

ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

PSYCHOSOCIAL CHALLENGES AND COPING MECHANISMS OF PARENTS OF CHILDREN WITH DOWN SYNDROME AT ABUNE BASLIOS PRIMARY AND MIDDLE SCHOOL

BY

MEKDES SHEWAKENA

ADVISOR: MOGES AYELE (PhD.)

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MEKDES SHEWAKENA

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Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Declaration

Hear-by, I declare that this research is my original work and that all source of materials used in this research have been duly acknowledged. I also declare that this research is not submitted to any other institution for the award of any academic degree, diploma or certificate.

Name: Mekdes Shewakena

Signature_____

Date _____

Addis Ababa University

Collage of Education and Behavioral Studies

School of Psychology

Advisor Approval page

As thesis advisor, I hereby certify that I have read and evaluated this manuscript, which was prepared under my consultancy and guidance by Mekdes Shewakena, entitled "**Psychosocial Challenges and Coping Mechanisms of Parents of Children with Down Syndrome at Abune Baslios Primary and Middle School**". I hereby recommend it to be submitted as fulfilling the research requirements.

Advisor Name	Signature	Date
Moges Ayele (PhD)	_____	_____

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Examining Committee Approval page

This is to certify that this manuscript prepared by Mekdes Shewakena, entitled "**Psychosocial Challenges and Coping Mechanisms of Parents of Children with Down Syndrome at Abune Baslios Primary and Middle School**" complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Examining Committee

Internal Examiner: _____

Signature_____ Date: _____

External Examiner: _____

Signature_____ Date: _____

Advisor: _____

Signature_____ Date: _____

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Abstract

The primary objective of the study was to understand the psychosocial challenges and coping mechanisms of parents of children with Down syndrome at Abune Basiliyos Primary and middle school. The Research utilizes qualitative research method. FGD, Interview and observations used for data collection purpose, the study participants purposively selected for the study. There were seven participants for in-depth interview and one focus group with four participants. The data analysis used a thematic approach to identify groups. Five themes are identified for this research this are Emotional and Psychological Reactions to Diagnosis, Social Challenge, Family Relationships, Coping Mechanisms and Fear and worry about the future. The finding of this study indicated that when parents raising a child with Down syndrome they face psychological, and social challenges. Most of parents who has a child with a Down syndrome use coping mechanisms to overcome that challenge.

Key Words: P*arenting, Down syndrome, social challenge, psychological challenge, coping mechanism.*

ACRONYMS

ADHD: Attention Deficit Hyperactivity Disorder

DS: Down Syndrome

FGD: Focus Group Discussion

IDI: In-depth Interview

NGOs: Nongovernmental Organizations

KG: Kinder Garden

DD: Developmental Delay

P1: Participant One

P2: Participant Two

P3: Participant Three

P4: Participant Four

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Children may experience various significant health conditions before and after birth, making them more vulnerable. Having a child with disability highly affects families and gives another burden for families to rearrange and prepare mechanisms to cope with the challenges associated with child's disability (Joseph, 2016). Down Syndrome (DS) is the most common genetic cause of intellectual disability, is associated with a distinctive phenotype, and may involve delayed growth, additional health problems, and difficulties in caring out activities of daily living (Hairacocha et al., 2017). World Health Organization (2020, as cited in Alshatti et al., 2021) stated that in the worldwide the estimated incidence of Down Syndrome is 1 to 10 per 1000 live birth.

The person who is born with Down syndrome shows different physical symptoms to distinguish from other disabilities. From the symptoms, a flat nasal bridge, a short crooked fifth finger, small skull and large tongue protruding from a small mouth (Mash & Wolf, 2016). Parenting a child with Down syndrome is highly challenging for parents in different ways. Carmi and Argel (2019), Alshatti et al. (2021) Barakat and Mohamed (2019) and Rahimi and Khazir (2019) stated that having a child with Down syndrome affects parents psychologically, like depression, anxiety, feelings of guilt, somatic symptom and stress. In addition to psychological challenges, parents also faced social challenges such as isolation of their disabled child to stigmatization from society (Sijeeni & Barnard, 2018; Deakin & Jahoda, 2019).

Studies by Fentahun et al. (2020) state that Down syndrome is the least prevalent birth defects in Sub Saharan Africa. The prevalence of Down syndrome in Africa is not well documented; however, there are some studies that state about the prevalence from the incidence of Down syndrome done in Nigeria, which is 1 in 865 live births (Oloyede, 2011). In addition to this, in South Africa, 1in every 500 babies is diagnosed with Down syndrome (Vandeneijnde, 2021). Another Study done in South Africa (Barr et al., 2016) shows that there is an irrational hostile attitude in Africa towards parents who have a child with disability, including Down syndrome. As a result, parents keep away their disabled children to minimize stigmatization.

The situation regarding Down syndrome in developing nations has been variable, largely due to several socioeconomic factors, a lack of technological progress, and notably, insufficient political commitment from governments (Sifir, 2024). In Ethiopia, currently, there is no exact official data on the prevalence of Down syndrome. Studies in Ethiopia show that having a child with disability create shame, increase social isolation, stress, and stigmatization to the family (Belaynesh et al., 2018; Chernet, 2007).

Parents use different coping mechanisms to face the challenges. From the coping mechanisms, most parents use religious coping mechanisms to overcome their problem (Carmi & Argel 2018; Barakat & Mohamed, 2019; Nurmalita & Kristiana, 2019). A study done by Jessica (2015) shows another coping mechanism that parents used to increase their adjustment and decrease stressor. This coping mechanism used by parents who have child with disability is problem focused coping mechanism.

1.2. Statement of the problem

Parenting is a challenging experience, especially after knowing a child has a disability. After knowing the diagnosis, most parents of children with Down syndrome express their feeling with dread and refuse to accept it (Alshatti et al., 2021). Because caring for a child with Down syndrome need additional support and attention including time, compared to parents of non-disabled child (Sijeeni & Barnard, 2018).

Numerous studies have demonstrated the tremendous difficulties that affect children with Down syndrome and their families from various angles. For instance, stigmatization of families and children, and stress by the behavior of the children (Deakin & Jahoda, 2020). Emphasize that individuals with Down syndrome are more susceptible to stigmatized treatment because they are immediately identifiable to others. Consequently, this situation also leads to stress for parents.

Psychological challenges families face includes mainly depression and anxiety (Hairacocha et al., 2017; Barakat & Mohamed, 2019; Alshatti et al., 2021). To overcome this challenge, parents use different coping mechanisms, such as they sharing with other family members, community, and their educational centers.

From the coping mechanisms, parents use support as one tool to share their concerns to others (Barakat & Mohamed, 2019). Studies were conducted coping strategies adopted by Iranian

families of children with Down syndrome. In order to promote their growth and development, the family members of children with DS tried to set up support groups and offer care. This could lessen the strain on parents and primary caregivers and distribute the caregiving load across family members(Gashmard et al., 2020).

However, studies done in Ecuador argue that having Down syndrome children not only challenges but also has grater well-being than those of children with other intellectual disabilities (Hairacocha et al., 2017). Studies conducted in France also support the findings of Hairacocha et al. (2017) Bertrand (2019), in which parents they are happy to have Down syndrome son or daughter on their family. Studies in western and African countries mainly focused on mothers' perspectives but this study focused on psychosocial challenges and coping mechanisms of parents of children with Down syndrome. It considers both mothers and fathers. Study conducted by (Sifir, 2024) It only focused on the impact, but this study, which was conducted in Abune Basilios primarily and middles schools, examined the difficulties and coping strategies of the parents.

1.3 Significance of study

This study aims to investigate the psychological and social challenges faced by parents of children with Down syndrome, as well as the coping strategies they employ to deal with these difficulties. This study is important for a number of reasons.

- The lived experiences of these parents in Ethiopia have not received much attention in the literature. The study will close this gap and offer context-specific insights into the particular pressures that these families endure.
- In order to improve parental mental health and family well-being, culturally tailored interventions and support programs can be developed with the help of documentation of these coping techniques.
- The results of this study can help practitioners, educators, social workers, and legislators who work in the fields of child development, mental health, and disability. The study's findings can be used to assist social support networks for families and children with Down syndrome, inclusive education, and easily accessible healthcare.

- Enhancing the distribution of social and health services: guarantees that program planning considers local conditions.
- In addition, by emphasizing the psychological and social aspects of caregiving in a developing nation, the study advances the area of disability research more broadly. Additionally, it provides a voice to a group that was frequently disregarded, encouraging inclusion, awareness, and the creation of knowledgeable and caring support networks.

1.4 Objectives

1.4.1 .General Objective

The general objective of this study is to understand the psychosocial challenges and coping mechanisms of parents of children with Down syndrome at Abune Basiliyos Primary and middle school

1.4.2. Specific Objectives

1. To identify the psychological challenges faced by parents who have children with Down syndrome
2. To explore the social challenges faced by parents who have children with Down syndrome
3. To find out the coping strategies used by parents who have children with Down syndrome
4. To offer some recommendations based on the research findings to help parents deal with the challenges and coping mechanisms of raising a child with Down syndrome

1.5. Research questions

1. What psychological challenges do parents of children with Down syndrome face?
2. What social challenges do parents of children with Down syndrome faces?
3. How do parents cope with the challenges (both social and psychological) of having a child with Down syndrome?

1.6. Definition of key terms

Down syndrome: Also known as, Trisomy 21 is a genetic condition caused by the presence of an extra copy of chromosome 21.

Child: is a young human being who is in the early stage of development between infancy and adolescence. For this study, a *Child* was defined as a person up to the age of 21 years and below

Parenting: is the process of promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood.

Psychological challenges are challenges that people encounter that cause them to experience unpleasant emotional states like stress from raising a child, disappointment and sacrifice, interpersonal conflict, worry about their child's future, and loneliness, all of which can interfere their daily-to-day activities.

Social challenges: it refers to the problems parents of children with Down syndrome face in their everyday interaction with the community they live in. This may relate to the experiences such as stigma, discrimination, rejection, shame and other forms of mistreatment

Trisomy 21: commonly referred to as Down syndrome, is caused by an additional copy of the 21st chromosome that typically results from a nondisjunction event during gametogenesis

Chromosome: is a DNA-based thread-like structure that is present in every human cell's nucleus.

Coping mechanisms**:** It is a method or a process to deal with the existing problems or difficulties. It can be an intentional choice of the person to take action, or it might be out of the person's awareness, using a mechanism.

1.7. Delimitation and Limitation of study

The sensitive nature of the subject the researcher was investigating might have made it difficult for some participants to be open and honestly share their challenges, which also created difficulties for the researcher during data collection. Additionally, parents of children with Down syndrome attending in Abune Baslios primary and middle schools were the subject of this study. The problem is that the study's conclusions cannot be applied to the entire population of project recipients. Parents whose children are in another school and have Down syndrome were therefore not be included.

CHAPTER TWO

REVIEW RELATED LITERATURE

Families encounter significant and complex obstacles while raising a child with Down syndrome that extend far beyond the physical or medical realm. As they balance their goals and reality for their child's growth, parents frequently deal with a complex combination of emotional stress, societal expectations, and changes in family responsibilities. Anxiety, sadness, depression, or chronic stress are examples of psychological challenges, whereas social stigmatization, a lack of social support, and strained interpersonal connections are examples of social challenges for parents. It is also crucial to note that many parents use a variety of coping strategies, both healthy and unhealthy, to deal with these demands. These include depending on avoidance techniques, religious beliefs, and social support.

2.1 An overview about the problem of Down syndrome

One of the most prevalent chromosome abnormalities in people is Down syndrome (DS). The presence of all or a portion of a third copy of chromosome 21 brings on this genetic disease, commonly referred to as trisomy 21 (Ghuge, 2023) In about 1866, a man named Dr. John Langdon Down first used the term "Mongot" to describe Down syndrome. However, individuals with Down syndrome and their supporters, who were naturally concerned about how this chromosomal condition was described, did not approve of this term.(Ugwuegede, C. M., S.N. Okoli, 2020) DS is a multisystem disorder that affects a person's physical, mental, and medical health. When someone with Down syndrome the following symptom are presets small or shorter head or skull shape, an unusually round face, a short neck, low-set, small ears, a flat nasal bridge, abnormally small chin, protruding or oversized tongue(Sifir, 2024)

2.2 Parents Initial Reactions to The Diagnosis of Down syndrome In Their Children

Families may have significant repercussions when a kid is born with a disability or when it is discovered that the child has one, so having a child with special needs can have a significant impact on parents, siblings, and other family members. Families share this special experience, which can have an impact on every facet of family life (Thwala et al., 2018). Lecciso et al. (2025) said that when parents learn that their children have a disability, the majority of them experience shock, denial, shame, and anger. Like others, doctors and other medical professionals

consider it challenging to disclose a diagnosis of Down syndrome due to parents' unsure reactions. Parents respond with anxiety and fury when their child is diagnosed with Down syndrome (Albert, 2018; Robinette et al., 2022). Study conducted in USA by Clark et al., (2020) stated Parents said, "The news was tearing me apart." It was so painful to hear that they went into shock and emotional distress. Some parents wished that conclusive studies would disprove the clinical diagnosis and that it was false: A study done in France (Bertrand, 2019) tries to describe that. At the time of the diagnosis, the majority of moms describe feeling extremely scared and nervous, and they typically give the experience a low rating. These emotions, however, can be more related to the manner in which the diagnosis was given and the unfavorable information that was available at the time than to the diagnosis itself. According to research conducted in Africa by Barr et al. (2016) from South Africa, the primary caregiver reaction when they hear about a kid with Down syndrome for the first time is sadness and shock. According to the study conducted in Swaziland by Thwala et al., 2018) regarding the differences in their children's disabilities, parents expressed a range of reactions. Others claimed that they accepted their children's illness because of the full support they received from their individual families, while others suffered shock that left them feeling helpless, furious, and puzzled to the point of tears.

Study conducted in Ethiopian parents gave a poor explanation of how the health professional broke the terrible news to the parents or primary guardian. It shows that medical personnel lack experience and knowledge regarding down syndrome or disregard people as valued human beings(Sifir, 2024)

2.3 General challenges of having a child with Down syndrome

Due to the problems, frustrations, and challenges that parents encounter on a daily basis, parenting—while a great and gratifying experience—often entails significant levels of stress. Parents are frequently unprepared for the unforeseen responsibilities and challenges that come with having a child with developmental problems(Dervishaliaj, 2013) as we know Compared to parents of children without disabilities, parents of children with disabilities frequently endure higher levels of parental stress(Hsiao, 2018). Many studies have been conducted on the experiences of parents of children with developmental disabilities, although the majority of these studies have been conducted in high-income, Western nations. The lived experiences of parents

of children with developmental disabilities in low- and middle-income nations, and in Africa specifically, are, in contrast, poorly understood.(Tekola et al., 2023)

2.3.1 Psychological challenges of having a child with a Down syndrome

It is often known that caring for individuals with impairments has a range of consequences for the caregivers. Study conducted in Philippines stated that parenting children with Down syndrome presents difficulties since they may experience psychological issues such as stress, worry, and sadness.(Masanda & Masanda, 2019). The majority of caregivers are known to experience psychological stress, which raises their chance of developing depression and other mental health issues.(AlShatti et al., 2021) . Study done in Ecuador showed that more often than not, the manner in which mothers were informed caused them to feel hurt, afraid, and depressed. The mothers' emotions prevent them from attempting to assess the circumstances and consider alternate options. They are disturbed by a circumstance that is so different from what they had planned for that they become confused and disoriented:(Huiracocha et al., 2017) When a child with Down syndrome is born, parents are confronted with a variety of fresh information that requires them to alter their perspective and manner of living. Even describes it as a painful experience. Because the effects of this condition are inevitable, parents may endure severe mental issues, such as melancholy, anxiety, and somatic stress disorder, as well as feelings of guilt, wrath, despair, and frustration about their impotence.(Slaná et al., 2020).

Study conducted in South Africa explained that attention was frequently focused solely on the child in their care, and caregivers are frequently regarded as the hidden client. Chronic exhaustion and feelings of dread, guilt, frustration, uncertainty, anger, sadness, and loss are observed over time.(Barr et al., 2016). According to the study done in Nigeria the risk of depression is higher for parents with impairments than for parents without disabilities.(Ede et al., 2023) The lives of other family members are also impacted when a child with a handicap is present. Families with disabled children, particularly in impoverished nations like Ethiopia, run the risk of experiencing higher levels of stress, social isolation, and a decline in psychological health(Tefera et al., 2018).

2.3.2 Social Challenges of having a Child with a Down syndrome

Many parents may believe that a child with mental retardation is something to be embarrassed of and should not be permitted to leave the house. Parents may feel alone and unsupported as a

result of hurtful comments made about the child by neighbors, family members, or others(kumar et al,2019) furthermore, one of the recognized causes of poor health is social isolation, which can result from parents' perceptions that their children with disabilities are not accepted in particular settings. This reduces their interactions with friends and other social groups.(Asa et al., 2020) As their kid grows and develops, mothers of children with Down syndrome may encounter a number of perceived difficulties related to parenting, including unfavorable attitudes from their community.(Cless et al., 2018) Stigma is one of the many unpleasant psychological experiences that can have a negative impact on interpersonal interactions. Mothers with children with impairments, such as Down syndrome, have been found to experience courteous stigma on a daily basis(Huiracocha et al., 2017; Watanabe et al., 2022) More care giving challenges and child-related stressors, such as distractibility and demanding or inappropriate conduct, were reported by parents of children with Down syndrome. Social isolation and other stressors associated to parents(S et al., 2017) managing the societal repercussions of the disease, such as the possibility of stigmatization, presents a number of difficulties for parents, particularly mothers, of children with Down syndrome(Samir Mahmoud et al., 2022)

Study done in Swaziland by (Thwala et al., 2018) stated that parents confessed how upsetting it is to know that society makes fun of and discriminates against their kids. They believed that their children's social adjustment led to rejection or isolation because of the stigma and discrimination. In many nations, including Ghana, people with disabilities and their families receive different treatment than everyone else. According to studies, many Ghanaian tribes consider ID to be a spiritual disorder, and families that have someone with ID are said to be punished by the god(Oti-Boadi, 2017). The use of stigmatizing terms like "worthless" and "an idiot," as well as the discussion of abandonment (e.g., parents abandoning their child because of her/his disorder, or the father abandoning his wife because of the birth of a child with DD), resulted in caregivers, particularly mothers, feeling blamed for their child's DD(Tekola et al., 2020). According to the parents' testimonies, they were frequently compelled to keep their child and themselves apart from family members and from society in general due to a lack of empathy. Parents claimed that they avoided bringing their children to social situations because others would not comprehend their behavior.(Tekola et al., 2023;Weldeab, C., T;2007)

2.4 .Coping Mechanisms of parents of children with Down syndrome

The family system and parents' views of children with intellectual, physical, or learning disabilities showed that the majority of parents had to adjust their social lives and expressed a great deal of frustration and discontent. It also highlighted the value of social resources and support(Heiman, 2021). Conversely, coping techniques are particular activities or responses that a person performs in response to a particular stressful circumstance. Coping patterns, on the other hand, are a collection of several strategies that a person uses to cope with a challenging circumstance and improve the efficacy of their own preventive action(Bujnowska et al., 2021).

According to recent research, parents of children with Down syndrome are more likely to use coping mechanisms and maintain an optimistic, proactive approach when managing their child's illness(Nurmalita, 2019) . The acceptance of children with Down syndrome was aided by the children's innocence and purity as well as spiritual factors. Research conducted from Iran has also shown that spirituality can help families' better cope with their suffering, improve mental comfort, and lessen anxiety and stress related to caregiving, and increase life expectancy and quality of life(Gashmard et al., 2020). Qualitative study conducted in Ecuador stated that particularly for many caregivers, their faith serves as a significant source of emotional support(Huiracocha et al., 2017) study conducted in Egypt also strengthen More than half of moms were always able to cope religiously, making religious and doctrinal coping the most common coping technique among mothers(Samir Mahmoud et al., 2022) .

In Ethiopia spirituality has the ability to embrace many problems that come with raising a child with a disability, according to Bing, which is linked to religion and helps parents of disabled children reduce stress and improve their coping methods.(Weldeab & Liv Randi Opdal, 2007)

CHAPTER THREE

RESEARCH METHODOLOGY

The purpose of this study is to investigate the coping strategies used by parents of children with Down syndrome to deal with the psychological and social difficulties these parents encounter. It is essential to comprehend these parents' lived situations in order to inform inclusive legislation, mental health services, and supporting interventions. In order to accomplish this, the study used a qualitative research approach, which enables a thorough analysis of social dynamics, emotional reactions, and individual experiences that quantitative methods may not fully captured.

This methodology intended to give parents' views priority, providing a forum for them to express their viewpoints in a nuanced and sympathetic way, given the subjective and complicated nature of psychological and social experiences. This study aims to identify trends, meanings, and coping mechanisms in the larger framework of parenting a child with Down syndrome through carefully chosen data gathering techniques and analytical processes.

3.1. Research Design

This study uses a qualitative research style, specifically a phenomenological technique, to investigate the coping strategies and psychological and social difficulties faced by parents of children with Down syndrome. This study is best suited for a qualitative design since it aims to comprehend people's lived experiences, feelings, and interpretations of those experiences. By using a phenomenological approach (Creswell, 2009) the researcher can learn a great deal, about how parents interpret their own experiences, the pressures they face, and the coping mechanisms they adopt. Rich, descriptive facts are highlighted in this design, enabling a thorough comprehension of the intricate social and emotional processes at play (Creswell, 2013)

3.2. Population and Sampling Techniques

3.2.1 Study Area

The study was carried out from the 11 sub-cites in Kolfe Keranio and in Ethiopia's capital, Addis Ababa. There are numerous government schools in Addis Ababa, including Abune Basilios Primary and Middle Schools. The Special Needs Education department of Abune Basilios Primary and Middle Schools founded in 1996 with the goal of assisting students with intellectual

disabilities. The school's main initiatives include education, health, and fostering an inclusive atmosphere for children with intellectual disabilities. For all children with intellectual disabilities, it provides educational programs, behavioral and physical therapies, and vocational therapy. Currently, the school provides support for 39 children with disabilities (15 Intellectual disabilities, 8 autism spectrum disorder, 11 Down syndrome, 3 Developmental Delay, 1 Hydrocepallus and 1 ADHD). There is a group of skilled professionals, from these teachers, special need educational teachers and caregivers this professionals working together to give specialized care for the children.

3.2.2 Study Population

All parents whose children are with Down syndrome and did learn in Abune Basilios Primarily and Middle School.

3.3. Eligibility Criteria

3.3.1 Inclusive Criteria

Parent who had children with Down syndrome and learn in Abune Basilios Primary and Middle School.

3.3.2 Exclusion criteria

Parents who have a child with a disability other than Down syndrome.

3.4 Sample Size Determination

Data saturation was used to establish the study's sample size. When comparable information begins to emerge from the gathered data, data saturation has happened. It was challenging to determine the sample size for a qualitative study because it depended on information saturation. So there are 7 in-depth interviews, and 1 FGD with parents who have children with Down syndrome. When new findings regularly confirm earlier ones, the phenomenon is known as data saturation. When additional analytical discoveries are no longer observed, saturation has been attained. At this moment, no new information would be discovered (Yin, 2003).

3.5 Sampling Method

In qualitative research, nonprobability sampling is employed for a variety of sampling techniques. Purposively, the sample units are selected because they can yield comprehensive

data. Nonprobability sampling works well for small-scale, in-depth research. One of the non-probability sampling techniques is purposeful sampling, in which the sample frame supplies the necessary information (Yin, 2003).

3.6 Data Collection Procedure

3.6.1 Ethical Consideration

Ethical measures were taken prior to the data collection process. The researcher initially obtained Addis Ababa University's approval to make sure the study complied with ethical standards. Abune Basilios Primary and Middle School granted permission for the study with the help of Addis Ababa University and letters of corporation from the school's psychology department. Participants understood that their participation was entirely voluntary and that they could stop at any moment without facing any repercussions. Participants were also informed that they could decline to answer any interview questions. The researcher made sure the participants were at ease enough to continue the interview along the process. Overall, proper ethical norms pertaining to voluntary involvement, informed consent, confidentiality, data protection, and transparency respected.

3.6.2 Data Collection

Based on the study's goals, participants were interviewed in a semi-structured manner to gather data. Unstructured and structured interviews are balanced in semi-structured interviews. An interactive conversation with the participants serves as the main source of data. A thorough interview enables the researcher to investigate and comprehend the situation in detail. Additionally, it facilitates the research participants' ability to openly communicate and express their thoughts, feelings, and opinions. A comprehensive semi-structured interview guide will be prepared to address the study's goals.

Focus group discussions were chosen in order to gather diverse views from parents and to examine the problem from several angles through group engagement. When the researcher does not have a lot of knowledge about the subjects, focus group discussions are a useful technique. Also carried out to comprehend the same interests and various issues that are communicated.

Observation, one of the methods used to produce data based on the observation checklist is observation. The researcher had the chance to observe the family's general circumstances through the focus group discussions, the interview, and other associated activities.

3.7 Data Analysis Technique

The information gathered from interviews was transcribed and then translated into English. For the purpose of thematic analysis used to examine the data and identify themes pertaining to the effects of raising a child with Down syndrome on families. All interviews were audio recorded with the consent of the participants to ensure that the responses were accurately recorded in order to preserve the context of the discussion, a competent transcriber should not only ensure correctness but also accurately record every spoken word, including pauses, laughter, and non-verbal cues. In order to ease analysis, the transcriptions of the interviews were translated into English while maintaining the correctness of the meaning. The interviews were conducted in Amharic. Once it had been transcribed and translated, the transcripts were cross-checked to ensure accuracy and consistency with the original recordings. In order to prepare them for thematic analysis, the final transcriptions were tagged for confidentiality, then arranged in a word processing format, and identified portions that were pertinent to the research topics of the study.

CHAPTER FOUR

FINDINGS

4.1 Introduction

As explicitly mentioned in the research design, the qualitative data were gathered and arranged prior to the activity of data interpretation and analysis. As a result, the researcher was able to gather the necessary data from the study population using the instruments and procedures specified for data collection. Consequently, sample was drawn from volunteer parents or primary guardians of children with Down syndrome using the purposive sampling technique. Selection was done among parents whose child diagnosed with Down syndrome and learn in Abune Basiliyos primary and Middle school.

Table 1 Socio demographic Participants

Participant	**Relationship with child**	**Age**	**Sex**	**Marital status**	**Educational level**	**Occupation**	**Number of children**
P1	Mother	60	Female	widowed	8th	House wife	3
P2	Mother	55	Female	widowed	3rd	House wife	5
P3	Father	52	Male	Married	9th	Merchant	4
P4	Father	53	Male	Married	Not learnt yet	Merchant	5
P5	Mother	50	Female	Widowed	4th	House wife	2
P6	Mother	60	Female	Widowed	Not learn yet	House wife	3
P7	Mother	50	Female	Divorced	8th	Merchant	3

Table 2 Information related to child

Participant	Age	Sex of child with down syndrome	Grade level
P1	23	Male	KG 3
P2	35	Female	KG 3
P3	11	Male	KG 3
P4	10	Female	KG 3
P5	27	Male	KG 3
P6	20	Female	KG 3
P7	16	Male	KG 3

4.2 Focus Group Discussion

Table 3 focus group participants

Participant	Relationship with child	Age	Sex	Marital status	Grade level	Occupation	Number of children
P1	Mother	32	Female	Married	Not yet learnt	House wife	3
P2	Mother	56	Female	Married	degree	Merchant	3
P3	Mother	33	Female	Married	6^{th}	Merchant	4
P4	Mother	40	Female	Divorced	5^{th}	Merchant	2

4.3 Thematic Analysis of Interviews and FGD with Parents of Children with Down syndrome

1. Emotional and Psychological Reactions to Diagnosis

2. Social Challenges

3. Family Relationships

4. Coping Mechanisms

5. Fear and worry about the future

4. 4 Emotional and Psychological Reactions to Diagnosis

4.4.1 Theme: Shock and Sadness at First

Most parents said they were shocked, sad, or confused when they first learned their child had Down Syndrome. According to the parent interviewed, shock was one of the first sensations they experienced. The main cause of it is something unexpected. According to what I've seen in the majority of my talks with parents whose children have down syndrome, families most likely have a pretty clear vision of what their child will look like before the baby is born. The majority of them, however, are astonished when the child they had and the one they expected diverge. When families learn that their newborn has Down syndrome, it can be a tremendous shock because, for the majority of them, this information is overwhelming and totally unexpected

“It was shock. What else would it be?” (IDI, P1&P4) parents who are participated during the interview.

“I cried too when they told me at the hospital that he had it. What could be done?” (FGD, P4)

“You feel it very deeply. You ask yourself, ‘What did I do? Why did this different thing happen?’” (IDI, P7)

4.4.2 Theme: Acceptance as God’s Will

Over time, many parents said they accepted their child’s condition as something given by God. This helped them find peace.

“Nothing, it’s just a gift. It’s a gift given by God. We can’t do anything about it.” (IDI, P3)

“If God gave you something, there’s nothing you can do about it.” (IDI, P6)

“It is God who gives, and it is God who protects. I don’t complain to my God.” (IDI, P2)

4.5. Social Challenges

4.5.1 Theme: Stigma and Misunderstanding from Others

Parents said people in the community often misunderstood their child’s condition or made hurtful comments because .society's ignorance of people with Down syndrome is still a major problem, frequently resulting in hurdles and misconceptions. Meaningful inclusion and support for individuals impacted are hampered by this ignorance about what causes it. Here is a participant who claims that the social impact on their family is substantial as a result of the ignorance. “They even told me, ‘Take him somewhere and get rid of him. He’s not an ox to be cut and shared.’” (IDI, P1)

“Some say it’s a curse… others say it’s because of the injections you took at the hospital.” (FGD, P4)

Mother from the focus group discussion stated that when he spent time with other children, people said he was “disturbing.” I said, “Any child can disturb—not only him. I asked you to help me by caring for him, not to complain about him.” But they said, “No, there’s a problem.” Then I cried (FGD, P4)

4.5.2 Theme: Isolation and Staying Indoors

Some parents withdrew from social life because they felt judged or because it was hard to take their child outside.

One mother from the interview said that the problem I faced was not being able to mix with people. When you go out and socialize, they say, “She’s like this; she’s mentally retarded. Don’t mix with her.” So I stopped going out. Even if I’m invited to social gatherings or baptisms, I don’t go. (IDI, P6)

“Even if others don’t isolate me, I feel isolated from people.” (FGD, P1)

One mother from the interview said that I do not socialize. I worry a lot. If he suddenly goes outside, another child might hit him. They tell me, “Why don’t you hold your son? He’ll hit my child!” Even my next-door neighbor says, “I gave birth too. I don’t hate him, but hold your

child—he'll hit the others!" Because of that, I don't socialize much with people. It causes a lot of problems (IDI, P3)

4.6. Family Relationships

4.6.1 Theme: Marital Support or Conflict

Some parents said their partners were supportive, while others said the child's condition caused conflict at home.

"Her father used to worry about her more than I did." (FGD, P1)

"No, his father used to treat him well… It didn't cause problems in our marriage." (FGD, P1, P2&P3)

My own husband told me, "This happened because of you." Even family members said, "You don't have a real family—something is wrong with you." But there is no person who hasn't done wrong—only God is perfect. "He said, 'I do not want to see him either; this all happened because of you.' Sometimes it reached the point of physical violence." I isolated myself—from my marriage and from my job (FGD, P4)

4.7 Coping Mechanisms

4.7.1 Theme: Relying on Faith and Prayer

The majority of families stressed that their main and most basic method of overcoming their difficulties was to rely on God. They talked about how they felt relieved when they trusted a God with their anxieties, concerns, and doubts. By putting their faith in God, they were reassured that there was a bigger design at work and that they were not alone in their troubles. Despite the difficulty and uncertainty of raising a child with Down syndrome, they said that trusting God is preferable and that putting all of their worries on him allowed them to discover inner peace.

According to two of the participants in the in-depth interview, relying in God is the essential and only method to deal with this issue. I have not turned to any other coping strategies because I believe that faith in God is the best option. Both the participant said Prayer and faith in God were the most common ways parents said they coped with their difficulties. (IDI, P1&P3)

One father from "Apart from Allah, I have not received any support at all. He is my Supporter." (IDI, P2)

One mother said, “I just tell my Creator, ‘Help me.’ Who is there below the Creator?” (IDI, P6)

4.7.2 Theme: Enduring and Finding Strength

Parents said they learned to live with their sadness and focus on their child’s small improvements.

“You just use it according to the situation… enduring and living.” (IDI, P5)

“I live with my sadness. That’s how I live, as you see me.” (FGD, P1)

One mother from FGD stated that You cope by accepting your child, by talking about them, by sharing their strengths. That is your victory. He is better than my other two children in many ways are. He comes to the kitchen and says, “Mommy, what can I help you with?” Those other ones might not make their beds for a week, but he goes and makes their beds for them. My child never leaves his bed unmade. When you accept and love your child that is how you cope (FGD, P2). One participant from the interview also said, “You cope by accepting your child, by talking about them, by sharing their strength (IDI, P4)

4.7.3 Theme: School as Support and Relief

Many parents said the child’s school gave them comfort, hope, and emotional relief.

One father from the interview stated that the big thing you should know from here is this: he came to school as a student. His going [to school] alone is a big deal for me. It is satisfaction “because “The child’s enrollment in school itself is a great support for us. I see it as a big gift.” (IDI, P3)

According to the FGD participants, school is one of their main great area of support for their children since it offers them a structured learning environment, fosters social competency, and helps them feel like they (FGD, P1&P2)

4.8 Fear and Worry about the Future

4.8.1 Theme: Concern for the Child’s Life after Parents’ Death

Many parents said their biggest fear was what would happen to their child when they were gone.

“What will happen when I die? Who will care for him like a mother?” (IDI, P2&P6)

In addition to this one of the participant from the interview said “There’s one thing that stays in my mind: What will happen when I die? Who will care for him like a mother? If something happens to me, no one will truly look after him. People care for him only when I am there. When I turn away, they don’t even treat him properly” (IDI, P5)

One mother said that Anxiety is still present. Because there is anxiety, that something might happen—not to me, but to her. I cannot cope with that. If it is not the Creator, I cannot cope with the anxiety, I can't remove it. (Respondent becomes emotional and begins to cry.) (IDI, P4)

CHAPTER FIVE

DISCUSION

5.1 Introduction

The main results of the study are presented in this chapter in relation to the research questions, and the findings are discussed in light of the evaluated literature

The main purpose of this study was to assess the psychosocial challenge and coping mechanisms parents of children with Down syndrome

Emotional and Psychological Reactions to Diagnosis

The diagnosis of Down syndrome, what Down syndrome is, and how to care for a child with Down syndrome are not well understood by the parents of children with Down syndrome. Even some study participants explicitly claimed that receiving consultation from health care providers has significantly improved their comprehension and acceptance of their child's condition, even though the aforementioned finding reflects data from industrialized nations. However, it is frequently observed that families have very little access to information regarding their child's condition at delivery. This scenario often leads to the discovery of Down syndrome later, typically during hospitalization for related health problems. Many families have expressed concern about this delay in diagnosis. After learning that the child has Down syndrome, the majority of participants initially react with shock and disbelief, followed by sentiments of anger, disappointment, denial, and frequently guilt. According to Robinette et al. (2022), this scenario with disbelief is cited as one of the initial responses of the family. While some parents experienced denial upon learning about the disease, others were completely ignorant of it. The shock of being in a situation they had never considered and the lack of prior awareness are the key causes of the denial.

According to this study's results, most parents initially refused to accept their child's condition, although most of them had experienced some form of negative emotion over their child's birth with Down syndrome. Additionally, families continued to hold out hope that their child might one day be free of Down syndrome(Albert, 2018)

In a similar vein, some parents in another study, Clark et al. (2020), believed that the clinical diagnosis they had heard was false and that repeating tests would alter the results; they were constantly hoping to hear that their child did not have Down syndrome. Whether the diagnosis was given before or after the baby was born, the majority of parents' first reactions were shock, although some parents expressed more positive feelings, viewing their kid as a blessing and a gift from study participant (IDI, P3&FGD, P2).

The majority of mothers whose are involved in this study suffer from worry and sadness because of their child's health issue due to this they are easily exposed to depression and anxiety. in addition to this Certain child characteristics, including age, low social desirability, and behavioral issues, especially externalizing behaviors and difficult behaviors like irritability and impulsivity, have been linked to high levels of parental stress in Down syndrome(Fuca et al., 2022)

Study conducted in Egypt (Samir Mahmoud et al., 2022) strengthened due to their incapacity to handle this circumstance, mothers of children with intellectual and Down syndrome experience a wide range of negative emotions, including stress, anxiety, and depression. They also worry more about their own and their child's future, which will negatively influence their wellbeing.

According to a study conducted in Nigeria Parenting disabled children may be extremely stressful since they encounter many obstacles, including emotional ones, which can lead to psychiatric issues, despair, physical tiredness, and a lower quality of life(Daniel et al., 2021).

Social Challenges

Most participating parents in this study emphasized a range of social repercussions, including discrimination, social isolation, a lack of understanding in society, and unfavorable community reactions. Consistent with the findings Cless et al., (2018) strengthened that stigma is one of the many unpleasant psychological experiences that can have a negative impact on interpersonal interactions.

It is clear from the replies given those parents of children born with Down syndrome deal with a variety of societal misconceptions regarding the condition. They thus frequently encounter unfavorable responses from others. Consistent with this discovery(Huiracocha et al., 2017; Watanabe et al., 2022) More care giving challenges and child-related stressors, such as

distractibility and demanding or inappropriate conduct, were reported by parents of children with Down syndrome. One the participant from FGD, P1 stated that to by fearing the response from the society I try to isolate myself and including my child to decrease stigmatization.

According to this research, families of people with intellectual disabilities in the Africa and our nation are impacted by society in a noticeable way. Because of this, the majority are hidden at home and kept away from social events(Weldeab & Liv Randi Opdal, 2007)

The community's unfavorable reaction further isolates the kids and their family, erecting obstacles to their acceptance and social integration study done in Ethiopia strengthen by (Sifir, 2024)

Family Relationships

Responses on the interactions between parents and their spouses who have a kid with Down syndrome make it clear that having a child with the condition can affect marriages in a variety of ways. As is seen in situations where men have departed because of the child's illness, participant from IDI, P7 & FGD, P4 endure stress that results in separation or divorce. Single-parent families or living arrangements where other family members provide support can be the result of this split.

Coping Mechanisms

According to the results, families also mentioned using their religious beliefs as a coping strategy to deal with the difficulties of parenting a kid with Down syndrome. These results are consistent with another study that found that one coping strategy was faith in divine providence. Through the process of raising their children, families' strong spiritual beliefs and prayers lessen and eventually eradicate feelings of tension and anxiety. Study conducted in Iran strengthened this idea Despite all of the challenges, the participants' spiritual beliefs made raising children with Down syndrome a more enjoyable endeavor that brought about an inner sense of fulfillment that could only be equated to worship(Gashmard et al., 2020)

Qualitative study conducted in Ecuador stated that particularly for many caregivers, their faith serves as a significant source of emotional support(Huiracocha et al., 2017) is correlated with my finding because most of my participant use faith serve to as emotional support .

Most of the participants from IDI & FGD claimed that the primary source of solace for them is sending their child to school. in order to help their children acquire practical and communicative skills, families seek out services such as occupational therapy, speech therapy, and others. It is evident that the participants actively look for help from various services to help their kids manage their developmental delay and improve their general quality of life (Gashmard et al., 2020)

Fear and Worry About the Future

Participants were concerned about their child's uncertain future. Two mothers talk about their education as well as their fear of future medical follow-up and life after they passes away. Despite the country's universal human rights and other legal presumptions, the Ethiopian government's attention to and practices regarding Down syndrome are so inadequate that parents of children with the condition must endure the lifelong process of raising a child who is different.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

6.1 Summery

The primary objective of study is to understand the psychosocial challenges and coping mechanisms of children with Down syndrome in Abune Basiliyos Primary and Middle school. The following questions were formulated.

RQ1: What psychological challenges do parents of children with Down syndrome face?

RQ2: What social challenges do parents of children with Down syndrome face?

RQ3: How do parents cope with the challenges (both social and psychological) of having a child with Down syndrome?

To achieve this objective, In-depth interviews, observations and focus group discussions were used. From eleven participants, five mothers and two fathers participated in an in-depth interview. In addition to this, one focus group with four participants was done; the participants who were selected for the FGD were mothers whose children with Down syndrome. The study area of the research is Abune Basiliyos Primary and Middle School. The participants are selected purposively, and the sample units are selected because they can yield comprehensive data. Nonprobability sampling works well for small-scale, in-depth research.

This study aims to identify trends, meanings, and coping mechanisms in the larger framework of parenting a child with Down syndrome through carefully chosen data gathering techniques and analytical processes. So, to fulfill the aim of the study, thematic analysis is used. There are procedures to analyze the data from the procedures first, the data collected, the collected data was recorded by using recording materials, then the recorded data were transcribed by a professional or the researcher, then the transcribed data was translated into English to foster the analysis, to increase the accuracy of the analysis, cross-checking is mandatory.

From the thematic analysis, five themes are identified by the research about psychosocial challenges and coping mechanisms of parents whose children with Down syndrome. The themes are Emotional and Psychological Reactions to Diagnosis, Social Challenges, Family Relationships, Coping Mechanisms and Fear and worry about the future.

6.2. Conclusions

The emotional fortitude, familial bonds, and social engagement of parents of children with Down syndrome are put to the test by a variety of psychological and social issues. As parents adjust to sudden changes in their lives, the first few months after a diagnosis are frequently characterized by shock, grief, and bewilderment. Many eventually experience social stigma and misinterpretations from others, which causes them to feel alone and withdrawn. Marital relationships may also be impacted; some couples experience stress and disagreement, while others grow closer as a result of sharing caring duties.

Parents show incredible fortitude by using a variety of coping strategies in spite of these challenges. Prayer and faith are frequently strong emotional pillars that offer solace and purpose in the face of uncertainty. Additionally, inclusive schools are crucial because they provide parents with relief and educational possibilities for their children. However, when parents adjust, ongoing concerns about their child's future—particularly with regard to care and security beyond the parents' passing—continue to be a significant cause of distress.

Finally, the experiences of these parents underscore the necessity of inclusive educational policies, community awareness initiatives, and extensive psychosocial support networks. Society can help guarantee that parents of children with Down syndrome are not left to cope alone but are instead supported in ways that promote resilience, hope, and long-term well-being for both the parents and their children by lowering stigma, bolstering family counseling, and encouraging social inclusion.

6.3 Recommendation

A number of suggestions can be made to enhance support networks and advance the wellbeing of parents in light of the psychological and social difficulties that parents of children with Down syndrome encounter, as well as their coping strategies.

1. Enhance Public Awareness and Reduce Stigma

   To raise public knowledge of Down syndrome, government organizations, non-governmental organizations (NGOs), and media sources should work together. In order to help parents feel supported and welcomed in their communities, educational initiatives can debunk stereotypes, lessen prejudice, and encourage inclusion.

2. Provide Accessible Psychological and Counseling Services

   Parents should have access to and be able to pay professional therapy and mental health treatments. In addition to offering advice on appropriate coping mechanisms, early counseling interventions following diagnosis can assist families in managing shock, grief, and stress.

3. Encourage Marital and Family Support Programs

   Stress management classes, parenting classes, and marital counseling are all examples of family-centered interventions. By improving family members' collaboration, communication, and understanding of one another, these programs can help keep relationships together.

4. Integrate Faith-Based and Community Support

   Religious and community organizations ought to be more involved in offering families with Down syndrome social, emotional, and spiritual assistance, as many parents use prayer and faith as coping strategies

5. Encourage Further Research and Policy Development

   The long-term psychological and social requirements of parents should be better understood through more qualitative and quantitative study. Policies that support family-centered care models and inclusive social services should be informed by the findings.

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Appendix

Appendix I: Informed Consent Form

Title: psychosocial challenges and coping mechanisms parents of Down syndrome children

Introduction

My name is Mekdes shewakena I am a post-graduate student in the Addis Ababa University Department of Counseling Psychology. I am conducting a qualitative study on psychosocial challenges and coping mechanisms of parents of Down syndrome children. This study aims to identify psychosocial challenges and coping mechanisms of parents of children with Down syndrome. The study will explore the parent's experiences by focusing mainly on their psychological and social challenges and also coping mechanisms.

If you agree to participate, you will be involved in-depth interview and FGD. The interview lasts for 1hr and to 2hr respectively.

The information you provide will be recorded and stored in a recording. Additionally, the information you share with me is strictly confidential and will only be used for this research purpose.

If a study is published, it will benefit the participants, policymakers, and Special Needs Education Teachers

Signature: _____

Date:_____

Appendix II: Interview guide

1. Demographic Information of parents

1. Age: _____

2. Sex: _____

3 .Marital status: _____

4. Educational statues: _____

5. Occupation: _____

6. Number of children: _____

2. Information of the child

1. Age: _____

2. Sex: _____

3. Grade level: _____Formal Education in the center: _____

Psychological challenges that parents face by having Down syndrome children

- What was your initial reaction after you knew your child had Down syndrome?
- Did you ever feel stress, depression, and anxiety regarding having a child with Down syndrome?
- What do you feel when you think of the birth of your child with Down syndrome?

Social challenges that parents face by having Down syndrome children

- Could you tell me your relationship with your society before and after knowing your child with Down syndrome?
- Did you ever feel stigmatization or discriminated against because of your child with Down syndrome?
- How does having a child with Down syndrome affect your relationship with others?
- Did having a child with Down syndrome affect your marital relationship?
- How did your friends, relatives, and the community, even your members, react to your child's diagnosis?

Coping mechanisms parents used to face psychological and social challenges

- What kind of coping mechanisms do you use?
- How do you face discrimination and stigmatization in the case of having a child with Down syndrome
- What kind of coping mechanism do you use to overcome psychological challenges?
- Would you tell me the support you have received from family, relatives, and friends about your child?
- Have you gotten any kind of support from your child's school?

Thank you for your time!

Appendix III: Focus Group Discussion

Focus group discussion overview

First, I will welcome the participants in the focus group, and I will introduce myself, and then the participants will also introduce themselves. This helps to build our rapport putting ground roles also helps to control the overall discussion and wrap up final thoughts. Finally, I thank everyone for their time.

Discussion Themes

- Psychological challenge that parents face in having Down syndrome children
- Social challenge that parents face in having Down syndrome children
- Coping strategies to overcome challenges related to the psycho social challenges that parents face by having Down syndrome children

Thank you for your time!

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አባሪ

አባሪ I፡ በመረጃ የተደገፈ የስምምነት ቅጽ

አርእስት፡- የዳውን ሲንድሮም ህፃናት ወላጆች ስነ-ልቦናዊና ማህበራዊ ችግሮች እና የመቋቋም መንገዶች

መግቢያ

መቅደስ ሽዋቀና እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የምክር ስነ-ልቦና ክፍል የምርምር ተማሪ ነኝ። ስለ ዳውን ሲንድሮም ህፃናት ወላጆች የስነ-ልቦናና ማህበራዊ ችግሮች እና የመቋቋም መንገዶች በተመለከተ አጠቃላይ ጥናት በመስራት ላይ እገኛለሁ። ይህ ጥናት በዋነኝነት ዳውን ሲንድሮም ያለባቸውን ልጆች ወላጆች የስነ-ልቦና-ማህበራዊ ተግዳሮቶችን እና የመቋቋሚያ ዘዴዎችን ለመለየት ያለመ ነው። ጥናቱ በዋናነት በስነ-ልቦናዊ እና ማህበራዊ ተግዳሮቶቻቸው ላይ በማተኮር የወላጆችን ተሞክሮዎች እና እንዲሁም የመቋቋሚያ ዘዴዎችን ይዳስሳል።

ለመሳተፍ ከተስማሙ በዝርዝር ቃለ-መጠይቅ እና በቡድን ውይይት (FGD) ይሳተፋሉ። ቃለ መጠይቁ በቅደም ተከተል ለ1 ሰአት እና ለ2 ሰአት ይቆያል።

እርስዎ የሚሰጡት መረጃ በመቅደም ተመዝግቦ ይቀመጣል። በተጨማሪም፣ ከእኔ ጋር የሚያካፍሉት መረጃ በጥብቅ ሚስጥራዊ ነው እና ለዚህ የምርምር ዓላማ ብቻ ጥቅም ላይ የሚውል ነው።

ይህ ጥናት ከታተመ ተሳታፊዎችን፣ ፖሊሲ አውጪዎችን እና የልዩ ፍላጎት ትምህርት መምህራንን ይጠቅማል።

ፊርማ: _____

ቀን: _____

አባሪ II: - የቃለ ምልልስ መመሪያ

1. ዕድሜ:- _____
2. ፆታ:- _____
3. የጋብቻ ሁኔታ:- _____
4. የትምህርት ደረጃ:- _____
5. ሥራ:- _____
6. የልጆች ብዛት:- _____

2.**የልጆች መረጃ**

1. ዕድሜ:- _____
2. ፆታ:- _____

3. የክፍል ደረጃ፡- _____ በማዕከሉ ያለው መደበኛ ትምህርት:- _____

ዳውን ሲንድሮም ልጆችን በወለዱ ወላጆች የሚያጋጥሟቸው የስነ-ልቦና ተግዳሮቶች

- ልጅዎ ዳውን ሲንድሮም እንዳለበት ካወቁ በኋላ የመጀመሪያ ምላሽዎ ምን ነበር?
- ዳውን ሲንድሮም ያለበት ልጅ መውለድን በተመለከተ ውጥረት፣ ድብርት እና ጭንቀት ተሰምተዎት ያውቃል?
- ዳውን ሲንድሮም ያለበት ልጅዎን መወለድን ሲያስቡ ምን ይሰማዎታል?

ዳውን ሲንድሮም ልጆችን በመውለድ ወላጆች የሚያጋጥሟቸው ማህበራዊ ተግዳሮቶች

- ልጅዎ ዳውን ስድሮም እንዳለበት ከማወቅዎ በፊትና በኋላ ከማህበረሰብዎ ጋር ያለዎትን ግንኙነት ሊነግሩኝ ይችላሉ?
- ዳውን ሲንድሮም ባለበት ልጅዎ ምክንያት መገለል ወይም መድልዎ ተሰምቶዎት ያውቃል?
- ዳውን ሲንድሮም ያለበት ልጅ መውለድ ከሌሎች ጋር ያለዎትን ግንኙነት እንዴት ይነካል።
- ዳውን ሲንድሮም ያለበት ልጅ መውለድ በትዳር ግንኙነትዎ ላይ ተጽዕኖ አሳድሯል?
- ጓደኞችህ፣ ዘመዶችህ እና ማህበረሰብ አባላት ለልጅዎ የህመም ምልክት ምን ምላሽ ሰጡ?

ወላጆች ሥነ-ልቦናዊ እና ማህበራዊ ፈተናዎችን ይጋፈጡባቸው የነበሩ የመቋቋሚያ ዘዴዎች

- ምን አይነት የመቋቋሚያ ዘዴዎችን ይጠቀማሉ?
- ዳውን ሲንድሮም ያለበት ልጅ በመውለድ ምክንያት የሚደርሰውን መድልዎ እና መገለል እንዴት መቋቋም ይቻላል?
- የስነ-ልቦና ፈተናዎችን ለማሸነፍ ምን አይነት የመቋቋሚያ ዘዴ ይጠቀማሉ?
- ስለልጅዎ ከቤተሰብ፣ ከዘመዶች እና ከጓደኞች ያገኙትን ድጋፍ ልትነግሩኝ ትችላላችሁ?
- ከልጅዎ ትምህርት ቤት ምን አይነት ድጋፍ አግኝተዋል?

ለጊዜዎት አመሰግናለሁ!

አባሪ III: ቡድን ውይይት

የትኩረት ቡድን ውይይት አጠቃላይ እይታ

በመጀመሪያ, የትኩረት ቡድን ውስጥ ተሳታፊዎችን እቀበላለሁ, እና እራሴን አስተዋውቃለሁ, ከዚያም ተሳታፊዎቹ እራሳቸውን ያስተዋውቃሉ. ይህ የእኛን ግንኙነት ለመገንባት ይረዳል. የመጀመሪያ ደረጃ ሚናዎችን መሾም አጠቃላይ ውይይቱን ለመቆጣጠርና የመጨረሻ ሃሳቦችን ለማጠቃለል ይረዳል

በመጨረሻም ሁሉንም ሰው ላሳለፉት ጊዜ አመሰግናለሁ።

የውይይት ገጽታዎች

- ወላጆች ዳውን ሲንድሮም ያለባቸው ልጆች ሲወልዱ የሚያጋጥማቸው የሥነ ልቦና ችግር።
- ወላጆች ዳውን ሲንድሮም ያለባቸው ልጆች ሲወልዱ የሚያጋጥማቸው ማህበራዊ ፈተና
- ወላጆች ዳውን ሲንድሮም ያለባቸው ልጆች ሲወልዱ የሚያጋጥማቸውን ሥነ ልቦናዊና ማህበራዊ ችግር ለመቋቋም የሚያስችሉ ስልቶችን መጠቀም።

ለጊዜዎት አመሰግናለሁ!