

Parenting Children With Intellectual Disabilities In Harare, Zimbabwe: Challenges And Coping Strategies

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Abstract:

Background: Mental challenges, also known as intellectual disabilities, are characterized by limitations in both intellectual functioning and adaptive behaviour. According to the American Psychiatric Association (2016), approximately 1% of the global population is affected by mental challenges, which can have a profound impact on their well-being and quality of life. Various factors, including biological, medical and environmental influences, can contribute to the development of mental challenges. Parents of children with mental challenges often encounter distinct difficulties and stressors that can affect their own well-being, relationships, and overall family dynamics.

Materials and Methods: This qualitative study employed a phenomenological approach to explore the lived experiences of parents with children who have mental challenges. Eight parents of children with mild to severe mental challenges, aged 5-18 years, enrolled at two special schools in Harare, were purposively selected for in-depth interviews. In-depth interviews were conducted to capture parents' experiences, coping mechanisms, and support systems. Thematic analysis was used to identify patterns and themes in the data, providing a rich understanding of parents' experiences. This study aimed to shed light on the complex and multifaceted nature of parenting children with mental challenges, informing support services and interventions.

Results: The study revealed that parents of children with mental challenges in Harare face numerous difficulties, including behavioural problems, financial strain, cultural barriers, and relationship issues. Prolonged caregiving roles and exposure to aggressive behaviour contribute to depression, stress, and trauma among parents. These findings are crucial for policymakers to develop targeted interventions and support systems.

Conclusion: This highlights the complex challenges faced by parents of children with mental challenges in Harare, including emotional, financial, and social difficulties. The findings underscore the need for targeted support systems, policies, and interventions to alleviate the burden on these parents.

Key Word: Parenting; Mental challenges; Qualitative research; Support systems; Resilience.

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I. Introduction

Mental challenges in children encompass a range of difficulties or disorders that impact their emotional, behavioural, cognitive, or social development. These challenges can manifest as various conditions, including anxiety disorders, mood disorders, attention-deficit/hyperactivity disorder, autism spectrum disorder, and learning disabilities (WHO, 2016). Each of these conditions presents unique characteristics, such as excessive fear or worry, difficulties with mood regulation, challenges with attention and impulsivity, differences in communication and social interaction, and struggles with academic skills. Parents of children with mental challenges often face numerous difficulties, including emotional strain (Auerbach et al., 2019; Hu et al., 2019;), increased caregiving responsibilities (Dimitmon & Porsara, 2022), social isolation (Kumar & Lal, 2024; Potter et. al., 2022), financial strain (Ambikile & Outwater, 2012; Estella, 2024; Hadebe, 2024), and strain on relationships (Mendenhall & Mount, 2011; McConnell & Savage, 2015). Emotional strain can include feelings of guilt, shame, worry, and stress, while caregiving responsibilities may involve managing their child's behaviour, providing emotional support, and navigating complex healthcare systems. Social isolation can result from feeling disconnected from friends, family, and community, and financial strain can arise from the costs associated with treatment, therapy, and support services. The impact on relationships can be significant, affecting bonds with their child, partner, and other family members (Kagan, 1971; Mendenhall & Mount, 2011).

Understanding parental experiences in caring for children with mental health issues is vital for several key reasons. Firstly, gaining insight into these experiences enables healthcare providers and policymakers to design more effective support systems tailored to the unique needs of these families. Secondly, this understanding can foster stronger parent-child relationships mitigating stress and conflict while promoting empathy and mutual understanding. Thirdly, healthcare providers can develop more targeted and responsive interventions that address

the specific challenges faced by parents, ultimately enhancing the well-being of both parents and children. Fourthly, understanding parental experiences empowers parents to advocate for their child's needs, make informed decisions about their child's treatment and care, and access resources and services that support their child's development and well-being. Fifthly, understanding parental challenges informs policy and practice, enabling the development of more effective and supportive services for families of children with mental health issues, ultimately enhancing their overall well-being.

Parents of children with mental challenges can employ various coping strategies to adapt to the unique stressors and changes they face. Coping can be defined as the cognitive and behavioural efforts made to manage demands that exceed a person's resources (Murphy, 2002). Additionally, coping involves utilizing physical, social, and psychological resources to navigate stressful situations, highlighting the importance of leveraging individual and social systems to mitigate challenges.

II. Material And Methods

Study Design: Qualitative study

Study Location: This study was conducted in Harare, Zimbabwe, at two special schools catering for children with mental challenges.

Study Duration: This study was conducted over a period of three months, from May 2024 to July 2024.

Sample size: 8 parents.

Subjects and selection method: This study involved 10 parents (mothers and fathers) of children aged 5-18 years with mild to severe intellectual disabilities. Participants were selected through purposive sampling from two special schools in Harare, Zimbabwe, to gather in-depth insights into their experiences and perspectives.

Inclusion criteria:

1. **Parent or guardian:** Biological parents, or legal guardians of children with intellectual disabilities.
2. **Child's age:** Children aged 5-18 years with intellectual disabilities.
3. **Child's disability level:** Children with mild to severe intellectual disabilities.
4. **Enrolment in special schools:** Children enrolled in special schools in Harare, Zimbabwe.
5. **Parental consent:** Parents or guardians willing and able to provide informed consent for participation in the study.

Exclusion criteria:

1. **Parents of children without intellectual disabilities:** Parents whose children do not have intellectual disabilities or have other conditions not relevant to the study.
2. **Children outside the age range:** Children younger than 5 years or older than 18 years.
3. **Parents or guardians unable to provide informed consent:** Individuals who are unable to understand the study's purpose, procedures, or risks, and therefore cannot provide informed consent.
4. **Children not enrolled in special schools:** Children who are not enrolled in the selected special schools in Harare, Zimbabwe.
5. **Parents or guardians unwilling to participate:** Individuals who decline to participate in the study or withdraw their consent.

Procedure methodology

The study commenced with obtaining approval from the Research Council of Zimbabwe (RCZ) to ensure compliance with national research regulations. Following RCZ approval, the researcher approached ZIMCARE Trust, the governing body overseeing special schools for children with intellectual disabilities in Zimbabwe, to request permission to conduct the study at designated schools. As part of the permission process, the researcher reviewed ZIMCARE Trust's Child Protection Policy and Code of Ethics, confirming adherence to required standards. Upon satisfactory review, the researcher signed a permission letter, formally authorizing the conduct of the research in accordance with ZIMCARE trust's guidelines. Participants were selected through purposive sampling from two special schools in Harare, Zimbabwe, to gather in-depth insights into their experiences and perspectives.

III. Result

Participant Demographics

The final sample consisted of eight participants, with an even distribution between high-density suburbs (n=4) and low-density suburbs (n=4) in Harare. The marital status of participants varied, with one widow and seven married individuals. The age range of participants was 36 to 60 years. Employment status was mixed, with four participants in full-time employment and four in part-time or no employment. The educational background of participants ranged from Grade 7 to A-levels plus a Master's degree, reflecting diverse educational attainment

levels. Letters A to H were assigned to participants to ensure confidentiality. Challenging and coping relationships were identified.

Emerging Themes

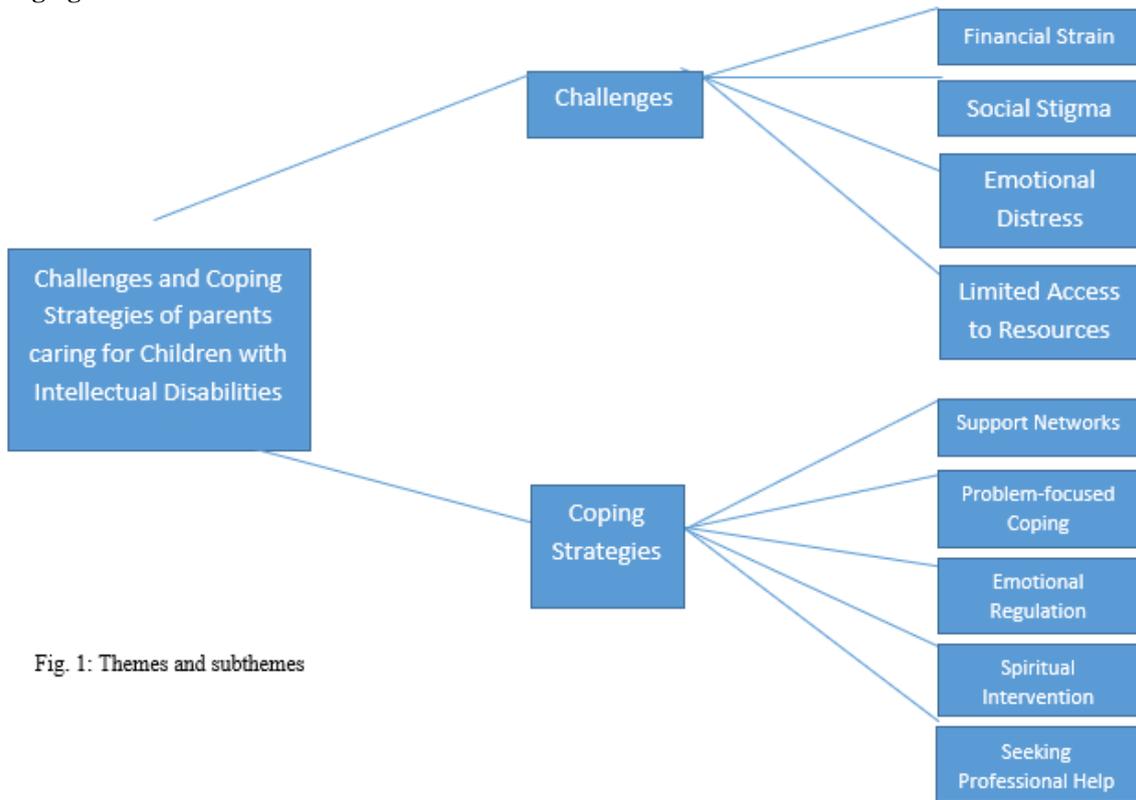


Fig. 1: Themes and subthemes

Challenging experiences

The challenging experiences that were reported by the participants included financial strain, social stigma, emotional distress and limited access to resources.

Financial Strain

The study found that raising a child with intellectual disabilities poses significant financial challenges for parents. The costs associated with caring for these children are substantial, including medical expenses, such as medications and therapies, food and nutritional needs, and professional services such as therapy and counselling. These expenses contribute to a considerable financial burden, impacting the economic stability and well-being of families. The financial struggles faced by parents of children with intellectual disabilities were vividly illustrated by the personal accounts of participants A, H and E.

“Sometimes we cannot afford a meal. And his medication is expensive. We did not get any benefits after the death of my husband” (Participant A)

“Procurement of drugs is very difficult, one moves from one institution to another searching for the drugs, which is an indication that there is an economic problem in the country” (Participant H)

“It was very expensive to establish the diagnosis. Many expensive tests had to be done” (Participant E)

Social stigma

Parents of children with intellectual disabilities often face social stigma in various settings, including family gathering, weddings and marriage ceremonies, and church gatherings and prayer conventions. This stigma can lead to social isolation, affecting their overall social well-being and relationships. The following personal accounts highlight the challenges faced by participants G, H, and B, providing insight into their struggles and realities.

"I have stopped going for family gatherings because I am labelled people say statements like "this is the mother of the disabled child" (Participant G)

"My friends always comment on my son's behaviour, "why is your son so aggressive and he makes noise" (Participant H)

"I attend funerals only" (Participant B)

Emotional distress

Having a child with intellectual disabilities can be a significant source of emotional distress for parents. This study revealed that parents experience various emotional challenges, including, anxiety, stress, depression, and difficulty accepting their child's condition. These emotional struggles can profoundly impact parents' mental health and overall well-being. The emotional challenges faced by parents are poignantly illustrated by the personal accounts of participants E, F, and C.

"I could not believe it" (after having a second child with mental illness I was hospitalised because of high blood pressure due to shock" (Participant E)

"After receiving the diagnosis I was stressed and depressed to the point of being put on medication, I could not eat, sleep, I stopped going to church, I just wanted to stay home and think of what was happening in my life" (Participant F)

"Sometimes I would get angry and beat up my child" (Participant C)

Limited access to resources

The study found that parents of children with intellectual disabilities face significant challenges in accessing essential resources, including, suitable educational settings, appropriate care facilities, and community support services. These barriers can exacerbate the difficulties faced by families and limit opportunities for their children. The personal account of participant A vividly highlights the challenges these parents face, providing a poignant illustration of their struggles.

Coping strategies

To cope with the challenges of raising a child with intellectual disabilities, parents utilize several strategies including, building support networks, problem-focused coping, emotional regulation, spiritual intervention, and seeking professional help. These coping mechanisms helped parents to navigate the complexities of caregiving and mitigate stress.

Building support networks

The study found that parents of children with intellectual disabilities create and rely on various support networks to help them cope with the challenges of caregiving. Parents build support networks by engaging, family members, neighbours, and community members. Participant C's personal account illustrates the importance of support networks which include emotional support, practical assistance and financial help.

"I ask my brother to assist in buying tablets for my son, they cost \$35 per month for the two types he is required to take" (Participant C)

Problem-focused coping

To better manage the challenges of caregiving, parents of children with intellectual disabilities participated in workshops and group therapy sessions organized by Harare Hospital. Participant F's account exemplifies the value of these initiatives, highlighting how workshops and group therapy sessions provided parents with insights and effective coping strategies.

"We used to get teachings on how to look after our children and the types of food they should eat from Harare hospital. They used to organize workshops it was a good thing" (Participant F, female)

Emotional regulation

The study found that parents of children with intellectual disabilities utilised various emotional regulation techniques including mindfulness, self-care, and stress management. These strategies helped parents manage their emotions, maintain well-being, and better respond to their children's needs. Participant D shared, *"When my child has a meltdown, I take deep breaths to stay present, which helps me stay calm and respond*

thoughtfully.” Participant B emphasised the importance of self-care, saying, “*Taking time for myself, whether reading or walking, recharges me and makes me a better parent.*” Participant A noted, “*I have learnt to manage stress by prioritising tasks, asking for help, and taking breaks – it is crucial for my well-being and my child’s care.*”

Spiritual intervention

The study revealed that participants frequently turned to spiritual intervention, specifically prayer and scripture reading, as a source of peace and comfort. Many attributed their children’s intellectual disabilities to God’s plan, and through prayer and worship, they found emotional release and solace. Participant B shared, “*Prayer and reading the word of God have been my source of comfort and strength in caring for my child with down-syndrome.*”

Seeking professional help

Parents reported benefiting from professional services at Harare Hospital, where they gained valuable knowledge and skills to care for their children. The workshops provided practical guidance on managing daily challenges, empowering mothers to implement new strategies and observe improvements in their lives. Participant F shared, “*The Harare Hospital workshops taught me essential caregiving skills and strategies for managing daily challenges.*” Participant C added, “*Attending the workshops gave me the confidence to support my child’s needs effectively.*” Participant B noted, “*The professional services provided valuable strategies to enhance my child’s well-being.*”

IV. Discussion

This study’s findings on the challenges faced by parents of children with intellectual disabilities align with existing research, highlighting emotional strain, & increased caregiving responsibilities, social isolation, financial strain, and relationship stress (Estella, 2024; Hu et. al., 2019; Kumar & Lal, 2024; Mendenhall & Mount, 2011; McConnell & Savage, 2015;). Notably, parents in this study employed various coping strategies, including support networks, problem-focused coping, emotional regulation, spiritual intervention, and seeking professional help, to manage their caregiving challenges.

V. Conclusion

The study highlights the complex experiences of parents caring for children with intellectual disabilities. While facing significant challenges, parents demonstrated resilience and resourcefulness, leveraging support networks, coping strategies, spiritual intervention, and professional help to navigate their caregiving journey. The findings underscore the importance of tailored support services and interventions to alleviate parental stress and enhance the well-being of both parents and children. By understanding the unique needs and coping mechanisms of these parents, policymakers and practitioners can develop more effective strategies to promote family support and empowerment.

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