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From stress to strength: Parental coping strategies in raising children with special educational needs in inclusive public elementary schools

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ABSTRACT

This study evaluated parenting stress and coping strategies among parents of children with special educational needs enrolled at the Tagbilaran City Central SPED Center. Using a descriptive design, data were gathered from thirty (30) parents through a structured survey questionnaire. The instrument measured respondents' demographic profiles; parenting stress in the areas of parental distress, parent–child dysfunctional interaction, and having a difficult child; and the extent of coping strategies utilized. Data were analyzed using frequency counts, percentages, weighted means, and standard deviations. Results showed that the majority of respondents were female, most were in the 36–45 age group, predominantly college-educated, with one to four children, and largely belonged to middle-income households. Findings revealed that parents experienced a moderate level of overall parenting stress, with parental distress and stress related to having a difficult child as the most prominent sources, while parent–child dysfunctional interaction remained low. Parents were also found to frequently employ cognitive, emotional, behavioral, and social coping strategies, indicating a high level of adaptive coping. Hence, it is recommended that a Contextualized Action Plan be implemented, providing structured interventions such as counseling services, parent education sessions, and support group activities to reduce stress, strengthen coping skills, and promote positive parent–child relationships.

Keywords: Special education, parenting stress, coping strategies, special educational needs, parental support, family resilience, descriptive-correlational design, Tagbilaran City, Bohol.

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INTRODUCTION

In the journey of parenting, the desire to see one's child thrive in life and education represents a universal aspiration. For parents of children with special educational needs, however, this aspiration is accompanied by unique and often complex responsibilities that extend beyond conventional caregiving. These parents frequently assume interconnected roles as caregivers, educators, advocates, and partners in their children's development while navigating educational systems, healthcare services, and social support networks to secure appropriate opportunities. Their lived experiences are often characterized by emotional, financial, and social challenges that remain insufficiently explored, particularly within inclusive public elementary school settings (Mukhlis et al., 2023). Recent research has emphasized the need for deeper understanding and stronger forms of support for these families (Padreganda et al., 2025), especially because parental involvement plays a crucial role in children's development and educational experiences (Hakim, 2024). Understanding parental stress and coping is therefore essential not only for promoting parents' wellbeing but also for strengthening their capacity to support their children within inclusive educational environments.

Globally, inclusive education has emerged as a central framework for ensuring equitable learning opportunities for children regardless of ability or background. International commitments, particularly the Salamanca Statement (UNESCO, 1994) and the Convention on the Rights of Persons with Disabilities (UN, 2006), have reinforced the responsibility of nations to provide inclusive and quality education. These commitments have contributed to a gradual transition from segregated special education systems toward inclusive educational settings that recognize diversity as an important component of classroom learning and social participation. This global direction is further aligned with Sustainable Development Goal 4: Quality Education, which seeks to ensure inclusive and equitable education and promote lifelong learning opportunities for all. Education is consequently understood as a fundamental right that must remain accessible regardless of an individual's social, economic, or physical condition. Despite substantial policy development and international progress, however, inclusive education continues to encounter implementation difficulties involving insufficient teacher preparation, inadequate resources, and limited parental participation (UNESCO, 2020).

The challenges of inclusive education become particularly significant when examined from the perspective of parents of children with special needs. Research indicates that these parents commonly experience considerable stress arising from intensive caregiving responsibilities and persistent emotional demands (Cercado et al., 2025). Feelings of isolation may further intensify these difficulties when parents perceive themselves as misunderstood or excluded from community activities (Fatima et al., 2024). At the same time, the continuous responsibility of advocating for their children and navigating complicated educational and healthcare systems can affect parental wellbeing and their ability to remain actively engaged in education (Abucay et al., 2022). Emotional exhaustion and financial difficulties can similarly constrain consistent participation in their children's schooling (Caicedo, 2014), while inaccessible services and insufficient resources may deepen feelings of frustration, stress, and helplessness (Mukhlis et al., 2023). Some parents also experience difficulties associated with

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acceptance and guilt, which may influence their parenting practices and approaches to coping (Polinar et al., 2025).

These difficulties demonstrate that parental stress cannot be understood solely as an individual psychological experience because it develops within broader educational, familial, social, and institutional conditions. Persistent differences between inclusive education policies and their actual implementation may leave parents without adequate support or meaningful opportunities to participate in educational decision making (Padreganda et al., 2025). Such discrepancies underscore the importance of examining parental perspectives when developing more responsive support systems (Starkie, 2023). Existing research consequently points toward the need to strengthen partnerships between families and schools (Beltran et al., 2025), improve teachers' preparedness for inclusive education (Borisenko & Semenichheva, 2024), and expand community awareness and support programs that respond to the diverse circumstances of families raising children with special needs (Clerigo et al., 2025). These interconnected concerns suggest that successful inclusion depends not only on placing children with special needs within mainstream classrooms but also on developing an educational environment capable of supporting both learners and their families.

Within the Philippine context, these global principles have been translated into legislation and institutional policies intended to expand educational opportunities for learners with disabilities. The Department of Education has adopted inclusive education policies and institutionalized Special Education programs as part of the country's commitment to equitable access. Republic Act No. 11650, known as the Inclusive Education Act of 2022, provides a comprehensive legislative framework recognizing the right of learners with disabilities to quality and inclusive education. It seeks to ensure equitable participation in the educational system through appropriate interventions, accommodations, and support services. The enactment of this law strengthened the national commitment to inclusion and provided an important legal foundation for the participation of learners with disabilities in Philippine schools.

This framework is complemented by Republic Act No. 10533, known as the Enhanced Basic Education Act of 2013, which institutionalized the K to 12 curriculum and emphasized learner centered and inclusive educational approaches. Its provisions recognize the importance of flexible teaching strategies, curriculum adaptations, and appropriate interventions for diverse learners, including those with special needs. DepEd Order No. 72 s. 2009 likewise institutionalized inclusive education as an important strategy for increasing school participation, particularly among children with disabilities and learning difficulties. This policy reinforces the principle that inclusion involves more than the physical placement of learners in mainstream classrooms and requires supportive, responsive, and quality educational environments.

The implementation of inclusive education is further strengthened by DepEd Order No. 44 s. 2021, which provides guidelines for educational programs and services for learners with disabilities within the K to 12 system. The policy mandates Universal Design for Learning, individualized instruction, and differentiated assessment while identifying the responsibilities of SPED teachers in specialized instruction, Individualized Education Programs, resource room management, and support for inclusive classroom practices. It also promotes transition programs involving life skills development, vocational preparation, and pathways from school to employment. Republic Act No. 7277, or the Magna Carta for Persons with Disabilities,

similarly requires the State to ensure equal access to quality education for persons with disabilities at all levels, emphasizing integration into mainstream education whenever feasible and requiring reasonable accommodations, appropriately trained teachers, and suitable educational resources.

Despite these substantial legal and institutional foundations, the existence of inclusive education policies does not necessarily guarantee their consistent implementation. Public elementary schools in the Philippines continue to encounter limitations involving resources, parental participation, and teacher preparation that can impede the effective delivery of inclusive educational programs (Beltran et al., 2025). Parents likewise encounter shortages of trained SPED teachers and appropriate instructional materials (Caicedo, 2014), together with weaknesses in school and community support systems (Borisenko & Semenichheva, 2024). Consequently, the lived experiences of parents, including their satisfaction with teacher collaboration and their difficulties in obtaining adequate services, provide an important perspective from which the practical effectiveness of these policies may be understood. Republic Act No. 11650, Republic Act No. 10533, DepEd Order No. 72 s. 2009, DepEd Order No. 44 s. 2021, and Republic Act No. 7277 therefore constitute the legal and institutional context within which parental stress, coping, participation, and perceptions of inclusion must be examined.

The complexity of these parental experiences can be further understood through Bronfenbrenner's (1979) Ecological Systems Theory, which conceptualizes human development as the result of dynamic interactions between individuals and the multiple environmental systems surrounding them. The theory seeks to understand development by considering the influence of environmental systems even when these influences appear relatively distant from the individual (Crawford, 2020). Its development from an ecological perspective toward a bioecological theory placed greater emphasis on the individual and on the processes through which development occurs over time (Rosa & Tudge, 2023). This perspective is particularly relevant to families of children with special needs because parental stress and coping occur within interconnected environments rather than in isolation.

Bronfenbrenner's framework identifies five interrelated systems that shape human development, with the microsystem representing immediate environments such as the family, peer group, and educational institution. For children with special needs and their parents, the home and school constitute particularly important microsystems because they are settings in which everyday interactions directly influence learning, social development, and emotional wellbeing. Inclusive education operates substantially within these immediate environments, where interactions among learners, teachers, and parents can either facilitate or constrain children's development. Parents may consequently experience greater stress when schools lack appropriate resources, sufficient support, or adequate understanding of their children's needs. Viewed through this theoretical lens, parental experiences are not isolated personal difficulties but outcomes shaped by interactions among family relationships, school practices, institutional resources, and wider social conditions. The effectiveness of inclusive education therefore depends partly on the quality of connections among these environmental influences.

The multiple responsibilities undertaken by parents can also be interpreted through Social Role Theory, associated with Eagly (1987), which explains how behavior and experience are shaped by socially defined expectations attached to occupational, familial, gender, and other social roles (Biddle, 1986; Dulin, 2007; Eagly, 2016; Ickes & Knowles, 2011). Social roles may become internalized and subsequently influence both personal behavior and the expectations imposed by others. Once norms and roles are internalized, individuals may continue to follow them even without direct monitoring or external rewards, with adherence or nonadherence

potentially producing emotions such as pride or guilt (Gavrites & Richerson, 2017; Gross & Vostroknutov, 2021; Rojek, 2020). This theoretical perspective is particularly applicable to parents of children with special needs because their responsibilities commonly extend from providing care to advocating for rights, facilitating learning, nurturing development, and protecting their children's welfare.

Within inclusive educational settings, parents must simultaneously negotiate these multiple expectations. They function as caregivers within the home, educational partners who collaborate with teachers, and advocates responsible for ensuring that their children's rights and needs are recognized within schools and the broader community. Such roles may create opportunities for meaningful parental participation while simultaneously producing substantial demands. Social Role Theory therefore provides a basis for understanding how societal and institutional expectations contribute to parental challenges, shape coping responses, and influence perceptions of inclusion. When considered together with Bronfenbrenner's ecological perspective, the theory demonstrates that parents' experiences are shaped by both the environments within which they participate and the roles they are expected to perform within those environments.

The psychological processes through which parents interpret and respond to these demands are further illuminated by Lazarus's (1984) Instructional Model of Stress Theory. Parents of children with special needs may experience heightened stress because of social stigma, financial pressures, and the persistent responsibility of advocating for their children's rights (Hayes & Watson, 2013). Lazarus's theory focuses on appraisal and coping processes, explaining stress as a psychological response that emerges when individuals perceive that the demands of a situation exceed their available resources or capacity to cope. Central to this process are primary appraisal, through which individuals determine whether an event presents a threat, and secondary appraisal, through which they assess the resources and strategies available to manage the identified stressor.

Applied to inclusive education, this perspective helps explain why parents exposed to similar educational conditions may experience and respond to stress differently. Limited teacher support, inadequate special education services, and insufficient understanding among peers and community members may be appraised as significant threats to a child's education and wellbeing. Parents' subsequent responses depend partly on how they evaluate their capacity, resources, relationships, and available forms of support. Thus, coping is not merely a reaction to hardship but an adaptive process through which parents attempt to manage demands and preserve their capacity to support their children. The interaction between environmental conditions, socially prescribed parental roles, and cognitive appraisal therefore provides a more comprehensive explanation of how stress emerges and how parents seek to transform stressful experiences into manageable challenges.

Empirical research supports this relationship between caregiving demands, parental stress, coping resources, and available social support. Cuzzocrea et al. (2015) found that parents experience significantly higher levels of stress, while also indicating that effective coping strategies and social support can mitigate these experiences. Dos Santos and Pereira Martins (2016) similarly found that parents employ coping mechanisms such as problem solving and emotional regulation to manage caregiving responsibilities. These findings indicate that parental outcomes are influenced not simply by the presence of stressful circumstances but also by the strategies and resources parents employ in responding to them.

The importance of coping is further demonstrated by Hsiao (2017), who identified coping strategies as important predictors of parental stress alongside child behavior and the availability of support systems. Bujnowska et al. (2021) subsequently found that parents of children with developmental disabilities tend to use task oriented coping strategies, although variations in coping styles can contribute to differences in stress outcomes. Auriemma et al. (2022) likewise demonstrated that parental self efficacy and coping styles significantly influence stress, with problem focused coping associated with more favorable outcomes. Collectively, these studies establish a consistent relationship between stress and coping while also demonstrating that parental resources, perceptions, and forms of support can alter the effects of demanding caregiving circumstances.

The convergence of these findings with the ecological, social role, and stress appraisal perspectives provides a multidimensional foundation for understanding parents of children with special needs in inclusive public elementary schools. Bronfenbrenner's (1979) framework situates parents and children within interconnected environmental systems, while Social Role Theory explains the multiple expectations parents must negotiate within these environments. Lazarus's (1984) perspective further explains how these demands are cognitively appraised and translated into particular coping responses. Together, these theoretical perspectives indicate that parental stress does not arise from a single source. Rather, it develops through the interaction of caregiving responsibilities, school conditions, social expectations, financial pressures, available services, community attitudes, and parents' perceptions of their ability to respond effectively.

Although existing studies have established that parents of children with special needs experience substantial stress and use diverse coping strategies, an important need remains to understand these processes within specific inclusive public school contexts. Much of the literature demonstrates the association between parental stress, coping, self-efficacy, child behavior, and social support, yet the continuing difficulties reported in implementing inclusive education suggest that the institutional context in which parents perform their roles remains equally important. The discrepancy between formal commitments to inclusion and parents' actual experiences of limited services, insufficient resources, inadequate teacher preparation, and weak support systems points to a continuing gap between policy expectations and everyday practice. Examining stress and coping within this context can therefore provide a more integrated understanding of how parents respond not only to the demands associated with raising children with special needs but also to the conditions under which inclusive education is implemented.

Within this context, the Tagbilaran City Central SPED Center provides an important setting for examining how inclusive educational practices intersect with parents' caregiving responsibilities, social roles, stress experiences, and coping resources. Understanding these experiences can contribute to determining how existing educational structures support or constrain parental participation and wellbeing. Such knowledge may assist educators, school administrators, and policymakers in strengthening collaboration with parents, improving special education services, and creating more compassionate and inclusive educational environments. It may also contribute to stronger family and school partnerships by recognizing parents not simply as recipients of educational services but as essential partners in their children's learning and development.

Against this background, the study focuses on parenting stress and the coping strategies employed by parents of children with special needs enrolled in inclusive public elementary schools. By examining these interconnected dimensions within the legal, institutional, ecological, social, and psychological contexts of inclusive education, the research seeks to

understand how parents navigate the demands associated with supporting their children and how coping strategies enable them to respond to those demands. In doing so, the study emphasizes the critical role of parents in the education and development of children with special needs and seeks to generate insights that can strengthen parental engagement, promote wellbeing, improve support mechanisms, and contribute to the more effective implementation of inclusive education.

Statement of the problem

This research assessed the stress and coping strategies of parents of children with special educational needs at the identified public elementary schools of Tagbilaran City Central SPED Center for the school year 2025-2026, as a basis for a contextualized action plan. Specifically, it sought answers to the following questions:

1. What is the profile of the respondents in terms of age and gender, highest educational attainment, number of children, and combined family monthly income?
2. What is the extent of stress experienced by the respondents in having children with special educational needs in terms of parental distress, parent child dysfunctional interaction, and having a difficult child?
3. To what extent do the respondents utilize strategies to cope with the stress they experienced?
4. Is there a significant relationship between the parenting stress and coping strategies utilized by the respondents?
5. Based on the findings, what contextualized action plan can be proposed?

METHODOLOGY

This study employed a quantitative research design with a descriptive-correlational approach. A descriptive research design was used to determine the demographic profile of the respondents, the extent of parenting stress experienced by parents, and the coping strategies they utilized, while a correlational research design was employed to determine whether a significant relationship existed between parenting stress and coping strategies. According to Creswell and Creswell (2018), a correlational research design examines the relationship between two or more variables without manipulating them, and through this design, the study identified patterns and associations between parenting stress and coping strategies among parents of children with special educational needs. This approach was appropriate for the study because it enabled the researcher to describe the respondents' experiences and determine how coping strategies relate to parenting stress, and the findings served as the basis for developing a Contextualized Action Plan.

The flow of the study was organized using an Input Process Output (IPO) model, which systematically illustrates the progression of the investigation. In the input phase, the study gathered the respondents' demographic profile, including age and gender, highest educational attainment, number of children, and combined family monthly income. This phase also included the respondents' level of parenting stress in terms of parental distress, parent child dysfunctional interaction, and having a difficult child, as well as the extent to which they utilized coping strategies in managing parenting related stress. Data for these variables were gathered through a validated survey questionnaire administered to parents of children with special educational needs enrolled at Tagbilaran City Central SPED Center. The process phase

involved securing approval to conduct the study through a transmittal letter addressed to the appropriate school authorities. Upon approval, informed consent was obtained from the respondents before the distribution of the survey questionnaires. The completed questionnaires were then collected, checked for completeness, coded, tabulated, and analyzed using a descriptive-correlational research design. Frequency count and percentage were used to describe the respondents' demographic profile, while weighted mean and standard deviation were employed to determine the respondents' level of parenting stress and coping strategies, and Spearman's Rank Correlation Coefficient was utilized to determine whether a significant relationship existed between parenting stress and coping strategies. The findings were interpreted and served as the basis for the conclusions and recommendations of the study. The output of this study is a Contextualized Action Plan designed to strengthen parental coping strategies and reduce parenting stress among parents of children with special educational needs, with the proposed intervention providing practical measures and enhanced support systems within inclusive public elementary schools.

The study was conducted at the Tagbilaran City Central SPED Center, located within Tagbilaran City Central School, Tagbilaran City, Bohol, under the School Division of Tagbilaran City. The Tagbilaran City Central SPED Center is a public special education institution located along M. Torralba Street, Población III, Tagbilaran City, Bohol, and it operates under the supervision of the Department of Education (DepEd) Tagbilaran City Division, with Mr. Lemuel B. Barol serving as the school principal. The SPED Center caters to learners with diverse exceptionalities such as visual impairment, hearing impairment, autism spectrum disorder, intellectual disability, learning disabilities (including dyslexia and dysgraphia), orthopedic impairments, and multiple disabilities, and it is recognized as one of the disability inclusive learning centers in the region, dedicated to providing quality and equitable education for learners with special educational needs (LSENs). The school environment promotes inclusivity and accessibility, with classrooms designed to accommodate individual learning differences, and teachers employ various instructional strategies, including differentiated instruction, multisensory approaches, and assistive technologies. The SPED Center also provides therapy and support services in partnership with health professionals and local government offices, including the city's dental and health units, and the school's Special Education Fund (SEF) from the local government further supports the maintenance of specialized learning facilities, adaptive equipment, and teaching materials for learners with disabilities. The teaching staff of Tagbilaran City Central SPED Center comprises highly dedicated and compassionate educators trained to work with children with exceptional needs, many of whom have undergone continuous professional development and training in inclusive education, classroom management, and behavior intervention strategies. Despite their commitment and competence, teachers face several challenges, such as limited instructional materials, the need for more specialized training, and the demand for stronger parental involvement and support. Overall, the Tagbilaran City Central SPED Center stands as a model of inclusion and compassion in the province of Bohol, and its warm, supportive, and learner centered environment reflects the collective efforts of administrators, teachers, parents, and the community to ensure that every child, regardless of ability, has the opportunity to learn, grow, and succeed.

The respondents of the study were the thirty (30) parents of children with special educational needs enrolled at Tagbilaran City Central SPED Center during the School Year 2025 2026. These parents were selected for their direct involvement in caring for, supporting, and managing the needs of children with special educational needs in inclusive public elementary education. The study employed the complete enumeration sampling technique since

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the number of qualified respondents was relatively small, and this technique enabled the researcher to include all parents who met the study's inclusion criteria, thereby ensuring comprehensive representation of the target population. The respondents were considered appropriate sources of information because they had direct experience of the emotional, social, psychological, and financial demands associated with raising children with special educational needs, and their participation provided valuable insights into parenting stress and coping strategies relevant to the study's objectives. Furthermore, all participants voluntarily signed an informed consent form, indicating their willingness to participate and acknowledging their understanding of the study's purpose, procedures, confidentiality measures, and ethical considerations.

With regard to the distribution of respondents according to the grade level or classification of their children with special educational needs, among the 30 respondents, the largest number came from parents of learners under the Deaf classification, with 11 respondents (36.67 percent). This was followed by learners under the Learning Disabilities and Academic Support (LDAS) classification, with 8 respondents (26.67 percent), while learners diagnosed with ADHD accounted for 5 respondents (16.67 percent). Meanwhile, 3 respondents, or 10.00 percent, came from the Transition Class; 2 respondents, or 6.67 percent, belonged to Kindergarten; and only 1 respondent, or 3.33 percent, represented learners with Autism, for a total of 30 respondents comprising 100.00 percent of the sample.

A standardized survey questionnaire was the primary research instrument used to collect quantitative data on the stress levels and coping strategies of parents of children with special educational needs (SEN), and this approach to data collection served as the foundation for determining respondents' views on the variables under study. The instrument was composed of three major parts. The first part focused on the demographic profile of the respondents, including age, gender, highest educational attainment, number of children, and combined family monthly income. The second part used the Parenting Stress Index Short Form (PSI-SF), developed by Abidin (1995), which measured parenting stress across three subscales, namely Parental Distress, Parent Child Dysfunctional Interaction, and Difficult Child. Each of the 36 items in the PSI-SF was rated on a 5 point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater parenting stress. The third part adopted selected items from the Coping Strategies Inventory (CSI) developed by Tobin et al. (1989), which assessed how frequently parents employed specific coping mechanisms, such as problem solving, cognitive restructuring, social support, emotional expression, and avoidance.

The data gathering procedure followed a systematic approach to ensure the credibility, accuracy, and ethical integrity of the study, structured into three stages, namely the Preliminary Stage, the Data Gathering Stage, and the Post Data Gathering Stage. In the Preliminary Stage, a formal letter requesting permission to conduct the study was submitted to the Schools Division Superintendent and to the principals of the identified public elementary schools, and the data gathering process commenced upon securing approval from the Tagbilaran City Division Office, duly signed by the Schools Division Superintendent, with the approval including guidelines outlining the procedures and the permissible and non-permissible actions to be observed throughout the study. In the Data Gathering Stage, coordination was made with the respective teachers to identify potential parent participants who met the study's inclusion criteria, and informed consent forms were distributed and thoroughly explained to all identified participants, emphasizing voluntary participation, confidentiality, and the right to withdraw at any time without penalty. After obtaining consent, the researcher personally administered the

questionnaires either face to face or through facilitated sessions, depending on the participants' availability and convenience, and assistance was provided to parents who had difficulty reading or understanding certain items, ensuring that all responses were accurately captured while maintaining the objectivity of the process. In the Post Data Gathering Stage, the completed questionnaires were collected, checked for completeness, and coded for analysis, and the data were subsequently encoded and stored in a password protected file to ensure confidentiality and maintain data integrity.

This study adhered strictly to the ethical principles outlined in the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (APA, 2020). Participation was entirely voluntary, and respondents were informed of the purpose, objectives, and procedures of the research prior to their participation. An informed consent form was obtained from each respondent, clearly explaining their right to refuse or withdraw from the study at any stage without negative consequences. Confidentiality and anonymity were maintained by assigning code numbers instead of names, and all collected information was treated with strict confidentiality and used solely for academic and research purposes. Additionally, the researcher ensured that no psychological or emotional harm was caused during the data collection process, particularly given the sensitivity of topics concerning parental stress and children with special needs, and participants had the right to skip questions they found uncomfortable. Data was securely stored in both physical and electronic formats, with access limited to the researcher, and upon completion of the study and presentation of results, all data were appropriately disposed of to protect participant privacy. Moreover, all sources, including standardized instruments and related literature, were appropriately cited and acknowledged in accordance with APA 7th edition standards to uphold academic integrity and intellectual honesty. Finally, the essence of Republic Act 10173, otherwise known as the Data Privacy Act of 2012, was discussed to cement the absolute pledge of protecting their privacy in the conduct of the study, and therefore, without their approval and authorization, no pertinent data or information in this research would be accessed, transferred, or copied.

The gathered data were processed and analyzed using both descriptive and inferential statistical methods, aided by statistical software such as Jamovi, with each statistical tool employed based on its specific purpose in the study. Frequency count and percentage were used to summarize respondents' demographic characteristics, including age, gender, educational attainment, and occupation, with frequency counts providing the actual number of respondents in each category and percentages facilitating easier comparison and interpretation across groups. Weighted mean was used to determine the overall extent of parenting stress and the coping strategies employed by the respondents, accounting for the assigned weights of each response category in the survey and yielding a single representative value that reflected the respondents' overall perception. Standard deviation was used to measure the dispersion or variability of responses regarding parenting stress and coping strategies, with a higher standard deviation indicating greater variation among respondents' experiences and a lower value suggesting more consistency in their responses. The Pearson Product Moment Correlation Coefficient (r) was used as an inferential statistical tool to examine whether a significant relationship existed between parenting stress and coping strategies, with the level of significance set at 0.05, meaning that correlations with a p-value less than 0.05 were considered statistically significant (Cohen, 1988). In cases where the data did not meet the assumptions required for Pearson's r, particularly the normality assumption, Spearman's rho was used as a non-parametric alternative to assess the relationship between parenting stress and coping strategies. The results of these analyses were presented in tabular form, accompanied by narrative interpretations to provide a comprehensive understanding of the data, and the findings

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served as the empirical basis for developing a proposed action plan to support parents in managing stress and enhancing their coping mechanisms.

To ensure accurate interpretation of the responses, the data gathered through the survey questionnaire were quantified and analyzed using a five point Likert scale, with each item in the instrument assigned a numerical rating, descriptive equivalent, and verbal interpretation, and the computed weighted mean for each indicator compared against the scale values to determine the respondents' level of stress and the coping strategies they employed. For the scoring of stress, a numerical rating of 5, corresponding to a range of 4.21 to 5.00, was described as Very High, indicating that parents experience a very high level of stress in caring for and supporting their child with special needs. A numerical rating of 4, corresponding to a range of 3.41 to 4.20, was described as High, indicating that parents experience a high level of stress in caring for and supporting their child with special needs. A numerical rating of 3, corresponding to a range of 2.61 to 3.40, was described as Moderate, indicating that parents experience a moderate level of stress in caring for and supporting their child with special needs. A numerical rating of 2, corresponding to a range of 1.81 to 2.60, was described as Low, indicating that parents experience a low level of stress in caring for and supporting their child with special needs. A numerical rating of 1, corresponding to a range of 1.00 to 1.80, was described as Very Low, indicating that parents experience a very low level of stress in caring for and supporting their child with special needs.

For the scoring of coping strategies, the same five point Likert scale was utilized. A numerical rating of 5, corresponding to a range of 4.21 to 5.00, was described as Very High, indicating that parents very frequently utilize coping strategies in managing parenting stress. A numerical rating of 4, corresponding to a range of 3.41 to 4.20, was described as High, indicating that parents frequently utilize coping strategies in managing parenting stress. A numerical rating of 3, corresponding to a range of 2.61 to 3.40, was described as Moderate, indicating that parents moderately utilize coping strategies in managing parenting stress. A numerical rating of 2, corresponding to a range of 1.81 to 2.60, was described as Low, indicating that parents slightly utilize coping strategies in managing parenting stress. A numerical rating of 1, corresponding to a range of 1.00 to 1.80, was described as Very Low, indicating that parents rarely utilize coping strategies in managing stress.

To enhance clarity and understanding of the various contexts in this study, several terms were defined both conceptually and operationally. Children with Special Needs are learners who require additional support due to disabilities, developmental delays, or unique learning differences, encompassing cognitive, physical, sensory, communication, or behavioral challenges, and for this study, these refer to pupils officially enrolled in the inclusive public elementary school who are classified by teachers, school records, or medical or psychological assessments as requiring specialized interventions or accommodations. A Contextualized Action Plan is a systematically developed set of strategies and activities specifically designed based on the identified needs, issues, and realities of a particular group or setting, taking into account the local context, available resources, and stakeholder involvement to ensure that interventions are relevant, practical, and responsive to the situation. Coping Strategies are cognitive and behavioral efforts used to manage stress and adapt to challenging circumstances, and in this study they are measured using a modified Coping Strategies Inventory (CSI) to identify the frequency of coping behaviors such as problem solving, social support, and emotional regulation. A Difficult Child is one whose behavior, temperament, or developmental traits require extra patience and adaptability from parents, and operationally, it is assessed

through the PSI-SF as the extent to which parents perceive their child as challenging or demanding to manage. Inclusive Education refers to a pedagogical approach that ensures all learners, regardless of physical, intellectual, social, emotional, linguistic, or other differences, are educated within mainstream classrooms alongside their peers, emphasizing equal access, participation, and the provision of appropriate support systems to accommodate diverse learning needs. Parental Distress represents the emotional strain and anxiety parents experience due to the demands of their parenting role, and in this study, the PSI-SF subscale score reflects how overwhelmed or restricted parents feel in fulfilling their parental responsibilities. Parent Child Dysfunctional Interaction refers to a negative perception of parent child relationships, in which the parent feels disappointed or unfulfilled by interactions with the child, and operationally, it is measured as a PSI-SF subscale that captures the frequency of perceived dissatisfaction and tension in parent child interactions. Parents of Children with Special Needs are primary caregivers responsible for raising and supporting children with developmental, physical, emotional, or learning differences that require specialized attention and services, and for this study, participants are mothers, fathers, or guardians of learners who are officially identified or recognized by the school as having special educational needs and are enrolled in an inclusive public elementary school. Parenting Stress refers to the psychological tension and burden parents experience when the demands of child rearing exceed their perceived resources, and in this study, it is measured using the Parenting Stress Index Short Form (PSI-SF), which assesses parental distress, parent child dysfunctional interaction, and perceptions of a difficult child. Special Educational Needs (SEN), conceptually, refer to learning difficulties, disabilities, or developmental conditions that require specialized educational interventions, accommodations, and support services, and operationally, this study refers to learners officially identified by the school as requiring special educational support due to cognitive, behavioral, physical, sensory, or developmental conditions.

RESULTS AND DISCUSSION

This chapter presents the analysis and interpretation of the data gathered from 30 parents of children with special educational needs at the Tagbilaran City Central SPED Center. The study employed a descriptive correlational research design, with respondents selected through the study's sampling approach and data collected using a structured survey instrument. The gathered data were classified, tallied, tabulated, and statistically treated using Jamovi software, in accordance with the specific problems posed in this study. The discussion that follows is grounded entirely in the data gathered and is interpreted in direct relation to the study's objectives, encompassing the demographic profile of the respondents, the extent of parenting stress across its various dimensions, the extent of coping strategy utilization, and the statistical relationship between parenting stress and coping strategies.With respect to the profile of the respondents in terms of age and gender, the findings revealed that the majority of respondents belonged to the 36-45 age bracket, comprising 50.00% (f=15) of the total 30 respondents. This was followed by respondents aged 26-35 years at 23.33% (f=7) and those aged 46-55 years at 20.00% (f=6), while only 6.67% (f=2) were above 55 years old. By gender, female respondents comprised the majority at 83.33% (f=25), while male respondents accounted for only 16.67% (f=5) of the total. The predominance of respondents within the 3645 age range indicates that most parents were in middle adulthood, a developmental stage commonly characterized by heightened parental involvement, occupational responsibilities, and increased family obligations, wherein the added demands of raising a child with special educational needs may further intensify emotional, physical, and psychological burdens. The

overwhelming representation of mothers likewise reflects the enduring influence of traditional caregiving roles within Filipino families, where mothers typically assume primary responsibility for daily caregiving routines, educational supervision, therapy participation, and emotional support. These results suggest that parents, particularly mothers in middle adulthood, may be more vulnerable to parenting stress given the convergence of caregiving demands with multiple familial and occupational responsibilities, underscoring the importance of strengthening parental support systems and promoting shared caregiving responsibilities within the family. These findings align with Vilaseca et al. (2019), who reported that parents of children with disabilities are predominantly within middle adulthood because caregiving responsibilities are often most intensive during this stage of life, as well as with Karadag et al. (2017) and Setyowati et al. (2020), who similarly observed that parents in their thirties and forties commonly experience increased caregiving burden due to simultaneous employment, parenting, and intervention demands. The gender distribution finding is further supported by Balbo et al. (2024) and Sevgi et al. (2024), who reported that mothers of children with disabilities frequently experience greater caregiving burden because they commonly assume primary caregiving responsibilities, and by Gupta and Singhal (2021), who found that female caregivers are more actively involved in intervention programs, educational activities, and healthcare management than male caregivers.

In terms of educational attainment, the data showed that the majority of both fathers and mothers were college graduates, specifically 50.00% (f=15) of fathers and 40.00% (f=12) of mothers. A notable proportion also reached college level, comprising 6.67% (f=2) of fathers and 16.67% (f=5) of mothers, while smaller proportions attained graduate-level education: 3.33% (f=1) of fathers held doctorate units, and among mothers, 3.33% (f=1) were doctorate graduates, 3.33% (f=1) were master's graduates, and 6.67% (f=2) held master's units. Meanwhile, 20.00% (f=6) of fathers and 16.67% (f=5) of mothers reached only high school level, with 10.00% (f=3) of mothers being high school graduates, and 20.00% (f=6) of fathers and 3.33% (f=1) of mothers being elementary graduates. The predominance of collegeeducated parents suggests greater access to educational resources, information, and support systems that facilitate understanding of their children's developmental and educational needs, improved communication with teachers, and increased awareness of available intervention programs. However, the presence of respondents with only elementary or secondary education indicates that some parents may face difficulty accessing educational information or navigating support systems, implying that educational attainment may shape parental involvement and coping capacities differently across the sample. This underscores the importance of implementing inclusive and accessible parental support initiatives that address the varying educational backgrounds of respondents. These findings are consistent with Dela Cruz et al. (2021) and Pachița (2023), who found that parents with higher educational attainment are more actively involved in intervention programs and demonstrate greater awareness of support services and more effective coping strategies. Kalyva et al. (2020) and Hsiao (2017) similarly emphasized that educational attainment significantly influences participation in school-related activities and coping behaviors, while Peer and Hillman (2014) noted that higher educational backgrounds enable parents to better access information and advocate for their children's rights. Conversely, Zuurmond et al. (2021) and Gupta and Singhal (2021) found that parents with limited educational attainment often face greater difficulties understanding intervention processes and managing caregiving stress, reinforcing the need for equitable parental support programs regardless of educational background.

Regarding the number of children, the majority of respondents had three to four children, accounting for 50.00% (f=15) of the total, followed by respondents with one to two children at 46.67% (f=14), while only 3.33% (f=1) reported having five or more children. These findings indicate that most respondents belonged to small to medium-sized family structures. The predominance of families with three to four children suggests that many parents are simultaneously managing multiple caregiving and household responsibilities, which may increase parental demands as time, attention, and financial resources are divided among family members, potentially contributing to heightened parenting stress and role strain. At the same time, the presence of siblings may provide opportunities for emotional support and shared caregiving responsibilities, though larger family size may also increase financial demands related to therapy, transportation, and other support services. These results imply that family size significantly influences how parents manage caregiving responsibilities and cope with parenting stress, highlighting the need for family-centered interventions responsive to varying family structures. This is supported by Hoffman et al. (2020) and Nascati (2013), who found that families of children with intellectual and developmental disabilities commonly belong to small to medium-sized households, enabling more focused caregiving and supervision. Peer and Hillman (2014) and Altiere and von Kluge (2009) further emphasized that family structure and household size significantly influence caregiving experiences and susceptibility to emotional and financial strain, while Smith et al. (2010) noted that the number of children may affect parental coping capacities and resource allocation. Conversely, Kalembo et al. (2023) and Zuurmond et al. (2021) revealed that larger family sizes in economically challenged settings may intensify parenting stress due to limited financial resources.

With regard to combined family monthly income, the majority of respondents reported an income above ₱30,000, accounting for 53.33% (f=16) of the total, followed by respondents earning between ₱15,001 and ₱20,000 at 26.67% (f=8). Meanwhile, 10.00% (f=3) reported a monthly income of ₱10,000 and below, 6.67% (f=2) fell within the ₱20,001-₱25,000 bracket, 3.33% (f=1) fell within the ₱25,001-₱30,000 bracket, and 0.00% (f=0) reported income within the ₱10,001-₱15,000 range. These results indicate that although a considerable number of respondents belonged to relatively stable income groups, variations in financial capacity remained evident among the families included in the study. The predominance of respondents in the higher-income bracket suggests greater financial capacity to access therapy sessions, specialized educational materials, healthcare services, and intervention programs, which may lessen certain stressors associated with caregiving. However, the presence of respondents in lower-income categories indicates that some families continue to face financial difficulties in meeting the costs of therapy, transportation, assistive devices, and healthcare services, which may contribute to increased parenting stress. These findings imply that financial resources play an important role in shaping parents' caregiving experiences and coping capacities, highlighting the importance of strengthening school-based and community support systems that provide accessible services regardless of economic condition. This aligns with Cheng and Lai (2023) and Liu et al. (2023), who found that socioeconomic status significantly influences parental involvement and access to intervention services, and with Carraro et al. (2018), Peer and Hillman (2014), and Hsiao (2017), who emphasized that financial resources and economic stability significantly affect parents' ability to provide developmental support and contribute to coping capacities. Conversely, Zuurmond et al. (2021) and Begam and Venkatesan (2018) revealed that families with limited financial resources are more vulnerable to parenting stress due to restricted access to support services.

Turning to the extent of stress experienced by the respondents, parental distress, which refers to the emotional strain, exhaustion, frustration, and psychological pressure experienced

by parents in fulfilling their caregiving responsibilities, yielded an aggregate weighted mean of 3.14 with an aggregate standard deviation of 1.10, verbally interpreted as moderate. Among the twelve indicators under this dimension, "I feel that I cannot escape the pressures of being a parent" obtained the highest weighted mean of 3.43 (SD=1.07), interpreted as high, followed closely by "I often worry that I am not doing enough for my child" with a weighted mean of 3.53 (SD=1.07), which remained within the moderate interpretation despite its numerically higher value, as well as "I feel that I am not as good a parent as I wanted to be" (WM=3.30, SD=1.02). Meanwhile, "My child causes more stress than I can handle" obtained the lowest weighted mean of 2.63 (SD=1.22), and "I feel that being a parent is more work than pleasure" received a weighted mean of 2.77 (SD=1.22), both remaining within the moderate interpretation, suggesting that while parents occasionally experience exhaustion and emotional burden, they generally continue to value and embrace their parental role. The remaining indicators, including "I feel trapped by my responsibilities as a parent" (WM=3.20, SD=1.16), "Since having my child, I feel I am rarely able to do the things I like" (WM=3.23, SD=1.01), "I feel lonely and isolated because of raising a child" (WM=2.93, SD=1.14), "I often feel tired, worn out, or exhausted from raising my child" (WM=3.20, SD=1.00), "I feel that I cannot handle things very well" (WM=2.97, SD=1.22), "I often feel inadequate as a parent" (WM=3.20, SD=1.10), and "I feel stressed about balancing parenting with other responsibilities" (WM=3.23, SD=1.01), all fell within the moderate verbal description. These results suggest that parents of children with special educational needs experience considerable emotional pressure associated with balancing caregiving responsibilities, household obligations, financial concerns, and personal well-being, with feelings of exhaustion, inadequacy, and persistent worry stemming from the continuous demands of monitoring the child's development and ensuring overall welfare. The relatively higher weighted means for feelings of pressure and inadequacy indicate that parents place substantial expectations on themselves, leading to self-doubt and emotional fatigue when they perceive their efforts as insufficient, though the moderate overall level of stress suggests that parents remain resilient and continue to demonstrate commitment toward their parental responsibilities. These findings underscore the need for psychosocial support, counseling services, stress management programs, and family-centered interventions to promote parental well-being and emotional resilience, and are consistent with Hayes and Watson (2013) and Hsiao (2017), who reported that parents of children with developmental disabilities commonly experience moderate to high levels of emotional stress and exhaustion associated with caregiving demands. Cousino and Hazen (2013) and Karadag et al. (2017) similarly emphasized that continuous caregiving responsibilities and the balancing of work and family obligations contribute to parental fatigue and heightened stress levels, while Peer and Hillman (2014) explained that concerns regarding the child's developmental progress and future independence frequently intensify parental distress, and Zuurmond et al. (2021) reported that limited support systems and financial pressures may further increase emotional strain. Conversely, Ni'matuzahroh et al. (2022) and Pardo-Salamanca et al. (2025) found that adaptive coping strategies, emotional acceptance, and strong family support systems may help reduce parental distress despite the challenges of caregiving responsibilities.

The dimension of parent-child dysfunctional interaction, which refers to parents' perception that interactions with their child may not be fulfilling, rewarding, or aligned with parental expectations, yielded an aggregate weighted mean of 2.46 with a standard deviation of 1.17, verbally interpreted as low. Most indicators obtained low weighted mean ratings,

including "My child rarely does things that make me feel good" (WM=2.43, SD=1.10), "My child smiles at me less than I expected" (WM=2.27, SD=1.11), "I feel that my child does not like me or want to be close to me" (WM=2.13, SD=1.04), "My child does not enjoy being with me as much as I expected" (WM=2.17, SD=1.12), "I feel that my child rarely responds positively to me" (WM=2.60, SD=1.00), "I feel disappointed about being a parent" (WM=2.30, SD=1.26), "I feel that my child and I do not have a close relationship" (WM=2.20, SD=1.21), "I feel that raising my child is not worth it" (WM=2.13, SD=1.28), and "I feel that I am not getting the love and affection I expected from my child" (WM=2.33, SD=1.18). However, moderate levels of stress were observed for indicators associated with developmental expectations, namely "My child is not able to do as much as I expected" (WM=3.10, SD=1.21), "My child does not seem to learn as quickly as other children" (WM=3.23, SD=1.38), and "My child does not meet my expectations" (WM=2.63, SD=1.16). These findings indicate that emotional attachment and parental acceptance remain strong among respondents despite the challenges of raising children with special educational needs, with parents having gradually developed patience, understanding, and emotional adjustment toward their children's unique developmental conditions, even as concerns regarding delayed learning progress and unmet developmental expectations continue to contribute to stress within this dimension. Overall, the findings suggest that parent-child dysfunctional interaction was not a major source of stress among the respondents, who generally maintained emotional closeness, affection, and positive interaction with their children, with stress within this domain primarily associated with developmental concerns rather than emotional disconnection. These results are consistent with Pardo-Salamanca et al. (2025) and Hamidon et al. (2024), who reported that parents of children with autism and ADHD commonly experience stress associated with developmental delays but generally maintain strong emotional attachment toward their children, and with Ni'matuzahroh et al. (2022), who emphasized that adaptive coping strategies, particularly acceptance and positive reappraisal, contribute significantly to healthier parent-child relationships. Conversely, Aydın et al. (2024) and Hastings and Brown (2002) noted that prolonged caregiving stress, particularly when accompanied by limited social and emotional support, may negatively affect parent-child interaction and increase interactional difficulties over time.

The dimension of having a difficult child, which examines the extent to which parents perceive their children's behavioral, emotional, and temperamental characteristics as challenging to manage, yielded an aggregate weighted mean of 3.26 with an aggregate standard deviation of 1.09, verbally interpreted as moderate. Among the indicators, "My child requires more attention than I can give" obtained the highest weighted mean of 3.83 (SD=0.91), interpreted as high, followed by "My child is more emotional than I expected" (WM=3.77, SD=1.19) and "My child gets upset easily" (WM=3.47, SD=1.11), both also interpreted as high. The remaining indicators fell within the moderate interpretation, including "My child is harder to care for than most children" (WM=3.30, SD=1.02), "My child does things that bother me a lot" (WM=2.90, SD=1.16), "My child makes more demands on me than most children" (WM=2.83, SD=1.37), "My child has more tantrums than other children" (WM=3.30, SD=1.02), "My child is very moody" (WM=3.40, SD=1.00), "My child is more difficult to discipline than other children" (WM=3.00, SD=0.95), "My child is more unpredictable than I expected" (WM=3.30, SD=1.18), "My child cries more than I expected" (WM=2.80, SD=1.06), and "My child is harder to comfort than most children" (WM=3.20, SD=1.13). These results indicate that parents may experience heightened emotional and psychological strain when children demonstrate frequent emotional outbursts, mood fluctuations, difficulty with emotional regulation, and persistent dependency on parental attention, particularly as children requiring constant supervision and reassurance intensify caregiving responsibilities alongside

household, occupational, and financial obligations. Despite these challenges, the moderate overall level of stress suggests that parents have gradually developed adaptive responses and coping mechanisms to manage their children's behavior over time, although persistent emotional dysregulation and high attention needs may still place parents at risk of emotional exhaustion without adequate support systems. These findings reinforce the need to strengthen intervention programs focused on emotional regulation, behavioral management, parental counseling, and psychosocial support services, and are consistent with Ribas et al. (2024) and Cheng and Lai (2023), who identified emotional dysregulation, challenging behaviors, and increased caregiving demands as major predictors of parenting stress. Hastings and Brown (2002) and Hsiao (2017) similarly emphasized that behavioral problems, emotional instability, and excessive caregiving demands significantly contribute to increased parental stress, while Estes et al. (2013) found that emotional volatility, frequent tantrums, and attentional dependency among children with autism spectrum disorder were strongly associated with elevated parenting stress, and Peer and Hillman (2014) explained that parents caring for children with high emotional and behavioral needs often experience fatigue and increased caregiving pressures over time. Conversely, Ni'matuzahroh et al. (2022) and Pardo-Salamanca et al. (2025) found that adaptive coping strategies, positive parental acceptance, and strong social support systems may mitigate the negative effects of behavioral challenges on parental well-being.

A consolidated summary of the three dimensions revealed an overall moderate level of parenting stress, reflected in a grand mean of 2.95 and a grand standard deviation of 1.12. Among the three components, having a difficult child obtained the highest weighted mean of 3.26 (SD=1.09), interpreted as moderate, followed by parental distress with a weighted mean of 3.14 (SD=1.10), likewise interpreted as moderate, while parent-child dysfunctional interaction obtained the lowest weighted mean of 2.46 (SD=1.17), interpreted as low. These findings indicate that child-related behaviors, emotional demands, and caregiving responsibilities were the primary contributors to parenting stress among the respondents, with the relatively higher weighted mean in the difficult child dimension suggesting that emotional sensitivity, attentional demands, mood instability, and behavioral concerns significantly affect parental stress levels, while the moderate level of parental distress reflects the emotional exhaustion, pressure, and psychological burden experienced by parents in balancing caregiving responsibilities with personal, family, and occupational obligations. Despite these challenges, the low level of stress in parent-child dysfunctional interaction suggests that parents generally maintained positive emotional relationships and meaningful interaction with their children, implying that emotional attachment and family connectedness may serve as protective factors that lessen severe relational stress within the family. The results further suggest that parenting stress among families of children with special educational needs is multidimensional in nature, appearing to be more concentrated on caregiving demands, emotional exhaustion, and childrelated behavioral concerns rather than on emotional disconnection between parent and child, which highlights the resilience and adaptive capacities of parents despite ongoing challenges. These findings underscore the need to strengthen parental support systems, psychosocial interventions, counseling services, and family-centered programs, and are supported by Smith, Oliver, and Innocenti (2001) and Kumar and Shree (2019), who reported that parents of children with disabilities commonly experience moderate levels of parental distress and childrelated stress while maintaining functional parent-child relationships. Berry and Jones (1995) and Hastings and Brown (2002) further observed that many parents

experience moderate parenting stress that does not necessarily reach clinically severe levels while continuing to maintain strong emotional attachment with their children, and Peer and Hillman (2014) emphasized that positive parent-child relationships and adaptive family functioning may help buffer the effects of caregiving stress. Conversely, Hänsel et al. (2023) reported that some parents experience clinically elevated parenting stress across multiple domains, including parent-child interaction, Feizi et al. (2014) found significantly higher levels of parenting stress among mothers of children with disabilities particularly where support systems were limited, and Jung et al. (2023) revealed that severe child symptoms and behavioral difficulties may simultaneously increase parental distress, difficult child perceptions, and dysfunctional parentchild interaction.

With respect to the extent to which the respondents utilized coping strategies, defined as the cognitive, emotional, behavioral, and social approaches parents use to manage emotional strain, caregiving burden, and daily parenting challenges, the findings revealed an aggregate weighted mean of 3.43 with an aggregate standard deviation of 0.97, verbally interpreted as high, indicating that respondents frequently utilized coping strategies in dealing with parenting stress. Among the twenty-eight indicators, "I have been praying or meditating" obtained the highest weighted mean of 4.60 (SD=0.56), interpreted as very high, followed by "I have been trying to view it from a different perspective, to make it seem more positive" (WM=4.43, SD=0.50) and "I have been trying to devise a strategy for what to do" (WM=4.37, SD=0.67), both also interpreted as very high. Likewise, "I have been accepting the reality that it has happened" (WM=4.23, SD=0.68) and "I have been looking for something good in what happened" (WM=4.23, SD=0.77) obtained very high interpretations, along with "I have been thinking hard about what steps to take" (WM=4.30, SD=0.84). Several other indicators were rated high, including "I have been turning to work or other activities to take my mind off things" (WM=4.00, SD=0.91), "I have been focusing my efforts on addressing the situation I am in" (WM=4.10, SD=1.09), "I have been getting emotional support from others" (WM=3.47, SD=1.04), "I have been taking steps to improve the situation" (WM=3.77, SD=1.45), "I have been seeking help and advice from others" (WM=3.97, SD=0.89), "I have been learning to live with it" (WM=4.20, SD=0.81), "I have been making jokes about it" (WM=3.50, SD=1.04), "I have been expressing my negative feelings" (WM=3.87, SD=0.82), "I have found comfort in my religion and spiritual beliefs" (WM=4.00, SD=0.69), "I have been trying to get comfort and understanding from someone" (WM=3.80, SD=1.00), "I have been doing something to distract myself from thinking about it, such as watching TV, reading, or sleeping" (WM=3.90, SD=1.12), and "I have been taking direct action to cope with the problem" (WM=4.17, SD=0.75). Moderate ratings were obtained for "I have been criticizing myself" (WM=2.67, SD=1.12), "I have been blaming myself for things that happened" (WM=2.73, SD=1.20), and "I have been making fun of the situation" (WM=3.40, SD=1.16). In contrast, maladaptive and avoidance-oriented coping strategies obtained low to very low ratings, specifically "I have been using alcohol or drugs to feel better" (WM=1.53, SD=1.01) and "I have been using alcohol or other drugs to help me get through it" (WM=1.57, SD=1.04), both interpreted as very low, along with "I have been giving up trying to deal with it" (WM=1.73, SD=1.11), also very low. Denial-related indicators such as "I have been saying to myself, 'This is not real'" (WM=2.40, SD=1.13), "I have been refusing to believe that it has happened" (WM=2.52, SD=1.15), "I have been giving up the attempt to cope" (WM=2.27, SD=1.31), and "I have been refusing to accept the situation" (WM=2.20, SD=1.21) all obtained low interpretations. These findings demonstrate that parents strongly rely on spiritual coping, positive reinterpretation, planning, and acceptance in managing parenting stress, with the high utilization of prayer and meditation suggesting that spiritual beliefs and religious practices serve as important emotional support

mechanisms, while the frequent use of positive reframing and problem-solving strategies reflects parents' efforts to adapt constructively to stressful situations and maintain emotional resilience. The generally low ratings for maladaptive strategies further imply that respondents predominantly avoided self-destructive and avoidance-oriented coping behaviors despite experiencing parenting stress. These findings are consistent with Dela Cruz, Dela Cruz, and Hernandez (2021), who found that Filipino parents of children with special needs commonly utilized acceptance, planning, positive reframing, and religious coping while rarely engaging in substance use and denial, and with Yusoff, Low, and Chinna (2021), who reported that parents of children with autism spectrum disorder frequently relied on acceptance, social support, positive appraisal, and cognitive reframing. Keeton (2020) similarly emphasized that parents of children with disabilities predominantly employ problem-focused coping strategies such as planning, information-seeking, and positive meaning-making rather than avoidance behaviors, and Al-Farsi et al. (2013) and Jain and Sagar (2016) further noted that active coping, emotional acceptance, cognitive restructuring, and social support are among the most frequently utilized coping strategies. Conversely, Al-Khatib and Al-Khatib (2013) found that some parents of children with autism demonstrated higher reliance on avoidance and fatalistic coping strategies particularly in contexts with limited psychosocial support, while Pachița (2023) reported that some parents relied on maladaptive coping strategies such as disengagement, self-blame, and emotional withdrawal, which were associated with poorer mental well-being, although such maladaptive responses were used only minimally by respondents in the present study. Gavidia-Payne et al. (2022) further emphasized that parents' coping responses may fluctuate depending on emotional demands, stress severity, and available support systems.

To determine whether a significant relationship exists between the level of parenting stress experienced by the respondents and the coping strategies they employed, a correlational analysis was conducted, the results of which are summarized in the test between parenting stress and coping strategies utilized by the respondents. The analysis yielded a correlation coefficient (r-value) of 0.688, indicating a moderate positive correlation between parenting stress and coping strategies. The computed p-value of 0.000 was below the 0.05 significance level (significant at $p<0.05$, two-tailed), leading to the rejection of the null hypothesis and confirming a statistically significant relationship between parenting stress and the coping strategies used by the respondents. The positive direction of the correlation indicates that as parenting stress increases, the utilization of coping strategies likewise increases, suggesting that parents tend to engage more actively in coping mechanisms when confronted with greater emotional, psychological, and caregiving demands associated with raising children with special educational needs. The moderate strength of the relationship further implies that coping strategies play an important role in helping parents manage stress and adapt to parenting challenges, and that parents do not remain passive in response to stressful caregiving situations but instead actively utilize adaptive coping strategies such as acceptance, positive reframing, spirituality, planning, and seeking emotional support to regulate stress and maintain emotional stability. As parenting demands intensify, parents may become more motivated to seek emotional reassurance, social support, and practical solutions, highlighting the importance of strengthening parents' coping capacities through psychosocial support, counseling services, parent education programs, and family-centered interventions. This finding is consistent with Lazarus and Folkman's Transactional Theory of Stress and Coping (1984), which explains that individuals experiencing stress actively engage in coping responses based on their cognitive

appraisal of stressful situations, mobilizing internal and external coping resources to manage emotional and environmental demands. Keeton (2020) similarly found that parents of children with disabilities demonstrated increased utilization of both problem-focused and emotionfocused coping strategies as parenting stress intensified, while Jain and Sagar (2016) reported that higher stress levels among parents of children with disabilities were significantly associated with greater use of active coping mechanisms such as planning, social support seeking, and cognitive restructuring. In the Philippine context, Dela Cruz, Dela Cruz, and Hernandez (2021) found that parents who experienced higher parenting stress also demonstrated stronger engagement in adaptive coping strategies, particularly acceptance, positive reframing, and problem-solving, and Yusoff, Low, and Chinna (2021), in their systematic review, concluded that parenting stress among parents of children with autism spectrum disorder was strongly associated with the utilization of both emotion-focused and problem-focused coping strategies. Gavidia-Payne et al. (2022) further emphasized that adaptive coping strategies contribute significantly to parental resilience and emotional adjustment among families of children with disabilities, and Hastings and Brown (2002) similarly noted that effective coping mechanisms may lessen the negative psychological effects of caregiving stress and promote healthier family functioning despite persistent caregiving challenges.

Taken together, the findings of this chapter reveal that the 30 parent-respondents of children with special educational needs at the Tagbilaran City Central SPED Center were predominantly mothers in middle adulthood, with generally college-level educational attainment, small to medium-sized families, and relatively stable household income, and that these parents experienced an overall moderate level of parenting stress, most pronounced in the domains of having a difficult child and parental distress, but comparatively low in parent-child dysfunctional interaction, reflecting sustained emotional closeness despite caregiving strain. In response to these stressors, respondents demonstrated a generally high utilization of adaptive coping strategies, particularly spiritual coping, positive reframing, planning, and acceptance, while largely refraining from maladaptive strategies such as substance use, denial, and disengagement. The statistically significant moderate positive correlation ($r=0.688$, $p=0.000$) between parenting stress and coping strategies further confirms that increased stress corresponds with increased engagement in coping mechanisms, addressing the study's central objective of examining the relationship between these two variables. Collectively, these results contribute to a deeper understanding of the caregiving experiences of Filipino parents raising children with special educational needs and underscore the resilience and adaptive capacities they exhibit despite considerable emotional and practical demands. These findings provide an empirical foundation for the recommendations and interventions to be discussed in the succeeding chapter, which will address strategies for strengthening parental support systems, psychosocial services, and family-centered programs responsive to the needs identified in this study.

CONCLUSION

The findings of the study revealed that parents of children with special educational needs experienced an overall moderate level of parenting stress, with variations observed across the specific domains examined. Parental distress and stress arising from having a difficult child were both rated moderate, indicating that emotional exhaustion, caregiving demands, and child related behavioral and emotional challenges significantly affected the parents' wellbeing. In contrast, parent child dysfunctional interaction was rated low, suggesting that despite the

difficulties associated with caregiving responsibilities, parents generally maintained positive emotional relationships and meaningful interaction with their children.

Building on these results, the study further established that parents frequently employed coping strategies to manage parenting stress. This finding indicates that parents actively drew upon cognitive, emotional, behavioral, social, and spiritual coping mechanisms to address caregiving demands and to reduce the negative effects of stress on their daily functioning. The consistent use of adaptive strategies such as acceptance, positive reframing, planning, spirituality, and the seeking of emotional support reflects a considerable degree of resilience and constructive stress management among the respondents, reinforcing the notion that parenting stress, while present, did not overwhelm their capacity to adapt.

Moreover, the study established a significant relationship between parenting stress and coping strategies, implying that increased levels of parenting stress were associated with a greater utilization of coping mechanisms. This relationship suggests that coping strategies function as important adaptive responses that enable parents to manage emotional strain and caregiving challenges more effectively, and it underscores the interconnected nature of stress experience and stress response within this population.

Taken together, these findings highlight the importance of strengthening parental support systems, psychosocial interventions, counseling services, and family centered programs that promote emotional wellbeing and effective stress management among parents of children with special educational needs. Although the respondents demonstrated resilience and adaptive functioning, the presence of moderate stress levels points to a continuing need for structured interventions that address emotional fatigue, caregiving adequacy, and child related behavioral concerns. In this light, it is recommended that a Contextualized Action Plan be implemented to assist parents in managing parenting stress more effectively, with particular emphasis on strengthening adaptive coping strategies, enhancing emotional resilience, promoting positive parent child interaction, and providing accessible psychosocial and parental support interventions responsive to caregiving demands and behavioral challenges. Strengthening parental coping capacities and sustaining these support services may ultimately contribute to improved parental wellbeing, healthier family functioning, and more positive developmental outcomes for children with special educational needs.

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