meeting the needs of their children.

West City Exceptional Child Learning Center personnel may also develop Age-Appropriate Transitional and Functional Learning Programs for learners who are older than the typical kindergarten age. These programs may integrate life skills, socialization activities, and functional learning experiences that are appropriate to learners' developmental needs.

Given the high prevalence of Autism Spectrum Disorder (ASD), school personnel may conduct ASD-Focused Professional Development and Gender-Sensitive Screening Programs to strengthen teachers' competencies in managing diverse learning needs and improve the identification of learners who may require specialized services.

To support parents' emotional well-being, the school guidance counselor may facilitate Emotional Resilience and Mindfulness-Based Stress Reduction Programs, as well as Peer-Led Parent Support Circles. These initiatives can provide opportunities for stress management, emotional support, and the sharing of effective parenting practices among families of children with SEN.

The school may further establish a School-Based Resource and Referral Hub that connects families with government services, non-government organizations, therapy providers, and community assistance programs. This initiative can help reduce financial and logistical barriers that often affect families of children with SEN.

Teachers may implement Flexible Parent-Teacher Engagement Programs and Time Management Workshops to accommodate working parents and strengthen home-school collaboration. Parents may also be encouraged to participate in selected classroom activities to better support learning continuity at home.

In addition, the school may collaborate with social workers, psychologists, guidance counselors, and university partners to establish Integrated Holistic Support Systems that provide coordinated educational, psychosocial, and family support services. Finally, the school principal and guidance counselor may conduct Competence-Building Workshops focused on behavioral management, stress reduction, crisis intervention, and long-term planning. These interventions can enhance parental resilience, strengthen parenting efficacy, and improve overall family well-being.

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