

# Aiming High

Monograph No.14  
Issue #2, January 2020

## *Lampara*

A Research Monograph for the School of Nursing



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School of Nursing  
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**AIMING HIGH**  
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**Monograph No. 14**

*Publisher*  
Rev. Fr. Nielo M. Cantilado, S.V.D.

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***Lampara*** means Lamp, the symbol used by Medical Nurses. An olive-oil lamp used by Florence Nightingale in doing her solitary rounds at night.

# INTRODUCTION



## LAMPARA

As Nurses are expected to foster the health and well-being of men and women of varying ages, the School of Nursing ensures that the learning program is well-designed and implemented to provide quality education and skills training. Aiming, too, at producing a pool of professionals who are capable of providing quality and holistic care to individuals, the School aspires to collaborate with other health care providers and embed research in the program, the quest of knowledge in health studies. Deep involvement in research will enhance the learning, knowledge acquisition and discoveries that will produce future nurses who will assume entry level positions in health facilities or community settings.

The *Nightingale's Lamp*, named after the lamp of Florence Nightingale, exists as a forum to seek and provide comfort, kindness, support. How appropriate and what great symbolism for the “Lamp”, commonly called in Bikol “LAMPARA”, which was adopted by the School of Nursing for its monograph, the publication of research outputs. Lampara simply illuminates and gives light. A light that will guide the path of the future workers, who will respond in the process of improving client care and administrative duties essential in the management of patient care. ***Lampara*** will always represent nurses: emblem of manifestation, service and compassions, hoping to imprint in the hearts and impact on the lives of humankind.

JOCELYN R. ARROYO, Ph.D.  
Dean, School of Nursing

# **Difficulties and Coping Mechanisms of Parents with Blind Children at Rawis Elementary School, Legazpi City and Daraga North Central School**

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## **Abstract**

Parents of blind children enrolled in Rawis Elementary School and Daraga North Central School experience hard times in raising their blind children. This study attempted to find answers to the following questions: (1) What is the demographic profile of the parent-respondents? (2) What are the specific problems that parents encounter in terms of activities of daily living with blind children? (3) What are the Coping Mechanisms of the parents in terms of daily living with blind children? (4) What is the significant difference between the demographic profile and the coping mechanism of the parents?

It was found that problems were encountered everyday especially in the basic needs of the blind children in which parents needed to be there. Problems needed to be identified and solved one by one in order for the parents not to be consumed by them. Poor management of time due to poor solving of the problem leads to stress. Some parents said that problems started when they were told about the condition of the baby. These problems started and continued to the present years especially for those parents who have a totally blind child.

Coping mechanisms were always there when parents experienced a problem and solved it. Coping mechanism is the bodily response to the stressor brings back to the normal state the condition of an individual in terms of his mental, social and physical health. Thus, the parents of blind children need to identify and pick the right coping mechanism.

There is no significant relationship between demographic profile and coping mechanism of the parents as proven by Pearson Correlation test. Thus, the null hypothesis is rejected with a p-value of -0.430 which

falls below the significant level of 0.05. Demographic profile is the only factor that needs to be considered, which can be a problem to the parents of a blind child/children but is not directly related to the coping mechanisms of the parents.

The study concluded the following: (1) Demographic profile was a factor that needed to be assessed for the parents of the blind children because the socioeconomic status of the family plays an important role since it determines the capacity of the parents in raising a blind child. (2) The identification of difficulties of parents helping their blind child in their activities leads to proper time management and prioritization of tasks at hand. (3) The coping mechanism of parents in dealing with problems related to raising their blind child was mostly positive, even though majority of the parents were just high school graduates. This indicates that the environment, in which the parents were raised in, was caring and warm which later molded them to be caring and supportive parents as well, to their blind child/children. (4) The demographic profile was more of physiologic state while coping mechanism was more of psychological state of the parents.

**Keywords:** *parents of blind children, blind children, Special Education (SPED)*

The world is dynamic and, so, is the way of life. Whether it be good or bad, things in life are unpredictable and sometimes occur purely by chance, without people ever knowing the reasons. All that can be done is to accept the reality of the situation with strength, determination and the will to move on. For instance, raising a child can be a challenging task for a parent, even more so when the child is blind. Parents must readily adapt to certain situations in order to better care for the needs of their blind child/children. Thus, the researchers aimed to help parents identify specific difficulties they encounter in raising their blind child/children and their proper coping mechanisms.

Parenting is one of the most essential tasks of having a family. In order for proper growth and development of the children to occur, proper parenting must first be established. It is here where the physical, emotional, and social needs, as well as the intellectual development of a child, from infancy to adulthood, are met. An environment with constant love and support from the parents helps nurture the child throughout his/

her growth and development (Oswalt, 2017).

Parenting is not entrusted to biological parents only. It can also be done by other members of the family such as an older sibling, an aunt or uncle, a grandparent, a legal guardian, or even a family friend. Children without a family can be put in an orphanage or other government institutions in which foster care is available, until the family is traced, legal adoption has been made, or the child has reached the legal age of adulthood (DSWD, 2018).

In some cases parenting can be more meaningful, if a child of the family has a disability at birth or in the later stages of life. A disability is defined as “an impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these”. Children with disabilities have limitations and participation restrictions for their safety. Parents must be more careful in parenting children with disabilities. Mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities are examples of disabilities that might occur during birth or happen during person’s lifetime (IDEA, 2004).

About 16 per thousand of the country’s population have disability; of the 92.1 million household population in the country, 1,443 thousand persons or 1.57 percent had disability, based on the 2010 Census of Population and Housing (PSA, 2010). The recorded figure of persons with disability (PWD) in the 2000 CPH was 935,551 persons, which was 1.23 percent of the household population.

The National Council on Disability Affairs invokes Republic Act No. 7277 an act providing for the rehabilitation, self-development, and self-reliance of disabled person and their integration. Disabled persons are part of the Philippine society, thus, the State shall give full support to the improvement of the total well-being of disabled persons and their integration into the mainstream of society.

This research, “Difficulties and Coping Mechanisms of Parents with Blind Children at Rawis Elementary School, Legazpi City and



Daraga North Central School, Albay”, is focused on the problems or difficulties which the parents encountered in parenting their blind child/children. Having blind child/children in the family imposes many irreversible negative effects on the mental health of the family. Some are depressed due to poor coping mechanisms in dealing with these situations to care for their child. It also deeply affects or influences the communication methods between family members. Identifying the problems and setting up proper coping mechanisms for parents can benefit the family as a whole.

Coping mechanism is defined as “an adaptation to environmental stress that is based on conscious or unconscious choice and that enhances control over behavior to give psychological comfort” (Changing Minds, 2015). Problems are always present especially for those parents who have children with disability. They must cope with the difficulties that they face, if not, they are subject to feelings of tension and stress. Children with disability are also affected if the parents cannot give the best care for them. As a result, growth and developmental problems might occur due to poor coping mechanisms. Adoptive mechanism that offers positive help, attack mechanism that pushes discomfort to others and avoidance mechanism that avoids issue or problem are some of the few types of coping mechanism.

This study is beneficial to future students taking up Bachelor of Science in Nursing. It will contribute a lot to their studies because this is in line with the health management. It would serve as a guide on how to interact with blind patients especially children and also how to help those parents who have trouble coping or adapting to this problem. The study would also be beneficial to the students of the Divine Word College of Legazpi, because Divinians involve themselves not only in learning the values of the Divine Word but also in practicing them. They are molded to be responsible as well as respectable students in society by doing what is right and accepting their differences.

The research goals would enlighten the readers on how important it is to the family to have a pleasant environment for children with disabilities, specifically a blind child/children. Also it would help readers know how to cope with the problems that they might encounter in raising a blind child/children as a student, a nurse and especially as a parent in the future in order for them not to end up being stressed or depressed.

## Statement of the Problem

This study aimed to identify the problems encountered in raising a blind child/children and the coping mechanisms of the parents. Specifically, it sought to answer the following questions:

- 1) What is the demographic profile of the respondents in terms of:
  - a. Age,
  - b. Sex,
  - c. Religion,
  - d. Civil Status,
  - e. Educational Attainment,
  - f. Occupation, and
  - g. Income?
- 2) What are the specific problems that parents encounter in the daily living with a blind child/children along:
  - a. Feeding,
  - b. Hygiene,
  - c. Communication, and
  - d. Education?
- 3) What are the coping mechanisms of parents in dealing with problems related to raising their blind child/children?
- 4) Is there a significant relationship between the demographic profile of the respondents and the coping mechanisms identified?

## Conceptual Framework

The researchers conceptualized the study utilizing the traditional input-process-output format. The data on this framework were gathered through the questionnaires that were distributed to the respondents of the study. In the conceptual framework illustrated below, it can be inferred that the socio-demographic status of parents, as well as their stressors in dealing with their blind child/children such as: Attitude/Behavior, Learning/Education, Discipline and Communication, all had an impact on their coping mechanisms, which could affect the relationship between parents and their blind child/children. In the process, the coping mechanisms of parents of blind children used to handle the difficulties of daily living were assessed. Afterwards, the output came from the types of coping mechanisms such as problem-focused or emotion-focused, which parents used to express their emotions in a positive and healthier way. The last part of the cycle, involved the feedback which resulted from the parents' understanding of the problem and their utilization of proper

coping mechanisms so that the stressors could be dealt with positively.

In the diagram, the demographic profile of a person plays an important role in determining the factors resulting to a problem. Also included were the types of the stressors. Age, civil status, religion, educational attainment, occupation and monthly income were items in the demographic profiles that were included. Age was one of the factors because very young parents are not prepared and educated on becoming a parent especially to blind child. Civil status was also one of the factors because there was lesser stress for those parents who were married and were living together compared to those who were single parents or widowed. Different religions have their own different beliefs and practices that could also lead to misunderstanding of the needs of blind children. Parents with higher education attainment had less stress than those parents who did not graduate from college or from high school. Occupation and monthly income of the family were also factors of the problem. Problems or stressors to the parents in raising blind children needed to be identified and solved in order to retain the equilibrium of life. Other types of stressors that the parents encountered in raising blind children included the Attitude/Behavior, Learning/Education, Discipline and Communication which were also factors that needed to be assessed and considered. In the first stressor, Attitude/Behavior, the blind children were at the stage in which their behavior was more playful and were always in need of the attention of their parents. This stressor affected the parents in prioritizing the other needs or work to be done. Parents needed to do house chores but were unable to do so, since they were busy with work or their blind children who needed constant care and attention. Young children also threw tantrums, if the parents did not give them what they wanted, adding on to the stress levels of the parents. The second stressor, was the Learning/Education where the parents of a blind children, experience difficulty in teaching their blind children, especially when proper classroom equipment and teaching materials were unavailable. The third stressor was Disciplining, in which parents felt bad about themselves when giving corporal punishment to their blind children. The last stressor was Communication, where parents had difficulty in showing what they wanted to communicate to their blind children. After identifying the difficulties of the parents with blind children there was a need to assess how the parents reacted to the situation at hand, either positively or negatively. In order to solve these stressors or problems, the researchers proposed two types of proper

coping mechanisms which are Problem-Focused and Emotion-Focused, which can be used to deal with the difficulties of the parents. Utilizing proper coping mechanisms will help to establish a more harmonious relationship between the parents and their blind children and prevent physical or emotional abuse on them. These coping mechanisms allowed parents to have a better outlet of emotions.

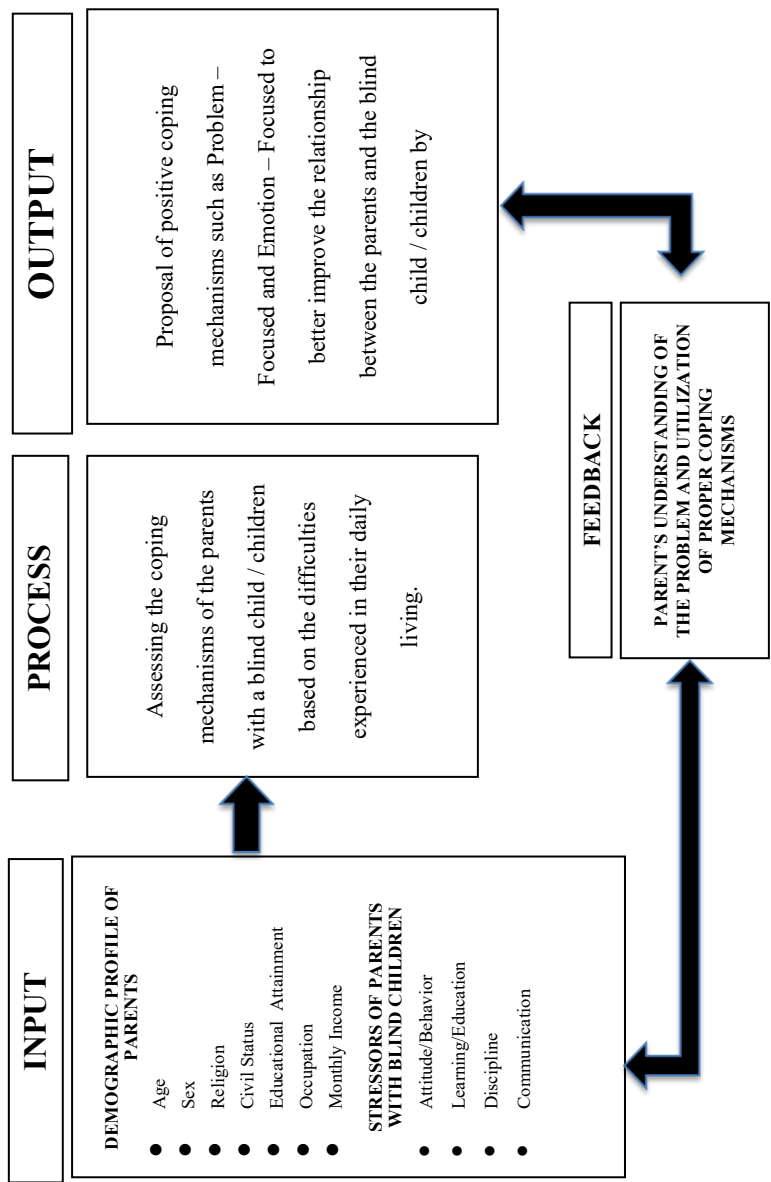


Figure 4. Conceptual Paradigm of the Study

## **Method**

### **Research Design**

The descriptive cross-sectional research design was used in this study since it was a descriptive record of an individual's experiences or behavior. It was also a type of observational study that analyzed collected data from a population, or a representative subset, at a specific point in time. This research was conducted in two different locations in Rawis Elementary School at Rawis, Legazpi City and Daraga North Central School at Bagumbayan, Daraga, Albay.

### **Sources of Data**

The researchers gathered the information about the parents of blind children from the two types of sources: The primary sources of this study were the parents of the blind children enrolled at Rawis Elementary School, and Daraga North Elementary School. The secondary sources were the contact information of parents of the students which were gleaned from the student data of the school.

### **Respondents of the Study**

The respondents were the parents of blind children enrolled in Rawis, Elementary School, Legazpi, Albay, and Daraga North Central School. There were parents of 14 blind children, enrolled this school year 2018-2019 in Rawis Elementary School 14 and 16 in Daraga North Central School. There were 29 females and 3 males, aged 18-45 years old on the average. Most of the parents were married housewives and had an average monthly income of 5,000- 15,000 per month.

### **Research Method**

This research utilized two types of methods: quantitative and qualitative research. In the quantitative research, the researchers designed to emphasize objective measurements and the statistical, mathematical, or numerical analysis of data, which were collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques.

The qualitative research method used a descriptive survey in the form of a questionnaire-checklist, as the main data gathering instrument

and supplemented by informal interviews and observations. These methods were utilized to explore more about the problems and coping mechanisms of the parents with blind children in the interview portion of the questionnaire.

## **Research Instruments**

In order to assess the difficulties of parents with blind children and their coping mechanisms, the researchers used a questionnaire. This was composed of four parts which included the demographic profile, the problems of the parents in raising their blind children, their coping mechanisms in these situations, and a one-on-one interview between the researcher and the selected respondents through convenience sampling. The questionnaire was composed of four parts. Part I was for determining the demographic profile of the parents which included age, sex, religion, civil status, educational attainment, occupation and monthly income. In parts II and III of the questionnaire, a Likert scale of 3 to 1 was used, where a (3) was Always, (2) was Sometimes and a (1) was Never, to determine which indicator was applicable to the situation of the parents of blind children. Part II was for identifying the difficulties that parents of blind children encountered in their daily living, which contained the indicators like feeding, hygiene, communication and education. Part III of the questionnaire, contained the different types of coping mechanisms of the parents of blind children. Lastly, Part IV of the questionnaire included a five question interview between the researchers and the selected five respondents from each school.

## **Data Gathering Procedure**

After the validation of the instrument, the researchers secured written permits from both schools: Rawis Elementary School and Daraga North Central School to conduct the survey on the parents with blind children. The school principals guided the researchers and introduced them to the teachers and students of the special education programs. The researchers explained to the teachers the purpose of the study, thus they were given permission to conduct the survey the following week.

After a week, the researchers returned to both schools, first at

Rawis Elementary School and then at Daraga North Central School, to start conducting the research. The researchers prepared a simple snack for every respondent.

Teachers and their assistants were kind enough to accommodate the researchers in conducting the interview. The researchers introduced themselves to the respondents and explained the purpose of the study. At first, parents were reluctant to participate in the study, but after thorough explanation that their responses were for research purposes only and would be treated with utmost confidentiality, the researchers were able to establish rapport with the respondents, which ensured their cooperation all throughout the process. Then, the questionnaires were distributed to the parents.

While parents were answering the questionnaires, the researchers went around to help those who were having trouble answering them. However, not all from the participants wanted to participate in the interview portion of the study. Thus, only five respondents from each school were selected through convenience sampling. During the interview, topics were highly sensitive as they pertained to their innermost feelings about their blind child. As a result the respondents became very emotional and some broke into tears while answering the questions. The researchers were patient and calm during these times and kindly waited for the respondents to be ready before proceeding to the next question. Afterwards, they thanked the parents for their time and reassured them that their responses were confidential. They also thanked the teachers for their time and hospitality in helping them successfully conduct the survey and the interview with the parents.

By being present during the survey, the researchers were guaranteed a hundred percent retrieval rate of the research instruments. As a result, all data that have been collected, were tabulated, organized and treated quantitatively. Data and results were confidential and for research purposes only.

## **Statistical Treatment**

The demographic profile of the respondents were presented using frequency and percentage. Frequency counts, percentage, weighted mean rating, and Pearson's Correlation formula were used in the statistical treatment of data.

Results and Discussion

This section discusses the data analysis and findings from 32 questionnaires completed by parents of blind children enrolled in Daraga North Central School and Rawis Elementary School. This was to assess their coping mechanisms when dealing with their blind child. This section also includes the results of participant’s demographic profile. The purpose of this study was to identify the problems of parents of blind children and their coping mechanisms in dealing with these issues.

Demographic Profile of the Respondents

This section of the questionnaire covered the respondents’ age, gender, civil status, monthly income, educational attainment and their profession. Though not central to the study, the personal data helped contextualize the findings and the formulation of appropriate recommendations to enable parents of blind children to be more aware of their emotions in dealing with their blind children, and the following actions in order to cope in a healthier way.

The following scale was used to describe the responses of the respondents based on the interval formula suggested by Bolaños (1997:120).

Table 1  
*Weighted Mean Scale*

Mean Interval Scale		Interpretation
2.50	3.00	Always
1.50	2.49	Sometimes
1.00	1.49	Never

Alex B. Bolaños, Probabilities and Statistical Concepts: an Introduction (1997:120)



**Table 2**  
*Demographic Profile*

<b>Profile</b>	<b>Frequency</b>	<b>Percentage ( %)</b>
<b>Age:</b>		
13 - 22	2	6.25
23 - 32	10	31.3
33 - 42	13	40
43 - 52	7	21.9
<b>Religion:</b>		
Roman Catholic	32	100
Others	0	0
<b>Gender:</b>		
Male	3	9.4
Female	29	90.6
<b>Civil Status:</b>		
Single	0	0
Married	23	71.9
Separated	8	25
Widowed	2	6.2
<b>Educational Attainment:</b>		
Primary Level	0	0
Elementary Level	1	3.1
Elementary Graduate	6	18.8
High School Level	6	18.8
High School Graduate	10	31.2
College Level	8	25.0
College Graduate	1	3.1
<b>Occupation:</b>		
Carpenter	2	6.3
Electrician	1	3.1
Housewife	25	78.1
OFW (Overseas Filipino Worker)	1	3.1
Saleslady	3	9.4
<b>Monthly Income:</b>		
< Php 5,000	11	34.4
Php 5,000 – 15,000	13	40.6
Php 16,000 – 20,000	5	15.6
Php 20,000 – Above	3	9.4

Table 2 shows the data gathered regarding the demographic profile of the respondents. It was composed of seven categories. The first one was the age, which had four brackets. Among the age group presented, it was found that majority of the ages of the respondents fell in the third bracket which was 33-42 years old. Regarding the religion, all respondents were Roman Catholics. Majority of the respondents were female and married. Most were high school graduates and were housewives, with a family income of 5,000-15,000 pesos per month.

Demographic information provided data regarding research participants and was necessary in determining whether the individuals, in a particular study were a representative sample of the target population for generalization purposes. On Age group of 33-42, they were more matured individuals and flexible decision makers. Most were married couples with the mother as the housewives thus, having more time for their blind children by attending to their needs. Most parents were high school graduates with adequate education to be equipped with knowledge of taking care of the special needs of their blind children. All the parents were Roman Catholics and believe that faith is important in rearing their child especially on the problems that they encountered in their lives. With an income of 5,000-15,000 pesos, families had just enough to support the basic needs of their child and did not really have the capacity to consult experts about the conditions of their blind children.

### **Difficulties that Parents of Blind Children Encounter in their Daily Living**

Parents are vital in the nurturing of a child, more so if the child happens to be lacking the sense of sight. Thus, as parents, it is their duty to aid in the well-being of the child affected by blindness, since daily activities can prove to be too challenging a task by themselves. Based on Table 3, it can be inferred that blind children almost always needed help from their parents. As a result, these tasks were just one of the many challenges that parent had to deal with everyday.

When a loved one becomes visually impaired, they are more likely to feel overwhelmed. Parents of blind children may experience a range of feelings, from sadness to guilt, and there are many day-to-day adjustments to make. They may find themselves putting aside their feelings and need to focus on helping their blind children in order to cope. Yet, in many cases,

they may feel alone and at a loss about what to do or how to help. It is important to communicate one's feelings with others. By sharing their feelings, they are in a better position to be more accepting of their blind child. It is important that what one's blind child is experiencing is not isolated and unique.

**Table 3**

*Difficulties that Parents of Blind Children Encounter in their Daily Living*  
(N=32)

<b>Indicator</b>	<b>Always Need Help (3)</b>	<b>Sometimes Need Help (2)</b>	<b>Does NOT Need Help (1)</b>	<b>Weighted Mean</b>	<b>Interpretation</b>
1. Getting dressed	23	9	0	2.72	Always
2. Bathing	27	5	0	2.84	Always
3. Oral care/tooth brushing	21	8	3	2.56	Always
4. Brushing hair	10	14	8	2.06	Sometimes
5. Using the toilet	24	6	2	2.69	Always
6. Eating	24	7	1	2.72	Always
7. Walking	19	13	0	2.59	Always
8. Climbing stairs	22	9	0	2.62	Always
9. Getting into/out of chair or bed	20	11	1	2.59	Always
10. School projects or works	32	0	0	3.00	Always
11. Washing hands or face	24	8	0	2.75	Always
12. Dealing with family	0	21	11	1.66	Sometimes
13. Dealing with other people	26	6	0	2.81	Always

Table 3 shows the difficulties of parents of blind children encountered in their daily living, which had thirteen (13) indicators. Among the indicators, the top three difficulties identified were the school projects or homework, bathing and dealing with other people. While the least of these difficulties, were dealing with family, brushing hair and oral care/tooth brushing.

Daily activities can sometimes be a challenging task for their blind children, thus, parents are vital in guiding and protecting their child. Indicator 10 shows that all of the parents were there for their blind child in terms of school works such as assignments or projects that needed their help. Indicator 2 shows most of the parents were always of help to their child to ensure the safety to prevent slipping and falling. Indicator 13 shows that blind children needed their parents to socialize with other people. Parents made sure that they knew the peers with whom their blind children were playing. Indicator 12 conveys that majority of the parents were there to aid their children as mediator with other family members in case of conflicts. Indicator 4 conveys that sometimes parents helped their blind children in brushing their hair to prevent injury. Indicator 3 conveys that parents were always needed to prevent swallowing toothpaste and injuring their gums.

### **Coping Mechanisms of Parents**

Coping mechanism was an adaptation to environmental stress that the parents of blind children experience due to some heavy problems. These coping mechanisms helped them to control their emotional or behavioral aspects in dealing with the problems. They also helped blind children to have a safe and healthy growth and development.

Psychologists Richard Lazarus and Susan Folkman scientifically defined coping as the sum of cognitive and behavioral efforts, which are constantly changing, that aim to handle particular demands, whether internal or external, that are viewed as taxing or demanding. Simply put, coping is an activity people do to seek and apply solutions to stressful situations or problems that emerge because of stressors. Actually, the term "coping" is more associated with "reactive coping", because in general, people see coping as a response to a stressor. On the other hand, there is also what people call "proactive coping", wherein the coping

response is aimed at preventing a possible encounter with a future stressor.

**Table 4**  
*Coping Mechanisms that Parents Use*

Indicators	Always (3)	Sometimes (2)	Never (1)	Weighted Mean	Interpretation
1. I go to church to attend mass with my family.	23	9	0	2.71	Always
2. I consult a specialist to know more about the condition and needs of my child with blindness.	11	19	2	2.28	Always
3. I talk to my family about the situation of my child.	27	5	0	2.84	Always
4. I talk to other family as parents whose situation is the same as mine.	8	19	5	2.09	Sometimes
5. I treated my child as a normal individual the same w/ other children.	25	7	0	2.78	Always
6. I spend some quality time with my blind child almost every day.	19	13	0	2.59	Always
7. I focus on other matters rather than my own problems due to raising my child.	0	4	28	1.12	Never
8. When I get depressed or frustrated I slap or hit my child.	0	6	26	1.18	Never
9. When I get angry, I yell at my blind child.	0	11	22	1.37	Never
10. I hurt or cut myself when I get depressed.	0	1	31	1.03	Never
11. I drink alcohol every time when feel depressed.	0	7	25	1.22	Never
12. I never considered my child as blind.	0	0	32	1.00	Never

Table 4 shows the coping mechanism of parents in which Indicator 3, talking to family, gained the highest mean of 2.82, and interpreted as *always*. Indicator 5, treating my child as normal, gained a 2.78 mean and indicator 1 going to church gained, 2.71. These top 3 coping mechanisms were usually used by the parents of blind children in dealing with their problems. For the least/lowest coping mechanism, indicator 12, never considered my child as blind, gained a 1.00 mean that is interpreted as *never*. Indicator 10, hurting myself, gained a 1.03 mean and indicator 7, focusing on other matters gained a 1.12 mean. These 3 lowest coping mechanisms were used rarely by the parents when they felt depressed/stressed in solving the problems.

Coping mechanism plays an important role in dealing with the problems that parents encounter in rearing their child. Indicator 3, talking to family members, helped relieve the pain of the parents by having someone to talk to about their problems. Just by being active listeners, parents felt the support that the family gives them. Indicator 5 conveys that parents treated their blind child equally, as the other children. It gives the blind child the sense of belonging since they are treated the same, which does not make them feel inferior to other children. Indicator 1 implies that most of the parents went to church to ask guidance and support in rearing their blind child especially when they were feeling down or depressed. Indicator 12 relays that the parents were not in denial of their blind child but were in full acceptance of the condition of their blind child. Indicator 10 conveys that most of the parents were mentally stable, that they did not succumb to “self-mutilation” as way of relieving their pain. Indicator 7 shows that there were some parents who resorted to neglecting their child due to stress/ depression that they felt sometimes. But most of the parents were focused to the needs of their blind child.

## Interview of Selected Respondents

The respondents from each school are as follows:

**Table 5**

*Code for Selected Respondents from Each School*

School	Parents of Blind Children
Daraga North Elementary School, Albay	DNES-P1
	DNES-P2
	DNES-P3
	DNES-P4
	DNES-P5
Rawis Elementary School, Legazpi City	RSES-P1
	RSES-P2
	RSES-P3
	RSES-P4
	RSES-P5

The selected respondents were asked the following questions for the interview portion of the questionnaire and answered as follows:

**Question 1:** What feelings have you experienced since your loved one's vision became visually impaired?

1) DNES-P1

a. *“Malungkot dahil sa hindi ko akalain na ganun (bulag) ang kalalabasan ng anak ko.”* (“I was sad because I didn't know that my child would be blind.”)

2) DNES-P2

a. *“Akoy lubusang nasaktan dahil sa pinakauna ko na panganganak na kambal, pareho pa sila bulag.”* (“I was in deep pain for my first twins because both of them were blind.”)

3) DNES-P3

a. *“Syempre umiyak ako at nalungkot pero naging okay lang naman din dahil andyan ang asawa at pamilya ko para suportahan ako.”* (“Of course I cried and was sad but I was fine afterwards since my husband and family were there to support me.”)

4) DNES-P4

a. *“Malungkot dahil sa pinakadami dami pang tao ba't ako pa na walang wala ang napili na magkaroon na anak na bulag.”* (“I was sad because why out of all the people, I was the one chosen to get a blind child?”)

5) DNES-P5

- a. *“Malungkot sa una pero tinanggap ko na din dahil kasalanan ko naman kung bakit naging ganun ang anak ko.”* (“I was sad at first but I came to deal with it, because in the first place, it was my fault that my child became like that.”)

1) RES-P1

- a. *“Umiyak dahil super sakit sa pakiramdam na makita ang pinanganak mo na ganun ang kondisyon. Kung pwede sana, ako nalang nagkaroon nun.”* (I cried because it hurt so much to see that the child I gave birth to have that condition. If I could, I wished it were me.”)

2) RES-P2

- a. *“Malungkot dahil wala naman ata na magulang na masaya kung ganun ang binigay ng Panginoon sa akin.”* (“I was sad; no parent would be happy to have a child like that, given by God.”)

3) RES-P3

- a. *“Umiyak at malungkot dahil inisip ko kung ano ang magiging future at baka tuksu tuksuin sya na un nga ang ayaw ko mangyari.”* (“I cried and was sad since I thought of the future and maybe he would be bullied; I do not want that to happen.”)

4) RES-P4

- a. *“Malungkot at sinisipi ang sarili dahil kung naging maayos sana ang panganganak ko hindi sana magiging ganun ang kalabasan.”* (“I was sad and I blamed myself because had I just given birth to her properly then maybe she wouldn’t have turned out like that.”)

5) RES-P5

- a. *“Masakit dahil sa wala ako magawa para hindi mangyari un sa anak ko. Nasa pamilya kasi naming ang maysakit sa mata.”* (“It hurt because I couldn’t do anything about the result of my child. It [blindness] runs in the family.”)

**Question 2:** In what ways has your life changed since your love one’s vision loss?

1) DNES-P1

- a. *“Iniwan ko ang trabaho ko para mabigay ko ang oras at*



*mabantayan ko ang anak ko. Tinutukso kasi siya kaya dapat andyan ako para ako magprotekta sa kanya.*”(“I left my job in order to give time for my child and watch over her. She gets bullied so I need to be there for her so I can protect her.”)

2) DNES-P2

a. *“Oras. Dahil sa kambal ang anak ko at bulag pa mas mabuti na ako ang magbantay at mag alaga kaysa sa kumuha pa ng yaya. Mahirap na kasi sa panahon ngayon.*”(“Time. Since I have twins and both are blind, its better that I be the one to watch over them and take care of them rather than find a nanny. Times are difficult now.”)

3) DNES-P3

a. *“Oras at trabaho. Kalahatan kasi ng oras kailangan sa anak ko na bulag ibigay. Di na din ako makatrabaho kasi mga anak ko maliliit pa lalo na may anak pa ako na bulag.*”(“Time and work. Most of the time, I spend it with my blind child.”)

4) DNES-P4

a. *“Panahon. Dahil nandiyan ako palagi para sakanya lalo na pag ihahatid sa eskwelahan. Nakakapagod din dahil kailangan ko magtrabaho kahit pagod, para may ipakain lang sa pamilya ko.*”(“Time. Since I am always there for him especially when I drop him off at school. It is hard because I still have to work even if I am exhausted, just so I can feed my family.”)

5) DNES-P5

a. *“Panahon at edukasyon po. Dahil ngayon po kailangan ako ng anak ko lalo ng bulag po sya at pangalawa edukasyon dahil kailangan ko na hindi muna mag aral para ung pangtustus sakin ay mapunta nalang sa anak ko po.”* (“Time and education. Because my child needs me especially since she is blind. Secondly, education, because instead of me going to school, I would rather spend it on my child.”)

1) RES-P1

a. *“Pagod at puyat. Dahil sa 3 na anak ko po nagkaroon pa ako ng, anak na bulag. Kung бага dumoble ang pagod ko.”*(“Time and lack of sleep. Since I already have 3 children, I just had to have another child who is blind. Its like my exhaustion just doubled.”)

2) RES-P2

a. *“Oras. Dahil kahit may trabaho ang asawa ko, hindi lahat na kailangan niya ay material. Kung бага kailangan niya ako palagi, lalo na sa iskool para maibigay ko sa kanya ang kalinga at gabay ng isang ina.”*(“Time. Since even if my husband works, my child doesn’t need material things. What she needs is me, especially at school in order for me to give her attention and guidance as a mother.”)

3) RES-P3

a. *“Oras, pagod at puyat. Nandito ako para sa kanya para protektahan siya palagi lalong lalo na sa mga tao na mapanghusga at mapangkutya.”*(“Time, tiredness, and lack of sleep. I am here for my child in order to protect him always especially from judgmental people and bullies.”)

4) RES-P4

a. *“Sa ngayon trabaho, dahil binibigay ko lahat sa anak ko nang pagmamahal bilang isang ina. Dahil sa trabaho kasi yung dahilan kung bakit naging maselan ang pagbubuntis ko.”*(“For the time being, my job since I give everything to my child now and be the loving mother to her. My job was the reason my pregnancy was so unfortunate.”)

5) RES-P5

a. *“Trabaho dahil kailangan nandyan ako lagi sa tabi nya para gabayan sya at hindi matulad sakin na walang pinag aralan dahil sa nawalan ako ng pag asa sa buhay.”*(“Work, since I have to be with my child all the time in order to guide him, so he won’t be like me who had no education and hope for the future.”)

**Question 3:** What feelings are most difficult for you to accept and deal with?

1) DNESP1

a. *“Sinasabihan ang anak ko na mamalimos na lang nalang para may pang araw araw kami.”*(“People say that my child should just be a beggar so that we may have something everyday.”)

2) DNESP2

a. *“Masakit nung makita ko na pinagtatawanan ang anak ko.”*(“It hurt to see that people laughed at my [blind] child.”)

3) DNESP3

a. *“Magdesisyon kung paoperahan ko ang anak ko sa mata.”* (“To decide whether my child should get surgery for his eyes.”)

4) DNESP4

a. *“Nung makita ko ang anak ko na hindi masaya, hindi katulad ng bata na nakakakita, na masaya at nakakapaglaro ng maayos.”* (“When my child wasn’t happy, unlike the other children who can see, who are happy that they can play without any problems.”)

5) DNESP5

a. *“Makita ko na umiiyak ang anak ko dahil sa pagbibiro ng mga bata sa kanya.”* (“When I saw my child crying because he was made fun of by other children.”)

1) RES-P1

a. *“Sinasabihan ang anak ko na hindi magandang salita.”* (“When my child was told something that was not okay.”)

2) RES-P2

a. *“Tanggapin ang naging sitwasyon ng anak ko.”* (“Accepting the situation of my child.”)

3) RES-P3

a. *“Nang malaman ko na bulag ang anak ko.”* (“When I realized that my child is blind.”)

4) RES-P4

a. *“Nang makita ko na binibiro biro ng mga tao ang anak ko.”* (“When I saw that people were making fun of my child.”)

5) RES-P5

a. *“Kapag nakakakita ako na normal na bata na pinapasyal at masaya.”* (“When I see normal children who are out and happy.”)

**Question 4:** What do you do with these feelings? Are you able to share them with your loved ones?

1) DNESP1

- a. *“Oo, kinakausap ko sila kasama ang asawa ko para matigil ang pagtutukso.”*(“Yes, I talk to them with my husband so that they would their bullying.”)

2) DNESP2

- a. *“Oo nag uusap kami ng pamilya ko, at kami din ang nakikiusap sa magulang ng mga bata na nang aaway sa anak ko.”*(“Yes, I talk with my family, and we also talk with the parents of the child that keeps picking on my child.”)

3) DNESP3

- a. *“Oo, nag uusap kami ng asawa ko at humingi din ng tulong sa ibang tao.”*(“Yes, I talk to my husband about it and we also ask others for help.”)

4) DNESP4

- a. *“Nilalaro ko nalang sa bahay. Nag uusap kami ng pamilya ko.”*(“I just play with my child at home. I talk to my family too.”)

5) DNESP5

- a. *“Kinakausap ko ang mga magulang nila. Pinag uusapan namin ng asawa ko ang mga problema.”*(“I talk to their parents. My husband and I talk about our problems.”)

1) RES-P1

- a. *“Nagsisimba nalang ako at pinagdadasal ang kalagayan ng anak ko.”*(“I just go to church and pray for the happiness of my child.”)

2) RES-P2

- a. *“Nagsisimba at nag usap usap kami ng pamilya ko.”*(“We go to church and talk as a family.”)

3) RES-P3

- a. *“Siyempre nagsisimba ako at humihingi ng kapatawaran sa Diyos at bigyang lakas ako na malagpasan ko ang pagsubok.”*(Of course I go to church and ask God for forgiveness and that he may give me strength to overcome any obstacles.”)

4) RES-P4

- a. *“Sinabihan ko ang mga bata na tigilan ang pagbibiro sa anak ko.”*(“I tell those kids to stop making fun of my child.”)

5. RES-P5

- a. *“Nag uusap kami ng asawa ko. Naglalaro nalang sila ng mga kapatid nya sa bahay.”* (“My husband and I talk. My blind child just plays with his other siblings at home.”)

**Question 5:** Has your blind child’s condition brought you closer in a way?

1) DNES-P1

- a. *“Oo sa tulong ng pamilya ko at sa tulong din ng Panginoon.”* (“Yes with the help of my family and the help of God.”)

2) DNES-P2

- a. *“Oo dahil sa dinami dami ng nangyari sa amin ng dalawa kong anak mas lalo ko sila minahal ng sobra.”* (“Yes because of all the things that’s happened to my 2 children; I treasure them even more.”)

3) DNES-P3

- a. *“Oo nag uusap kami ng buong pamilya at lahat kami napamahal sa anak ko.”* (“Yes, I talk to my whole family and all of us love my child.”)

4) DNES-P4

- a. *“Oo sa pamamagitan ng pakikiusap ko sa kanya at pag aalaga ko sa kanya araw araw.”* (“Yes in the way I talk with my child and how I take care of her every day.”)

5) DNES-P5

- a. *“Oo naman pagmay problema nandiyan ang pamilya ko para sa akin.”* (“Yes of course, if there’s a problem, my family is there for me.”)

1) RES-P1

- a. *“Oo naman nababahagi ko ito sa pamilya ko.”* (“Yes of course, I am able to talk about this with my family.”)

2) RES-P2

- a. *“Oo pati sa mga kapatid ko.”* (“Yes, even with my siblings.”)

3) RES-P3

- a. *“Oo nandiyan naman sila palagi para sa akin at sinasamahan ko din*

*ng dasal dahil mas maigi ng manalig sa Diyos.”*( “Yes, they are always there for me and I also pray because it important to trust in God.”)

4) RES-P4

a. *“Naikwekwento ko sa asawa ko ang mga bagay bagay lalong lalo na ang bullying dahil itoy ay seryosong bagay.”*( “I am able to talk to my husband especially those things about bullying because it is a serious matter.”)

5) RES-P5

a. *“Oo naman dahil ang pamilya ko ay nandyan para sa akin sa mga problema ko, na agad naman na nasosolusyunan.”*( “Yes, of course since my family is there for me whenever I have a problem and that I may find a solution to these problems.”)

Themes gathered from the responses were as follows,

**Question Number 1** *What feelings have you experienced since your loved one became visually impaired?* Each of the parents encountered emotional problems such as feeling of sadness and pain or simply by crying, due to thoughts about the condition of their blind child and what sort of future there might be for their blind child when they are no longer here to care for them. Of course, it is every parent’s fear that when they die, no one is able to take care of their child especially one with disabilities, so it is a heavy subject to dwell upon and parents become so stressed about it.

**Question Number 2** *In what ways has your life changed since your loved one’s vision loss?* Most of the parents answered time and tiredness in which they gave up work for them to have time for their children and focus on the needs and support them. As parents, free time and the ability to spoil themselves tend to decrease since the needs of their child must be met first. Thus, it is very common for parents to feel burnt out from exhaustion.

**Question Number 3** *What feelings are most difficult for you to accept and deal with?* Most of the parents answered the following: The pain of seeing or knowing that their blind child is being bullied by their classmates or peers, accepting the condition of their blind child, and

seeing other families with normal children. Parents only want the best for their children and school is supposed to be a safe environment for children to learn grow and play. Thus, seeing or simply knowing that their blind child was being bullied at school is one of the things that upset them the most. Some of the parents experienced difficulty in accepting the situation because of most of their children were normal and also feared that their blind child will not be accepted by their family or other people. Few of the parents answered that they were envious of other people's children since the kids were able to have a normal childhood, happily playing without any restrictions.

**Question Number 4** *What do you do with these feelings? Are you able to share them with your loved ones?* Common responses of the parents were “Yes”, they shared or talked about their problems with their spouse, family and relatives. These responses implied that parents needed a support network, which helped them relieve any emotional turmoil they still felt about their blind child and find solutions to their problems simply by being active listeners, which resulted in better decision making. Some parents who did not have a support network, relied heavily on spiritual beliefs that God will aid them in whatever problem they may encounter.

**Question Number 5** *Has your blind child's condition brought you closer together in a way?* Majority of the parents answered “Yes”. Due to the condition of their child, the duties of the parents doubled, in that more attention and extra care are needed for their child. As a result parents and their children, and their siblings become really close because of all the time that they need to spend together as a family. Siblings bond with each other and older siblings become more protective of their younger sibling as they realize the need to prevent their blind sibling from getting hurt or being bullied by others at school.

### **Significance of the Relationship Between the Demographic Profile and the Coping Mechanisms that Parents of Blind Children Use**

Table 6 shows that there is no significant relationship between the two variables, the demographic profile and coping mechanisms that parents with blind children have. The researchers used the Pearson Correlation Coefficient Method to determine if such a relationship

between the nominal values of the two variables exists. By utilizing Pearson Correlation Coefficient Method and using Statistical Package for the Social Sciences (SPSS) Software, the researchers obtained the P-Value of -0.430 which conveys that it is not significant since it did not reach the 0.05 level of significance. In fact, it is drastically below the level of significance since the p-value was negative, which shows that the difference between demographic profile of the respondents and coping mechanisms are not statistically significant. In other words, it may be inferred that demographic profile and coping mechanisms are not directly related to each other. Thus, the null hypothesis, in which there is no significant relationship between the demographic profile and the coping mechanism that parents of blind children use, was accepted.

**Table 6**  
*The Correlation Between the Demographic Profile and Coping Mechanisms*

Variable 1	Variable 2	P-Value	Significant Level
Demographic Profile	Coping Mechanisms	-0.430	95% or 0.05

**Conclusion**

The study arrived at the following conclusions: (1) Demographic profile was a factor that needs to be assessed for the parents of the blind child because the socioeconomic status of the family plays an important role since it determines the capacity of the parents in raising a blind child. (2) The identification of difficulties of parents helping their blind child in their activities leads to proper time management and prioritization of tasks at hand. (3) The coping mechanism of parents in dealing with problems related to raising their blind child are mostly positive, even though majority of the parents were just high school graduates. This indicates that the environment in which the parents were raised in, were caring and warm which later molded them to be caring and supportive parents as well, to their blind child/children. And, (4) The Demographic profile is more of physiologic state while coping mechanism is more of psychological state of the parents.



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