

# Parental Stress Responses to Raising Children with Developmental Disorders in Lagos State

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**Abstract** - This study examined parental stress responses to raising children with developmental disorders in Lagos State, Nigeria. Sixty parents (12 males, 48 females) participated, and data were analyzed using T-test, Pearson correlation and one-way ANOVA. Findings showed that parents of children with developmental disorders reported significantly higher stress than those without. Social support demonstrated a protective effect, as higher levels of support were associated with reduced stress. However, socio-economic status, measured by income, was not significantly related to stress levels. These results underscore the critical role of social support networks over financial resources in alleviating caregiver stress. The study recommends community-based interventions, public awareness campaigns, and culturally sensitive mental health services to address the unique challenges faced by these parents.

**Keywords:** parental stress, developmental disorders, social support, socio-economic status.

## I. INTRODUCTION

### Background of the Study

Parental stress, defined as the psychological and physiological strain associated with caring for children, is universally experienced but particularly pronounced among parents of children with developmental disorders (Abidin, 1992; Roskam *et al.*, 2017). The complexities, unpredictability, and additional care giving demands posed by developmental delays, learning disabilities, and neurobehavioral challenges often elevate stress levels, adversely affecting parents' mental health and well-being (Mbatha & Mokwena, 2023). In Lagos State, Nigeria's most populous city, these stressors are intensified by limited specialist support, widespread stigma, and socioeconomic disparities, highlighting the need for region-specific research and intervention.

Empirical evidence from sub-Saharan Africa underscores the heightened parental burden in such contexts. In a South African study, more than half of mothers and female caregivers of children with developmental disabilities reported clinically significant stress levels (Mbatha & Mokwena,

2023). Factors such as having multiple diagnoses, frequent medical visits, and lack of school enrollment strongly predicted elevated stress, suggesting that environmental and infrastructural constraints compound emotional strain. Parallel data from Nigeria reveal that parents of children with learning disabilities face significant stress influenced by income level and age, underscoring the socioeconomic dimensions of parenting stress (Olabisi *et al.*, 2022).

Understanding parental stress within Lagos requires situating it within broader socioecological frameworks. The Family Stress Model highlights how economic hardship and financial pressure disrupt parenting processes, increasing stress and reducing the quality of parent-child interactions (Emmen *et al.*, 2013). In Lagos, many families of children with developmental disorders must navigate financial burden, limited access to services, and fractured social support systems, all of which may negatively impact parenting practices and amplify stress.

Adding to this challenge, cultural attitudes toward disability in Nigeria often rooted in ignorance, stigma, or supernatural interpretations can isolate families and impede help-seeking behaviors (reddit user reflections, 2025). Such stigma can reinforce feelings of guilt, shame, and helplessness, further intensifying parental stress. While grassroots organizations like The Winford Centre have begun to provide advocacy and support for families of children with neurodiverse conditions, service gaps remain widespread, exacerbating caregivers' emotional burden (Wikipedia, 2025).

Given these considerations, examining parental stress responses in Lagos holds critical implications. It can guide culturally responsive policy, inform effective support programs, and improve family resilience. By exploring how developmental disorders affect caregiver stress in Lagos, this research seeks to contribute to a deeper understanding of needs and interventions in one of Africa's most dynamic urban centres.

### Statement of the Problem

Raising a child with a developmental disorder often places significant emotional, financial, and social burdens on parents. Globally, research has shown that parents of children

with developmental disorders experience higher levels of stress compared to parents of typically developing children (Roskam *et al.*, 2017; Mbatha & Mokwena, 2023). In high-income countries, structured interventions and support systems help mitigate these challenges, yet in many developing contexts including Nigeria families often face these stressors with limited professional or institutional assistance (Olabisi *et al.*, 2022).

In Lagos State, where developmental services remain inadequate, parents of children with developmental disorders confront multiple difficulties such as financial strain, lack of access to specialized healthcare, and limited inclusion in mainstream educational systems. These stressors are compounded by cultural stigma, which often isolates families socially and discourages them from seeking support (Emmen *et al.*, 2013). Despite these realities, there is a paucity of empirical studies examining how Nigerian parents, particularly in Lagos State, cope with the daily stress of raising children with developmental disorders.

Furthermore, little is known about the role of moderating factors such as social support and socioeconomic status in shaping stress outcomes for these parents. While international studies suggest that higher income and strong support networks can buffer against parental stress (Roskam *et al.*, 2017), it remains unclear how these factors operate within the unique sociocultural and economic landscape of Lagos State.

The lack of empirical data on these issues not only limits understanding but also hinders the development of culturally sensitive interventions and policies. Without such evidence, families remain vulnerable, and efforts to improve their psychological well-being, resilience, and care giving capacity risk being ineffective or misdirected.

Thus, this study seeks to fill this gap by investigating parental stress responses among parents of children with developmental disorders in Lagos State, with particular attention to the roles of social support and socioeconomic status.

## II. THEORETICAL FRAMEWORK

### Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping was propounded by Lazarus and Folkman (1984) as a framework for understanding the processes individuals use to appraise and respond to stressors in their environment. The theory emphasizes that stress is not merely a stimulus or response but a dynamic process that arises from the interaction (or transaction) between individuals and their environment. According to the model, stress occurs when people perceive

that the demands of a situation exceed their personal or social resources, thereby endangering their well-being (Lazarus & Folkman, 1984).

The theory identifies two central components: cognitive appraisal and coping. Cognitive appraisal refers to how individuals evaluate situations whether they see them as a threat, harm, or challenge. Coping refers to the strategies used to manage the demands of stressful situations. Lazarus and Folkman (1984) distinguish between problem-focused coping, where individuals attempt to address the cause of stress, and emotion-focused coping, where individuals regulate emotional responses. This dual framework provides a comprehensive lens for understanding how parents respond to caregiving challenges.

Scholars have applied this model in family and caregiving contexts. For instance, Pakenham and Cox (2018) found that parents of children with disabilities experience stress when they appraise caregiving demands as exceeding their coping capacity. Similarly, Hayes and Watson (2013) noted that parents of children with autism spectrum disorder report heightened stress due to the constant need for behavioral management, lack of resources, and societal stigma. These studies affirm that parental stress is influenced not only by the objective demands of caregiving but also by subjective appraisals and available coping resources.

In the context of Lagos State, this theory is particularly relevant. Parents raising children with developmental disorders may appraise the situation as overwhelming due to limited access to healthcare services, financial strain, and cultural stigma surrounding disability. Social support, access to community resources, and socioeconomic status all function as coping resources that can reduce perceived stress (Ogunyemi & Fakolade, 2019). Thus, whether stress is intensified or mitigated depends largely on how parents evaluate their situation and the coping mechanisms they employ.

Applied to the present study, the Transactional Model of Stress and Coping provides a strong explanatory framework. It suggests that parental stress responses in Lagos State are not uniform but shaped by individual appraisals of caregiving demands and available coping resources. Parents with stronger social support networks and higher socioeconomic status may perceive the demands as more manageable, leading to lower stress levels. Conversely, parents with fewer coping resources may experience heightened stress, which aligns with the study's objectives of examining stress levels, the role of social support, and socioeconomic status in parental stress responses.

### Family Stress Model (Conger et al., 1992)

The Family Stress Model was propounded by Conger et al. (1992) as a framework to explain how economic hardship influences family dynamics, parental well-being, and child outcomes. The model posits that financial strain creates emotional distress in parents, which in turn affects parenting behaviors and the overall family environment. Essentially, economic pressure manifested in unemployment, low income, or debt leads to parental stress, marital conflict, and disrupted parenting practices, which negatively impact children's development (Conger & Conger, 2002).

At the core of the Family Stress Model is the idea that economic difficulties cascade into family processes. Stress caused by financial hardship undermines parental mental health, resulting in harsher, inconsistent, or less supportive parenting (Neppel *et al.*, 2016). Over time, this environment affects both parental well-being and children's adjustment. The model thus highlights the interconnectedness of economic stress, parental functioning, and child outcomes.

Researchers have applied the Family Stress Model in contexts beyond its original scope. For example, Masarik and Conger (2017) emphasized that the model extends to families dealing with health or caregiving challenges, not just poverty. Similarly, Park and Walton-Moss (2012) found that parents of children with disabilities often experience elevated stress when financial burdens and caregiving responsibilities overlap. These findings demonstrate that the Family Stress Model is highly relevant to caregiving for children with developmental disorders.

In the Lagos State context, raising a child with a developmental disorder can intensify economic and psychological pressures. Parents often face additional healthcare costs, limited access to affordable specialized education, and reduced opportunities for stable employment due to caregiving responsibilities (Ogunyemi & Fakolade, 2019). These financial and emotional strains are consistent with the Family Stress Model's prediction that economic hardship amplifies parental stress and disrupts family well-being.

Applied to this study, the Family Stress Model provides a lens for understanding why parental stress responses are particularly heightened in Lagos State. Limited government support systems and widespread socioeconomic inequality exacerbate the stress associated with caregiving. Parents under greater financial strain may be more prone to emotional distress, which could negatively affect their coping capacity and relationship with the child. Thus, the Family Stress Model underscores the need to consider socioeconomic variables such as income, employment, and access to resources when

assessing stress responses among parents of children with developmental disorders in Lagos State.

### Empirical Review

Barroso et al. (2018) conducted a meta-analysis pooling data from nearly sixty studies and found that parenting stress among caregivers of children with autism spectrum disorder (ASD) is significantly elevated compared to parents of typically developing children or those with other disabilities. Importantly, the study revealed that parenting stress was most strongly associated with children's externalizing behaviors, emotional-behavioral difficulties, and challenges in adaptive functioning rather than core autism symptoms. This suggests that the behavioral demands of caregiving, rather than the diagnosis itself, are the most powerful predictors of stress.

Building on these findings, Smith et al. (2021) carried out a systematic overview in low- and middle-income countries (LMICs) and identified structural and contextual drivers of parental stress. Specifically, they reported that long wait times for services, fragmented support systems, and pervasive social stigma consistently amplify caregiver strain. By contrast, integrated service delivery and strong social support networks emerged as effective protective factors in reducing stress. These results indicate that environmental and systemic barriers in LMICs can exacerbate parental stress beyond child-level difficulties.

In the African context, Adegboyega *et al.* (2024) explored caregiver experiences in Southeast Nigeria through qualitative network analysis. They found that chronic stress was driven by caregiving intensity, limited access to professional services, financial constraints, and societal stigma. Yet, interestingly, faith, extended family involvement, and peer support groups emerged as crucial coping buffers. Similarly, Kareem et al. (2022) used regression models of the Parenting Stress Index (PSI) subscales in a cross-sectional study of urban African caregivers. Their results showed that stress levels were particularly elevated when children were not enrolled in school or required frequent hospital visits. This highlights that inclusive education and consistent service access are key to mitigating parental stress.

Further extending this evidence, Chen *et al.* (2021) validated the Parenting Stress Index–Short Form among 190 Malaysian parents of children with ASD. They observed strong internal consistency (Cronbach's alpha) and a stable factor structure, with higher PSI-SF scores being positively correlated with greater child behavior problems. Likewise, Nguyen *et al.* (2020), using both cross-sectional and longitudinal cohorts of parents of children with ASD and ADHD, found that externalizing behavior and poor emotion regulation were the strongest predictors of parental stress.

Moreover, improvements in child behavior often through parent-mediated interventions were reliably linked to reductions in parental stress, indicating a bidirectional relationship between child outcomes and caregiver stress.

Finally, Patel *et al.* (2021) examined support and service factors in LMICs and Sub-Saharan African samples using mixed methods. They found that higher levels of perceived or received social support, particularly through inclusive schooling, were associated with lower parental stress. Conversely, fragmented services, transportation barriers, and limited educational access heightened caregiver burden. Findings from Nigeria particularly mirrored these challenges, especially where stigma and poor service delivery were prevalent.

Taken together, these studies consistently show that parents of children with developmental disorders experience heightened stress, with child behavior problems, service accessibility, and social stigma being central stressors. Protective factors such as social support networks, inclusive education, and coordinated services play an equally significant role in buffering stress. However, while international studies provide robust quantitative evidence, most African and Nigerian studies remain limited to qualitative or small-scale cross-sectional designs. This creates a knowledge gap regarding large-scale, statistically rigorous investigations into how structural, cultural, and psychosocial factors uniquely shape parental stress responses in Nigeria. Addressing this gap is vital for developing culturally relevant interventions and policies to support families raising children with developmental disorders.

### III. PARTICIPANTS AND PROCEDURE

Participants were sixty parents or primary caregivers of children with professionally confirmed developmental disorders (e.g., autism spectrum disorder, intellectual disability, global developmental delay) who resided in Lagos State. The sample comprised twelve males and forty-eight females ( $N = 60$ ). Participants were recruited using convenience and purposive sampling from pediatric clinics, special education schools, and parent support groups in Lagos. Inclusion criteria were: (a) being a biological parent or primary caregiver of a child (aged 2–18 years) with a diagnosis of a developmental disorder confirmed by a clinician or educational psychologist, (b) residing in Lagos State, and (c) being aged 18 years or older. Exclusion criteria included inability to give informed consent or severe cognitive impairment that would prevent questionnaire completion.

Data were collected between within three months. After obtaining ethical approval from institutional ethics committee, researchers contacted clinic directors and support-group

leaders to explain the study purpose and request permission to recruit. Potential participants received a short study information sheet and gave written informed consent prior to participation. Questionnaires were administered in-person in quiet rooms at recruitment sites or during scheduled parent-group meetings; a minority of participants completed questionnaires at home and returned them at the clinic. The average completion time was approximately 25–35 minutes. Participants received a small token of appreciation (phone credit).

All procedures followed the APA ethical guidelines for research with human subjects, including confidentiality, voluntary participation, and the right to withdraw at any time without penalty.

### IV. MEASURES

#### Demographic and Background Questionnaire

A brief demographic form collected information on parent age, sex, marital status, educational level, occupation, household income (monthly Nigerian Naira bands), number of children, and child's age, sex, diagnosis, and school enrollment status. Income served as the study's index of socioeconomic status.

#### Parenting Stress

Parenting stress was measured using the Parenting Stress Index Short Form (PSI-SF; Abidin, 1995). The PSI-SF contains 36 items across three subscales (Parental Distress, Parent–Child Dysfunctional Interaction, and Difficult Child). Respondents rate items on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Total and subscale scores are calculated by summing items; higher scores indicate greater parenting stress. The PSI-SF has been widely used and validated cross-culturally; in this study we report internal consistency for the total scale and subscales (Cronbach's  $\alpha$ ) and expect  $\alpha \geq .80$  for the total score based on prior work.

#### Child Behavioral Problems

Child behavior was assessed using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) a 25-item parent-report measure with subscales for emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior. For the purposes of this study, the combined difficulties score (sum of the four difficulties subscales) was used as an index of child behavioral and emotional problems. The SDQ is brief, widely used across cultures, and demonstrates good psychometric properties.

### Social Support

Perceived social support was measured with the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet *et al.*, 1988), a 12-item self-report scale assessing perceived support from family, friends, and significant others on a seven-point Likert scale (1 = very strongly disagree to 7 = very strongly agree). Higher scores indicate greater perceived support. The MSPSS typically yields high internal consistency ( $\alpha > .85$ ).

### Data Analyses

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Both

descriptive and inferential statistics were employed to address the research objectives and test the stated hypotheses. Specifically, independent samples t-tests were used to compare stress levels between parents of children with developmental disorders and those without developmental disorders. Pearson’s product-moment correlation was conducted to examine the relationship between perceived social support and parental stress. Simple linear regression was employed to further test the predictive influence of social support on stress levels. In addition, a one-way analysis of variance (ANOVA) was carried out to determine whether stress levels differed significantly across income groups among parents raising children with developmental disorders. Statistical significance was set at  $p < .05$  for all analyses.

## V. RESULTS

Data collected in this study was subjected to statistical analysis obtaining the mean score and standard deviation of all the variables. The hypotheses were tested using t-test, correlation, and regression and one way ANOVA.

**Table 1: Means and Standard Deviations of Stress Levels and Perceived Social Support by Sex**

Sex	N	Stress		Social support	
		Mean	Sd	Mean	Sd
M	12	73.00	19.40	23.17	4.59
F	48	66.29	12.36	21.98	4.56
Total	60	67.63	14.11	22.22	4.55

Note: M = Mean; SD = Standard Deviation.

The table presents the mean stress levels and perceived social support among male and female parents raising children with developmental disorders. Male parents reported a higher mean stress level (M = 73.00, SD = 19.40) compared to female parents (M = 66.29, SD = 12.36). Overall, the total mean stress level for all participants was 67.63 (SD = 14.11).

In terms of perceived social support, male parents reported slightly higher levels (M = 23.17, SD = 4.59) compared to female parents (M = 21.98, SD = 4.56). The total mean perceived social support for all participants was 22.22 (SD = 4.55). These results suggest that, on average, male parents experience higher stress but also report slightly higher perceived social support than their female counterparts, although statistical significance was not determined from this table alone.

**Hypothesis 1:** Parents of children with developmental disorders (DD) in Lagos State will experience significantly higher levels of stress compared to parents of children without developmental disorders.

**Table 2: Independent samples t-test comparing stress levels of parents with and without children diagnosed with developmental disorders**

Group	N	Mean	SD	T	Df	Pv
Parents of children with DD	18	84.55	10.92	9.867	58	P<0.05
Parents of children without DD	42	60.38	7.58			

$p < 0.05$

The results of the study showed that parents of children diagnosed with developmental disorders (DD) reported higher stress levels compared to parents of children without developmental disorders. Specifically, parents of children with DD (N=18N = 18N=18) had a mean stress score of 84.55 with a standard deviation of 10.92, whereas parents of children without DD (N=42N = 42N=42) had a mean stress score of 60.38 with a standard deviation of 7.58. An independent samples t-test revealed a statistically significant difference in stress levels between the two groups,  $t(58)=9.867$ ,  $p < 0.05$ . This indicates that parents of children with developmental disorders experience significantly higher levels of stress than parents of children without developmental disorders.

**Hypothesis 2:** Social support will significantly reduce the stress levels of parents raising children with developmental disorder in Lagos state

**Table 3: Means, standard deviations, and correlations among study variables**

Variables	Mean	SD	1	2	Pv
Stress	67.63	14.11	1.00		P<0.05
Perceived social support	22.22	4.55	-.280*	1.00	

Note: \*Correlation is significant at the 0.05 level.

The Pearson correlation analysis revealed a significant negative relationship between perceived social support and stress levels,  $r=-0.280$ ,  $p<0.05$ . This indicates that parents who reported higher levels of social support experienced lower levels of stress. Since the correlation was statistically significant, the hypothesis was supported. Therefore, social support significantly reduces stress levels among parents of children with developmental disorders in Lagos State.

In order to determine whether social support significantly reduces stress levels among parents of children with developmental disorders in Lagos State, regression analysis was computed. The result is presented in Table 3.1.

**Table 4: Summary of regression analysis showing perceived social support to the prediction of stress levels of parents raising children with developmental disorder in Lagos state**

Variable	B	Beta	T	Sig.	R	R2	F-ratio	Pv
Perceived social support	-.867	-.280	-.280	.03	.280	.078	4.916	P<0.05

A simple linear regression analysis was conducted to examine whether perceived social support predicts stress levels among parents raising children with developmental disorders. The results revealed that perceived social support significantly predicted stress levels,  $B=-0.867$ ,  $\beta=-0.280$ ,  $t=-2.217$ ,  $F=4.916$ ,  $p<0.05$ . The model explained 7.8% of the variance in stress levels ( $R=0.280$ ,  $R^2=0.078$ ). The negative beta coefficient indicates that higher perceived social support is associated with lower stress levels among these parents. Since the regression model was statistically significant, the hypothesis was supported. Therefore, perceived social support is a significant predictor of stress levels in parents raising children with developmental disorders in Lagos State.

**Hypothesis 3:** Higher socio-economic status (measured by income) will be associated with lower levels of stress among parents of children with developmental disorder in Lagos state

**Table 5: One-Way ANOVA Summary for Stress Levels across Different Income Groups**

Source	Sum of Squares	Df	Mean Square	F	p.
Between Groups	713.839	3	237.946	1.21	.316
Within Groups	11036.095	56	197.073		
Total	11749.933	59			

$p < .05$  (two-tailed).

A one-way ANOVA was conducted to examine whether stress levels differed across income groups among parents raising children with developmental disorders. The result showed no statistically significant difference in stress levels across the different income groups,  $F(3,56) = 1.207$ ,  $p=0.316$ . Post hoc multiple comparisons using the LSD test also revealed no significant pairwise differences between income groups (all  $p>0.05$ ). The closest to statistical significance was the comparison between parents earning less than ₦400,000 and those earning between ₦750,000 and ₦1,000,000,  $p=0.065$ , which suggested a possible trend but did not reach statistical significance. Based on these findings, socio-economic status, as measured by income, does not significantly predict stress levels among parents of children with developmental disorders in Lagos State. Therefore, the hypothesis that higher socio-economic status would be associated with lower stress levels was not supported.

## VI. DISCUSSION OF FINDINGS

The finding that parents of children with developmental disorders (DD) in Lagos State experience significantly higher stress levels than parents of children without DD is consistent with a large body of literature. Previous meta-analyses (e.g., Barroso *et al.*, 2018) demonstrated that caregivers of children with autism and related disorders consistently report greater psychological distress due to the demanding nature of care. Similarly, Nguyen *et al.* (2020) found that externalizing behaviors and emotion regulation difficulties in children with developmental disorders strongly predicted heightened parental stress. In the Lagos context, this may reflect the compounded burden of limited access to specialized services, societal stigma, and financial strain, which exacerbate the caregiving load and elevate stress among affected parents.

Furthermore, the findings align with the Family Stress Model (Conger *et al.*, 1992), which posits that economic pressure and caregiving demands influence parental psychological distress and, in turn, family functioning. In Lagos State, where inclusive education opportunities and specialized care services are often scarce, parents of children with DD may face persistent economic and emotional strain. Kareem *et al.* (2022) similarly reported that in urban African contexts, parenting stress levels were significantly higher when children required frequent medical attention or were excluded from mainstream schooling. Thus, the current study's findings affirm theoretical expectations that both child-related challenges and systemic barriers fuel caregiver stress.

Additionally, the results support cross-cultural research on parental stress. For instance, Chen *et al.* (2021) in Malaysia found that parenting stress among caregivers of children with ASD was strongly associated with behavior difficulties, indicating that this is not only a Western phenomenon but also prevalent in Asian and African contexts. In Lagos, stressors may be intensified by societal stigma surrounding developmental disorders, as highlighted by Adegboyega *et al.* (2024), who noted that Nigerian parents often confront negative community attitudes alongside caregiving burdens. Therefore, the finding underscores the universality of parenting stress responses across diverse cultural and socioeconomic contexts, though intensified by local environmental challenges.

Moreover, the results indicate the crucial role of social support and access to services in moderating parental stress. The Pearson correlation analysis showed a significant negative relationship between perceived social support and stress, indicating that parents who perceive higher levels of social support whether from family, friends, or community

networks—experience lower stress levels. This aligns with Barroso *et al.* (2018), who demonstrated that social support functions as a buffer against parenting stress, and with Nguyen *et al.* (2020), who noted that supportive environments help parents develop adaptive coping strategies. In Lagos, faith-based communities and extended family systems may provide vital informal supports, but fragmented services and limited professional interventions often leave families without comprehensive assistance.

The Nigerian cultural context strengthens the role of informal networks. Kareem *et al.* (2022) found that in African cities, emotional and practical supports from relatives and peers significantly reduce caregiver burnout and enhance resilience. Similarly, Chen *et al.* (2021) reported that parents of children with ASD in Malaysia experienced less stress when they perceived strong support from their social circles and professionals. These findings underscore the universality of social support as a protective factor across cultures, while also highlighting its particular relevance in Lagos, where formal support structures are weak but communal ties remain influential. Nonetheless, Patel *et al.* (2021) cautioned that stigma and lack of awareness can undermine the effectiveness of support systems, with some parents reporting social isolation despite living in close-knit communities. Thus, while social support is a critical buffer, its quality and cultural sensitivity determine its effectiveness.

The analysis of socio-economic status (SES), measured by income, revealed no statistically significant difference in stress levels across income groups. This outcome suggests that higher income does not necessarily shield parents from the psychological strain of raising children with developmental disorders. Lindo *et al.* (2020) similarly observed that while financial resources can ease material burdens, daily caregiving challenges such as behavioral difficulties, lack of specialized services, and emotional exhaustion remain major stressors irrespective of income. In Lagos State, limited access to quality services appears to equalize stress across income groups, as even affluent families struggle to obtain reliable professional care.

This finding further implies that psychosocial and emotional factors may outweigh financial considerations in shaping parental stress. Fong *et al.* (2021) noted that coping mechanisms, social support, and therapeutic resources predict parental stress more strongly than income. Ilias *et al.* (2019) also reported that stigma and societal pressures significantly affect stress in low- and middle-income contexts, cutting across socioeconomic strata. In Lagos, persistent stigma, lack of inclusive educational options, and fragmented healthcare systems diminish the protective value of income, underscoring the need for interventions targeting psychosocial supports.

Nevertheless, some studies argue that higher income may still indirectly reduce stress by enabling access to private therapies, specialized schools, or additional caregiving help. Masefield *et al.* (2020) found that wealthier families in certain LMIC contexts had more flexibility in seeking interventions, which lowered caregiving strain. The absence of significant income-related differences in this study may therefore reflect systemic service gaps in Lagos, where even financially capable families cannot reliably access quality interventions. This highlights the importance of addressing systemic barriers rather than relying solely on economic capacity to ease caregiver stress.

## VII. CONCLUSION AND RECOMMENDATIONS

This study examined parental stress responses among caregivers of children with developmental disorders in Lagos State, with a focus on stress levels, social support, and socio-economic status. The findings established that parents of children with developmental disorders experienced significantly higher stress compared to those whose children did not have such conditions. This aligns with existing literature, suggesting that the demands of caregiving, coupled with stigma and inadequate access to specialized services, contribute to elevated stress. In addition, the study revealed that social support significantly reduced parental stress, confirming the protective role of supportive networks in managing the psychological burden of raising a child with developmental challenges. However, contrary to expectations, socio-economic status, measured by income, did not significantly influence parental stress levels. This outcome suggests that financial resources alone may not be sufficient to offset the emotional and psychological challenges experienced by parents of children with developmental disorders in Lagos State, and those cultural, social, and systemic issues are central determinants of parental wellbeing.

Drawing from these findings, it is recommended that deliberate efforts be made to strengthen social support systems for parents of children with developmental disorders. Community-based support groups, peer mentoring networks, and counseling programs can provide much-needed relief from isolation and create avenues for emotional resilience. Equally important is the need to expand access to professional care services, including therapy centers, inclusive schools, and qualified healthcare providers, which should be made affordable and decentralized to reach parents across income groups. In addition, public awareness campaigns should be intensified to challenge the stigma often directed at both parents and children living with developmental disorders. Such campaigns, when supported by schools, religious institutions, and the media, can foster more inclusive and supportive communities.

Furthermore, integrating mental health interventions into the healthcare system is crucial, as caregivers would benefit from counseling services, stress management programs, and other psychological support mechanisms. Policymakers also have a role to play in strengthening disability-related policies that prioritize educational inclusion, caregiver support, and sustainable funding for disability services. Building the capacity of teachers, social workers, and healthcare providers through specialized training can further ensure that families receive holistic care. Finally, it is important to encourage more research on developmental disorders in Nigeria to provide robust evidence for effective policy and program design. Together, these measures will not only reduce stress levels among parents but also enhance the overall quality of life for children with developmental disorders and their families.

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**Citation of this Article:**

Adeniyi, A.O. (2025). Parental Stress Responses to Raising Children with Developmental Disorders in Lagos State. *International Research Journal of Innovations in Engineering and Technology - IRJIET*, 9(9), 15-24. Article DOI <https://doi.org/10.47001/IRJIET/2025.909003>

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