

Influence of Parental Roles in the Emotional Well-Being of Children with Special Needs

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ABSTRACT

Emotional well-being among children with special needs has been significantly found to be low across multiple studies. While several factors that influence the emotional well-being of children with special needs have been studied, the present study seeks to investigate the influence of parental role on the emotional well-being of children with special needs. The Questionnaire on Emotional Wellbeing of Children with Special Needs and the Scale on Parental Roles of the Parents with Children with Special Needs were used. The sample consisted of A total of 300 parents, comprising 129 fathers (43%) and 171 mothers (57%), selected from Mysuru and Mandya districts. Statistical analysis involved the independent sample t-test and ANOVA. Results revealed that higher levels of parental roles showed higher levels of overall emotional wellbeing scores in children with special needs. Specific components of higher parental roles were seen to increase emotional well-being, in the behavioural and social interaction area, and psychomotor physical activity components of emotional well-being among children with special needs. The moderate level of parental role behaviour showed the least emotional well-being in children with special needs in these components. Possible reasons for how parental roles may impact emotional well-being among children with special needs and their implications in developing parent training and implementation of rehabilitation services for children with special needs have been delineated.

Keywords: *Emotional well-being, parental roles, children with special needs*

Children with special needs refer to children who have a disability that interferes with their learning or any other developmental activities and thus require additional provisions and training to help them cope with the disabilities and develop their skills and learning. These children might also have regular medical treatments, hospital stays, special equipment, therapy or training as well as accommodation for their disabilities. The latest available data for statistics for children with special needs in India is from the national census of 2011. As per this census, 2.21 percent of the Indians which about 2.5 crores individuals have disabilities of which about 1.7 percent which is 76,84,636 of them are below the age of 19 years. These children when further divided had about 12,91,637 of them between the ages of 0 years to 4 years, 14,18,969 of them in the ages between 5 years to 9

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years, 46,17,073 of them between the ages of 10 years to 19 years. Overall 28 percent came from the rural area and 72 percent of them were living in the urban area. The highest school going aged children with special needs were reported in Uttar Pradesh, Maharashtra, Bihar. and West Bengal and least in Sikkim, Mizoram and Goa.

Emotional and social wellbeing in children with special needs is an important aspect to be considered in their overall development. It is often seen that children with special needs are at a higher risk for experiencing a lack of socio-emotional support than children without special needs. They also are at a higher risk for being bullied, harassed, (Rose & Gage, 2016). have a limited social circle and are included in lesser number of social activities (Bhatt, 2024). Further, the current special education methods can also tend to highlight areas where the children lag and work towards compensating them than highlight and work on their strengths and capacities. These circumstances of facing multiple risks puts the child with special needs at higher levels of social and emotional distress. Having a child with special needs is seen as a burden by most families due to the increased caretaking that is required and further the increased facilities, training and treatments that would need extensive financial resources. Thus, these situations can escalate stress and conflicts within families having children with special needs. These feelings of frustration can be directed towards the child, which can impact the emotional wellbeing of the child (Kang & Marks, 2014). Several studies that compared the subjective wellbeing of students between students with special educational needs and students without such needs revealed that overall students with special educational needs expressed that they had lower contentment in life, with schools and peers (Sancho et al. 2021). They also expressed higher levels of fatigue, loneliness and had poor experiences of achievement and joy in learning (Goldan et al., 2022).

Parenting a child with special needs, comes with several different unique challenges and rewards. While the duties of a parent do not change, the child is now in need of much more support, advocacy and guidance from the parent. There is much more uncertainty, fear and guilt that comes with parenting a child with special needs. They need to find the right resources, take decision that are questioned repeatedly and work on an unpredictable developmental path with the child while always supporting and taking care of them. It also includes severe physical demands such as regular caregiving duties, home adaptations, vigilance for safety, regular doctor and therapy appointments etc. (Karanam, 2024).

Parents need to be active participants in the process of rehabilitation with children with special needs in order for the child to develop their potential fully. They need to advocates for their children, facilitators of treatment, educators and their child's primary support network consistently to support their child in their development (*UGC MOOCs |Swayam| UG and PG course*, n.d.). Lack of awareness and knowledge among parents with children with special needs has found to severely impact the implementation of services for children (Suharsiwi et al. 2024).

Studies have found that the psychological functioning of children with disabilities was significantly associated with parental styles and parenting habits (Bonifacci et al., 2015), and higher involvement of parents in school activities has shown better treatment outcomes for children with their emotional wellbeing and mental health, Spragg (2017). Even with the home context, home environment and parent-child interaction were found to significantly influence the emotional well-being of children with special needs. (Abín et al. 2024); Amato, 2005).

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The current study looks at parental roles and their influence on emotional well-being among children with special needs.

METHOD

A total of 300 parents participated in the study, comprising 129 fathers (43%) and 171 mothers (57%), selected from Mysuru and Mandya districts across urban, rural, and semi-urban areas. Of the participants, 117 (39%) of the respondents were residing in urban area, 128 (42.7%) of the respondents were residing in rural area and 55 (18.3%) of the respondents were residing in semi-urban area. The research is based on primary data. The methodology to be employed is the survey method.

TOOLS:

QUESTIONNAIRE ON EMOTIONAL WELL-BEING OF CHILDREN WITH SPECIAL NEEDS

The questionnaire subscales assess distinct dimensions of emotional well-being in children with special needs, totalling 35 items across four areas. The four areas are emotional mood, cognitive thought process, behavioural and social interaction, psychomotor physical activity and total emotional well-being. The emotional mood area has 14 items, the cognitive thought process has 17 items, the behavioural and social interaction has 9 items and psychomotor physical activity area has 13 items.

For each item the participant chooses Yes or No. The 'Yes' response is scored as 1 and 'No' item is scored as 0. Each item is scored and the scores are added up to give a total area score. The scores of all the areas are added to given a final total score of emotional wellbeing.

The scores are divided into low, medium and high category for all the areas and the total emotional wellbeing. Interpretation of score as low indicates low emotional wellbeing in the individual, moderate category indicates moderate emotional wellbeing and high indicates high emotional wellbeing in the individual.

The reliability coefficients obtained through Cronbach's Alpha were found to be more than 0.7 for all areas. The total emotional wellbeing scale reliability coefficient was $\alpha = 0.862$ for 35 items indicating high internal consistency and that overall, the items work together well to measure a common construct of emotional wellbeing in children with special needs. The reliability coefficient obtained for the emotional mood area scores was $\alpha = 0.900$, for the Cognitive thought process area scores was $\alpha = 0.855$, for the Behavioural and social interaction area scores was $\alpha = 0.734$ and for the Psychomotor physical activity area scores was $\alpha = 0.811$. They were found to be reliable at 0.001 significance.

SCALE: PARENTAL ROLES OF THE PARENTS WITH CHILDREN WITH SPECIAL NEEDS

The scale assessing parental roles for parents of children with special needs comprises 46 items across four components. This structure reflects common multidimensional frameworks in special needs research, where parenting extends beyond routine care to targeted developmental support. The four components are basic roles with 15 items, relaxation/entertainment roles with 7 items, education and training roles with 12 items and cognition/psychological level with 12 items.

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Each item is scored on the basis of frequency of the behaviour. The participants choose from five options which are All the time (ATT), Most of the time (MOT), Sometime (ST), Once in a while and Never. The scoring for All the time = 5, Most of the time = 4, Sometime = 3, Once in a while = 2, Never = 1. The scores are divided into low, medium and high category for all the areas and the total emotional wellbeing. Interpretation of score as low indicates low parental role behaviour in the individual, moderate category indicates moderate parental role behaviour and high indicates high parental role behaviour in the individual.

Cronbach's alpha values for the total parental roles was 0.826 indicating good consistency in items. For the individual areas, the Cronbach's Alpha scores are basic roles was 0.915, relaxation/ entertainment roles was 0.836, education and training was 0.811 and cognition and psychological level was 0.795 indicating strong to excellent internal consistency per psychological standards (>0.9 excellent, 0.8-0.9 good, 0.7-0.8 acceptable). These coefficients suggest items within each subscale measure unified constructs reliably, supporting scale use in research on parental stress and child outcomes. Higher alphas in basic roles reflect straightforward, observable behaviours, while slightly lower in psychological roles may indicate nuanced items

PROCEDURE:

The researcher developed a detailed protocol that included the informed consent forms in local languages such as Kannada or English, a participant information sheet, a data management plan, and a conflict-of-interest declaration. If required, departmental or scientific review approval, such as from the Departmental Research Committee (DRC) was obtained prior to ethics submission. The application was then submitted via the All India Institute of Speech and Hearing (AIISH) online portal or prescribed form to the Institutional Ethics Committee (IEC), where proposals are classified as exempt (for minimal-risk educational practices), expedited (for low risk), or full-board review. Given that the study involved parents of children with special needs and was non-invasive, the IEC approved the protocol during the initial meeting and issued the ethical clearance certificate.

The researcher initially reached out to various primary schools in the Mysore district and obtained permission for data collection at the respective organizations and institutions. The participants were chosen through random sampling and consisted of parents with children with special needs aged between 6 and 14 years. The participants were contacted personally, and a briefing of the study was provided. Participants were informed about the confidentiality and privacy of data. Voluntary participation was explained to the participants. Informed consent was obtained from the voluntary participants for the study. The response sheets were screened for completeness, scored and fed to the computer. The data were analyzed using an independent sample t-test and ANOVA to find out the difference in emotional well-being scores of children with special needs having parents with low, moderate and high parental role behaviour.

RESULTS:

Table 1: Mean scores on components of emotional wellbeing of children with special needs by levels of total parental roles and results of independent samples t-test

Components	Levels	N	Mean	S. D	F value
Emotional mood	Low	5	3.40	2.19	38.592***
	Moderate	98	2.70	1.20	
	High	197	5.35	2.87	

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Components	Levels	N	Mean	S. D	F value
	Total	300	4.45	2.74	
Cognitive thought process	Low	5	5.00	2.74	64.351***
	Moderate	98	2.14	2.59	
	High	197	6.69	3.53	
	Total	300	5.17	3.87	
Behavioural and social interaction	Low	5	2.00	0.00	49.369***
	Moderate	98	2.44	1.42	
	High	197	5.25	2.72	
	Total	300	4.28	2.70	
Psychomotor physical activity	Low	5	2.20	1.10	32.663***
	Moderate	98	1.98	1.79	
	High	197	3.96	2.13	
	Total	300	3.29	2.21	
Total emotional wellbeing	Low	5	12.60	6.03	59.514***
	Moderate	98	9.27	5.18	
	High	197	21.25	10.34	
	Total	300	17.19	10.54	

Note: *** - sig at .001 level

One-way ANOVA revealed a significant mean difference between levels of total parental roles and total emotional wellbeing ($F=59.514$; $p=.001$). There is a statistically significant difference between the obtained mean total emotional wellbeing value in the high, moderate and low groups of total parental roles scores. Those who had high levels of total parental roles had highest total emotional wellbeing scores and those who had moderate levels of total parental roles had least total emotional wellbeing scores.

In the individual areas, for the areas of emotional mood ($F=38.592$) and cognitive thought process area ($F= 64.351$) showed a significance difference in the mean ranks at .000 significance indicating there was a difference in the obtained mean scores of the two areas and the levels off parental roles. Those who had high levels of total parental roles had highest emotional mood scores and those who had moderate levels of total parental roles had least emotional mood scores.

For the behavioural and social interaction ($F=46.369$) and psychomotor physical activity ($F=32.663$) there is a significant difference in the obtained mean scores and the parental roles. Those who had high levels of total parental roles had the highest behavioural and social interaction scores, and those who had low levels of total parental roles had the lowest behavioural and social interaction scores.

DISCUSSION:

Major findings of the study:

- High level of parental role behaviour showed a significantly high level of total emotional well-being in children with special needs. The moderate level of parental role behaviour showed the least emotional well-being in children with special needs.
- In the specific components of emotional wellbeing, as parental roles increased, a significant increase was observed in the behavioural and social interaction area and psychomotor physical activity components of emotional wellbeing among children with special needs

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- High level of parental role behaviour showed a significantly high level of emotional mood and cognitive thought process in children with special needs. Moderate level of parental role behaviour showed the least emotional wellbeing in children with special needs in these components.

These results align robustly with international and Indian literature emphasizing parental involvement as a key determinant of emotional and mental health outcomes in children with disabilities. For example, a study on parents of children with learning disabilities found a perfect positive correlation ($r = 1.000$, $p < .001$) between parental involvement and child mental health, with linear regression showing parental engagement as a strong predictor ($R^2 \approx 1$), underscoring how active roles foster resilience and reduce behavioural issues (Psychopedia Journals, 2024). Similarly, research in India highlights parents as crucial facilitators in sensory-motor, cognitive, and emotional rehabilitation, where higher involvement leads to better progress and lower child anxiety, as parents model behaviours and provide consistent support during therapy (Journal of Rehabilitation Therapy Development & Disability, n.d.). Global evidence supports this, showing that involved parents improve family efficacy, social adaptation, and child emotional development through roles like emotional support and educational advocacy (Salsabila & Adriani, 2024; Proctor, 2024). In contrast, low parental engagement correlates with poorer self-rated mental health and higher depressive symptoms in families, indirectly harming child wellbeing (Seltzer et al., 2014).

This mirrors findings that parental emotional support, presence, and active listening buffer stress and promote adaptive functioning in special needs children (Psychopedia Journals, 2024). However, literature also notes challenges: high involvement can elevate parental stress if unsupported, potentially straining family dynamics, though protective factors like coping skills and social support mitigate this (Banaru et al., 2024; Cheng, 2025). In the Indian context, where services are often limited, the study's strong effects (e.g., $F = 64.351$ for total roles) imply that even in resource-constrained settings, parental roles serve as a powerful, modifiable buffer for child emotional health.

Critically, this finding has profound implications for policy and practice under frameworks like the RPWD Act, 2016, which emphasises family-centred rehabilitation. This supports interventions like parent training programs that build skills in education advocacy, emotional nurturing, and leisure facilitation, as seen in studies promoting family resilience through proactive approaches (Verma & Kumari, 2024). Yet, the findings caution against overburdening parents without systemic aids, financial support, respite care, and peer networks are essential to sustain high involvement without burnout (Sattva Consulting, 2025). Future research should explore mediators like parental mental health and moderators such as socioeconomic status, using longitudinal designs to establish causality beyond cross-sectional ANOVA evidence.

In summary, varied parental roles significantly differentiate emotional wellbeing in children with special needs, with higher engagement consistently superior per rigorous post-hoc verification. These results advance theory by affirming parental agency in disability outcomes and guide RPWD implementation toward holistic family empowerment, ensuring roles translate into sustained emotional gains for children.

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Conflict of Interest

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