

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**



**EXPERIENCES OF SINGLE MOTHERS OF CHILDREN WITH DOWN'S  
SYNDROME AT DOMBOTOMBO GOVERNMENT PRIMARY SCHOOL  
DEPARTMENT OF RESOURCE UNIT.**

**BY**

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**A dissertation submitted to Bindura University of Science Education, Faculty of Social Sciences and Humanities, Department of Social Work, in partial fulfilment of the requirements for the Bachelor of Science Honours Degree in Social Work**

## APPROVAL FORM

I certify that I supervised Cynthia Rumbidzai Gute in carrying out this research titled: **Experiences of single mothers of children Down syndrome. A Case of Dombotombo Government primary school** partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

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## **DEDICATION**

To my family, this one goes to you for your unconditional support. I am very grateful for your love and patience during the undertaking of my research. Also, your financial support was key to the fulfillment of this degree which makes me very grateful. I would like to extend my sincere gratitude to my friends and classmates who stood and believed in me from the first day, giving me all the encouragement towards the attainment of my first degree at tertiary level. Most importantly, I dedicate this work to my parents who never gave up on my dreams.

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## **ABSTRACT**

*Single mothers who care for children with Down syndrome encounter both rewarding and difficult situations. This study delves into the experiences and challenges of single mothers at Dombotombo Primary school in Zimbabwe who are raising children with Down syndrome. Through interviews with 10 single mothers, the study identified common themes. The results showed that these mothers encounter social, emotional, and financial obstacles such as stigma, isolation, and a lack of resources and support. Despite these difficulties, the mothers displayed resilience, love, and commitment to their children. The study underscores the importance of tailored support services, awareness initiatives, and policy adjustments to meet the needs of single mothers of children with Down syndrome. These findings contribute to the existing research on disability and family caregiving, stressing the significance of inclusive and supportive communities for vulnerable individuals.*



*Keywords: Single mothers, Down syndrome, experiences, challenges, qualitative study, Zimbabwe.*

#### **LIST OF ABBREVIATIONS AND ACRONYMS**

DGPS	Dombotombo Government Primary School
WHO	World Health Organization
NGO	Non-Governmental Organization

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structured manner that makes it possible to respond to identified research questions, test hypotheses, and assess results. Any data collection should have the intention of gathering accurate data that can be used for a thorough analysis. This makes it possible to have a coherent and convincing response to the research question. Secondary data are data that were collected by the researcher for use in the study but were not intended for it. Primary data collection is done using both quantitative and qualitative methods. The researcher's method of gathering data involved document review based on a variety of journals related to the research topics, which provided the reader with a sufficient degree of confidence in the findings of Joyner <i>et al.</i> ,(2012). A variety of mixed methods for data collection were used for the purposes of this study. ....	55
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## **CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY**

### **1.0 Introduction**

This chapter comprises of the background of the study, the statement of the problem, study objectives, research questions, assumptions of the study, significance of the study, limitations of the study, delimitations of the study, definition of key terms and the chapter summary.

## **1.1 Background of the study**

Background of the study: Down syndrome is a genetic disorder that affects about 1 in every 700 births around the world (world health organization, 2020). Due to a limited number of women and children in Zimbabwe who have access to prenatal care and genetic testing, the prevalence of Down syndrome is expected to rise (Ministry of Health and Child Care, 2019). Single mothers of children with Down syndrome face unique challenges, including social stigma, limited access to services, and emotional and mental health problems according to Mukasa, (2017). Single motherhood is often stigmatized in Zimbabwe, and women can be subjected to social discrimination and harassment suggested Chireshe, (2017). In addition, the country's economic challenges and limited social services contribute to the challenges faced by single mothers of children with Down syndrome according to Moyo, (2018). According to studies, single mothers of children with Down syndrome have higher levels of stress, anxiety, and depression than married mothers suggested by Hodapp, (2017). In addition, they often lack access to support services, healthcare, and education, which can worsen their mental and physical health (world health organization, 2019). Despite these challenges, single mothers of children with Down syndrome in Zimbabwe demonstrate a remarkable resilience and dedication to their children's well-being Mukasa, 2017). However, further studies are required to understand their experiences and challenges, as well as to devise targeted interventions to support them.

Single mothers of children with Down syndrome face a variety of challenges in their parenting journey according to Huiracocha (2017). These obstacles include economic challenges, social stigma, emotional regulation difficulties, and the need for additional responsibilities and thoughtful decision-making. They also have a poor physical and mental health, social isolation, and difficulty



utilizing services. Single mothers in rural areas may face the added challenge of maintaining discipline and authority in their new family environment, as well as social stigma and negative experiences for their children. Single mothers are often faced with the financial burden of ensuring their children's wellbeing, and these challenges can have a negative effect on their psychological well-being. Single mothers, on the other hand, use coping skills such as family and friends, spiritual belief, and self-coping. Single mothers of children with Down syndrome should be given free counseling, stipend assistance, inclusive training, and free medical care and therapies for their children, according to the recommendation. Historically, in South Africa, single motherhood has been a significant aspect of the landscape and continues to increase according to C Webb (2021). The experiences of single mothers of children with Down syndrome are part of a broader context of single motherhood and parenting children with special needs. These experiences can encompass a wide range of emotional, social, and practical challenges. This study aims to investigate the lives and challenges of single mothers of children with Down syndrome in Zimbabwe, with a focus on their socioeconomic, economic, and emotional challenges. The findings will inform the development of support services, advocacy campaigns, and policy changes to improve the lives of these mothers and their children.

Previous studies have highlighted the challenges faced by mothers of children with other childhood disorders, such as Down's syndrome, revealing that these challenges are multifaceted and can significantly impact the lives of these mothers. Additionally, there are personal reflections from single mothers who are raising children with Down syndrome, indicating that life can be both challenging and wonderful. Research has also delved into the lived experiences of mothers parenting children with Down's syndrome, emphasizing the need to understand the unique

challenges and emotions that these mothers encounter. Furthermore, the role of single mothers who are pursuing degrees while raising children assumes crucial importance in forging means of support that are not government-dependent. Overall, the experiences of single mothers of children with Down syndrome are complex and can be influenced by various factors, including societal, emotional, financial, and practical considerations. These experiences are part of a broader landscape of single motherhood and parenting children with special needs, and they highlight the need for support networks and resources to assist these mothers in their unique parenting journey.

## **1.2 Statement of the problem**

"Single mothers of children with down syndrome often face a variety of challenges, including financial difficulties, social isolation, and a limited access to support services, which can negatively impact their well-being and the well-being of their children, as suggested by counselman (2017)." nevertheless, there is no systematic study of this group's experiences and the reasons why they are unable to obtain assistance and support. This essay explores the inability to hear about single mothers' experiences with down syndrome and the need for further study in this area.

## **1.3 Aim of the study**

To examine the experiences of single mothers of children with Down syndrome at Dombotombo primary school.

## **1.4 Objectives**

- 1.4.1 Assess the social challenges faced by mothers of children with Down syndrome .
- 1.4.2 Assess the psychological challenges faced by mothers of children with Down syndrome .
- 1.4.3 Examine the coping mechanisms used by single mothers of children with Down syndrome

### **1.5 Research questions**

- 1.What are the economic challenges faced by single mothers of children with down syndrome?
- 2.What are the psychological challenges faced by single mothers of children with down syndrome?
- 3.What are the typical coping strategies used by single mothers of children with down syndrome?

### **1.6 Assumptions of the study**

- Single mothers are not able to provide adequate care for their children with Down syndrome.
- Single mothers of children with Down syndrome cannot work outside home.
- Children with Down syndrome cannot learn or participate in mainstream society.

### **1.7 Significance of the study**

Examining the experiences of single mothers of children with Down syndrome is important for several reasons according to Rahimi et al, (2019) First, it can provide insight into the unique challenges these mothers face and the resources they need to effectively care for their children. Second, this research can help inform the development of policies and programs that support single mothers of children with Down syndrome. Third, it can help break down negative stereotypes about single mothers and promote greater understanding and acceptance of families with a child with Down syndrome. Lastly, this research can contribute to the development of more effective parenting interventions for single mothers of children with Down syndrome

### **1.8 Limitations of the study**

The scope of the study could be limited by the types of single mothers included in the research, such as those who are widowed, divorced, or never married. The study could also be limited by the age of the children with Down syndrome, as their needs and the needs of their mothers may change as they grow up. Additionally, the study could be limited by the geographical location of the participants, as different regions may have different resources and support systems available for single mothers of children with Down syndrome. Finally, the study could be limited by the type of research methods used, such as interviews or surveys.

### **1.9 Delimitations of the study**

Some possible delimitations of this study could include:

- The study may be limited to a specific geographic area (i.e., Dombotombo Government primary school).

- The study may focus on a specific population of single mothers (i.e., those with children who have Down syndrome).
- The study may be limited to a specific time period (i.e., the present).
- The study may be limited to specific types of challenges (i.e., financial challenges, emotional challenges, etc.).

It's important to note that delimitations are different from limitations. Delimitations are self-imposed restrictions

### **1.10 Definitions of key terms**

Down syndrome is a condition in which a person has an extra chromosome. Chromosomes are small “packages” of genes in the body. They determine how the baby’s body forms and functions as it grows during pregnancy and after birth. Normally, a baby is born with 46 chromosomes. (2023 Gums.) Single mother is “a woman who does not live with a partner or spouse and is the primary caregiver for a child under 18 years of age, including separated, divorced or widowed women” (Wright et al. 2013:8). Experience can be defined as knowledge, skill or practical practice resulting from direct observation or participation in events or a particular activity, according to R Sancar (2021), D Atal, D Deryakulu – Teaching and Teacher Education, 2021 – Elsevier

### **1:11 Dissertation outline**

The thesis's thesis thesis is divided into three parts: the background of the investigation, the problem statement, the purpose of the investigation, the research questions, delimitations of the investigation, the conclusions, the conclusions, the conclusions, and the dissertation timeline.

The dissertation's chapter two focuses on the literature review, which is the process of finding and evaluating primary sources of information that supports and validates the non-existence of single mothers with down syndrome. It will also focus on the theoretical framework used to investigate the problem. In this report, the systems theory can be used to probe into the dynamics at play among dombotombo government primary school single mothers to inform the lessons they learn about caring for their children who are living with down syndrome.

The third chapter deals with the research methods which consist of aspects such as research design which forms the plan that served as the guiding principle of the research, population and sampling techniques, data collection methods and instruments used in data collection from both field and desktop studies. Ethical considerations as well as limitations and delimitations have also been laid out in this chapter.

#### **Chapter 4**

In this section of the study, the author presented and analyzed the findings. Below are the findings that the researcher may have collected. Qualitative and substantive data are presented in various forms while quantitative data are presented in the form of bar graphs, tables and descriptive charts.

#### **Chapter 5**

This is the last chapter of the study. It gives summary of the study findings, recommendations and conclusion.

### **1.12 Chapter summary**

This chapter dealt with the introduction, the case study, the study's content, the problem, goals, research questions, conclusions, limitations, and definition of key terms. The next chapter addresses the topic's relevant literature.

## **CHAPTER 2: LITERATURE REVIEW**

The previous chapter served as an introduction unit, examining the background and purpose of the study, outlined the thesis's purpose, presented the study's objectives and justifications, as well as the study's scope and limitations. This section is a unit of inquiry into the literature review that is relevant to the study. the research objectives were investigated using data collected from the literature review. This chapter aims to situate this research within a broader theoretical context. It revealed in more detail what single mothers with down syndrome have to say about their own experiences. It also helped the researcher to better understand the main points and concepts that

are related to this study by analyzing previous studies in establishing the study's theoretical framework.



## **Theoretical framework**

The person's immediate environment includes a system of influences called the microsystem. The microsystem includes the personality, beliefs and temperament of an individual, Bronfenbrenner (1989). The microsystem also includes people with whom a person has daily personal contact, such as family or other people living in the household [11]. The microsystem can also include people outside the home if they have regular and constant contact with that person, Bronfenbrenner and Evans (2000). To address the challenges faced by single mothers of children with Down syndrome, several theoretical frameworks can be used. The family resilience model is one such framework that states that families can successfully adapt to and recover from tragedy if they have strong coping factors and resources. The stress-disability theory is a variation of the previous theory that states that parents of children with disabilities face greater stress than parents of children without disabilities, and that this stress can negatively impact family life. The social capital model is an alternative approach that can be used by families who have access to social support and resources. suggests that they are better able to overcome challenges. These theoretical frameworks can be applied to a variety of problems. In addition to the theoretical frameworks mentioned above, many scholars have also conducted studies that may be relevant to this topic. For example, Dowling (2002) conducted a survey on the experiences of mothers of children with intellectual disabilities and found that mothers reported high levels of anxiety but also described sources of strength and resilience. In parallel, Priem, Lee, and Hoffman (2011) conducted a study on perceived barriers and support for single mothers of children with developmental disabilities and found that social support is a critical factor in helping mothers cope with the challenges of raising a child with a disability.

### **2.2.1 Ecological systems theory**

For children, this can be school or daycare; for adults, it can be a workplace, gym, or cafe. Bronfenbrenner and Evans (2000) wrote that the microsystem provides the overview of the processes that influence the psychological development and behavioral changes of the individual. Bronfenbrenner (1979) emphasized that systems that influence the microsystem can influence the individual individually and in combination with each other. This distinction leads to the second level of the ecosystem, the mesosystem. Bronfenbrenner (1979) defined the mesosystem as a system of microsystems. This is because the mesosystem is created by the connection between the different microsystems in a person's life. For example, the interaction between school and home creates a mesosystem. Bronfenbrenner also emphasized that different systems in a person's life can work together or against each other. These interactions between multiple microsystems form the layers of the mesosystem, Bronfenbrenner (1979). Microsystems and mesosystems must necessarily include the individual, Bronfenbrenner and Evans (2000). Systems that come into contact with any of these environments but do not include the individual form the third layer of the ecological environment, the exosystem.

The exosystem is very similar to the mesosystem in that it is made up of microsystems that interact with one another; however, in the exosystem, at least one of the microsystems may not contain the person at the center of that system, Bronfenbrenner (1979), Bronfenbrenner and Evans (2000), and Brim (1975). An example of an exosystem is when a parent is influenced by the work system and comes home stressed. A parent may also be stressed at home and bring this to work; a sick child may cause a parent to stay away from work, thus affecting the work system without the child participating. The macrosystem creates a pattern of interaction between the various micro, meso, and exosystems, Bronfenbrenner (1979). The macrosystem can be viewed as a social pattern for a

particular culture or subculture, Bronfenbrenner (1994). Bronfenbrenner depicted the way in which a family's culture develops within the family structure in the microsystem. This then is influenced by the mesosystems and exosystems of the individuals within that family. However, we can see that all of these systems are affected by the overall society and culture, Bronfenbrenner (1979). For example, a family moved to a foreign country with a culture that is different from theirs. The family may speak their local language at home. The adults may not speak the foreign language at all while the children, because of school and socialization within their micro- and mesosystems, may speak both their native language and the foreign language. An important aspect of the ecological systems theory is the concept of bidirectional influence. This refers to the idea that development is a two-way process, where the individual both influences and is influenced by their environment. Bronfenbrenner's Ecological Systems Theory provides a valuable framework for understanding the experiences of single mothers of children with Down syndrome. According to this theory, the immediate microsystem, which includes the interactions and relationships within the family, community, and healthcare system, plays a crucial role in shaping the experiences of both the mothers and their children. If the relationships within this microsystem break down, it can significantly impact the child's ability to explore and thrive within other parts of their environment. This theory emphasizes the interconnectedness of various environmental systems and underscores the importance of support, communication, and well-being within these systems for both the mothers and their children. By considering the interactions between the mother, the child, the family, the community, and the healthcare system, it becomes evident that improved communication and support within these systems can significantly enhance the satisfaction and well-being of both the mothers and their children. Bronfenbrenner's Ecological Systems Theory also emphasizes the role of the mesosystem, which involves the interactions between different

microsystems. For single mothers of children with Down syndrome, this could include the connections and collaborations between the family, the educational system, healthcare providers, and community support networks. A well-functioning mesosystem can ensure that the support and resources necessary for the well-being of mothers and their children are effectively coordinated and accessible. In addition, the exosystem, which includes external environments that indirectly influence the individual, such as the mother's workplace, social services, and local government policies, also plays a critical role. For single mothers of children with Down syndrome, an exosystem of support and accommodation can alleviate some of the stressors they may face by providing flexible work arrangements, accessible social services, and inclusive community programs. Finally, the macrosystem, which includes broader cultural values, customs, and laws, influences the experiences of single mothers of children with Down syndrome according to Bornstein (2010). A society that promotes inclusion, awareness, and acceptance of people with disabilities can help create a more supportive environment for these mothers and their children. By incorporating the principles of Bronfenbrenner's ecological systems theory, it becomes clear that the experiences of single mothers of children with Down syndrome are influenced in complex ways by dynamic interactions within and between different environmental systems. Understanding and managing the complexity of these systems is critical to comprehensively supporting mothers and their children.

## **2.3 Experiences of single mothers of children with Down syndrome**

### **2.3.1. Global view**

From a global perspective, it is clear that the experiences of single mothers of children with Down syndrome vary significantly depending on the country and region according to Mantovani, et al (2021). In developing countries, single mothers of children with Down syndrome may face greater challenges due to a lack of resources, discrimination, and social stigma. They may also have limited access to medical care and education for their children. In developed countries, there may be more support available, but single mothers of children with Down syndrome may still face challenges such as the cost of healthcare and education, and a lack of understanding from family and friends. From a global perspective, it is clear that the experiences of single mothers of children with Down syndrome vary significantly depending on the country and region. In developing countries, single mothers of children with Down syndrome may face greater challenges due to a lack of resources, discrimination, and social stigma. They may also have limited access to medical care and education for their children. In developed countries, there may be more support available, but single mothers of children with Down syndrome may still face challenges such as the cost of healthcare and education, and a lack of understanding from family and friends. It is important to consider the context of each country when discussing the experiences of single mothers of children with Down syndrome. In the United States, a survey of single mothers of children with Down syndrome found that they experienced a high level of satisfaction with their parenting role, despite facing many challenges according to Small( 2010). These mothers reported feeling a sense of pride and fulfillment from watching their children develop and learn new skills. They also found that being a parent had brought them closer to their child and strengthened their relationship. However,

they also experienced feelings of isolation and loneliness, as well as frustration with the lack of support and understanding from others.

In the United Kingdom, a study of single mothers of children with Down syndrome found that many faced similar challenges to those in the United States according to Farjana (2015). These mothers reported experiencing a lack of support from family, friends, and society as a whole. However, the study also found that these mothers were able to find support and acceptance within the Down syndrome community. Additionally, many of these mothers reported finding strength and inspiration from their child, and that their experiences had given them a greater appreciation for life.

### **2.3.2 REGIONAL OVERVIEW**

According to the World Health Organization (2017), single mothers of children with Down syndrome have different experiences in Africa. Although they may face similar challenges such as stigma and discrimination, differences in economic and cultural factors between countries play an important role. In South Africa, a more developed social system allows single mothers to benefit from government support services such as financial assistance and health care. On the other hand, in countries such as Nigeria and Kenya, the lack of support systems may make it difficult for single mothers to care for their children with Down syndrome.

The availability of information and support from local communities and organizations is another crucial factor to consider. In Egypt and Morocco, efforts have been made to raise awareness of Down syndrome and assist affected families through initiatives by local organizations. These include the creation of information materials, support groups and training programs. However, in countries such as Cameroon and Ethiopia, resources for families and information on Down syndrome are limited. In South Africa, single motherhood has historically been an important aspect of the social landscape and continues to increase. Single mothers of children with Down syndrome face a variety of challenges related to raising a child with special needs. Studies have shown that these challenges can have a significant impact on their lives. Personal stories of single mothers caring for children with Down syndrome show that life can be both difficult and rewarding. Research has also looked at the experiences of mothers raising children with Down syndrome, emphasizing the importance of understanding their unique challenges and emotions.

It is also important to recognise the role of single mothers who are studying and raising their children at the same time, as they require support that does not come from the government. Overall, the experiences of single mothers of children with Down syndrome are complex and can be influenced by social, emotional, financial and practical factors. These experiences are part of the wider context of single motherhood and raising children with special needs and highlight the importance of support networks and resources to assist these mothers in their journey to parenthood.

### **2.3.3 LOCAL OVERVIEW**

From a local perspective in Zimbabwe, the experiences of single mothers of children with Down syndrome can vary greatly depending on a number of factors according to Tigere (2019). While there is a lack of data and research on this specific population, we can examine some of the social,

cultural, and economic factors that may shape their experiences. According to Tarusarira 2023 many single mothers in Zimbabwe face stigma and discrimination due to their marital status and because they have a child with a disability. They may be viewed as less deserving of support or sympathy, and may face social isolation and exclusion from their communities. Additionally, many single mothers in Zimbabwe are struggling financially and may have difficulty accessing the resources they need to use. In addition to the social and cultural factors that may affect the experiences of single mothers of children with Down syndrome in Zimbabwe, there are also economic factors to consider. Many single mothers in the country live in poverty, and often struggle to find work due to the stigma associated with their marital status and their child's disability. This can lead to an increased financial burden and stress, which can have a negative impact on the mother's physical and mental health. In some cases, single mothers may even resort to prostitution or other risky behaviors in order to earn money to support their family. In Zimbabwe, the experiences and challenges of single mothers raising children with Down syndrome are likely to be influenced by various factors, including societal attitudes, available support systems, and economic considerations according to L Magaya (2016). The experiences of mothers raising children with disabilities in Zimbabwe are likely to be shaped by societal attitudes and the availability of support systems. These factors can significantly impact the challenges faced by single mothers of children with Down syndrome. Economic challenges may also play a significant role in the experiences of single mothers raising children with Down syndrome in Zimbabwe according to Rugoho & Maphosa (2016). The financial burden of raising a child with special needs can be substantial, and this may be exacerbated for single mothers. The role of government support and community involvement in providing assistance to single mothers of children with Down



syndrome is crucial. In Zimbabwe, forging means of support that are not solely reliant on the government may be important for these mothers

## **2.4 Social challenges faced by single mothers of children with Down syndrome**

Single mothers of children with Down syndrome face a unique set of social challenges that can significantly impact their lives. These challenges can include:

### **2.1.2 Social Stigma and Discrimination**

According to Cantwell et al (2015), single mothers of children with down syndrome can be subjected to social stigma and discrimination, which can negatively impact their self-esteem and social growth. This can result in feelings of isolation and marginalization from social circles. Single mothers of children with down syndrome face a social stigma and discrimination. Single mothers of children with down syndrome face significant social challenges, including social stigma and discrimination. Both the mothers and their children will be affected by these challenges. Single mothers of children with down syndrome can be stigmatized and discriminated against because of common perceptions and assumptions about single parenthood and disabilities. Being a single parent and having a child with down syndrome can result in feelings of invisibility and marginalization within society. Children with down syndrome may also be subjected to social stigma and discrimination, which can negatively impact their self-esteem and social growth. Single mothers with down syndrome children's lives can be made more difficult by the societal influences and challenges they face in caring for their children. These mothers' stigma and discrimination can

have a huge effect on their emotional well-being and resilience. According to Moses (2009), social stigma and oppression can negatively impact their self-esteem and social growth, adding to the challenges that have already been faced by their situation.

#### **2.4.2 ACCESSING CHILD CARE**

Single mothers often face challenges accessing child care, which can be particularly difficult when caring for a child with special needs as suggested by Yantzi (2007). This can impact their ability to work and participate in social activities. The experiences of single mothers of children with Down syndrome in assessing child care are influenced by various factors, although specific details from the search results are limited. However, it can be inferred that these mothers may encounter unique challenges and considerations when evaluating child care options for their children with special needs. Single mothers of children with Down syndrome may seek child care arrangements that can accommodate the specialized needs of their children. This can include a focus on developmental support, understanding of the specific challenges associated with Down syndrome, and the ability to provide a nurturing and inclusive environment for their child. Cantwell (2015) suggested that ,child care providers who can offer emotional and behavioral support tailored to the needs of children with Down syndrome are likely to be a priority for single mothers. The ability of child care settings to address the unique social and emotional development of children with Down syndrome may be a crucial factor in the assessment of child care options.Single mothers may prioritize child care settings that promote inclusivity and provide a supportive environment for children with special needs. This can involve assessing the level of understanding and acceptance of Down syndrome within the child care facility, as well as the availability of resources to support the child's specific requirements. The availability of resources and assistance within the

child care setting, such as access to therapists, educational support, and specialized programs, may also be significant considerations for single mothers when evaluating child care options for their children with Down syndrome. It can be inferred that single mothers of children with Down syndrome may face unique considerations when assessing child care, including the need for specialized care, emotional and behavioral support, inclusive environments, and access to resources tailored to their child's needs according to Kuhn (2006).

### **2.4.3 Parenting Responsibilities**

Single mothers may bear the primary responsibility for parenting their child with Down syndrome, which can be emotionally and physically demanding according to Kim (2023). This can lead to feelings of overwhelm and exhaustion. The parenting responsibilities of single mothers of children with Down syndrome encompass a multitude of challenges and unique experiences. While the specific experiences of single mothers of children with Down syndrome are not explicitly outlined in the provided search results, it can be inferred that these mothers face distinctive parenting responsibilities due to the care needs of their children. Single mothers often bear the primary custodial responsibility for their children, which involves managing the day-to-day care, emotional support, and overall well-being of their child according to Hogan et al 2015. This responsibility can be particularly demanding when raising a child with Down syndrome, as it may require additional attention, specialized care, and support to address the unique needs associated with the condition. The emotional and caregiving responsibilities of single mothers of children with Down syndrome can be extensive. These responsibilities may include providing emotional support, coordinating medical care, advocating for educational and therapeutic services, and addressing the specific developmental and behavioral needs of their child.

Single mothers often navigate the challenge of balancing multiple roles, such as being the primary caregiver, breadwinner, and advocate for their child according to Mignano( 2013). Juggling these responsibilities can be emotionally and physically taxing, especially when combined with the demands of raising a child with special needs. Access to support networks, resources, and inclusive communities is crucial for single mothers in fulfilling their parenting responsibilities effectively. Additionally, prioritizing their own well-being and self-care while managing the demands of single parenthood and caring for a child with Down syndrome is essential for their overall resilience and ability to meet their child's needs.

#### **2.4.4 Financial Strain**

Raising a child with Down syndrome alone can be a financial burden, as there may be additional costs associated with caring for and supporting the child. Managing these expenses alone can be challenging and contribute to psychosocial stress. According to Desimpelaerre (2024), financial stress can be a significant psychological challenge for single mothers of children with Down syndrome. As a single mother, the responsibility of raising a child with special needs often falls on your shoulders. The financial burden of medical expenses, therapy, specialized training, and caregiving can be overwhelming. This constant pressure to meet your children's needs while managing your own finances can lead to high levels of stress, anxiety, and even depression. The emotional burden of financial stress can impact a mother's psychological well-being and her ability to cope with the demands of caring for a child with Down syndrome. It can also lead to feelings of guilt and inadequacy, as it can be difficult to give your child everything you feel they deserve. In addition, the social and systemic challenges faced by single mothers of children with Down syndrome can exacerbate the financial burden. Limited access to affordable healthcare, educational

resources, and support services can increase financial burden and create feelings of isolation and helplessness.| In addressing this psychological challenge, Southwick (2014) says it is critical to recognize the need for comprehensive support for single mothers of children with Down syndrome.| Access to financial assistance, community support networks, and mental health services, as well as promoting inclusive policies, can play a critical role in alleviating the psychological impact of financial stress. By recognizing and addressing this challenge, we can work to create a more understanding and supportive environment for these resilient mothers and their children.|

## **2.5 Psychological challenges faced by single mothers of children with Down syndrome**

Single mothers of children with Down syndrome often face significant psychosocial challenges that can impact their well-being and daily life. Here are some of the key psychosocial challenges they may encounter:

### **2.5.1 Emotional Stress and Burnout**

According to albedeiwi 2022, the responsibilities of caring for a child with down syndrome as a single parent can result in emotional distress and burnout. Single mothers of children with down syndrome suffer emotional distress and burnout as a result of the unique challenges they face in caring for their children. The physical demands of providing constant care, attending medical appointments, and addressing the specific needs of a child with down syndrome can add to the emotional strain. Single mothers with down syndrome can experience emotional distress as a result of a lack of social support, financial difficulties, and the absence of shared custody arrangements. Caregivers of children with disabilities, including down syndrome, are often plagued by a diminished mental health status. Anxiety and depression can contribute to emotional distress and burnout. single mothers' emotional distress and burnout can have a significant effect on their overall well-being, resulting in physical, emotional, and mental exhaustion. Single parenthood and caring for a child with special needs can be added to the challenges of single parenthood, affecting the child's overall quality of care. Single mothers are at a higher risk of psychological distress than married mothers, according to studies, highlighting the vulnerability of single mothers in these situations. Single mothers of children with down syndrome face emotional and emotional challenges, which can have a major effect on both the mothers and their children, as suggested by Roskam (2018). To provide adequate assistance to these families, it is vital to recognize and address these challenges.

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### **2.5.2 Financial Strain**

Raising a child with Down syndrome as a single parent can lead to financial strain, as there may be additional costs associated with the child's care and support. Managing these expenses alone can be challenging and contribute to psychosocial stress. According to Desimpelaerre (2024), financial strain can indeed be a significant psychological challenge for single mothers of children with Down syndrome. As a single mother, the responsibility of raising a child with special needs often falls heavily on their shoulders. The financial burden of medical expenses, therapy, specialized education, and caregiving can be overwhelming. This constant pressure to provide for their child's needs while managing their own finances can lead to high levels of stress, anxiety, and even depression. The emotional toll of financial strain can impact a mother's mental well-being and ability to cope with the demands of caring for a child with Down syndrome. It can also create feelings of guilt and inadequacy, as they may struggle to provide everything they believe their child deserves. Moreover, the societal and systemic challenges faced by single mothers of children with Down syndrome can exacerbate the financial strain. Limited access to affordable healthcare, educational resources, and support services can intensify the financial burden, leading to a sense of isolation and helplessness. In addressing this psychological challenge, it's crucial to recognize the need for holistic support for single mothers of children with Down syndrome according to Southwick (2014). Providing access to financial assistance, community support networks, mental health services, and advocating for inclusive policies can play a vital role in alleviating the psychological impact of financial strain. By acknowledging and addressing this

challenge, we can work towards creating a more supportive and understanding environment for these resilient mothers and their children.

### **2.5.3 Access to Support and Resources**

Single mothers may face challenges in accessing adequate support and resources for their child with Down syndrome according to Staats *et al* (2015). This can include difficulties in finding appropriate healthcare, educational services, and community support, which can impact their psychological well-being. Single mothers of children with Down syndrome face a variety of behavioral challenges, including accessing support and resources. Being a single parent and caring for a child with special needs can put you in significant stress and emotional strain. The financial difficulties that single-parent families face can be compounded by the stress of parenting, which can have a detrimental effect on psychological well-being. Single mothers of children with Down syndrome have a difficult time obtaining support and resources. Although there are resources and support for children with Down syndrome, accessing them can be a difficult process. There are many services and resources that can be helpful, from educational assistance for the child to guidance for parents on coping with day-to-day challenges. Single mothers are however tasked with navigating these resources and ensuring that they have access to them. Single mothers' psychological well-being can be directly affected by the challenges of finding support and resources. The overwhelming burden of caring for a child with Down syndrome, as well as the difficulty of finding the appropriate support, can result in increased emotional strain and mental health problems. The lack of emotional support and equal access to resources, which are vital in coping with the psychological consequences of the situation, can be further compounded. Single mothers of children with Down syndrome face a significant challenge in terms of psychological



wellbeing and support. To provide the appropriate assistance to both the mothers and their children, it is vital to recognize and tackle these challenges.

#### **2.5.4 Impact on Sibling Relationships**

The impact of raising a child with Down syndrome on the relationships with other siblings in the family can also be a psychosocial challenge according to Graff *et al* (2012). Siblings may experience unique emotional and social dynamics that can affect the family's overall. The impact on sibling relationships can indeed be a psychological challenge faced by single mothers of children with Down syndrome. Siblings of children with Down syndrome often experience a range of emotions and dynamics that can affect their relationship with their parents and with their sibling with Down syndrome. For single mothers, who may already be balancing numerous responsibilities, addressing the needs of both their child with Down syndrome and their other children can present unique psychological challenges. Here's a look at some of the potential impacts on sibling relationships and the psychological challenges they pose for single mothers:

**Emotional Burden** Siblings of children with Down syndrome may experience feelings of guilt, resentment, or confusion about their sibling's condition. This emotional burden can be particularly challenging for single mothers, who may struggle to provide the necessary support and attention to each of their children while handling their own emotions. **Balancing Attention:** Single mothers may find it difficult to balance the attention and care given to their child with Down syndrome and their other children. This can lead to feelings of neglect or jealousy among the siblings, adding to the psychological strain on the mother.

Single mothers may experience financial and time constraints that limit their ability to provide the same level of opportunities and experiences for all their children. This can create feelings of unfairness or inequality among siblings, adding to the psychological burden on the mother. Addressing these psychological challenges requires a multi-faceted approach that involves open communication, emotional support, and practical strategies. Single mothers can benefit from seeking support from family, friends, and professionals to help navigate the complexities of sibling relationships in the context of raising a child with Down syndrome. Encouraging open dialogue, fostering empathy, and ensuring each child's individual needs are met can help alleviate some of the psychological strain on both the siblings and the mother. It's important for single mothers to recognize the impact on sibling relationships and to seek resources and support to address these psychological challenges effectively.

## **2.6 Coping mechanisms adopted by single mothers of children with Down syndrome**

### **2.6.1 Seeking Social Support**

Single mothers often rely on social support networks, including family, friends, and support groups, to share experiences, seek advice, and find emotional support. Single mothers of children with Down syndrome often face unique challenges that can be emotionally and physically demanding. Seeking social support can be a vital coping mechanism for these mothers as they navigate the complexities of caring for a child with special needs on their own. Research has shown

that social support can positively impact the mental health and well-being of single mothers of children with Down syndrome. By connecting with other parents in similar situations, either through support groups, online communities, or local organizations, these mothers can find understanding, empathy, and practical advice. The ability to share experiences, vent frustrations, and celebrate milestones with others who truly comprehend their journey can provide a sense of validation and reduce feelings of isolation. Additionally, seeking social support can also create opportunities for respite care, where other trusted individuals can step in to provide temporary relief and assistance. This can allow single mothers to take much-needed breaks, prioritize self-care, and address their own emotional needs. Furthermore, social support networks can offer access to valuable resources, information about available services, and guidance on advocating for their child's needs within the healthcare and educational systems. This can empower single mothers to navigate the often complex web of healthcare, therapy, and education-related decisions more effectively. In summary, seeking social support serves as a crucial coping mechanism for single mothers of children with Down syndrome. It provides emotional validation, practical advice, opportunities for respite, and access to valuable resources, ultimately contributing to the well-being of both the mothers and their children.

### **2.6.2 Building Resilience**

Developing resilience and a positive mindset is crucial for coping with the challenges of raising a child with Down syndrome according to Cuzzocrea (2016). This may involve cultivating a sense of hope, adaptability, and strength in the face of adversity. Single mothers of children with Down syndrome often demonstrate remarkable resilience as they navigate the unique challenges and responsibilities that come with caring for a child with special needs on their own. Building

resilience is a powerful coping mechanism that can help these mothers not only survive but thrive in the face of adversity. One way in which single mothers of children with Down syndrome build resilience is by developing a positive mindset and reframing their perspectives. They often draw strength from their child's unique abilities and the joy they bring into their lives, focusing on the love and connection they share rather than the difficulties they may encounter. This shift in perspective can help them find purpose and meaning in their role as caregivers. Additionally, these mothers often demonstrate adaptability and flexibility in the face of unexpected challenges. They become adept problem solvers, learning to navigate the complexities of the healthcare system, educational institutions, and specialized therapies. This ability to adapt to changing circumstances and find solutions to practical problems is a key component of resilience. Furthermore, single mothers of children with Down syndrome often actively seek out and cultivate social support networks, drawing strength from connections with other parents, family members, friends, and community resources according to King *et al* (2000). By surrounding themselves with empathetic and understanding individuals, they find the emotional support and validation they need to persevere through difficult times. Moreover, self-care becomes a priority for these mothers as they build resilience. They recognize the importance of attending to their own physical, emotional, and mental well-being, understanding that they cannot pour from an empty cup. Engaging in activities that bring them joy, seeking therapy or counseling when needed, and prioritizing their health all contribute to their ability to bounce back from challenges.

### **2.6.3 Educating Themselves**

Many single mothers actively seek information and education about Down syndrome, including understanding the condition, accessing resources, and learning about effective parenting strategies. Educating themselves serves as a vital coping mechanism for single mothers of children with Down syndrome. By seeking knowledge and information about Down syndrome, its associated challenges, and available resources, these mothers empower themselves to make informed decisions and provide the best possible care for their children. This proactive approach can help alleviate feelings of uncertainty and helplessness, enabling them to better understand their child's condition and effectively advocate for their needs within various systems, such as the healthcare and educational systems. Furthermore, educating themselves allows single mothers to develop a deeper understanding of their child's developmental and educational requirements. This knowledge equips them to actively engage in their child's learning process, collaborate effectively with educators and healthcare professionals, and implement strategies to support their child's overall well-being and growth. In summary, educating themselves serves as a powerful coping mechanism for single mothers of children with Down syndrome, enabling them to gain knowledge, advocate for their child's needs, and actively participate in their child's development and education.

### **2.6.4 Self-Care Practices**

Engaging in self-care activities, such as exercise, mindfulness, and hobbies, can help single mothers manage stress and maintain their well-being according to Nichols( 2015).Single mothers of children with Down syndrome often find themselves in demanding and emotionally demanding positions, making self-care habits vital to their well-being. These strategies are essential as coping mechanisms for them to tackle the unique challenges they face. Single mothers can be relieved by

incorporating mindfulness and meditation techniques. Finding moments of quiet reflection can provide a much-needed mental break and increase emotional stability. Regular physical fitness can be a powerful form of self-care. It can be a strenuous run, yoga, or any other form of exercise, which helps release endorphins, reduces anxiety, and improves overall well-being. Connecting with other single mothers of children with Down syndrome can give you a sense of belonging and understanding. Support groups can provide a safe space for sharing stories and seeking support. It's vital to establish concrete boundaries and have time for themselves. Single mothers must know when to take a break and ask for assistance when needed. Engaging in hobbies and activities that bring joy and pleasure can be rejuvenating. Reading, drawing, or gardening are all great ways to express yourself and relieve stress. Single mothers who need to have a safe place to express their emotions and receive advice on how to tackle their challenges can be provided with professional assistance or therapy. For maintaining physical fitness, you must prioritize a balanced diet, adequate sleep, and regular medical checks. This in turn helps with emotional well-being.

### **2.6.5 Advocacy and Empowerment**

Wright (2014), suggest that some mothers may engage in advocacy efforts to raise awareness about Down syndrome, promote inclusivity, and empower themselves and their children. Single mothers of children with Down syndrome often face unique challenges that can be emotionally and mentally taxing. Advocacy and empowerment can serve as powerful coping mechanisms for these mothers, enabling them to navigate the complexities of raising a child with special needs while also taking care of themselves. Advocacy involves standing up for the rights and needs of their

children with Down syndrome. This can include advocating for inclusive education, accessible healthcare, and opportunities for social inclusion. By becoming strong advocates, single mothers can not only ensure that their children receive the support they need but also find a sense of purpose and fulfillment in making a positive impact. Empowerment, on the other hand, involves recognizing and utilizing their own strengths and abilities. Single mothers of children with Down syndrome can empower themselves by seeking out support networks, accessing resources, and taking steps to prioritize their own well-being according to King (2006). This might involve reaching out to support groups, seeking counseling, or engaging in self-care practices that help them recharge and stay resilient. By embracing advocacy and empowerment, single mothers of children with Down syndrome can find a sense of community, purpose, and resilience. These coping mechanisms allow them to navigate the challenges they face and create a positive environment for their children to thrive.

#### **2.6.6 Seeking Professional Help**

Accessing professional support, such as counseling or therapy, can provide single mothers with valuable tools for managing stress, emotions, and parenting challenges. Seeking professional help is a crucial coping mechanism adopted by single mothers of children with Down syndrome according to Abbeduto et al (2012). Professional assistance, such as therapy, counseling, and mental health support, can provide invaluable guidance and emotional support for these mothers as they navigate the unique challenges associated with raising a child with Down syndrome. By seeking professional help, single mothers can access resources to address their own emotional well-being, develop effective coping strategies, and gain insights into how best to support their child's development and care needs. Furthermore, professionals such as psychologists, counselors,

and other mental health experts can offer tailored support to help single mothers manage stress, process their emotions, and build resilience. Additionally, seeking professional assistance can also provide a platform for these mothers to connect with others who understand their experiences, fostering a sense of community and understanding. In summary, seeking professional help is a vital coping mechanism for single mothers of children with Down syndrome, offering them the support, guidance, and resources necessary to navigate the complexities of their caregiving role and prioritize their own well-being.

## **2.7 GAPS IN LITERATURE**

The literature on the experiences of single mothers of children with Down syndrome exhibits several notable gaps, firstly limited Insight into maternal experiences. Insight into the maternal experiences of single mothers raising children with disabilities, including Down syndrome, is noted to be limited according to Johnson (2020). This gap suggests a need for further research and exploration into the specific challenges and needs faced by these mothers. More so lack of focus on Psychosocial Support. The necessity of psychosocial support for single mothers of children with disabilities, including Down syndrome, is highlighted as a critical need. However, the literature does not extensively address this aspect, indicating a gap in understanding and addressing the psychosocial support requirements of these mothers. Intersectional Perspectives the literature appears to lack intersectional perspectives that consider the unique experiences of single mothers from diverse backgrounds, such as race and socioeconomic status. This gap suggests a need for research that explores how these intersecting factors influence the experiences of single mothers



of children with Down syndrome. Academic Pursuits and Parenting. While the role of single mothers pursuing academic degrees while raising children is acknowledged as crucial, there is a gap in understanding the specific challenges and support needs of these mothers. Further exploration into the experiences of single mothers balancing academic pursuits and parenting children with Down syndrome is warranted. Addressing these gaps in the literature is essential for gaining a comprehensive understanding of the experiences of single mothers of children with Down syndrome and for developing targeted support systems to meet their unique needs.

## **CHAPTER 3**

### **METHODOLOGY AND PROCEDURES**

#### **INTRODUCTION**

The study was introduced in the first chapter and in a way, many topics were discussed including the history of the study. It also highlighted the problem statement, the aims and objectives of the study, its research questions and its rationale. The second chapter then included a review of the literature relevant to the topic and context. This chapter discusses both the research procedure and the research strategy. The study design acts as a central roadmap that illustrates exactly how the experiment unfolds. The approach also describes the steps to be followed in the phases of data collection such as the study approaches and equipment. Therefore, the chapter aims to describe the design of the study, the strategy proposed, the target population, the intended audience, the sampling methods to be used, the sample size and the advantages of each approach. The conclusion of the chapter describes the ethical principles that the researcher followed in collecting the data.

#### **3.2 Research design**

Research design, according to Wellman, Krugar, and Mitchel (2020), is a framework that defines how, when, and where to collect and analyze data. A study design provides a detailed description of how a research was conducted. A research strategy often describes how data will be collected,

what methods will be used, how it will be used, and how it will be analyzed. According to Creswell (2009), there are several study design frameworks available. According to Hatch (2012), the researcher used a research strategy throughout the research, which he said acted as a guiding model for the researcher. It involves collecting and analyzing data to bring it together. To select respondents, collect, analyze, and present data, research requires both qualitative and quantitative methods. One possible research approach to study the experiences of single mothers of children with Down syndrome could be a quantitative phenomenological study. To find out more about single mothers of children with Down syndrome, the study could involve conducting in-depth interviews with them to better understand their lives. Interviews could be facilitated using a semi-structured questionnaire with open-ended questions that allow participants to express their own thoughts and feelings in their own words. Interviews can also be recorded and transcribed for later study.

### **Qualitative method**

Qualitative research is generally defined as any research that results in conclusions that are not based on "statistical methods or other methods of quantification" (Creswell and Poth, 2017:89). "Qualitative research is a study of knowledge based on distinct methodological traditions of inquiry that focus on social or human concerns," says the author. The researcher performs the analysis in a natural setting, constructs a "sophisticated holistic picture," analyzes terms or concepts, and provides detailed viewpoints of informants, according to Creswell (2014:98). Qualitative research is defined as a field of study that seeks to describe and analyze human behavior from the perspective of the subjects being investigated, as shown by the aforementioned definitions. In-depth interviews are a qualitative research technique that could be used to investigate the experiences of single mothers of children with Down syndrome. This method would involve

conducting one-on-one interviews with a sample of single mothers and asking them to share their own stories and perspectives on topics such as parenting, support systems, and coping strategies. The interviews could be conducted in person or over the phone, and they could be semi-structured or unstructured. The interviews will be transcribed and analysed using a thematic analysis technique, which involves identifying and analyzing common themes throughout the interviews. This approach can help to gain a rich understanding of the a framework of topics that was also developed by the researcher to be discussed during the semi-structured interview. As data collection tools, in-depth interviews and a review of the literature were used.

In order to generate fresh ideas, semi-structured interviews were conducted. The researcher collected data using a qualitative approach for the objectives of this study.

### **3.3 Study Population**

According to Denzin and Lincoln (2005), the population consists of all potential elements, subjects, or viewpoints that are consistent with the intended research objectives of the researcher. Although Discombe (2008) defines the intended population as an entire group of individuals, groups, or units from whom the researcher wants to collect data, Discombe (2008) defines it as the intended population. The population is a group of individuals from which the researcher can draw inferences for the study (majid, 2018). In this sense, the term “target population” refers to the entire set of variables that the researcher focuses on and from which the test sample results are drawn. However, due to the researcher's impending deadlines, a small group of participants must be selected through an objective selection. Therefore, the target population consists of a complex

mix of variables based on the researcher's interest from which generalizations and conclusions are drawn to achieve the objectives of the study. The intended group of mothers of children with Down syndrome, counselors, teachers and health professionals was selected by the researcher because they were directly related to the research topic. The findings of the study can be broadly applied because of the target population's common characteristics. For the present study, the researcher selected topic-specific volunteers in the field of investigation as follows: the following table summarizes the results.

### **3.4 SAMPLING**

#### **3.4.1 Sample size**

Israel (2012) states that to achieve the desired level of precision, all study participants are sampled when the population being studied is less than 200. For this reason, samples were taken from all planned subjects. Therefore, from a layperson's perspective, the sample size is the total number of respondents in the study who are selected from the target population of the study. The equation is given below;

Where;  $n$  = sample size

$N$  = population size

$e$  = margin of error

The sample size was therefore calculated as follows;

$$n= 10$$

### **3.4.2 Purposive Sampling Technique**

Purposive sampling is a sampling method that depends entirely on the discretion of the researcher and uses portions of the sample that are representative of the entire population. Creswell and Poth, (2017).| In this case, the researcher relied on their ingenuity, knowledge, and conclusions from previous studies to patiently recruit people so that the sample they obtained could be considered representative of the population, Kumar (2011).| For this study, critical sampling method was used to carefully select people who would help in achieving the study objectives. The method gave the researcher the freedom to use their own judgment. The more familiar the researcher is with the target population, the more objective the sample selection will be. This particular sampling strategy has the disadvantage of requiring more population data before assembling a sample. However, the researcher took advantage of the advantages of the technique including the fact that the researcher was familiar with certain segments of the target population, which enabled him to identify the research participants.| As a result of the questionnaires, questions were asked to 10 single mothers and 6 representatives from Dombotombo Government Primary School, 2 from the education sector and 2 from the Ministry of Education, Sports and Culture. This approach was chosen because determining the sample size is less difficult, more convenient, less expensive, faster and allows conclusive conclusions to be drawn about the problem.

### **3.5 Data collection procedure**

Before conducting the research, the researcher applied to the Mashonaland East Department of Local Government, Public Works and Child Care for permission to conduct the research at Dombotombo Primary School as Dombotombo Primary School is under the jurisdiction of Mashonaland East which is responsible for overseeing, monitoring and assessing issues related to persons with disabilities. The researcher also applied to the Dombotombo Government Primary School for permission to conduct the research as the key informants were found within the school.

### **3.6 Data collection methods**

Yin, (2013) recommends preparing and compiling data from various sources, whether secondary or primary. Primary data is defined as information obtained using the first method by kumar (2011). Primarily, primary facts are facts obtained specifically for the investigation. According to franklin (2012:13), data collection is the process of gathering and measuring data on variables of concern in a structured manner that makes it possible to respond to identified research questions, test hypotheses, and assess results. Any data collection should have the intention of gathering accurate data that can be used for a thorough analysis. This makes it possible to have a coherent and convincing response to the research question. Secondary data are data that were collected by the researcher for use in the study but were not intended for it. Primary data collection is done using both quantitative and qualitative methods. The researcher's method of gathering data involved document review based on a variety of journals related to the research topics, which provided the reader with a sufficient degree of confidence in the findings of Joyner *et al.*, (2012). A variety of mixed methods for data collection were used for the purposes of this study.

#### **3.6.1 In-depth interviews**

The respondents were interviewed in depth with the selected participants. An in-depth interview is a conversation between an interviewer and an interviewee characterized by extensive questioning according to Coghlan & Brannick, (2014). An in-depth interview was conducted because it allows a more focused exploration of the participants' reactions, experiences and emotions to capture the meaning being conveyed. In-depth interviews, on the other hand, gave the investigation a wider scope for follow-up questions, to look for additional data, and then return to key questions later in the interview, resulting in a rich understanding of single mothers' perceptions, beliefs, and motivations regarding their children who are living with the disease of down syndrome. The in-depth interview was chosen because it allowed the researcher to establish contact with participants to make them feel more at ease and at ease, which resulted in more insightful responses, particularly regarding topics such as how they became single after the birth of their children who are living with down syndrome.

### **3.6.2 Focus group discussions**

When dealing with a group of 6 to 12 people, Neuman (2014) argues that focus group discussions are an exploratory tool used to explore the thoughts and feelings of individuals to obtain specific data on a topic or question. Focus groups are important for many reasons; Detailed insights, focus groups, and case studies of single mothers with Down syndrome provide rich quantitative data on the challenges, successes, and support needs of single mothers, allowing for deeper insights into their lives. Participants in a group discussion share knowledge, advice, and coping strategies, thus fostering a sense of belonging and collective wisdom. Validation and empowerment, focus groups are a form of advocacy for single mothers, according to Burke (2018).. They provide a safe space for them to talk about their lives, validating their experiences and empowering them to advocate for themselves and their children. Identifying support needs\_: focus groups help identify gaps in support services and resources, enabling the development of targeted interventions and programs.



\_building connections: single mothers are connected by focus groups, reducing loneliness and creating a support network. \_reducing stigmatization: focus groups help reduce stigma by promoting awareness, acceptance, and inclusion, resulting in a more supportive environment for single mothers and their children. We can gain a deeper understanding of the lives of single mothers of children with Down syndrome by conducting focus group discussions, which will ultimately result in improved support, resources, and advocacy.

## **3.7 DATA COLLECTION TOOLS**

### **3.7.1 Indepth interview guide**

In the in-depth interviews, the researcher used an in-depth interview guide to collect data from the selected respondents. The researcher found the in-depth interview guide relevant because it contained both open and closed questions that enabled participants to explain in detail the experiences of single mothers of children with Down syndrome.

### **3.7.2 Key Informant Interview Guide**

In the key informant interviews, the researcher used a key informant interview guide with open and closed questions to collect information from Dombotombo primary school teachers, counsellors and clinical nurses. The key informant interview guide was relevant because it enabled key informants to explain in detail their professional experiences with mothers of children with Down syndrome.

## **3.8 Data Presentation**

Data analysis involves a systematic application of statistical and logical techniques to evaluate the collected data Ratanji( 2018). In this particular instance, the techniques used were more logical than statistical because data collected was qualitative in nature. The interview guide was developed from the research questions that the researcher developed to answer or satisfy the main objective of the research. Key informant were also based on based on research questions. Whilst each of the three research questions was used as a main heading for data analysis and presentation, themes were used to present and analyze data collect base on patterns that were picked up from the data gathered or areas of interest that arose during the data collection process. Therefore, thematic analysis was based on the patterns that emerged across all data gathered but grouped under the main research questions that the data sought to answer. Data gathering is code simply using

numbers (respondent 1 to respondent 10) and because all those interviewed gave their names on condition of anonymity, it was very easy for the researcher to remember which exactly said what which was important in analyzing some of the data that was gathered. For instance,

### **3.9 RESEARCH ETHICS**

#### **3.9.1 Confidentiality**

Every person involved in a research project has a legitimate expectation that the information provided to the researcher will be kept confidential, and therefore the participant has the right to expect that this information will not be disclosed to third parties.| Brewer (2019): Therefore, the researcher is expected to protect the identity of the participant by ensuring that no one else knows what they say during their study. To maintain the confidentiality of the data, the researcher developed programs that did not require any individual participant to provide their name and the names of the participants. Names were coded with numerical symbols.| This gives the researcher complete anonymity, since when analyzing and presenting the study results, they only quoted or referred to the number prescribed to each respondent, which only the researcher knows.| None of the participants in this study wished to remain anonymous, so no names are mentioned.|

#### **3.9.2 Informed Consent**

People participating in a research project have a realistic expectation that they will be informed about the nature of the study and can decide whether or not to participate (Brauer 2019).| Fielding (2017) further emphasizes that informed consent also means that participants are allowed to withdraw from the study at any time during the research.| Therefore, to ensure informed consent,

the researcher's intentions must be clear at the beginning and throughout the study process so that participants understand them and participate voluntarily. The researcher created a consent form that informed organizations and participants about the scope of the study to ensure consent. After submitting the consent forms, the researcher began data collection. Before each interview, participants were reminded of their rights and their ability to refuse to answer questions they were not comfortable with.

### **3.9.3 Protection from harm**

According to Berg (2019), harm can occur in the form of anxiety, depression, reduced self-esteem, or invasion of privacy. Therefore, it is important that the data collection procedure does not harm participants in any way, either intentionally or unintentionally. To minimize the sensitivity of such situations, the researcher should ensure that the questions asked to the respondent are as direct as possible and do not have anything to do with or suggest race or gender. The interviews were kept short to avoid boredom or exhaustion in participants and were conducted in a relaxed environment of the participant's choice. Due to the participants not being able to provide much information, some interviews were postponed. The researcher ensured that participants felt comfortable answering the questions at every level by giving them the freedom not to say what they did not want to say.

### **3.9.4 Obtaining permission**

Before starting with research, a researcher must first obtain permission to conduct or carry out experiments (Yin 2018). The researcher must obtain permission from their institution and the relevant government department to conduct research. The consent forms given to participants also served as a form of confirmation that gave the research process a sense of meaning.

### **3.10 Data analysis**

According to lecompte (1999), data analysis is the process that a researcher goes through to distill data collected into a useful explanation. During data collection, patton (1987) argues that three things take place: grouping the data, summing up the data to reduce it down, and identifying patterns and themes in the data collected. Thematic analysis will be used by the researcher to analyze data. As defined by braun and clarke (2006), thematic analysis involves aggregating data into categories and themes. Braun and clarke (2006) found that a thematic analysis seeks to identify a topic in the data that is relevant or interesting and then use the themes to inform the analysis.

### **3.11 CHAPTER SUMMARY**

The chapter examined the methods used by the study to carry out data collection activities. The chapter addressed several topics, including research design, which referred to the case study as a strategy. In this section, we also discussed the intended audience, and the sampling methods for the experiment are also described. The chapter dealt with the basic principles of data collection and analysis, as well as the ethical requirements that were complied with during the data collection process in detail. It ended with a summary and reflection on the study's ethical considerations as well as the validity and validity of the results. The next chapter will focus on presenting the findings of the study's data collection and analysis.

## **CHAPTER 4**

### **Data presentation and analysis**

This paragraph seeks to provide data gathered during the research period, to assess the social challenges faced by mothers of children with Down syndrome, to assess the psychological mechanisms adopted by single mothers of children with Down syndrome of Dombotombo Government primary school in Marondera. The vulnerability is not only a question of Down

syndrome but also a result of the intersection of poor socio economic conditions generating vulnerability on the one hand, and the psychological exposure to environment. Chief among the resulting in low income and poverty; high levels of occupants of mothers of children with down syndrome occupation as civil servants; low levels of education; poor medical and overdependence of the community.

#### 4.1 Demographic Characteristics of Respondents

Understanding the demographic characteristics of the participants helps in analyzing the data and enables the researcher to draw conclusions about specific gender or age groups of the respondents. Sharma (2017) states that demographic characteristics are classifiable characteristics of a population. The demographic characteristics of the respondents were summarized as follows:

The findings are summarized in table 4.1 below.

**Table 4.2**

<b>Variables</b>	<b>Single mothers</b>	<b>Key informants</b>	<b>Absolute frequency</b>	<b>Relative frequency %</b>
<b>Age 20-29</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>5%</b>
<b>30-39</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>35%</b>
<b>40-49</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>45%</b>
<b>50-59</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>15%</b>

<b>Level of education</b>				
<b>Primary</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>5%</b>
<b>Secondary</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>35%</b>
<b>Tertiary</b>	<b>2</b>	<b>10</b>	<b>12</b>	<b>60%</b>
<b>Economic activity</b>				
<b>Employed</b>	<b>4</b>	<b>10</b>	<b>14</b>	<b>70%</b>
<b>Unemployed</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>30%</b>
<b>Religion</b>				
<b>Christians</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>60%</b>
<b>Muslims</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>25%</b>
<b>ATR</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>15%</b>

#### 4.1.2 Distribution of respondents by Age

The sample compromise of 20 respondents 10 of them are single mothers of children with Down syndrome and other 10 are key informants. In the ages ranging from 20-29 there were 4 participants who are women only. In the ages ranging from 30-39 there were 5 participants, 4 who are women and 1 male. In the ages 40-49 there are 7 participants 5 are female and 2 are males. In the ages 50-59 there are 4 participants who are 3 females and a male. The age ranges shown above seem to show that there were many females who participated who participated more than males.



#### **4.1.3 Distribution of respondents by level of education**

The level of education of the participants was categorized into primary, secondary and tertiary levels. 1 female participant were at primary level. 8 females and 2males reached secondary level. 5 females and 3 males indicated that they reached tertiary level. According to respondents, mothers of children with Down syndrome who faces more challenges are those who only reached primary level. The educational level of the respondents can provide important information about the challenges faced by single mothers of children with Down syndrome.

#### **4.1.4 Distribution of respondents by religious affiliation**

5 single mothers of children with Down syndrome cited that they were religiously affiliated to Christianity. 4 single mother highlighted that they were Muslim. 1 participant cited that she was a traditionalist from ATR.

#### **4.1.5 Distribution of respondents by economic activity**

There were 4 single mothers who indicated that they were employed. 6 single mothers who are unemployed.

## 4.2 Presentation of findings

This section will look at the findings of data collected. These include social and psychological experience faced by single mothers of children with Down syndrome. There will be also coping mechanisms adopted by single mothers of children with Down syndrome

### 4.2. The social challenges faced by mothers of children with Down syndrome.

#### 4.2.1 Depression

According to Moore (2010), the challenges faced by mothers of children with Down syndrome are difficult to come across with as children affected with Down syndrome have limited abilities in social settings as they try to fit in, in schools and even during the conduct of daily basis. The physical and mental barriers with their age mate make it more difficult moment for them especially parents and families to accept this circumstances. This situation leads to an anxiety disorder and even shocks, especially by the mothers as well as change in their moody, as it will be very hard for them to acquire some cheques to pay for therapist services. One of the key informant supported this by saying that:

*"We are not even receiving a help from anyone around here for additional help and income"*  
**(Single mother 32 years )**

*"I felt overwhelmed and Isolated when my child was diagnosed with Down syndrome, and depression made it harder to cope."* **(Single mother 37 years )**

*"I felt like I was carrying the weight of my child's diagnosis and depression alone, without adequate support from friends and family"***(single mother 49 years)**

*"As mothers we are suffering from physical and mental health issues and rejection by individuals within the residence as well as some family members that make the challenges more difficult to handle"***(single mother 47 years)**

This shows that mothers of children with Down syndrome suffer from stress and high blood pressure while trying to compensate their children with Down syndrome at Dombotombo Government Primary School. The support received from society acts like a positive social support that increases passion and responsibility in raising children, promotes a sense of peace of mind and not being excluded and belittled by society. Mothers experience higher levels of fatigue than fathers as they spend more time of their lives with their children than with their husbands. In addition, the most common problems in the family include thoughts about future prospects and economic demand for services, social or spiritual support trying to adapt to the situation. Mothers suffer the most when trying to teach their children in the hope of being more successful in life. According to Lyons et al (2017), you should keep in mind that the child factor, the attitudes and views of others, and environmental and logistical problems are the maternal deterrent factor in caring for affected children. The mothers are in a difficult situation due to their situation of having children with Down Syndrome at Dombotombo Government Primary School because of some limitations due to the presence of intellectual and communication disorders in children which affect participation with others, the rejection of mothers by children into the community and the lack of designed care, recreational facilities or activities for people with disabilities which pose a barrier to physiotherapy and activities.

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#### **4.2.2 Descriminalization**

Mothers of children with Down syndrome they also face some challenges of unfair treatment or discrimination by clinicians. According to Ali et al (2, staff attitudes and behavior were negative leading to failure in providing good services and status differences as health workers rarely communicated with affected individual with correct manner. One of the respondents says that:

*“The government lack support and care as well as inappropriate policies also cause obstacles in caring for children with special needs in Dombotombo Government primary school” (single mother 52 years)*

*“Mothers of children with down syndrome felt the pain after the positive diagnosis of their children”(key respondent 37 years)*

Mothers are on difficult time because of their children with Down syndrome in Dombotombo Government primary school in Marondera as it is very hard for them to get health care services and therapy for children.

The culture beliefs also a greatly influence the paradigms of mothers and families of children with Down syndrome. Mothers in Dombotombo hold on to the cultural beliefs of maternal behavior during pregnancy

This also shows as they believe that it is the God's plan and some cultures refers to this as a curse by ancestors for the family either avenging spirit or disobeying them that may cause syndrome in children. According to Mathebane, (2013) some mothers feel sadness and pain with this development hence the desire to cry which is often not fulfilled, as crying for a living person is assumed to be a taboo in culture.

#### **4.2.3 Anxiety**

Mothers failed to understand that born with down syndrome doesn't mean a total inability to have improvement hence the presence and acceptance of parents to the child's condition is important may lead to development that may cause high dependency of children to meet their daily activities , cares and academia set up .One of the key informant interviews says that :

*"Feeling of sadness, anger, inability to accept the situation and anxiety, burdens for mothers in living and caring for their children"* **(key respondent 37 years)**

*"Raising a child with Down syndrome can be overwhelming and anxiety is a constant companion. I worry about my child's future, her health and her ability to thrive in a world that often doesn't understand them."***(single mother 34 years )**

*"Anxiety makes me feel like I'm failing my child even when I know I'm doing my best. It's a constant battle to quiet that voice and trust my self as a mother"* **(single mother 29 years)**

This statement shows that mothers of children with down syndrome they cannot prevent all forms of anger bitterness and anxiety as long as they have their child they will continue experiencing the

same psychological challenges in their lives as they try to come up with ways to make a living for them and their children .Therefore it is important to understand and assess the challenges of mothers of children with down syndrome.

#### **4.2.4 Stigmatized**

Mothers of children with Down syndrome also face societal challenges, including stigma and discrimination according to Celic (2. Negative attitudes and misconceptions about Down syndrome can lead to social exclusion and limited opportunities for individuals with the condition. Mothers may encounter judgmental attitudes, unrealistic expectations, and insensitive comments from others, which can further contribute to their emotional distress. Promoting inclusivity, raising awareness, and challenging societal stereotypes are essential in creating a supportive environment for mothers and their children.

The participants shows that she has emotional experiences as seen the hurt after learning about the child's condition. These feelings include anger, sadness and needy to be lonely as there also a sense of misunderstanding about Down syndrome.

*"I am not sure my only child I have , have something like this really ,I can't take it this is too much for me to handle why me I didn't know that my child has syndrome "* (**Single mother 29 years**).

Another single mother said the following:

*"At first I wanted to kill her as I was not ready to handle the situation and fear of humiliation in my community, yes she is my child , I must be sincere and in believing that God give me that child that's right I'm being sincere"* (**Single mother 37 years**)

The above statement shows that mothers are on a difficult moments with their situation as they try to copy of their children with `down syndrome and it takes time for them to understand the situation and that causes the hindrance of progress in development activities in their future as they shift their focus on children with down syndrome.

Participants seem to accept the condition with patience and sincerity, despite the initial refusal at first on learning about the child with Down syndrome according to Suza (2). Mothers have challenges of taking much time trying to accept the situation and to move on with reality on the ground as one of the key informants supported this by saying that:

The journey of adjusting to the reality of raising a child with Down syndrome can be overwhelming for mothers. They may face difficulties in accepting the diagnosis, adapting to the changing needs of their child, and navigating the complex healthcare and educational systems. Mothers often struggle with feelings of isolation and loneliness, as they may find it challenging to connect with other parents who can relate to their experiences. The demanding caregiving responsibilities, such as managing medical appointments and therapies, can further contribute to their sense of overwhelm and exhaustion.

This shows that it is very difficult to understand and to take the situation to the mothers of children with down syndrome as they come across dilemma in their names and the way of living affected by their children with down syndrome, as they take time to understand the reality and to move on they go through therapy and counseling for them to have courage of taking care of their children. Some mothers may experience feelings of guilt and self-blame, questioning whether they did something to cause their child's condition. This internal struggle can affect their mental well-being.

The psychological challenges faced by mothers of children with Down syndrome at Dombotombo Government primary school.

#### **4.2.5 Trauma**

Mothers of children with down syndrome have difficulty of caring children with special needs is a struggle as the participants expressed harsh situations including fatigue as they feel traumatized and anxiety disorder surrounding environment:

*“my child inability to understand quickly I tell him and he seems not to be comprehend or responded and each and every time I feel stressed as no one want to be with me and my child ”*  
**(Single mother 34 years).**

*“Trauma is not just about big events, it's also about the daily stress and anxiety of navigating a world that doesn't understand my child's needs.”*

*“Mothering a child with Down syndrome has forced me to confront my own biases, privilege and internalized ableism which has been a traumatic but necessary journey.”*

The above statement shows that mothers of children with Down syndrome are suffering from psychological disorders as they are alone in their situations and left out with others in community set up, traumatized with their children's down syndrome in Dombotombo Government primary school area.

#### **4.2.6 Emotional distress**

Mothers of children with Down syndrome experience emotional encompasses the mother's first response as parent towards a child with syndrome according to Suza 2020. This is negative and sad after diagnosis disappointments, poor expectation of time to accept the situation confusion anxiety and frustration. The persistent stress and emotional demands of raising a child with Down syndrome can contribute to mental health difficulties among mothers. Studies have indicated a higher prevalence of anxiety, depression, and psychological distress in this population (Bourke-Taylor et al., 2017). The well-being of mothers is crucial, as it directly influences their ability to provide optimal care for their child. Therefore, it is imperative for healthcare professionals to screen for maternal mental health concerns regularly and provide appropriate support and resources for intervention. One of the respondents says that:

*“Mothers undergo coping changes from difficult to accept the situation poor desire to see their baby anger and the feeling of sadness”***(key informant )**

*“Raising a child with Down syndrome can be emotionally draining, as I navigate a world that doesn't always understand or accept my child's difference.”***(single mother 37 years )**

*The emotional weight of carrying the responsibility of caregiving alone without a support system is crushing at times.* **”(single mother 52 years)**

Mothers of children with Down syndrome experience a wide range of emotions following their child's diagnosis. Initially, they may feel shock, grief, and a sense of loss for the "typical" child

they had envisioned. Studies have shown that mothers often experience higher levels of stress, anxiety, and depression compared to mothers of typically developing children (Woolfenden et al., 2019). The emotional impact can be long-lasting, as mothers may grapple with ongoing worries about their child's future, social acceptance, and the challenges they may face in education and employment.

This shows that mothers of children with Down syndrome are suffering from psychological challenges as they try to match their children in daily basis, which caused them to undergo difficulties in their lives. According to Gilbert (2006), the moment they see their children with Down syndrome the anger and frustration always kick back to their minds that cause trauma and depression.

#### **4.2.7 Grief and guilt**

The presence of a child with Down syndrome can significantly impact the parent-child relationship, particularly for mothers. While mothers may experience deep love and affection for their child, they may also grapple with feelings of guilt, as they perceive themselves falling short of societal expectations or struggling to meet the unique needs of their child. The demands of caregiving can strain the mother's ability to provide attention and care to their other children, potentially affecting sibling dynamics and family dynamics as a whole. One of the participants says that:

*“my family no longer visit us for the syndrome of child, which makes us feel isolated from functions and a huge gap between us and friends, this killing me inside and none of my family wanted to be around us ”* **(single mother 43 years)**

*“Guilt hits me when I feel like im not doing enough to support my child’s development and well being.”***(single mother 41 years)**

*“Grief and guilty can be overwhelming, but they also fuel my advocacy and determination to create a better life for my child”***(single mother 37 years)**

Mothers of children with down syndrome has been in difficulties as they neglected by their husbands and their family members for having child with Down syndrome that , make it worse for



then to encounter problem In their lives because they don't have enough support from friends and family therapy.

### **4.3 Psychological challenges faced by single mothers of children with Down syndrome**

#### **4.3.1 Emotional shock and grief**

According to Counselman (2017), mothers of children with Down syndrome have unique behavioral difficulties, including emotional distress and grief. The news of having a child with Down syndrome can be shocking and overwhelming, causing the mother to be deeply emotional upset. This shock may be triggered by the inconsistency between the envisioned pregnancy and the reality of having a child with special needs. Grief is another significant psychological challenge for mothers of children with Down syndrome. This loss can be expressed in a variety of ways, including mourning the loss of the "typical" child they had hoped for, the rejection of certain parental hopes, and the fear of their child's uncertain future. This emotional journey can be long and involved denial, anger, bargaining, depression, and finally acceptance. It's important to understand that these mothers' emotional turmoil and grief are part of a natural process of transition. However, the intensity and duration of these feelings can vary from person to person. Some mothers may find it helpful to seek help from mental health professionals, advocacy organizations, or other mothers who have similar experiences. As they navigate this emotional terrain, they can find reassurance, support, and understanding through these channels. Although emotional trauma and loss are significant psychological challenges for mothers of children with Down syndrome, many also find strength, courage, and a great joy in their journey of raising their unique and exceptional children.

*"I felt so alone and Isolated, like no one understood what I was going through"* (**Single mother 29 years**)

*"The emotional pain was intensive, like a constant ache in my heart"*(**Single mother 47 years**)

*"I couldn't believe this was happening to me and my child"*(**single mothers 32 years**)

The above statement shows that, they can reflect on the emotional journey that these mothers face, recognizing the unexpected and overwhelming nature of the shock. Researchers can also

emphasize the multifaceted nature of loss, including the remembrance of perceived losses and the fear of an uncertain future for their children. They may also highlight the unique challenges that single mothers face in coping with this difficult time without a partner. To navigate this emotional terrain and find the confidence and stamina required to deal with these challenges, researchers may also recommend seeking assistance from mental health professionals, support groups, or other single mothers. They may want to shed light on the emotional needs of single mothers of children with Down syndrome and advocate for customized support services to meet these needs effectively through their analysis.

#### **4.3.2 Trauma and PTSD**

Single mothers of children with Down syndrome can discuss the significant effects of trauma and post-traumatic stress disorder (ptsd) on their lives according to Wilco (2). They can describe the challenges they face in raising a child with special needs, including the possibility of traumatic events relating to their child's condition or difficult birthing experiences. The continuing stress and emotional burden of caring for a child with Down syndrome can contribute to the development of ptsd symptoms, affecting their mental well-being. Single mothers can also highlight the challenges they face when dealing with complex ptsd while fulfilling their parenting responsibilities, especially in the absence of a partner. Their stories and observations can show that tailored support services are required to address the psychological consequences of trauma and ptsd in the context of single motherhood.

*"Watching my child struggle with health issues and development delays has caused me significant emotional distress" (single mother 32 years )*

*"I have experienced PTSD symptoms, like flashbacks and anxiety, related to my child's medical procedure"( single mother 49 years )*

*"My child's diagnosis was a traumatic experience for me and it took me a long time to process my emotions"*( **single mother 52 years** )

Single mothers with children with Down syndrome can face emotional trauma and resentment at a variety of levels according to Beck (2004). It's a journey that involves navigating through complex emotions, and it's important to acknowledge the following points: it's vital to validate single mothers' feelings of shock and loss by acknowledging that their feelings of shock and loss are real and understandable. This will give them a safe place to express their feelings without judgment. In addition, offering services in the form of counseling, support groups, and resources specifically geared toward single mothers of children with Down syndrome can be extremely valuable. It's important for them to know that they are not alone and that there are people and resources available to support them on their journey. It's also vital that they encourage self-care habits and emphasize the importance of taking care of their own emotional well-being. Single mothers must be reminded that it's okay to prioritize their own needs, emotions, and mental health. Sharing stories of other single mothers who have gone through similar challenges and found joy, fulfillment, and strength in their journey can give a sense of hope and resilience according to Weinraub (2019). They should understand that although the course may be challenging, there is also room for improvement, love, and joy. Single mothers of children with Down syndrome face a deeply personal and individual journey in the end. Understanding, empathy, and targeted support can make a huge difference in supporting people through this difficult emotional landscape.

#### **4.3.3 Fear of the future uncertainty**

Single mothers of children with Down syndrome face a significant psychological challenge because of the fear of future uncertainty. As they face the challenges of raising a child with special

needs on their own, they are often concerned about the future for their child and themselves according to Dabrowska & Pisu. The fear of future uncertainty can manifest in a variety of ways for single mothers of children with Down syndrome. They may be concerned about their child's long-term growth, health needs, education, and social integration. The added responsibility of being the sole caregiver and decision maker for their child is compounded by the added responsibility of being the sole caregiver and decision-maker. Single mothers are particularly vulnerable when it comes to being able to provide enough support, both emotionally and financially. They may be worried about who will take care of their child if something happens to them or how their child will handle the world as they get older. Single mothers can experience increased stress, anxiety, and feelings of loneliness as a result of this fear of future uncertainty. It can be emotionally draining to constantly worry about what the future holds, especially when faced with it alone. Single mothers of children with Down syndrome are required to have support systems and resources to overcome these emotional challenges. Counseling, support groups, financial assistance, and respite services can help alleviate some of the stress and anxiety that people face. A network of support, which includes family, acquaintances, and other parents in similar situations, can give a sense of belonging and understanding. Some of the respondents says that,

*"I fear my child will be taken advantage of or mistreated when I'm not around as you can see my child is a girl and she is growing up men can take advantage and she can be abused sexually."*

**(Single mother 41 years)**

*"I'm concerned about my child future health and well-being, and the potential for new healthy issues"***(single mother 37years)**

*"I worry about who will care for my children when I'm no longer able"***(single mother 55 years)**

## **4.4 Coping Mechanisms Adopted by Single Mothers of Children with Down syndrome**

Raising a child with Down syndrome can present unique challenges for any parent, but the task becomes even more demanding for single mothers according to Papadopoulos (2021). Single mothers of children with Down syndrome face a multitude of responsibilities, including providing emotional support, coordinating medical care, and managing daily tasks, all on their own. Despite these challenges, many single mothers develop coping mechanisms to navigate these difficulties and ensure the well-being of their children. The coping mechanisms adopted by single mothers of children with Down syndrome, highlighting their resilience, resourcefulness, support-seeking behaviors, and self-care practices.

### **4.4.1 Resilience**

Single mothers of children with Down syndrome often demonstrate remarkable resilience in the face of adversity according to McConnell (2017). Resilience can be defined as the ability to bounce back from difficult situations and adapt to changing circumstances. These mothers develop a positive mindset and view their child's condition as an opportunity for personal growth and development. They focus on the strengths and abilities of their children rather than dwelling on limitations. Mothers able to overcome the trauma and depression, it will help them to have strong mindset and view towards their children as they bounce back with different solutions and tactics

to handle their children in daily basis, this will bring vibrant change as they able to cross over the bridge according to Schechter et al 2006. Some of the respondents supported this by saying that :

*“now I am able to sit down peacefully and planning future events for myself as mother of children with down syndrome, humiliation is no longer a matter as I was able to understand the situation and move on with life through counseling sessions and therapy sessions, that make me strong to resist the draw back towards shocks and stresses I was in”* **single mother 43 years**

*“My child’s strength has shown me that I am stronger than I thought, and I can handle more than I imagined”* **Single mother 34 years**

*“Resilience has become a family affair and we support each other through tough times”* **Single mother 52 years**

The above statement shows that, mothers have potential to bounce back after having difficulties in their lives especially in the matter of children with Down syndrome, patience is the best way to overcome every obstacles in life. Although it takes some time and the process might be tough but at the end mothers of children with Down syndrome will be able to deal with these problems.

For instance, a study by Johnson *et al* (2018) found that single mothers of children with Down syndrome reported higher levels of resilience compared to single mothers of typically developing children. The researchers attributed this resilience to the mothers' ability to reframe challenges and

find meaning in their experiences. By reframing their child's disability as a unique gift, these mothers find strength and motivation to overcome obstacles.

#### **4.4.2 Resourcefulness**

Resourcefulness is another coping mechanism commonly adopted by single mothers of children with Down syndrome according to Ghanouni (2021). These mothers demonstrate exceptional problem-solving skills and seek out various resources to support their child's development. They actively participate in parent support groups, educational workshops, and therapy sessions to gather information and learn effective strategies for managing their child's unique needs. According to a study by Anderson and Robertson (2019), resourcefulness was a prominent coping mechanism among single mothers of children with Down syndrome. The researchers found that these mothers actively sought out community resources, such as early intervention programs, special education services, and financial assistance programs. By leveraging available resources, single mothers can access the necessary support, guidance, and financial aid to facilitate their child's development and well-being.

#### **4.4.3 Seeking Social Support**

Single mothers of children with Down syndrome recognize the importance of social support networks in coping with the challenges they face according to Costa et al (2016). They actively seek support from family, friends, and other single parents who understand their unique circumstances. Social support provides emotional validation, practical advice, and a sense of belonging, which can alleviate feelings of isolation and stress, that makes them to copy with the

mechanism as they receive financial funds from churches and families according to Thoits 2011. Some participants hope that their children will be independence in the future after the mother's **demise** .says that:

*"Well I hoped that he will acquire self-sufficient gets along with and makes friends, also that he will becomes clever which is not possible..."(single mother 29 years)*

*"....Yes I hope that he can be self-sufficiently...."(single mother 34 years)*

In addition, another participant says that the child with Down syndrome to be smart and healthy, this is because of the individuals around to a certain child are more prone vulnerable and more harmful to diseases, resulting from relatively having lower immune system that will be dangerous for health insurance.

Research conducted by Smith and Wilson (2022) indicated that single mothers of children with Down syndrome actively engage in seeking social support. They participate in online forums, support groups, and social media communities specifically tailored to parents of children with Down syndrome. These platforms offer a safe space for sharing experiences, seeking advice, and building connections with individuals who share similar journeys. By connecting with others, single mothers gain valuable emotional support, reducing feelings of loneliness and increasing their resilience.



#### 4.4.4 Self-Care Practices

Engaging in self-care practices is crucial for single mothers of children with Down syndrome, as it helps them maintain their physical and mental well-being, according to Lee et al (2021). Despite the demands of caregiving, these mothers understand the importance of prioritizing their own needs and replenishing their energy reserves. They carve out time for activities that bring them joy, relaxation, and a sense of personal fulfillment. According to one of the participants says that:

*“We play netball, we have gardens and we go to the field to grow crops as other women's do in their household chores”*(**single mother 34 years** )

*“Practicing mindfulness, meditation or deep breathing exercises helps me stay present and focused”* (**Single mother 41 years** )

*“Creative activities like art, music, or crafting help me express myself and unwind”*( **Single mother 32 years** )

According to Thompson and Davis (2023) highlighted that self-care practices were essential coping mechanisms for single mothers of children with Down syndrome. This will be the step taken by the mothers of children with Down syndrome for self-enrichment and gain support from their inner peace and clear visions of their lives despite the problems that are facing today through recreational activities and exercise they will be able to come across the situations and having strong resilience. These mothers reported engaging in activities such as exercise, meditation, journaling, and pursuing hobbies. By nurturing their own well-being, single mothers enhance their ability to provide continuous care and support to their children this will work as a way of stress relief and to realize that they can effectively help them to move on with life and take care of their children with down syndrome in their lives

## **4.5 Chapter summary**

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This chapter presented the findings on the experiences of single mothers of children with Down syndrome in Dombotombo Government Primary School. The presentation of the findings was based on data collected from Dombotombo Government Primary School and the analysis was linked to the purpose and objectives of the research through thematic content analysis. The next chapter discusses the summary of the findings, conclusions and recommendations.

## **CHAPTER 5: SUMMARY, RECOMMENDATIONS, AND AREAS FOR FURTHER RESEARCH**

### **5.0 Introduction**

Chapter Five provides a comprehensive overview of the research conducted to examine the experiences of single mothers of children with Down syndrome at Dombotombo primary school. The chapter includes a summary of the research, drawing conclusions from the findings, presenting recommendations based on the data, discussing implications for policy and practice, and identifying potential areas for further research that may arise from the study.

### **5.1 Summary**

#### **Chapter One: Introduction**

Chapter one provided an overview of the research study on experiences of single mothers of children with Down syndrome. It outlined the research topic, its significance, and the objectives of the study. This chapter established the context for the research, presented the research questions or hypotheses, and provided a brief outline of the thesis or dissertation structure.

#### **Chapter Two: Literature Review**

Chapter Two focused on the literature review, which involved an in-depth analysis and synthesis of existing scholarly works, research articles, and relevant literature related to the topic on

experiences of single mothers of children with Down syndrome in Dombotombo Government primary school. The literature review aimed to provide a comprehensive understanding of the theoretical frameworks, concepts, and previous research conducted in the field. It identified gaps in the existing knowledge, highlighted key findings from previous studies, and formed the foundation for the research methodology.

### **Chapter Three: Methodology**

Chapter Three outlined the research methodology employed in the study. It described the research design, the selection of participants, and the data collection methods utilized to gather information on the experiences of single mothers of children with Down syndrome in Dombotombo Government primary school. The chapter also discussed any ethical considerations, limitations, and challenges encountered during the research process. It provided a clear and transparent account of the methodology, ensuring the validity and reliability of the study's findings.

### **Chapter Four: Presentation of Findings**

Chapter Four presented the findings obtained from the analysis of the collected data. This chapter organized and presented the qualitative or quantitative data, or a combination of both, depending on the research design. The findings were explored in-depth, focusing on single mothers of children with Down syndrome in Dombotombo Government primary school in Marondera. To assess the social challenges faced by mothers of children with Down syndrome, to assess psychological challenges faced by single mothers of children with Down syndrome and mechanisms that were employed to overcome the challenges, were highlighted, and they provided valuable insights into the research topic.

## **Chapter Five: Summary, Recommendations, and Areas for Further Research**

Chapter Five served as the concluding chapter of the research study. It began with a summary, providing a concise overview of the research conducted, the objectives, the methodology employed, and the main findings obtained. Following the summary, the chapter presented conclusions based on the research findings, discussed whether they supported existing theories, and provided plausible explanations for the obtained results. Recommendations were then provided, offering practical suggestions based on the research findings. These recommendations were directly supported by the data and addressed the constraints or challenges identified in the research. The chapter concluded by highlighting potential areas for further research that could arise from the findings, methods, or concepts used in the study, indicating potential directions for future exploration in the field.

### **5.2 Recommendations**

Here are some suggestions for assisting single mothers of children with Down syndrome, based on the available data:

1. Peer support and community engagement: encourage single mothers to seek out support groups and organizations that are specifically geared to their situation. Connecting with other single mothers of children with Down syndrome can give you a sense of belonging, shared experiences, and valuable emotional assistance.
2. Accessible resources and services: defend accessible resources and services for single mothers raising children with Down syndrome. This may include respite care, educational assistance, and special healthcare services.
3. Describe the following points: mental health support: emphasize the importance of mental health services for single mothers, including access to counseling, therapy, and

support services. In order to support these mothers in coping with their challenges, it is vital to address their emotional well-being.

4. Financial assistance and employment flexibility: defend policies and programs that provide financial assistance and flexible employment opportunities to single mothers with Down syndrome children. This will help alleviate some of the financial burden and give you the flexibility you need to strike a balance between childcare responsibilities and work.

5. Sibling support services encourage the development of sibling support services that address the needs of siblings with Down syndrome. These programs can provide a safe environment for siblings to express their feelings, receive support, and participate in activities that foster empathy

6. Education and awareness promote the promotion of education and awareness programs aimed at increasing the awareness of individuals with Down syndrome in the community. This will help to create a more inclusive and nurturing environment for both the children and their mothers. These plans aim to address the diverse needs of single mothers of children with Down syndrome, including emotional support, practical assistance, and community involvement. It is possible to create a more supportive and inclusive environment for these mothers and their families by implementing these suggestions.

### **5.3 Conclusions**

Objective 1: To assess the social challenges faced by mothers of children with Down syndrome.

The challenges faced by mothers of children with Down syndrome are difficult to come across with as children affected with Down syndrome have limited abilities in social settings as they try to fit in, in schools and even during the conduct of daily basis. The physical and mental barriers with their age mate make it more difficult moment for them especially parents and families to accept this circumstances. This situation leads to an anxiety disorder and even shocks, especially by the mothers as well as change in their moody, as it will be very hard for them to acquire some cheques to pay for therapist services. These challenges include discrimination, disrespected and suffering from humiliation in community.

2: To assess psychological challenges faced by mothers of children with Down syndrome.

Mothers of children with Down syndrome experience emotional encompasses the mothers' first response as parent towards a child with syndrome. This is negative and sad after diagnosis disappointments, poor expectation of time to accept the situation confusion anxiety and frustration. The persistent stress and emotional demands of raising a child with Down syndrome can contribute to mental health difficulties among mothers. Studies have indicated a higher prevalence of anxiety, depression, and psychological distress in this population. The well-being of mothers is crucial, as it directly influences their ability to provide optimal care for their child. Therefore, it is imperative for healthcare professionals to screen for maternal mental health concerns regularly and provide appropriate support and resources for intervention.

Objective 3: Coping mechanisms adopted by single mothers of children with Down syndrome.

.According to Thompson and Davis (2023) highlighted that self-care practices were essential coping mechanisms for single mothers of children with Down syndrome. This will be the step

taken by the mothers of children with Down syndrome for self-enrichment and gain support from their inner peace and clear visions of their lives despite the problems that are facing today through recreational activities and exercise they will be able to come across the situations and having strong resilience. These mothers reported engaging in activities such as exercise, meditation, journaling, and pursuing hobbies. By nurturing their own well-being, single mothers enhance their ability to provide continuous care and support to their children this will work as a way of stress relief and to realize that they can effectively help them to move on with life and take care of their children with down syndrome in their lives .



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## **APPENDICES**

### **APPENDIX 1: INDEPTH INTERVIEW GUIDE FOR SINGLE MOTHERS OF CHILDREN WITH DOWN SYNDROME**

#### **INTRODUCTION**

My name is Rumbidzai Gute. I am a fourth-year student at Bindura University of Science Education, pursuing a Bachelor's degree in Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research study on the topic that says 'Experiences of single mothers of children with Down syndrome at Dombotombo Government Primary School Department of Resource Unit. The research focuses on identifying and analyzing the experiences and challenges faced by single mothers of with Down syndrome. You are kindly requested to be one of the key informants in this research study Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: .....

Date: .....

#### **Section A: Biographic Information**

Respondent.....

Age    20-29 [ ] 30-39 [ ] 40-49 [ ] 50-59

Religious affiliation.....

Economic activity.....

**Level of education reached.....**

1. Can you tell me about your experience raising a child with Down syndrome?
2. What have been the greatest challenges you have faced as a single mother raising a child with Down syndrome?
3. How has having a child with Down syndrome affected your social and economic situation?
4. What support systems have you found helpful in raising your child with Down syndrome?
5. How has your experience with Down syndrome changed your views on disability a child with Down syndrome?
6. How do you manage your own well-being while caring for a child with Down syndrome?
7. What kind of medical care and support does your child with Down syndrome receive?



8. How have you dealt with the challenges of balancing work and childcare responsibilities?

9. What has been your experience navigating the education system on behalf of your child with Down syndrome?

10. What would you like to see changed in your community to better support single mothers raising children with Down syndrome?

## **APPENDIX 2: KEY INFORMANTS INTERVIEW GUIDE**

My name is Cynthia Rumbidzai Gute. I am a fourth-year student at Bindura University of Science Education, studying Social Work. As part of completing the degree programme, students are

required to conduct individual research. Therefore, I am conducting a research on the topic 'Experiences of single mothers of children with down syndrome. A Case of Dombotombo Government Primary School. The research focuses on identifying and analyzing the experiences and challenges faced by single mothers of children with Down syndrome. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: .....

Date: .....

## QUESTIONS

### Section A: Biographic Information

Respondent.....

Job title.....

Age .....

Religious Affiliation.....

Educational Level.....

Teaching Staff:

1. What are some of the unique challenges single mothers of children with Down syndrome face in terms of supporting their child's education?
2. How do you support single mothers in advocating for their child's needs in the classroom?
3. What resources or services do you think would be most helpful for single mothers to support their child's learning?

Counselors:

1. What are some of the emotional and psychological challenges single mothers of children with Down syndrome face, and how do you support them?
2. How do you help single mothers navigate the emotional and practical aspects of raising a child with Down syndrome?
3. What strategies do you use to empower single mothers to advocate for themselves and their child?

Health Professionals:

1. What are some of the specific health challenges single mothers of children with Down syndrome face, and how do you address them?
2. How do you support single mothers in navigating the healthcare system and accessing necessary resources?
3. What education or resources do you think would be most helpful for single mothers to support their child's health and well-being?

All Professionals:

1. How do you think societal attitudes and stigma affect single mothers of children with Down syndrome?
2. What do you think are the most significant barriers to support and resources for single mothers of children with Down syndrome?
3. How can we better support single mothers of children with Down syndrome in terms of policy, practice, and community engagement?

## **APPENDIX 3: FOCUS GROUP DISCUSSION GUIDE WITH SINGLE MOTHERS OF CHILDREN WITH DOWN SYNDROME**

### **INTRODUCTION**

My name is Rumbidzai Gute. I am a fourth-year student at Bindura University of Science Education studying Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research study on the topic, 'Experiences of single mothers of children with down syndrome. A Case of Dombotombo

Government Primary School. The research focuses on identifying and analyzing the experiences and challenges faced by single mothers of with Down syndrome. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

.

#### **Section A:**

- Can you tell us a little bit about your child with Down syndrome? (e.g., age, personality, strengths)

1. What are some of the biggest challenges you face as a single mother of a child with Down syndrome?
2. How do you manage the emotional and financial stress of raising a child with Down syndrome on your own?
3. What kind of support do you receive from family, friends, and community? Are there any gaps in support that you experience?
4. How do you navigate the healthcare and education systems to access resources and services for your child?
5. What are some of the most significant triumphs and joys you've experienced as a single mother of a child with Down syndrome?
6. How do you prioritize self-care and take time for yourself amidst the demands of caregiving?
7. Are there any specific resources, services, or support groups that have been particularly helpful to you?
8. What advice would you give to other single mothers of children with Down syndrome who may be facing similar challenges?

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

## INTERVIEW CONSENT FORM

### Introduction

Dear Participant,

My name is Cynthia R. Gute. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask, and I will explain. I am therefore kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

Title of the study



# Experiences of single mothers of children with Down syndrome a case of Dombotombo Government Primary School

## Purpose of the study

To examine the experiences of single mothers of children with down syndrome.

## Ethical considerations; privacy, confidentiality and voluntary participation

Be reminded that your participation in this study and in this interview is confidential. Your responses will be treated with confidentiality and will ONLY be used for the purposes of this research. Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

## Contact details

If you have any other questions you can contact me on the following details

Email; [cynthiagute@gmail.com](mailto:cynthiagute@gmail.com)

Phone number; +263784021798

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym) .....

Signature of researcher.....

Date.....

With thanks

Cynthia Rumbidzai Gute

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BINDURA, Zimbabwe

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Fax: 263 - 71 - 7534



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 22/11/2023

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, Gynthia R Gude, Student Registration Number B200187A, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

MR L.C Nyamaka  
Acting Chairperson - Social Work



**MINISTRY OF LOCAL GOVERNMENT AND PUBLIC WORKS**

Correspondence should not  
be addressed to individuals

Telephone: +26327923054

Email address:  
dewemmarondera@gmail.com



**ZIMBABWE**

The Office of the District Development  
Coordinator

Corner First/Masvosa Street  
P.O. BOX 87  
Marondera  
Zimbabwe

24 April 2024

**TO WHOM IT MAY CONCERN**

**RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT IN SOCIAL  
WORK – GUTE R. CYNTHIA**

The above matter refers.

Please be advised that Cynthia R. Gute, a student at Bindura University of Science Education has been granted permission to carry out a research project in Marondera District. She is a BSc Social Work student.

Can you please give her the necessary assistance.

Thank you.

T. Chiyama

**For District Development Coordinator**

Marondera

