PERSPECTIVE OF MOTHERS ON CHALLENGES OF INCLUSIVE EDUCATION

Original Article

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ABSTRACT

Background: Mothering a child with special needs brings multifaceted emotional, psychological, and practical challenges, particularly within the framework of inclusive education. In contexts where systems are under-resourced or lack sensitivity, mothers often bear the dual burden of caregiving and advocacy. Inclusive education, while rooted in principles of equality, can expose significant gaps when not tailored to address the real needs of neurodiverse children and their families. This study captures the lived realities of mothers navigating such systems.

Objective: To explore and understand the lived experiences, challenges, and perspectives of mothers raising children with special needs who are enrolled in inclusive education systems.

Methods: A phenomenological qualitative design was adopted to conduct this study. A total of six mothers, aged 29 to 35 years, with children diagnosed with mild to moderate Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD), were selected through purposive sampling. Data were collected using a demographic sheet and a semi-structured interview protocol. All children were aged 7 to 12 years and had been attending inclusive schools in Lahore for at least two years. Interpretative Phenomenological Analysis (IPA) was employed to analyze the data. Ethical approval was obtained prior to data collection, and both verbal and written consent were secured from all participants.

Results: From the interviews, five superordinate themes and six master themes emerged. These included *inclusive education in Pakistan, societal unacceptance, psychological burden, family dynamics,* and *backward education systems*. Notably, 100% of participants reported experiencing emotional exhaustion, financial stress, and a lack of institutional support. Recurring challenges included untrained school staff, stigmatization, inadequate classroom adaptations, and limited access to therapies.

Conclusion: The study highlights the urgent need for policy reform, school-level training, and community sensitization to support mothers and their children more effectively in inclusive education settings. Understanding maternal perspectives is critical for building systems that are truly inclusive and responsive.

Keywords: Autism Spectrum Disorder, Caregivers, Educational Inclusion, Mothers, Psychological Stress, Special Education, Stigma.

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INTRODUCTION

Inclusive education, by definition, seeks to integrate all learners—regardless of physical, intellectual, behavioral, linguistic, or cultural differences—within a unified schooling environment. It not only focuses on accommodating students with disabilities such as sensory impairments, intellectual delays, autism spectrum disorders, or learning difficulties but also strives to remove systemic barriers faced by marginalized groups due to ethnicity, gender, socioeconomic status, or religion. In doing so, inclusive education becomes not only an educational necessity but also a powerful vehicle for social justice (1). However, the practical implementation of this ideal often presents multifaceted challenges for families, particularly mothers of children with special needs, who serve as the primary caregivers and advocates in their children's educational journeys. The transition into motherhood is profound, involving psychological, physical, and social adjustments. For mothers of children with disabilities, this transition is often further complicated by emotional burdens, including stress, guilt, and anxiety, compounded by societal stigma and lack of systemic support (2,3). These mothers frequently report feelings of isolation and experience emotional and physical burnout at rates significantly higher than mothers of neurotypical children (4). Their lived experiences are marked not only by their caregiving responsibilities but also by persistent advocacy efforts for individualized educational plans, access to therapies, and classroom accommodation (5).

Neurodevelopmental disorders such as autism spectrum disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) present particular educational challenges. Children with ASD often struggle with social communication and may exhibit repetitive behaviors, requiring tailored instruction and structured classroom environments (6). Similarly, children with ADHD may struggle with inattention, impulsiveness, and hyperactivity, disrupting both their learning and that of their peers (7). While inclusive education advocates for these children's integration into mainstream classrooms, resource limitations and inadequately trained staff often hinder effective implementation (8). The role of the mother extends beyond the household, often encompassing logistical, emotional, and administrative responsibilities linked to their child's education. They are not only caregivers but also coordinators of therapies, negotiators of school accommodation, and emotional anchors for their children (8). In many cases, these demands lead to chronic stress-related health consequences including insomnia, cardiovascular strain, and compromised immunity (9). Additionally, mothers may experience a sense of loss over the life they envisioned for their child, a grief often intensified by social exclusion and stigma (10). Despite these adversities, many mothers derive deep fulfillment from their children's achievements, however small, finding strength in resilience and purpose in advocacy (11).

The broader cultural context also influences maternal experience. In collectivist societies, such as in South Asia and parts of Africa, family and community support may ease caregiving burdens, though societal expectations can sometimes perpetuate stigma. In contrast, individualistic cultures may prioritize personal autonomy but often offer less community-based caregiving support (12,13). These cultural dynamics further shape the emotional and logistical landscape in which inclusive education unfolds. Despite the push for inclusive education globally advocated through frameworks like UNESCO's Salamanca Statement which emphasizes education as a basic human rights structural and operational deficiencies persist (14). Mothers often find themselves navigating complex educational systems with insufficient guidance, while advocating for specialized services such as speech therapy, occupational therapy, or behavioral interventions (15). These experiences highlight the urgent need for systemic reforms that not only facilitate inclusion but also support the caregivers, particularly mothers, who stand at the forefront of this endeavor. This study is grounded in the need to understand how mothers perceive and experience the inclusive education system, with particular attention to their emotional, financial, and social challenges. It aims to identify key areas of struggle, assess existing support mechanisms, and gather maternal recommendations for improving educational accessibility and outcomes for children with special needs. The overarching objective is to explore and rationalize maternal perspectives as a critical yet underrepresented dimension of inclusive education, and to advocate for targeted support and systemic enhancement through informed, mother-centered policies and practices.

METHODS

This qualitative study employed a phenomenological research design to explore and interpret the lived experiences of mothers of children with special needs who were enrolled in inclusive education systems. Specifically, the study utilized Interpretative Phenomenological Analysis (IPA), an approach well-suited to uncovering the depth and complexity of individual experiences, allowing the researcher to interpret how participants make sense of their personal and social worlds (16). The aim was to gain rich, contextualized insights into the emotional, social, and practical challenges faced by these mothers in managing their child's inclusive educational journey. The study population consisted of six mothers aged between 25 and 35 years, each of whom had a child diagnosed with either Autism Spectrum

Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD). These children, aged between 7 and 12 years, had been enrolled in an inclusive school system for a minimum of two years. Participants were recruited through purposive sampling from a private clinic in Lahore specializing in the treatment and care of autistic children. This sampling strategy was selected to ensure the inclusion of mothers with firsthand, prolonged experience navigating the inclusive education landscape.

The inclusion criteria required that participants be full-time homemakers, not engaged in full- or part-time employment, and that they be the primary caregiver of a child formally diagnosed with mild to moderate ASD or ADHD. Children needed to be within the age range of 7–12 years and enrolled in inclusive schooling for at least two years. Mothers who had chronic physical or mental illness, or those who were divorced or separated, were excluded from participation. While the rationale for excluding divorced or chronically ill mothers may have been to maintain emotional homogeneity in the sample, this criterion might be considered a limitation as it potentially omits important variations in maternal experience that could offer valuable insight. Data collection involved the use of two tools: a demographic information sheet to capture background data and a semi-structured interview protocol that allowed for open-ended, flexible discussions while maintaining focus on the key research questions. The interviews were conducted in a private, secure environment to ensure confidentiality and encourage candid expression. Each session was audio-recorded with the participant's consent and later transcribed verbatim for analysis.

Interpretative Phenomenological Analysis (IPA) was used as the analytical framework. This involved a systematic reading and re-reading of transcripts, identification of emerging themes, and iterative interpretation to uncover underlying meanings and patterns within the mothers' narratives. The analytic process maintained a double hermeneutic approach, wherein the researcher interpreted how the participants themselves made sense of their experiences. Ethical considerations were duly observed throughout the research process. Approval was obtained from the relevant Institutional Review Board (IRB). Written informed consent was acquired from all participants prior to data collection, ensuring voluntary participation and the right to withdraw at any stage. Anonymity and confidentiality were strictly upheld in all reporting and data handling procedures.

RESULTS

The study revealed several recurring challenges and emotional experiences faced by mothers of children with special needs enrolled in inclusive education systems. A consistent theme across all six participants was the stress and emotional burden resulting from both the educational demands and societal perceptions related to their children's disabilities. Five out of six participants reported substantial financial strain due to extended tuition fees, therapy costs, and shadowing services, which collectively disrupted family budgeting and affected the well-being of other children in the household. One mother stated, *"Hammary liyee itny zada passy karch karna bohat muskil hoytta hy. Hum zindagi ki bakki cheezon ko sath ly k nai chal sakty. Main apny bakki bachoon ko aachy school main nai karwa skti kyoon k mery pass itna budget hi nai bachta."* Another mother expressed frustration saying, *"School ny hamein pessy kamanny ka zarya samaj liyya hy . school wallon ny ye business bana liya hy hum kahan sy itny pessy aik bacchy py kharch karein."*

Emotionally, four participants reported facing intense psychological strain. They associated their caregiving roles with constant stress, worry, and fatigue. As participant 6 shared, *"Therapies sy free honnay k bad hum bachoon ko school dakhil karwaty hein taky wo sekh sakein... Mager jab wo bachoon ko theek tarha sy handel nai kar sakty to bacchy ka behavior khrab ho jata hy... kabhi kabhi itna zyada kharab ho jaty hein bacchy k school hi chorna par jata hy."*

Societal unacceptance emerged as a frequent concern, with three mothers highlighting discrimination, negative assumptions, and social rejection. Participant 3 recounted, *"Logon ko merry betty sy ummed hi nai hotti k wo kuch kar ly ga zindagi main... kuch log yahan tak bol detty hein k is py kyoon itny pessy laga rahi hoo."* Similarly, participant 2 emphasized, *"Jab hammary bacchy therapies sy farigh ho jatty hein... koi school admission nai detta."*

Impact on daily routine was evident in the responses of at least three mothers. They noted that their entire day revolved around caregiving, with no respite or time for personal well-being. Participant 1 noted, *"Merry illawa koi nai hy jo thori dair isko dekh ly... Her waqat iski zimandarri hotti hy merry upper. Yahan tak k ager family main koi function ho to main shopping bhi karny nai jatti."* Participant 5 added, *"Bus merri hi zimadarri hy... mager main ager kahoon k ajj osko therapis py ly jaein ya park ly jaein to koi nai manta... Apny ap ko to shayeed bhool gai hoon main."*

The study also revealed the emotional isolation and lack of shared responsibilities within families. One mother reported, *"Merry susral wally itni batein sunatty hein k main itna paresshan ho jatti hoon k sahi sy so nai patti. Jab zayda pareeshan hotti hoon to dua mangny lag jatti hoon ya Allah to ny isko diya hy to iski wapis ly ly."*

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Participant 3 highlighted the progressive difficulty in education as children grow older: *"Jab bacchy chotty hotty hein... Mager jab bacchy class one main aty hein cheezain mushkil hoona shoroo hojatti hein... teacher bachoon ko handel nai kar patein or roz shikayat atti hein."* This was reinforced by participant 6 who expressed distress over behavior regressions due to inadequate classroom support.

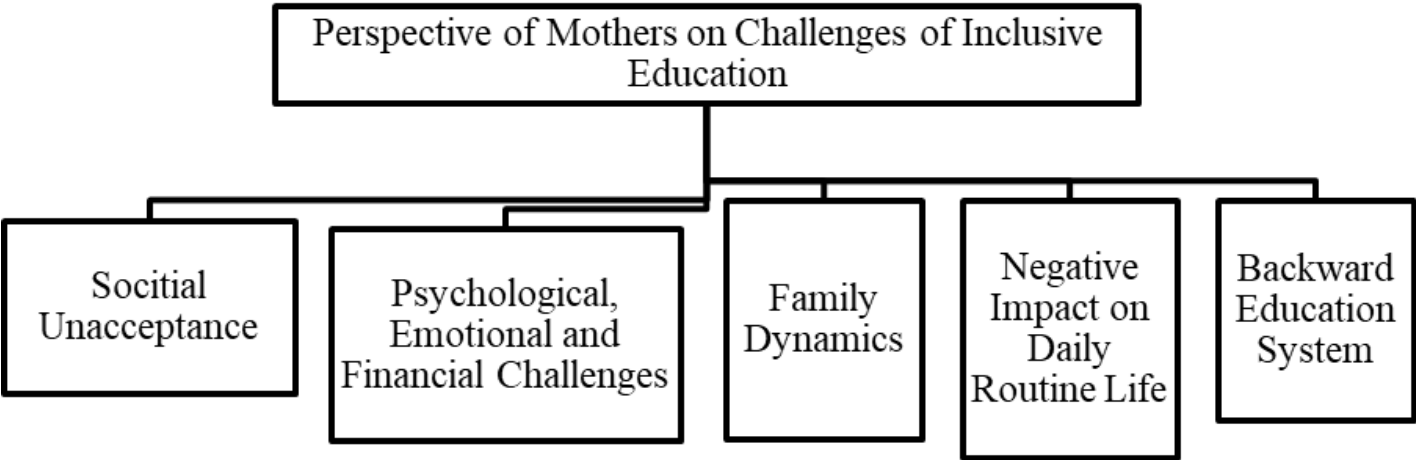**Table 1: Demographic Information of the Participants (N = 6)**

Variables	P1	P2	P3	P4	P5	P6
Age (years)	34	35	32	32	29	33
Education	M.A	M.A	M.Phil.	M.A	B. Ed	B. A
Family System	Joint	Joint	Joint	Joint	Joint	Joint
Duration of Marriage	11 yrs.	15 yrs.	12 yrs.	8 yrs.	10 yrs.	12 yrs.
Number of Children	3	3	2	2	3	2
Age of Special Needs Child	10 yrs.	12 yrs.	10 yrs.	7 yrs.	8 yrs.	7 yrs.
Duration in School	4 yrs.	2 yrs.	3 yrs.	3 yrs.	4 yrs.	4 yrs.
Husband's Occupation	Private Job	Private Job	Businessman	Own Shop	Private Job	Private Job
Husband's Income (PKR)	80,000	100,000	<100,000	80,000	<100,000	75,000

Table 2: Summary of emergent, master and super ordinate themes (N=6)

Super ordinate themes	Master themes	Emergent themes
Inclusive education	New emerging concept	socialization
		academics
		mainstream education
	Move towards normal life	Inclusive education leads inclusive society
		New emerging concept
		Techniques from the west
		Play learn and grow together
Inclusive education in Pakistan	Un ethical practice	Nonprofessional staff
		Rat race
		False claims
		Teachers' rotation
		No therapeutic facility
		Ignorance from rules of inclusion
		Limited knowledge of system
Backward education system	Financial exploitation	Money making
		Financial pressure
		Extended fee
	Un acceptance	stigmatization
		labelization
		discrimination
		segregation
Societal un acceptance	Emotional pressure	bullying
		Teachers' frequent complaints
		Emotional roller coaster
		judgmental
		No empathy
		Handicap treatment
		accusation

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Super ordinate themes	Master themes	Emergent themes
	Socially segregation	rejection
		No sympathy
		Focus on weakness
		Unacceptable behavior from typical kids and families
	Un acceptance	Don't want to include
		isolation
		Tagging
		Association with diagnosis
		Reject strengths
		Emphasize on weaknesses
Challenges for special student	Academic challenges	Behavioral regression
		No modifications
		Lack of learning through aids
		Lack of specialized facilities
	Challenges from teachers and staff	Un trained staff
		Difficulty to handle older children
		Zero tolerance
		No individualized time
		Problem increases with child age
		Lack of therapeutic assistance
		Unequipped resource room
		Always on the go
Negative impact on Daily life routine	Unpredictable routine	Tension
		No peace in life
		Unpredictable routine
		Emotional alone
	Unable to manage time	Socially isolated
		Child advocacy
		Special needs can't study
	Psychological pressure	Anger
		Worry
		depression
		Sleep depreciation
		Somatic symptoms
		Endless burden and responsibility
		No time to relax
Family Dynamics	No expectation	Special need can't socialize
		Special need only restricted to special school
		Don't spend on special need children
	Societal judgments	Family complaints
		Spending time and money is wastage
		Unable to lead independent life
		Special need kids are point of pity
Challenges Faced by Mothers	Emotional disturbance	No time for self

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Super ordinate themes	Master themes	Emergent themes
.		Bundle of responsibility
		No leisure time
		No one to share responsibility
		Worry for child future
	Psychological disturbance	Stress
		Fatigue
		Excessive worry
		Anxiety
		Emotional turmoil
		Escape
		Despair
	Financial disturbance	Financial burdenized
		Over expenditure
		Extended fee
		No finance for a better life
	Child advocacy	Difficult to advocate
		Sometime its emotionally burdenized
		Unawareness
		Un acceptance
	Difficulty Making balance	Self-reliance
		Self sufficient
		Making balance in relationship
		Importance of self-care
		Importance to maintain husband and wife relationship
		Self-care
		Socially in active

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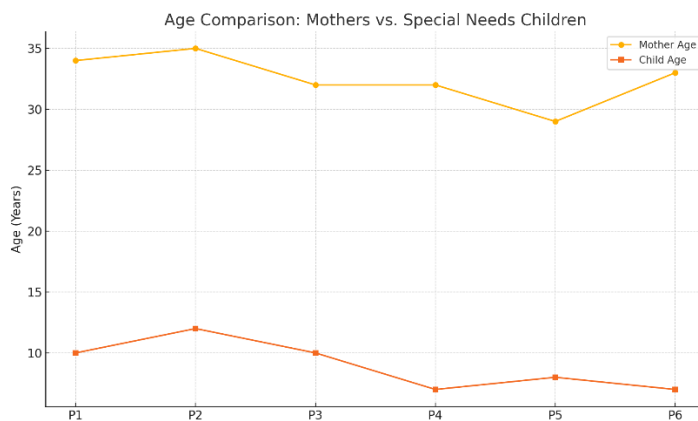Social Sciences

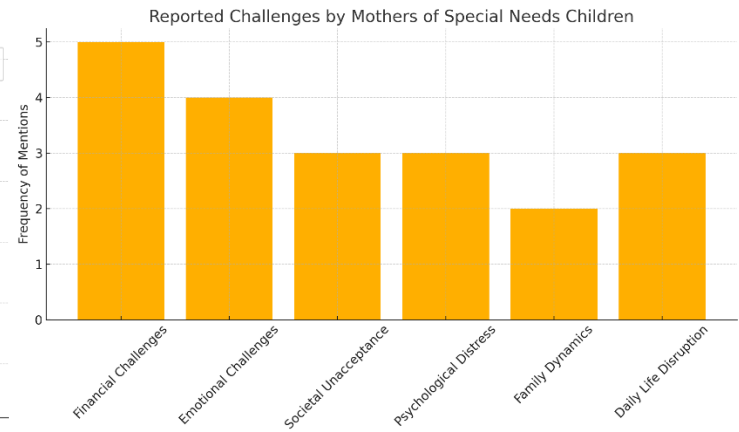*Figure 1 Age Comparison: Mothers vs. Special Needs Children*

Figure 2 Reported Challenges by Mothers of Special Needs Children

DISCUSSION

The findings of this study provide a nuanced understanding of the lived experiences of mothers navigating inclusive education systems with their children who have special needs. The qualitative data gathered through in-depth semi-structured interviews highlighted a complex interplay of emotional, social, financial, and systemic challenges that shape the maternal experience. Consistent with existing literature, the study emphasized that despite the progressive intent of inclusive education, practical implementation remains deeply flawed, particularly in low-resource settings. Mothers reported moderate to negative experiences, citing inadequate school infrastructure, lack of professional staff, and weak support systems as significant barriers to their child's academic and social development. These deficits not only hinder the educational experience of the children but also place considerable emotional and psychological strain on their caregivers (17,18). A recurring concern was the financial burden associated with inclusive schooling. The extended tuition fees for special needs children, combined with the cost of therapies and learning aids, created substantial pressure on household finances. Mothers reported having to compromise the needs of other children in the family due to limited resources, reflecting a larger issue of equity and sustainability in educational accessibility. These findings align with earlier reports where inclusive education systems were criticized for becoming a financial liability rather than a support mechanism for vulnerable populations. The commercialization of special needs education, as perceived by the mothers, underscores the urgent need for policy-level interventions to regulate fee structures and ensure the affordability of necessary services (19).

Social stigma and community rejection emerged as another central theme. Many mothers shared experiences of being judged or socially excluded, both for their child's condition and their decisions to invest in their education. These social pressures often translated into psychological distress, leading to heightened levels of anxiety, fatigue, and emotional isolation. This supports previous research indicating that caregivers of children with neurodevelopmental disorders, particularly mothers, experience disproportionately high rates of mental health challenges. The burden is intensified in collectivist societies, where social acceptance and conformity are valued, and deviations from perceived norms—such as disability—can trigger familial and societal rejection. Educational challenges within the classroom environment were also strongly highlighted (20,21). The absence of trained teaching staff and lack of individualized educational planning led to inadequate learning experiences, often resulting in behavioral regressions among the children. The mismatch between the children's developmental needs and the school's pedagogical approach created a cycle of frustration, academic underperformance, and eventual withdrawal from schooling in some cases. The findings resonate with prior studies emphasizing the need for specialized teacher training and therapeutic integration within school systems to facilitate meaningful inclusion (22).

Furthermore, the study captured how caregiving responsibilities had a profound impact on the mothers' daily routines, social lives, and psychological well-being. Most participants reported a complete lack of personal time, an overwhelming sense of responsibility, and the absence of shared caregiving roles within their families. These cumulative stressors manifested in somatic symptoms, emotional exhaustion, and disrupted family dynamics. This supports broader research which identifies caregiving mothers as a high-risk group for psychological morbidity and advocates for systemic reforms that extend support beyond the child to the entire family unit. The strengths of this study lie in its qualitative depth and the contextual richness of firsthand maternal narratives. By employing an interpretative

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phenomenological approach, the research was able to uncover layers of emotional and practical experiences often overlooked in quantitative studies. However, the study is not without limitations. The small sample size (N=6) and geographical restriction to one clinic in Lahore limit the generalizability of the findings. Additionally, the exclusion of working mothers and single or divorced participants may have omitted diverse perspectives that could further enrich the understanding of inclusive education challenges.

Future studies should expand sample diversity to include fathers, caregivers from different socio-economic backgrounds, and educators themselves to provide a 360-degree perspective on inclusive education. Longitudinal designs could be employed to track the evolving experiences of families over time. Moreover, evaluating the effectiveness of existing policies and teacher training programs could yield actionable insights into improving inclusive education systems. The implications of this study extend beyond individual stories; they underline systemic deficiencies that demand attention. The findings advocate for enhanced teacher training, increased funding for infrastructural improvements, and community-based interventions aimed at reducing stigma. Addressing these multi-layered challenges could contribute significantly to building a more equitable, compassionate, and functional educational environment for children with special needs and their families.

CONCLUSION

This study concluded that mothers of children with special needs enrolled in inclusive education systems face multifaceted challenges encompassing emotional, social, financial, and institutional dimensions. Their lived experiences revealed persistent gaps in school infrastructure, inadequate professional support, societal stigma, and an overwhelming caregiving burden that significantly impacts their quality of life. By focusing on maternal perspectives, the research highlighted the urgent need for more empathetic, well-resourced, and inclusive educational environments that not only support children's learning but also empower families. These findings underscore the importance of implementing targeted interventions, policy reforms, and teacher training programs that respond to the unique realities of mothers navigating the path of inclusive education.

AUTHOR CONTRIBUTION

Author	Contribution
Anum Rabbani*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Samia Rani	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published

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