

## **Assessment of parental stress in the management of children with intellectual disability in Cross River State, Nigeria**

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### ***Abstract***

*Parents of children with intellectual disability go through intense emotional and psychological stress and may have fewer resources of emotional gratification. Frustration on the fact that the child is not able to fulfil the parents' expectations can bring additional social and economic stress in raising the child which may provoke additional anger and complex feeling. This study assessed parental stress in the management of children with intellectual disability. a total of 147 parents of learners with intellectual disability were purposively selected for the study. Three research questions were raised to guide the study. Parental Stress Assessment Scale ( $r = 0.88$ ) and Parental Stress Trajectory Scale (0.81) were utilized in the study. The data collected were descriptively analyzed using percentage count, mean and line chats. The findings revealed that parents face diverse economic, psycho-emotional, and social stressors in the management of their children with intellectual disability. It was therefore, recommended that a concerted effort from different sections of the society is needed to build parenting capacity for effective management and raising of children with intellectual disability.*

**Keywords:** *Assessment, Parental stress, Management, Children with Intellectual Disability*

### **Introduction**

**H**aving a child is an innate craving for fulfilment in man regardless of the society. All parents have plans and expectations for their children, often imagining future scenarios and the child's advances such as first steps, nursery school, elementary school, college, careers among others. The fact that a child's success is perceived as the

parents' achievement often makes parents stake all efforts and harness every available resource to ensure their child surpasses the expectation of the society. This makes rearing of a child a daunting task for parents. Parents influence a child's social, emotional, and academic development, and formation of their values and belief system as well as the adjustments in life (Yorke, 2018). Parenting is therefore perceived as a complex process involving the responsive provision of varied amounts of care, affection, stimulation, support, and control according to the needs of the child. Parenting a child or child rearing is the process of promoting and supporting the physical, emotional, social and intellectual development of the child from infancy to adulthood.

Expectant parents experience a range of exciting and daunting emotions when they are anticipating their baby's birth. Consequently, when the expectation of a parent to have a normal child becomes a reality, the parents would feel proud, and excited. However, these wild expectations turn wry and strained when this fancied child comes with a disability. Probably one of the greatest fears of parents is that of having a child with a disability. Meyeron (2015) argues that the birth or the discovery that a child has a disability can have a traumatic effect on the family. The discrepancy between the expectation and the reality presents a major challenge to parents' coping abilities (Osazi and Okeh, 2016). No parent, whether religious or professional, ever prepares for a child with a disability; thus, the advent of such a child throws the parents into a mind-boggling confusion and shock. Boat and Wu (2015) note that parents begin to grapple with so many rhetorically unanswered questions that only provoke despair and frustration. They become limited in ideas of how to cope; guilt, anxiety, and deflected egos weaken their mental strength. This is an enormous challenge that no one takes bold. Worst still, the birth of a child with intellectual disability brings doubly elevated psychological, emotional, spiritual, and physical traumas to parents, resulting in a spectrum of reactions in a continuum (Chandorkar and Chakraborty, 2017).

When a child with intellectual disability is born, all expectations and hopes are dashed. It is difficult to perceive this child as one to continue the legacy of the parents. The child is no source of pride – rather a source of great disappointment. Parents of these children undergo a difficult and painful process involving a revision of their views and expectations. They are obliged to adapt to the knowledge that all their hopes and plans for the future must change (Kandel and Merrick, 2013). The birth of such a child signifies a significant transition for most families and requires adjustment of new family roles and routines. The birth of this child creates unexpected crises, modifies family patterns in ways that are stressful and makes coping highly demanding and more distinct for the family system (Uko and Orim, 2018). Research has constantly established that parents and families of these children experience elevated levels of stress, specifically related to child rearing, which is not surprising considering the unique challenges children with intellectual disability show to parents (Oyedele and Akanbi, 2021).

The birth of a child with intellectual disability is an unanticipated tense event which disturbs the entire family and would impair family development. Parents of a child with intellectual disability not only grieve for the loss of unfulfilled expectations but frequently encounter a colossal burden on their emotional and financial assets, have excessive stress, and a reduced level of comfort as compared to the parents of normal children. Caring for such a

child can be overwhelming for parents and families, as it may drain them financially, emotionally, psychologically, socially and even spiritually. Excessive caregiving demands, lack of child responsiveness, and unusual behaviour patterns have been closely associated with both increased stress levels and depression in the parent (Lecavalier, Leone and Wiltz, 2006). It brings added responsibilities, coordinating assessments, evaluations, and various treatments while maintaining contact with many professionals and numerous institutions or services. The parents find themselves faced with important decisions on behalf of the child, decisions on management of the child, and economic decisions that will affect the whole family. As the child grows older, problems become complex and parents need to reinvent strategies to meet the needs of the child and this adds to the ongoing stress. They feel helpless since powerlessness to change what is happening is very difficult to accept (Smith, 2016). Whenever the parents are found with their child with intellectual disability, they quickly become an attraction and cause of sympathy. Many people who have normal children do not really understand the chaos and burden of those who have children with intellectual disability.

When compared to families of children without disabilities, families of children with intellectual disability may be at risk for stress, depression, less family cohesion, financial strain and experiences of social isolation (Dalal and Pandey, 2019). Research on emotions and stress associated with having and bringing up a child with intellectual disability supports the proposition that the parent's assumptive world, directly or indirectly, influences parental well-being, family integrity, parent-child interactions, and, ultimately, child behaviour and development (Janoff-Bulman, 2019).

A lot of research has shown that it is quite frequent that in addition to the already complex problem caused by intellectual disability (Orim and Assam, 2022; Orim, *et al.*, 2022), the incorrect or inadequate assessment of the parental stress in managing children with intellectual disability often in one hand contribute to increase social, psychological, economic stress among parents (Okwudire, and Orim, 2016). On the other hand, it renders them powerless lacking sufficient information and resources necessary to scaffold their caregiving and adjustment to their child's condition. It is against this background that study was keen to investigate the economic, psychological and social stress in the management of learners with intellectual disability in Cross River State, Nigeria.

### **Statement of the Problem**

Parents of children with intellectual disability often experience neglect and discrimination from their families, communities, and society at large, leading to heightened stress and psychosocial trauma. This sense of abandonment creates a significant gap between these parents and society, depriving them of the critical information and resources they need. Consequently, society remains unaware of the social, psychological, and economic challenges these parents face in raising their children. Parental stress can profoundly impact not only the physical and mental health of the parents but also the holistic development of their children. The weight of these concerns often stems from the unique characteristics of their child, increased financial and caregiving demands, feelings of inadequacy in their

parenting roles, and a deep sense of loneliness and isolation. These pressures can, in some cases, lead parents to mistakenly believe that their child's intellectual disability is a form of punishment for past mistakes.

Such overwhelming stress often leads to negative health outcomes, including depression and marital dissatisfaction. Parents may experience unstable emotions, persistent grief, psychological distress, and diminished social well-being. These emotional struggles put them at higher risk for marital discord and social isolation. Evidence shows that common psychiatric disorders among these parents include dysthymia, generalized anxiety disorder, and moderate depression. Recognizing these challenges, researchers have explored the social, psychological, and economic stress parents face after a child's diagnosis of intellectual disability. By shedding light on this issue, they aim to foster greater public awareness and drive collective action to support these families in their journey, creating a more informed and compassionate society.

### **Purpose of the Study**

The objectives of this study were to assess parental stress in the management of children with intellectual disability in Cross River State, Nigeria. Specifically, it focused on assessment of:

- i. Economic stress in parenting children with intellectual disability,
- ii. Psycho-emotional stress in parenting children with intellectual disability, and
- iii. Social stress in parenting children with intellectual disability

### **Research Questions**

The following research questions were raised to guide the study:

- i. What are the economic concerns and trajectory among parents of children with intellectual disability?
- ii. What are the psycho-emotional concerns and trajectory among parents of children with intellectual disability?
- iii. What are the social concerns and trajectory among parents of children with intellectual disability?

### **Methodology**

The study adopted a descriptive survey design. Purposive sampling technique was used to sample parents of children with intellectual disability in selected local government areas of Cross River State. 18 items of 4 points Likert scale termed Parental Stress Assessment Scale (PSAS) and a 12 item Parental Stress Trajectory Scale were used to elicit responses from the respondents on the perceived economic, psycho-emotional and social stress as well as the trajectory of each stress domain in the management of children with intellectual disability. Parental stress trajectory was collected and measured on a 6-point scale to understand its linear pathway over the years. Experts in Psychology, Measurement and Evaluation and Intellectual Disability provided inter-rater validity of the instrument. The instrument was

piloted on 15 respondents who provided initial support for the reliability (reliability coefficient of 0.83 to 0.86).

After pilot testing, the data collection process was carried out for a period of 6 weeks. The instrument was administered to the 147 respondents and retrieved accordingly. Data collected were checked for errors to ensure correctness and completeness. Response rate was 100%. Data collected were analyzed using descriptive statistics such as percentage count, mean and line charts. The Inclusion criteria involved biological parents, fostered parents and caregivers who gave their consent for study. Exclusion criteria involved parents receiving mental rehabilitation services, relatives including siblings who are no custodians of the child and parents whose child or ward was less than six years.

## Results

**Table 1:** Clinical and sociodemographic profile of parents

Parent's variable		No.	%
Sex	Male	55	37.4
	Female	92	62.6
Marital status at diagnosis	Married	121	82.3
	Single	9	6.1
	Divorced/separated	17	11.6
Current marital status	Married	44	29.9
	Single	9	6.1
	Divorced/separated	94	63.9
Age at diagnosis	14-24 years	1	0.7
	25-34 years	3	2.0
	35-44 years	12	8.2
	45+	131	89.1
Number of children	1-2 children	33	22.4
	3-4 children	51	34.7
	5+	63	42.9
Average monthly income	Less than N100,000	108	73.5
	Up to N200,000	37	25.2
	Up to N500,000	2	1.4
Ethnicity	Hausa	25	17.0
	Yoruba	8	5.4
	Igbo	35	23.8
	Others	79	53.7
Place of delivery	House	96	65.3
	Hospital	51	34.7
Nature of delivery	Virginal delivery	47	32
	Caesarean section	51	34.7
	Forceps delivery	49	33.3

<b>Parent's variable</b>		<b>No.</b>	<b>%</b>
Employment status	Employed	29	19.7
	Unemployed	72	49.0
	Self-employed	46	31.3
Relationship to the child	Father	43	29.3
	Mother	88	59.8
	Caregiver	16	10.9
Community of residence	Rural	51	34.7
	Urban	49	33.3
	Semi-urban	47	32.0
Type of family	Nuclear family	43	29.3
	Polygamous family	104	70.7
Educational level	Non-formal	34	23.1
	Primary	23	15.6
	Secondary	56	38.1
	Tertiary	35	23.8
Health insurance	No	136	92.5
	Yes	11	7.5
Hospital visits	Regular visits	24	16.3
	Not regular	44	29.9
	No visits	70	53.7
Family history of ID			

The data presented in Table 1 reveals several significant insights. First, there were 37 more female respondents than male, highlighting a gender disparity. Notably, 77 marriages were dissolved or faced separation upon the discovery of a child's intellectual disability, underscoring the profound emotional and social impact of this diagnosis on families.

Additionally, the table shows that only 29.9% of the respondents were currently married, and the majority of children with intellectual disability came from parents aged 45 and above, suggesting a correlation between parental age and the occurrence of intellectual disability. Financial struggles were also evident, as most parents earned less than N100,000 per month, with only 19.7% gainfully employed. Of the unemployed, a significant 49% had no jobs, most of whom were female parents. Further, over 70% of the respondents came from polygamous families, indicating a cultural context that may influence family dynamics and support structures. Lastly, nearly 80% of the respondents had received, at most, secondary education, pointing to a need for broader educational opportunities and support, particularly for families navigating the challenges of raising children with intellectual disability.

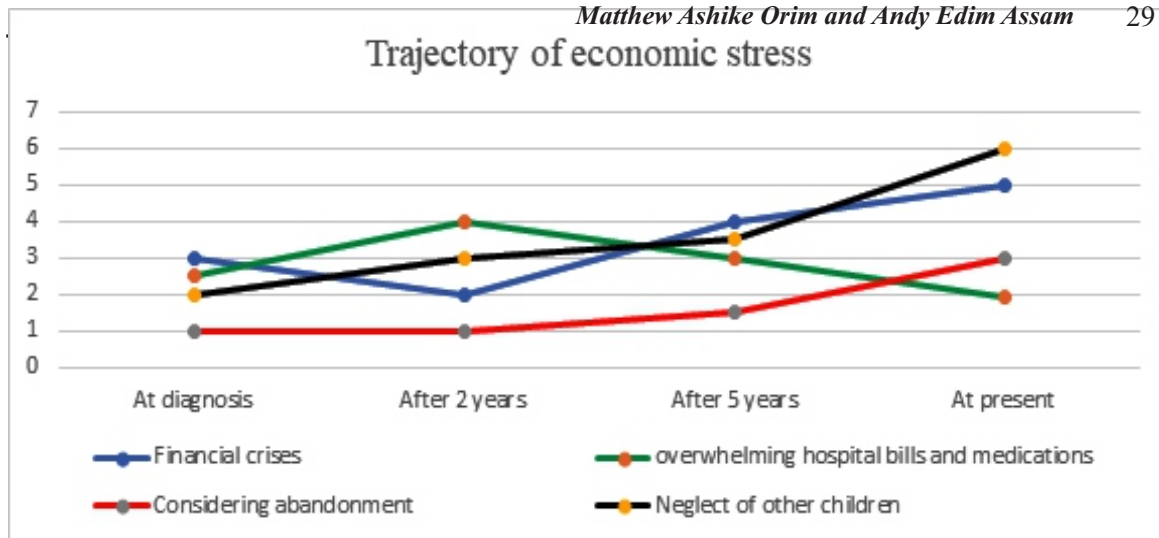
**Research question 1:** What are the economic concerns and trajectory among parents of children with intellectual disability?

**Table 2:** Economic Concerns in Parenting a child with intellectual disability?

S/No	Item	Severely	Moderately	Mildly	Not at all
1	The arrival of a child with intellectual disability brought financial strain	N=102 69.4%	N=44 29.9	N=1 0.7%	N=0 0.0%
2	Caring for a child with intellectual disability deprived others of care	N=83 56.5%	N=60 40.8%	N=3 2.0%	N=1 0.7%
3	Hospital bills and medications overwhelmed our income	N=54 36.7%	N=67 45.6%	N=12 8.2%	N=14 9.5%
4	It is unbearable to continue to fund our child demands	N=106 72.1%	N=38 25.9%	N=2 1.4%	N=1 0.7%
5	Other expenses are abandoned because of the child	N=123 83.7%	N=24 16.3%	N=0 0.0%	N=0 0.0%
6	We are now in financial crisis because of the child	N=75 51.0	N=66 44.9%	N=3 2.0%	N=3 2.0%

Table 2 highlights the overwhelming financial strain faced by families raising a child with an intellectual disability, with about 99% of respondents reporting financial difficulties. Less than 1% experienced mild strain, and none were unaffected. The financial burden likely stems from the high costs of medical care, therapies, and specialized support required, which are often compounded by a parent's reduced earning potential due to the need for full-time care. Additionally, over 97% of respondents indicated that this caregiving responsibility had severely or moderately deprived their other children of proper education and nourishment. The emotional toll on siblings, who may feel neglected, further exacerbates the family's stress.

Around 82% of respondents stated that hospital bills and medications had overwhelmed their income, with 97% expressing that they could no longer afford to pay these costs. This financial strain often leads to a broader family crisis, with over 95% of respondents already experiencing significant financial hardships. The combined pressures of raising a child with intellectual disability, the high medical expenses, and the emotional impact on siblings. These findings emphasize the critical need for comprehensive financial, medical, and emotional support systems to assist families caring for children with intellectual disability. Addressing these needs will not only alleviate the financial burden but also ensure that other children in the family receive the care and attention they deserve.



**Figure 1:** Trajectory of economic stress

The Figure 1 above shows that the financial crises of parents intensified steadily upwards from the time of diagnosis to the time the study was done. The Figure also shows that overwhelming hospital bills and medications increased from about 2.5 at diagnosis to about 4 after 2 years. However, when regular visits to the hospitals and medications could not yield any expected results, many parents dropped to 3 in seeking cure through medication shopping, and there was steady drop up to the time of the study in hospital visits and medication shopping. In considering abandonment as a result of economic stress, the Figure reveals that from the point of diagnosis to after 2 years, many parents were determined to find a solution to their child's problem. However, after 5 years, many began to feel overwhelmed and considered abandoning their child with intellectual disability. Similarly, for many parents, the arrival of their child with intellectual disability has forced them to consistently deprive other children adequate care probably due to the demand of catering for the one with intellectual disability.

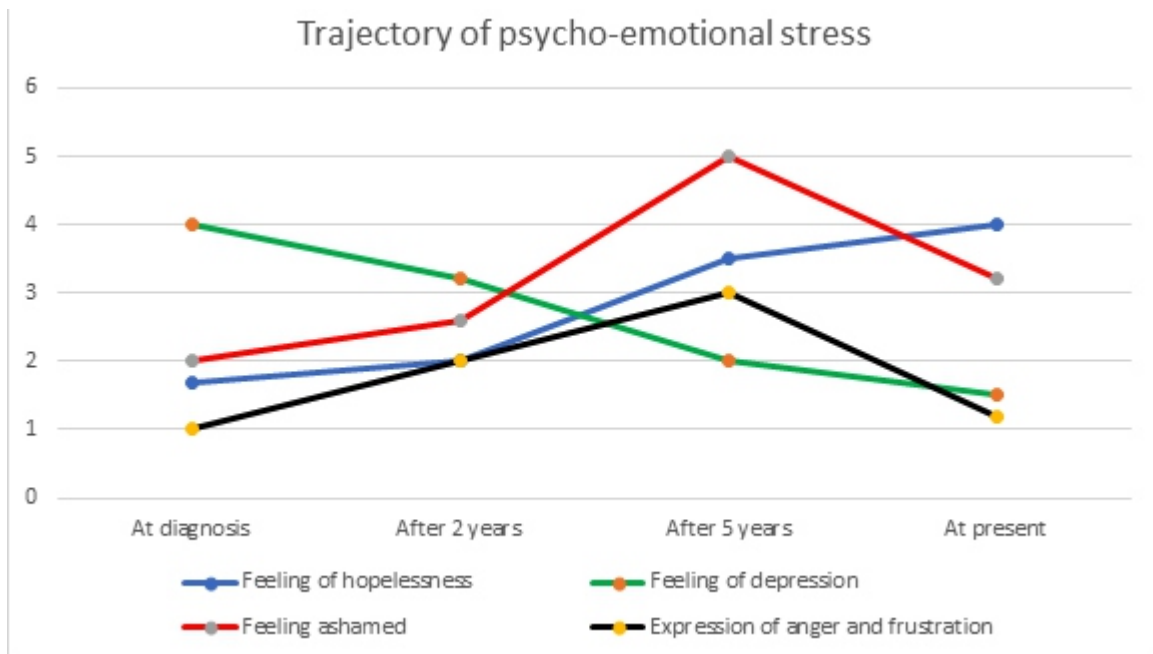
**Research question 2:** What are the psycho-emotional concerns and trajectory among parents of children with intellectual disability?

**Table 3:** Psycho-emotional concerns in parenting a child with intellectual disability

S/No	Item	Always	Sometimes	Rarely	Not at all
1	We often feel hopeless about child	N=121 82.3%	N=24 16.3	N=1 0.7%	N=1 0.7%
2	My child's condition makes me feel depressed	N=113 76.9%	N=12 8.2%	N=15 N=10.2%	N=7 4.8%
3	I express anger towards my child	N=34 23.1%	N=26 17.7%	N=56 38.1%	N=31 21.1%
4	I feel ashamed in the community because of my child	N=111 75.5%	N=36 24.5%	N=0 0.0%	N=0 0.0%
5	I pity my child	N=119 81%	N=28 19.0%	N=0 0.0%	N=0 0.0%
6	Sometimes I cry over my child's condition	N=51 34.7%	N=32 21.8%	N=43 29.3%	N=21 14.3%

The data presented in Table 3 highlights the profound psycho-emotional challenges faced by parents raising a child with an intellectual disability. Over 82% of parents consistently feel a sense of hopelessness regarding their child's potential for improvement. This may stem from the perceived limited progress in their child's development or the societal barriers that diminish their optimism for the future. Additionally, more than 72% of parents report struggling with depression, which often results in expressions of anger toward their child. The emotional and physical toll of caregiving, compounded by societal stigma, likely contributes to this ongoing battle with sadness, frustration, and despair.

A significant 75% of parents expressed feelings of shame within their communities, reflecting the lack of understanding and acceptance of intellectual disability. Many parents may internalize societal judgments, leading to this persistent sense of shame. Furthermore, nearly 81% of parents admitted to feeling overwhelming pity for their children, sometimes to the point of tears, as they cope with the sense of dashed hopes. The realization that their child may not fulfill the dreams and expectations they once had can result in deep sorrow and emotional pain.



**Figure 2:** *Trajectory of psycho-emotional stress*

In Figure 2, it is revealed that many parents initially experienced a relatively low sense of hopelessness, averaging 1.9 on a 6-point scale at the time of their child's diagnosis. This could be attributed to their belief that with time, their child's condition would improve. However, as their child's progress did not meet expectations, despite pursuing various medical interventions, their feelings of hopelessness began to rise as they gradually lost the hope of having a "smart" child.

In contrast, many parents felt more depressed at the time of diagnosis, with depression levels averaging around 4 out of 6 on the scale. Over time, as they adjusted to their new reality, their feelings of depression consistently decreased, reaching as low as 1.5

by the time of the study. This suggests that acceptance and adaptation helped ease their emotional burden.

Meanwhile, the parents' sense of shame intensified as the child grew and their disability became more noticeable within the community. This increase in shame could be due to societal stigma and the pressure to conform to social norms, causing some parents to internalize negative judgments. Although some parents began to adjust to this reality, the shame they felt contributed to rising levels of anger and frustration, which were often directed toward the child. Despite these challenges, by the time of the study, the levels of anger and frustration, stemming from their dashed hopes, were gradually declining as parents continued to navigate and adapt to their circumstances.

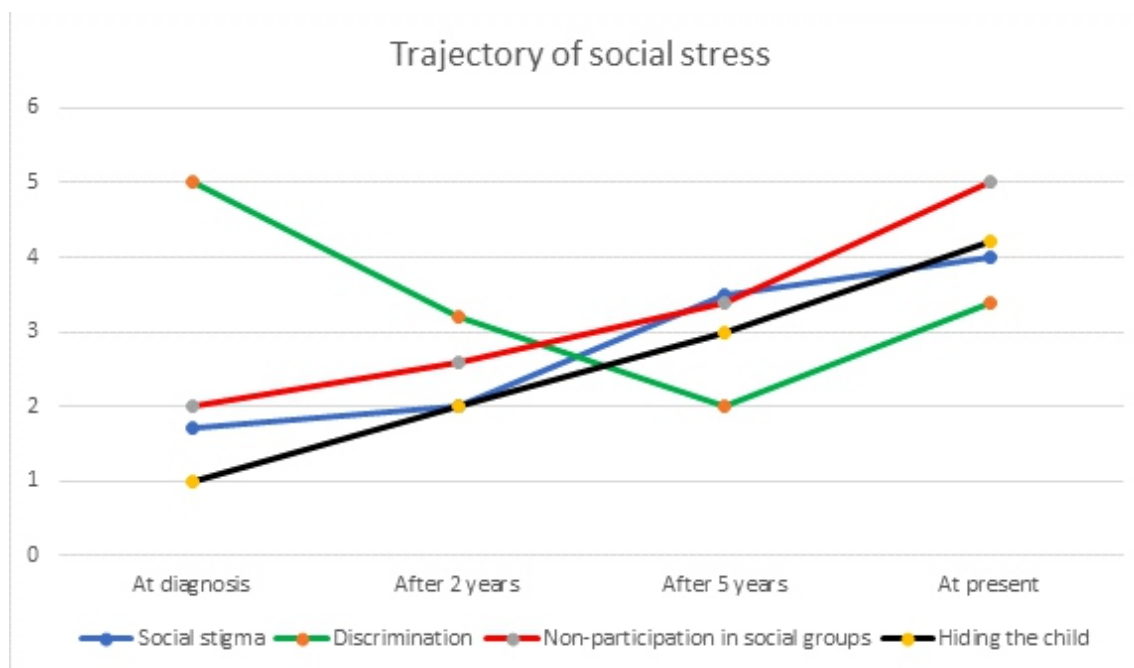
**Research question 3:** What are the social concerns and trajectory among parents of children with intellectual disability?

**Table 4:** Social concerns in parenting a child with intellectual disability

S/No	Item	Always	Sometimes	Rarely	Not at all
1	I feel reluctant to introduce my child to relatives	N=84 57.1%	N=37 25.2%	N=11 7.5%	N=15 10.2%
2	I feel concerned about the social stigma	N= 77 52.4	N=53 36.1%	N=9 6.1%	N=8 5.4%
3	I worry about people’s reaction to my child	N=106 72.1%	N=38 25.9%	N=3 2.0%	N=0 0.0%
4	I hide my child during friends/family’s visit.	N=52 35.4%	N=44 29.9	N=23 15.6%	N=28 19.0%
5	I keep away from social groups because of my child	N=36 24.4%	N 31 21.1%	N=42 28.6%	N=38 25.9%
6	I feel alienated in my community	N=61 41.5%	N=37 25.2%	N=22 14.9%	N=27 18.4%

Table 4 reveals that approximately 57% of parents are consistently hesitant to introduce their child with an intellectual disability to their relatives. This reluctance may stem from their concerns about negative reactions and social stigma. Indeed, over 88% of parents either frequently or occasionally feel distressed by the social stigma they face, which contributes to a pervasive sense of worry among more than 97% of parents regarding community reactions.

These societal attitudes lead about 64% of parents to restrict their child's interactions, keeping them from visiting friends or family. On a broader scale, many parents withdraw from social group functions, experiencing a sense of alienation within their own community. This withdrawal reflects the emotional and social toll of dealing with widespread stigma and the challenges of navigating a society that may not fully understand or accept their child's condition.



**Figure 3:** *Trajectory of social stress*

Table 4 indicates that approximately 57% of parents are consistently reluctant to introduce their child with an intellectual disability to their relatives. This hesitancy is likely due to concerns about social stigma and negative reactions. Indeed, over 88% of parents frequently or occasionally feel troubled by the social stigma attached to their child's condition, leading more than 97% to worry about community responses.

These negative community attitudes result in about 64% of parents limiting their child's interactions, keeping them from visiting friends or family. On a broader scale, many parents avoid social group functions and experience a sense of alienation within their own community. This isolation reflects the emotional impact of societal stigma and the challenges of navigating social environments that may not fully understand or accept their child's condition.

### **Discussion of the Findings**

The findings of the current study show that the majority of parents and families of children with intellectual disability experience financial strain as a result of the arrival of the child. The demands of caring for a child with special needs often limit the resources available to other children in the family, depriving them of adequate care and opportunities. The findings of this study align with the report of Kele and Anuga (2018), which highlighted increased financial stress associated with raising a child with an intellectual disability, partly because of increased medical costs. Children with intellectual disability require a range of needs associated with their care, including specialized therapies, home modifications, adaptive equipment, medication, and educational services. As a result, they consume a disproportionately large share of healthcare resources compared to children without

disabilities.

The current findings are also in line with Odu and Kain (2017), whose findings stated that to maintain an optimal level of well-being for a child with a disability, ongoing specialty care and therapies are required. Parents found that their private health insurance and social service programmes do not cover all of the expenses incurred by the child with an intellectual disability. Items like diapers, over-the-counter medications, special formulas, nursing care, and adaptive equipment are examples of what may not be covered and have been denied as “items of convenience” by insurance carriers. It is important to note that families of children with intellectual disability who have special healthcare needs experience high out-of-pocket expenses that can exceed approximately 5% of the family's total income (Buoli and Aroti, 2022). In addition, families can pay an average of 10% of medical costs in deductibles, copays, and coinsurance. The trajectory of this financial burden, according to Buoli and Aroti (2022), depends on several sociodemographic factors such as income level, education, and social support, among others.

Findings of the current study corroborate those of Newacheck and Kim (2015), who reported that healthcare expenditures for children with special needs are over three times higher than for children without such needs. For example, children with intellectual disability having special healthcare needs had almost four times higher hospital care expenses, more than double the amount of physician visit expenses, and six times more nonphysician services expenses than children without disabilities. For prescription medications, costs can exceed 10 times that of children without special healthcare needs. For parents to appropriately provide for the special healthcare needs of a child with a disability, they often need to pay out of pocket. Therefore, the financial burden of caring for a child with special healthcare needs leads to additional stress on the family as parents attempt to balance the needs of their child with a disability with the family's overall needs.

The findings of the current study also show that many parents go through different stages of psycho-emotional trauma, recovery, and adjustment upon the diagnosis of their child with an intellectual disability. The findings also show that parents often felt hopeless about the improvement of their child's condition. Many parents also battled with depression, which sometimes resulted in expressions of anger towards the child with an intellectual disability. The findings of this study corroborate those of Odem and Reti (2019), which reported that families of children with intellectual disability are at risk for stress, depression, less family cohesion, financial strain, and experiences of social isolation. Parents often struggle with guilt; they feel as though they somehow caused the child to have a disability, whether from genetics, alcohol use, stress, or other logical or illogical reasons. This guilt can harm the parent's emotional health if it is not dealt with. Some parents experience a spiritual crisis or blame the other parent for not giving the support that is needed.

The current study also identified that parents of children with intellectual disability experience social stress. For instance, many parents frequently or occasionally felt bad about the social stigma attached to them, and a number of them worried about such reactions in the community. These findings are congruent with those of Oyedele and Akanbi (2021), which reported that parents of children with intellectual disability experienced shame. Many parents do not attend public gatherings or family celebrations, as they fear that neighbors,

relatives, and other acquaintances might make embarrassing remarks about the child or express sympathies that make them feel worse by targeting the child's condition. This sometimes makes parents feel guilty about their past and leaves them feeling isolated and without any support from family, relatives, or the community. Asari and Ghedli (2017) reported low social status, stigma, social isolation, negligence, lack of facilities, lack of social contact, and a lack of independence. Children with disabilities are often seen as a burden to society or as useless and unwanted persons in the community. These findings highlight the multifaceted challenges that families of children with intellectual disability endure, encompassing financial strain, emotional trauma, and social stress, all of which are interwoven with societal perceptions, healthcare inadequacies, and financial disparities.

### **Conclusion**

A comprehensive assessment of parents of children with intellectual disability towards identifying their multidimensional needs in raising their child is key to the overall development, management and habilitation of not only the child but also the psychological adjustment of the parents. The social, economic and psycho-emotional concerns of parents of children with intellectual disability are so real that most of them feel overwhelmed. Thus, identifying and conceptualizing their needs is a crucial step to attracting needed social support from concerned individuals and organization. This promotes social justice, strengthen their resilience, adaptation and acceptance of the child's condition.

### **Recommendations**

Based on the findings of the study, the researchers recommended that:

- i. There should be improved professional collaboration involving special education teachers, psychologists, social workers, medical professionals, and therapists to promote research, assessment, and advocacy for socioeconomic support and psycho-emotional therapeutic interventions for parents of children with intellectual disability.
- ii. The Nigerian government and relevant agencies such as the National Primary Health Care Development Agency (NPHCDA) and the National Health Insurance Authority (NHIA) should equip primary healthcare facilities to identify families with children with intellectual disability and provide a National Health Insurance Scheme (NHIS) that caters to the healthcare needs of these children, thereby relieving families of healthcare burdens.
- iii. The government, non-governmental organizations (NGOs) such as Save the Children, ActionAid, and the Special Olympics Nigeria, as well as individuals, should provide social and educational support for families of children with intellectual disability.
- iv. A concerted effort from the government, NGOs like UNICEF and Inclusive Education Nigeria, individuals, and professionals such as occupational therapists, speech-language pathologists, and behavioral therapists is needed to build parenting capacity for the effective management and upbringing of children with intellectual disability.

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