

## ปัจจัยที่มีความสัมพันธ์กับการรับรู้การดูแลในผู้ดูแลหลักของเด็กวัยเรียน ที่มีความบกพร่องทางการเรียนรู้

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### บทคัดย่อ

ความบกพร่องทางการเรียนรู้ เป็นความผิดปกติทางการเรียนรู้ในทักษะที่เฉพาะด้านการอ่าน การเขียน และการคิดคำนวณของแต่ละบุคคล ซึ่งนอกจากจะส่งผลให้เด็กมีปัญหาทางการเรียนแล้ว เด็กบางคนอาจมีปัญหาในการเข้าสังคม หรือการทำกิจกรรมร่วมกับเพื่อนในชั้นเรียน และปัญหาที่อาจพบร่วมกับความบกพร่องนี้ เช่น การอยู่ไม่นิ่ง ซุกซน สมาธิสั้น อารมณ์แปรปรวนง่าย และมีพฤติกรรมก้าวร้าวรุนแรง เป็นต้น ดังนั้น การดูแลเด็ก ที่มีความบกพร่องทางการเรียนรู้ของผู้ดูแลหลัก เช่น บิดา มารดา ปู่ ย่า ตา ยาย เป็นต้น จึงมีความยากลำบากและเกิดความรู้สึกเป็นภาระในการดูแล การวิจัยครั้งนี้เป็นการวิจัยเชิงพรรณนาแบบหาความสัมพันธ์ เพื่อศึกษาปัจจัยที่เกี่ยวข้องกับการรับรู้การดูแลในผู้ดูแลหลักของเด็กวัยเรียนที่มีความบกพร่องทางการเรียนรู้ กลุ่มตัวอย่างคัดเลือกด้วยวิธีการสุ่มผู้ดูแลหลักของเด็กวัยเรียนที่มีความบกพร่องทางการเรียนรู้ที่กำลังศึกษาในระดับประถมศึกษาปีที่ 1-6 ของโรงเรียนเรียนรวม เขตพื้นที่การศึกษาประถมศึกษาศรีสะเกษ จำนวน 280 คน เครื่องมือที่ใช้ในการวิจัย ได้แก่ 1) แบบสอบถามข้อมูลส่วนบุคคลของผู้ดูแลหลักและเด็กวัยเรียนที่มีความบกพร่องทางการเรียนรู้ 2) แบบสอบถามการรับรู้การดูแลในผู้ดูแลหลัก 3) แบบสอบถามการรับรู้การถูกตีตรา และ 4) แบบสอบถามการสนับสนุนทางสังคม ซึ่งผ่านการตรวจสอบความตรงตามเนื้อหาจากผู้ทรงคุณวุฒิ มีค่าความเที่ยงเท่ากับ 0.98 และมีค่าความเชื่อมั่นจากการคำนวณค่าสัมประสิทธิ์อัลฟ่าของครอนบาคเท่ากับ 0.94 0.91 และ 0.86 ตามลำดับ ดำเนินเก็บรวบรวมข้อมูลระหว่างเดือนธันวาคม 2565 ถึงเดือนมีนาคม 2566 รวมระยะเวลา 4 เดือน สถิติที่ใช้ในการวิเคราะห์ข้อมูล ได้แก่ สถิติเชิงพรรณนา และสถิติสหสัมพันธ์ของเพียร์สัน โดยผลการวิจัย พบว่า การรับรู้การดูแลในผู้ดูแลหลักอยู่ในระดับปานกลางถึงรุนแรง ร้อยละ 55.85 ( $\bar{X}$  = 26.81, SD. = 6.65) และปัจจัยด้านการรับรู้การถูกตีตรามีความสัมพันธ์กับ การรับรู้การดูแลในผู้ดูแลหลักมากที่สุด ( $r$  = .384,  $p$  < .01) รองลงมาคือ การสนับสนุนทางสังคม ( $r$  = -.330,  $p$  < .01) ผลการเรียนรู้ ( $r$  = -.199,  $p$  < .01) อายุของเด็ก ( $r$  = -.192,  $p$  < .01) และโครงสร้างครอบครัว ( $r$  = -.166,  $p$  < .01)

**คำสำคัญ:** ปัจจัย การรับรู้การดูแล ผู้ดูแลหลัก เด็กวัยเรียนที่มีความบกพร่องทางการเรียนรู้

# Factors Related to the Primary Caregiver's Perceived Care Burden for School-Age Children with Specific Learning Disabilities

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## Abstract

Specific learning disabilities (SLD) are learning disorders in specific skills in reading, writing, and calculation. In addition to having learning difficulties, some children may have difficulty socializing or engaging in activities with friends in class. Problems associated with this impairment may include restlessness, mischievousness, short attention spans, easy mood swings, and violent or aggressive behavior. Therefore, primary caregivers, such as parents, and grandparents often find it challenging and burdensome to take care of children with SLD. This research is a descriptive correlational study that examines factors related to the perception of caregiving burden in primary caregivers of school-age children with SLD. The sample was selected through random sampling method. The sample consists of primary caregivers of school-age children with SLD who were attending inclusive schools from grades 1 to 6 in Sisaket province, totaling 280 participants in the primary education area. The research instruments included 1) a questionnaire on personal information of primary caregivers and school-age children with SLD, 2) a questionnaire on perceptions of caregiving burden in primary caregivers, 3) a questionnaire on perceptions of stigma, and 4) a questionnaire on social support, all of which were verified for content validity by qualified experts. The reliability was determined to be 0.98, with confidence from Cronbach's alpha coefficient calculations at 0.94, 0.91, and 0.86, respectively. Data collection took place over four months, from December 2022 to March 2023. Descriptive statistics and Pearson correlation were used for data analysis. The results revealed that 55.85% of primary caregivers perceived the care burden at a moderate to severe level ( $\bar{X} = 26.81$ ,  $SD = 6.65$ ). Perceived stigma showed the highest correlation with the perceived burden of caregivers ( $r = .384$ ,  $p < .01$ ), followed by social support ( $r = -.330$ ,  $p < .01$ ), academic performance ( $r = -.199$ ,  $p < .01$ ), age of children ( $r = -.192$ ,  $p < .01$ ), and family structure ( $r = -.166$ ,  $p < .01$ ).

**Keywords:** Factors, The Perceived Burden of Care, Primary Caregivers, School-Age Children with Specific SLD

## Introduction

Specific learning disabilities (SLD) are difficulties related to various academic abilities, affecting specific learning skills in reading, writing, and mathematics. School-age children with SLD do not include intellectual, neurological, sensory, or motor disabilities that interfere with academic success, performance at work, or activities of daily living (American Psychiatric Association et al., 2013). Prevalence rates of SLD in the global school-aged child population vary. In the United States, 5–15% of students are diagnosed with SLD, with approximately 5% of students enrolled in public schools being diagnosed (Cortiella & Horowitz, 2014). In Asia, including Thailand, the prevalence is approximately 5–10% (Health Systems Research Institute, 2016; John et al., 2013), with reading disabilities found in up to 10% of all school-age children (Department of Mental Health, 2014). However, prevalence statistics depend on each country's criteria and reporting methods.

School-age children between 6-12 years old spend most of their lives at school. Children at this age therefore need to learn about themselves and their environment, require love and warmth, and want to engage in activities or play with friends. They enjoy working in groups, seek fun, success, and recognition. Consequently, friends and school are very important environments for children at this age (Chalakbang, 1992). Children with SLD who are in school might not find their school life to be as natural as it should be for their age. This is a result of the child's inability to form friendships, not able to compute, read, or write like some of my friends. Most subjects are taught in Thai, requiring children to read, write, and use numbers. When a child cannot perform these tasks or cannot understand class materials, these students cannot develop their other skills and learn to their full potential (Siripornphanit, 2021). Additionally, these children may develop mental health problems such as anxiety, depression, or mood swings (Piyasin & Ningsanon, 2015). As a result, school life becomes more challenging. Currently, treatment services and specific counseling for families and children with learning disabilities are limited. Because learning disabilities are not visually apparent, they must be diagnosed by an expert. However, SLD is still a disability that is not clearly defined. When a child is identified as having a disability, parents may refuse to accept it, resulting in the child not receiving proper and appropriate care (Health Systems Research Institute, 2016). Moreover, parents often focus on providing their children with special education and hiring special teachers, increasing family expenses (Shyam et al., 2014). These issues may lead to an increased perception of caregiving burden among primary caregivers of school-aged children with SLD. This burden manifests in physical, mental/emotional, social, personal, and financial problems (Chien & Lee, 2013; Sahu et al., 2018), which caregivers cannot avoid.

The perceived burden of care refers to caregivers' perception on providing care begins to affect them physically, mentally, socially, and spiritually (Obert, 1991). These responsibilities might lead to caregivers becoming weary and stressed out from giving constant care for

extended periods of time. This often leads to a shift from viewing caregiving positively to viewing it negatively, expressing feelings of fatigue, having no energy to continue caring, distancing oneself from care, and providing poor care. Caregivers' burnout occurs when caregivers feel burdened. If the caregiver becomes fatigued, it will directly affect the care recipient, resulting in reduced or lower quality care, or even cessation of care altogether (Fumaneechoti, 2017). The perceived burden of care encompasses responses in various dimensions: physical, mental, and social. It results from an imbalance between caregiving needs and various contexts, including personal time, social roles, health status, emotions, and finances (Alnazly & Samara, 2014).

From the literature review, several factors are related to the burden of caring for children with learning disabilities. These include personal factors of the caregivers such as age, gender, marital status, educational level, and family income (Simon & Easvaradoss, 2015). Perceived caregiver stigma is associated with a higher personal burden (Werner & Shulman, 2015). The above factors also affect the mental well-being of caregivers, with families experiencing higher levels of perceived stigma having an increased personal burden and decreased mental well-being (Banga & Ghosh, 2017; Werner & Shulman, 2013). Social support is palliative assistance that primary caregivers receive from family members, communities, and health personnel. Social support helps caregivers stay motivated, gain confidence, and adapt to and face problems appropriately (Schaefer et al., 1981). However, it has been found that families of children with SLD still receive insufficient support in terms of knowledge child care, services in treatment assistance, and psychosocial support (Chien & Lee, 2013). Studies on the perceived burden of care of primary caregivers of school-age children with SLD are limited, with most focusing on children with autism and intellectual disabilities (Mai et al., 2015).

Schools under the Sisaket Primary Educational Service Area provide inclusive education for student with special needs. The number of students with SLD is found to be 3.5 times higher than other group of children with special needs in the school. Problems that may be encountered with SLD in the school include restlessness, mischievousness, aggressive behavior, and being spoiled, which impact social relationship of children with and without special needs. Children with SLD may not understand group work procedures, be teased by classmates, and not want to participate in class activities (Office of Special Education Administration, 2023). Based on these data, the researcher has realized the importance of family influence in helping children with SLD correctly, appropriately and effectively. National policy has always emphasized the problems of children with special needs. If caregivers are aware of the burden of caring for the children, it can result in providing less care, inefficient care, or ceasing to provide care altogether (Fumaneechoti, 2017). Additionally, children with learning disabilities face problems in their daily lives, impacting their mental well-being and quality of life, as well as that of their families. Therefore, the researcher is interested in studying factors related to the perceived burden of caregivers of children with SLD, including

personal factors of caregivers, perceptions of stigma, and social support. The research results will serve as basic information for developing a care model for children with SLD and for planning effective problem-solving in the educational area to help prevent and reduce the care burden on caregivers.

### **Objective of Research**

To study factors related to the perception of caregiving burden in primary caregivers of school-aged children with SLD.

### **Definition of Words**

1. Perceived caregiving burden refers to the condition in which the primary caregiver of a school-age child with a learning disability perceives that providing care for the child begins to affect them physically, mentally, socially, and spiritually, causing fatigue and stress from providing continuous care over a long period of time, eventually leading to an inability to provide good care.

2. School-aged children with SLD refer to children who were studying in grades 1-6 or between the ages of 6-12 years, both male and female, in the inclusive schools under the primary education area, who have been screened by an expert as having an SLD.

3. Primary caregiver of school-age children with SLD refers to individuals who primarily care for school-age children with SLD. The primary caregiver lives in the same household as the child with SLD and may have a relationship with the child, such as being a father, mother, grandparent, older sibling, aunt, uncle, or other relative who is 20 years of age or older. This caregiver provides direct care for the child regularly and continuously for a period of 6 months or more without any compensation and can communicate in Thai.

### **Research Hypothesis**

Personal factors of children and primary caregivers, stigma and social support were associated with perceived caregiving burden in primary caregivers of school-age children with SLD.

### **Conceptual Framework**

The researcher applied the concepts of Lazarus and Folkman's model of stress, assessment, and coping, which explain the perceptions, beliefs, and adjustments of individuals when faced with various events. According to Lazarus and Folkman (1984), stress is seen as a stimulus that affects or influences a person and is related to both internal and external factors. In this study, the internal factors were the personal characteristics of primary caregivers and school-aged children with SLD and their perception of stigma, while the external factor was social support. Both internal and external factors are related to stress or a feeling of burden in caring for school-aged children with SLD, and they affect caregivers' adjustment and coping with stress.

## Method of Study

In this research, a cross-sectional descriptive study, the objective is to examine the perception of caregiving burden among primary caregivers of school-aged children with SLD and the factors associated with it. The perceived caregiving burden of primary caregivers of school-aged children with SLD in inclusive schools in the Sisaket Province Primary Educational Service Area for the academic year 2022 was studied under the following scope:

## Population and Sampling

The general population comprises primary caregivers and school-age children with SLD who are studying at the primary school level in inclusive schools within the Sisaket Province Primary Educational Service Area.

The target population consists of primary caregivers who are primarily responsible for caring for school-age children with SLD for 6 months or more and who reside with the child. These school-age children with SLD, between the ages of 6 and 12 years, may have disabilities in reading, writing, or numeracy that have been diagnosed by an expert. They must be registered and have their names in the school's profile for no less than 6 months and currently be studying at a school in the Sisaket Provincial Primary Educational Service Area.

**Study Population:** Primary caregivers of school-age children with SLD under the Sisaket Primary Educational Service Area. For the academic year 2022, there are 785 schools that are the primary caregivers for 15,911 school-age children with learning disabilities. The criteria for selecting the study population were determined and divided into inclusion criteria and exclusion criteria as follows:

**Inclusion Criteria:** The primary caregivers of school-aged children with SLD must be 20 years of age or older and have regular and continuous direct supervision duties for a period of six months or more, without receiving any compensation. The school-age children with SLD in their care are aged 6–12 years and have been diagnosed by experts as having SLD. Additionally, the parents are registered in the school's profile file. The primary caregiver must be able to understand Thai and consent to participate in the study.

**Exclusion Criteria:** Caregivers of school-age children with SLD were excluded from this study in cases where the primary caregiver had problems that would not allow for research, such as serious illness, mental illness, or severe infection.

**The Sample Group** consisted of primary caregivers of school-aged children with SLD. For the academic year 2022, the sample size was determined using Krejcie and Morgan's table (Krejcie & Morgan, 1970), resulting in a sample size of 254 people. This table was also used to estimate the population proportion and set the proportion of the trait of interest in the population to be equal to 0.5, with an acceptable error level of 5% and a confidence level of 95%. Given the sample size of 254 people, the researcher considered increasing

the sample size by another 10% to prevent loss of the sample during data collection (Dillman, 2000). Subsequently, random sampling was performed as follows:

1. Schools were used as the randomization unit. The stratified random sampling method was employed according to the size of schools, including large, medium, and small schools in the four primary education areas. The minimum number of schools in the sample was 41.

2. Primary caregivers were randomized within each school according to the proportion of school-age children with SLD from randomly selected schools in each educational area. The number of primary caregivers in each area was as follows: District 1 had 55 people, District 2 had 73 people, District 3 had 75 people, and District 4 had 77 people, totaling 280 primary caregivers. (Table 1)

**Table 1** Proportion of samples in each Sisaket Primary Education Area Academic Year 2022

| School Area | Populations (people) | Samples (people) |
|-------------|----------------------|------------------|
| Area 1      | 3,131                | 55               |
| Area 2      | 4,167                | 73               |
| Area 3      | 4,360                | 75               |
| Area 4      | 4,253                | 77               |
| Sum         | 15,911               | 280              |

## Research Tools

The instrument was used to collect data on the primary caregivers of school-age children with SLD for this research consisted of a self-answer questionnaire divided into 4 parts as follows:

**Part 1:** General information for primary caregivers and children.

- 1) Questionnaire on personal information of the main caregiver, such as gender, age, education level, status, relationship with the child, occupation of father and mother monthly family income Sufficiency of income, and the structural characteristics of the kitchen, which include a total of 8 items.

- 2) Personal information questionnaire for school-age children with SLD, including gender, age, weight, height, number of siblings, birth order, educational level, family structure, hobbies, and length of time the child has been registered in the SLD group, which include a total of 9 items.

**Part 2:** Questionnaire regarding the perception of the care burden of the primary caregiver. Consisting of 12 negative questions, the researcher applied the questionnaire on perceptions of viewing burden for caregivers of people with disabilities by Zarit and colleagues (Zarit et al., 1980) together with reviewing literature that was relevant and adapted to the context of caregivers of school-aged children with SLD, with a reliability value of 0.94 and a Cronbach's alpha coefficient of 0.87. The nature of the questions is estimated on a 5-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = a lot, and 4 = the most), with a full score of 48 points. If the person receiving primary care received a score from 0–12 points, meaning a perception of a slight or no care burden, If a score of 13–24 means perception of a slight to moderate level of care burden, a score of 25–36 means receiving knowledge of the burden of care at a moderate to severe level, and scores of 37–48 mean perception of the burden of care being at a severe level.

**Part 3:** Questionnaire on perceptions of stigma among primary caregivers was consisted of 18 negative questions, the researcher applied the Mak and Cheung stigma Scale (Mak & Cheung, 2008), with a review of related literature, and adapted it to the context of caregivers of school-aged children with disabilities. This part of the questionnaire had a CVI value of 0.98 and a Cronbach's alpha coefficient of 0.88. The nature of the questions is estimated on a 5-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = a lot, and 4 = the most), with a full score of 72 points. If the person in primary care has a score of 0–18, meaning a perception of low or no level of stigma, A score of 19–36 means a perception of a low to moderate level of stigma. Scores of 37–54 mean a moderate to high perception of stigmatization, and scores of 55–72 mean a high level of perception of stigmatization.

**Part 4:** Social support questionnaire was consisted of a total of 12 negative questions, which the researcher obtained from a review of related literature. It has a reliability of 0.86 and a Cronbach's alpha coefficient of 0.88. The questions are rated on a 5-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = very much, and 4 = extremely). Full score was 48 points. If the primary caregiver scores from 0 to 12, it means the primary caregiver has little or no social support. If the score is 13–24, it means the primary caregiver has low to moderate levels of social support. If the score is 25–36, it means the primary caregiver has a moderate to high level of social support, and scores of 37–48 mean the primary caregiver has the highest level of social support.

## **The Quality of Research Tool**

1) Content validity: The questionnaire in this research has a content validity value, or CVI value, of 0.98 for the whole version. The researcher has calculated the content validity index (CVI) by counting questions that received scores of 3 and 4 from a total of 5 experts and had an acceptable value of not less than 0.8 after calculating and getting the value after substituting with the above formula. The researcher took the data and revised it according to the suggestions of five experts until the research questionnaire was complete and had content validity as mentioned above.

2) Reliability: Computer program analysis for finding Cronbach's alpha coefficient of the entire questionnaire. This was obtained from testing (tryout) on a sample group that had similar characteristics to the sample group in the study, numbering 30 people, not included in the sample group in the study. Then it was analyzed to find confidence. or Cronbach's alpha coefficient with a ready-made program and obtained a Cronbach's alpha coefficient of 0.88.

## **Data Collection**

The researcher conducted data collection after receiving approval from the EC. The researcher initiated contact by writing a letter to the director of the educational area and coordinated with school directors in the Sisaket Primary Educational Service Area, in every district and every school where children with SLD are studying. Additionally, the researcher studied information in the school's profile file to gather details about the children and identify their primary caregivers, coordinating with teachers or other relevant personnel. Before collecting data, the researcher provided basic information about the research to school directors, research assistants, educational supervisors, and samples. The data collection method involved distributing research questionnaires and collecting them along with written consent to participate in the research from the sample through a research assistant. Each participant answered the questionnaire once, which took approximately 30-40 minutes, and the sample returned the questionnaire approximately one week later. The researcher coordinated and communicated to retrieve the questionnaires from the educational supervision offices in each of the four educational areas and ensured the accuracy and completeness of the returned questionnaires before proceeding with further statistical analysis.

## **Research Ethics**

This research study has obtained human research ethics certification from Sisaket Rajabhat University, with research project number HE652008, and number 015/2022, issued on 23 November 2022, before proceeding with data collection. This study is quantitative in nature and employs a self-administered questionnaire. Respondents are encouraged to freely express their personal feelings. The researcher ensures confidentiality and does not

disclose the personal information of research participants. Participants are provided with information about the research and are asked to provide consent before data collection. Participants also have the right to refuse to participate in the research at any time. Throughout the research study, the researcher adheres to ethical principles regarding respect for human subjects, ensuring benefits, avoiding harm, and upholding principles of justice.

### **Data Analysis**

Data analysis involved examining the personal characteristics of the sample using descriptive statistics, which included frequency, percentage, mean, and standard deviation. Subsequently, the relationship between various variables was analyzed in accordance with the research objectives. Pearson's correlation coefficient analysis was employed to determine the R value between the studied variables, utilizing a pre-existing computer program.

### **Result**

1. The majority of primary caregivers are 25–39 years old 47.5% and 40–58 years old 52.5%. Most of them have marital status. (living together) number of 169 people 60.4%, followed by marital status but separated 27.1%, The majority of them (43.6%) have an elementary education level. The secondary school/vocational certificate level comes next, followed by the bachelor's degree level. Associate's degree/vocational certificate level, no studies, and post-graduate level (28.9%, 19%, 5.7%, 2.1%, and 0.7%, respectively). Most primary caregivers were connected to children with SLD. Being the child's mother was 51.1%, followed by being a relative, including being a grandparent at 27.5% and being a father at 10.7%, and others such as uncles and aunts (10.7%), most of whom have general employment 56.4%, followed by 42 people who do not have a job, 15% of whom are unemployed, and 14.6% are civil workers or government employees, with the majority earning less than 10,000 baht per month (66.7%), followed by income. (Table 2)

**Table 2** Shows the number and percentage of primary caregivers' general data. Classified by gender, age, status, and education level, relationship with children, occupation, family income per month, and income adequacy.

| Personal information of the primary administrator | Number<br>(n = 280) | percent |
|---------------------------------------------------|---------------------|---------|
| <b>Sex</b>                                        |                     |         |
| Female                                            | 205                 | 73.2    |
| Male                                              | 75                  | 26.8    |
| <b>Age</b>                                        |                     |         |
| 25-39 years old                                   | 133                 | 47.5    |
| 40-58 years old                                   | 147                 | 52.5    |
| <b>Image Status</b>                               |                     |         |
| Marriage (cohabitation)                           | 169                 | 60.4    |
| Marriage (separated)                              | 78                  | 27.8    |
| Divorce                                           | 33                  | 11.8    |
| <b>Education Level</b>                            |                     |         |
| Not studied                                       | 6                   | 2.1     |
| Primary Education                                 | 122                 | 43.6    |
| Secondary Education/ Vocational Education         | 81                  | 28.9    |
| Diploma / Diploma                                 | 16                  | 5.7     |
| Undergraduate                                     | 53                  | 19      |
| Higher than Bachelor's Degree                     | 2                   | 0.7     |
| <b>Relationship with Children</b>                 |                     |         |
| Father                                            | 30                  | 10.7    |
| Mother                                            | 143                 | 51.1    |
| Relative                                          | 77                  | 27.5    |
| Others                                            | 30                  | 10.7    |
| <b>Occupation</b>                                 |                     |         |
| Government Service / State Enterprise Employee    | 41                  | 14.6    |
| Private Employees                                 | 12                  | 4.4     |
| General Contractor                                | 158                 | 56.4    |
| Trading/Business Owner                            | 27                  | 9.6     |
| Unemployed                                        | 42                  | 15.0    |
| <b>Family Income per Month</b>                    |                     |         |
| Less than 10,000 Baht                             | 187                 | 66.8    |
| 10,000- 20,000 Baht                               | 45                  | 16.1    |
| 20,001-30,000 Baht                                | 12                  | 4.3     |
| More than 30,000 Baht                             | 36                  | 12.8    |
| <b>Adequacy of Income</b>                         |                     |         |
| Enough                                            | 108                 | 38.6    |
| Inadequate                                        | 172                 | 61.4    |

As for school-age children with learning disabilities, the majority have family structures of extended families 46.8 %, followed by nuclear families 33.2 %, skipped-generation families 13.2 %, and single-parent families 6.8 %. In caring for the children of the primary caregiver for more than 3 years 93.2 %. Most school-age children with learning disabilities are male 70 %, with ages between 6 and 9 years 57.5 %, followed by ages between 10 and 12 years 34.6 %. Most have two siblings 57.8%, followed by one person 20%. Most are first children 49.3%, followed by second children 40%. Most children are studying in grades 4-6, accounting for 60.2 %. Most children have a hobby. Watching movies or watching TV is at 55 %, followed by drawing or painting at 18.2 %. The majority of parents of children with registered learning disabilities were between 1-3 years old 67.1 %, followed by 4-6 years old 19.3 %, and the majority of children had academic results for the 2022 academic year. At a low to fair level, 252 people 90 %. (Table 3)

**Table 3** Shows the number and percentage of general data of school-age children with SLD. Classified by family structure, duration of primary caregiver's childcare, gender, age, number of siblings, birth order, grade level, hobbies, period of enrollment of SLD, and academic performance.

| Personal Data of School-Age Children with SLD                  | Number<br>(n = 280) | percent |
|----------------------------------------------------------------|---------------------|---------|
| <b>Family Structure</b>                                        |                     |         |
| Single Family                                                  | 93                  | 33.2    |
| Extended family                                                | 131                 | 46.8    |
| Cross-generational families                                    | 37                  | 13.2    |
| Single family                                                  | 19                  | 6.8     |
| <b>Primary Caregiver Child Care Period</b>                     |                     |         |
| 6 months - 1 year                                              | 9                   | 3.2     |
| 2-3 years                                                      | 10                  | 3.6     |
| More than 3 years                                              | 261                 | 93.2    |
| <b>Sex</b>                                                     |                     |         |
| Male                                                           | 197                 | 70.4    |
| Female                                                         | 83                  | 29.6    |
| <b>Age</b>                                                     |                     |         |
| 6-9 years                                                      | 161                 | 57.5    |
| 10-12 years                                                    | 97                  | 34.6    |
| More than 12 years                                             | 22                  | 7.9     |
| <b>Number of Siblings (including children)</b>                 |                     |         |
| 1                                                              | 56                  | 20.0    |
| 2                                                              | 162                 | 57.8    |
| 3                                                              | 43                  | 15.4    |
| 4                                                              | 16                  | 5.7     |
| More than 4                                                    | 3                   | 1.1     |
| <b>Birth Sequence</b>                                          |                     |         |
| 1 <sup>st</sup>                                                | 138                 | 49.3    |
| 2 <sup>nd</sup>                                                | 112                 | 40      |
| 3 <sup>rd</sup>                                                | 24                  | 8.6     |
| 4 <sup>th</sup>                                                | 6                   | 2.1     |
| <b>Class Level</b>                                             |                     |         |
| Grades 1-3                                                     | 129                 | 39.8    |
| Grades 4-6                                                     | 151                 | 60.2    |
| <b>Hobbies (more than 1 answer)</b>                            |                     |         |
| Drawing/ Painting                                              | 51                  | 18.2    |
| Watching Movies / Watching TV                                  | 154                 | 55.0    |
| Sing                                                           | 20                  | 7.2     |
| Dance                                                          | 7                   | 2.5     |
| Plasticine Molding                                             | 16                  | 5.7     |
| Cook                                                           | 9                   | 3.2     |
| Others                                                         | 23                  | 8.2     |
| <b>Period of Registration of SLD</b>                           |                     |         |
| Less than 1 year                                               | 62                  | 22.1    |
| 2 years                                                        | 82                  | 29.3    |
| 3 years                                                        | 44                  | 15.7    |
| 4 years                                                        | 22                  | 7.9     |
| 5 years                                                        | 37                  | 13.2    |
| 6 years                                                        | 17                  | 6.1     |
| More than 6 years                                              | 16                  | 5.7     |
| <b>Academic Results (total GPA for the academic year 2022)</b> |                     |         |
| 00.00-2.99                                                     | 252                 | 90.0    |
| 3.00-4.00                                                      | 28                  | 10.0    |

Perceived care burden of the primary caregiver was at a moderate to severe level 55.85 % ( $\bar{X}$  = 26.81, S.D.= 6.65). (Table 4)

**Table 4** The level burden of care in primary caregivers of school-age children with SLD.

| variable       | Possible range | Proportion (%) | $\bar{X}$ | S.D. | Min | Max | Level              |
|----------------|----------------|----------------|-----------|------|-----|-----|--------------------|
| Burden of Care | 0-48           | 55.85          | 26.81     | 6.65 | 10  | 43  | Moderate to severe |

Perceived stigma was most strongly related to perceived burden of caring for the primary caregiver ( $r = .384$ ,  $p < .01$ ), followed by social support ( $r = -.330$ ,  $p < .01$ ), academic performance ( $r = -.199$ ,  $p < .01$ ), child's age ( $r = -.192$ ,  $p < .01$ ), and family structure ( $r = -.166$ ,  $p < .01$ ). (Table 5)

**Table 5** Analysis of factors related to the perception of the burden of care.

| variable                      | 1       | 2       | 3       | 4      | 5       | 6 |
|-------------------------------|---------|---------|---------|--------|---------|---|
| 1. Academic Performance       | 1       |         |         |        |         |   |
| 2. Family Structure           | .031    | 1       |         |        |         |   |
| 3. Age of the Child           | .169**  | .169**  | 1       |        |         |   |
| 4. Perception is Stigmatized. | .206**  | .099    | -.170** | 1      |         |   |
| 5. Social Support             | -.303** | .208**  | .051    | -.051  | 1       |   |
| 6. Burden of Care             | -.199** | -.161** | -.192** | .384** | -.330** | 1 |

The results of the analysis of the level of perception of the burden of care perception of stigma and social support of the primary caregivers of school-aged children with SLD. It was found that the sample group of 280 people had a mean score of perception of caregiving burden at a moderate to severe level ( $\bar{X}$  = 26.81, S.D. = 6.65), the mean perceived stigma score was low to moderate ( $\bar{X}$  = 24.38, S.D. = 7.28) and the mean social support score was low to moderate ( $\bar{X}$  = 24.04, S.D. = 9.37). (Table 6)

**Table 6** Level of perception of care burden perception of stigma and social support of primary caregivers of school-aged children with SLD.

| variable                    | Possible range | $\bar{X}$ | S.D. | Min | Max | Transformation <level> |
|-----------------------------|----------------|-----------|------|-----|-----|------------------------|
| 1. Perceived Burden of Care | 0-48           | 26.81     | 6.65 | 10  | 43  | moderate to severe     |
| 2. Perceived of Stigma      | 0-72           | 24.38     | 7.28 | 18  | 51  | low to Moderate        |
| 3. Social Support           | 0-48           | 24.04     | 9.37 | 16  | 47  | low to Moderate        |

## Discussion

**Primary caregivers' perception of caregiving burden:** The primary caregivers of 280 school-age children with SLD perceived the overall burden of caregiving to be at a moderate to severe level, with an average score of 26.81 out of a full score of 48 points. Caregivers' perception of the burden of caring for children with SLD moderate to severe. This may be due to the various challenges faced by children with SLD, such as lack of concentration, impulsivity, lack of discipline, lack of self-confidence, disobedience, lack of social skills, and easily experiencing mood swings. These limitations in learning reading, writing, and numeracy contribute to difficulties in interacting with peers and classmates (Royal College of Pediatricians of Thailand and the Thai Pediatric Association, 2022). Additionally, caregivers need to provide extra care, support, and attention to address these challenges, leaving them with less time to focus on their own physical health. Consequently, anxiety and stress may arise, alongside with an increase financial burden on the family to provide for the children's care and education, such as hiring special teachers and purchasing teaching materials (Shyam et al., 2014). These challenges manifest as physical, emotional, social, personal, and financial burdens on the caregivers (Chien & Lee, 2013; Sahu et al., 2018), consistent with findings from previous studies. For example, Shyam et al. found that caregivers perceived the burden of caregiving as impacting their daily lives, including sleep disturbances and increased stress levels (Shyam et al., 2014). Given the above information, it is evidence that the caregiving burden has significant impacts. When caregivers feel overwhelmed by providing care, they may experience physical, mental, social, and spiritual exhaustion. Caregiving burnout occurs when the caregiver perceives caregiving as burdensome, and this fatigue can directly affect the quality of care provided to the recipient. Consequently, the recipient may receive reduced or inadequate care, or the caregiver may cease providing care altogether (Fumaneechoti, 2017). Therefore, those involved in caring for school-aged children with SLD and their families should consider the level of perceived caregiving burden experienced by primary caregivers. Strategies should be implemented to prevent or alleviate this burden on primary caregivers.

**Factors related to the perception of the burden of caring for primary caregivers of school-aged children with SLD:** From the study, it was found that factors related to perceived stigma were strongly associated with the perception of the primary caregiver's burden, followed by social support, academic performance, child's age, and family structure (in that order). These relationships can be discussed as follows:

*Perception of stigma:* There exists a positive relationship between the perception of stigma and the burden of caring for the primary caregiver, indicating that an increased perception of stigma is associated with a higher level of perceived burden of care for the primary caregiver. This study found that primary caregivers perceived stigma at low to moderate levels, with an average score of 24.38 out of a total of 72 points and a standard

deviation of 7.28 (Table 6). Therefore, perceived stigma was strongly associated with an elevated overall perception of the burden of care for primary caregivers. This finding is consistent with a study in Hong Kong, which reported that mothers of children with SLD experienced a high level of perceived stigmatization, especially due to poor academic performance or repeated academic failure in children with learning disabilities. This awareness contributes to parents feeling stigmatized by society (Werner & Shulman, 2015).

*Social support:* It was negatively related to the perceived burden of caring for the primary caregiver, indicating that increased social support for the primary caregiver was associated with a decrease in the level of perceived burden. According to the results of this study, primary caregivers received only low to moderate levels of social support (Table 6). The insufficient social support received by caregivers may contribute to the burden of caregiving. This aligns with the ideas of Lazarus and Folkman, who posit that if current and future resources are insufficient to meet the need for care, individuals will continue to experience stress in caregiving situations (Lazarus & Folkman, 1984). Additionally, a lack of caregiving resources may result in individuals feeling burdened by the responsibility of caring for the person in need of care (Zarit et al., 1980). Social support, as an interpersonal relationship, encompasses material, financial, and labor assistance, which can facilitate individuals in adopting appropriate health behaviors (House, 1981). Sources of interpersonal influence on healthy behavior include family members, friends, and healthcare professionals, all of which can aid individuals in developing better health behaviors (Pender et al., 2006).

*Academic performance:* The academic performance of school-age children with SLD is negatively correlated with the caregiving burden of the primary caregiver. When school-aged children with SLD exhibit better academic performance, caregivers tend to feel less burdened. Currently, school-aged children with SLD can attend inclusive schools nationwide, which offer personalized teaching curricula or Individualized Education Program (IEP) plans. These children are assessed according to their IEP plans, with their academic results presented as a grade point average (GPA). A GPA ranging from 0.00 to 2.99 indicates low to fair grades, while a GPA of 3.00 to 4.00 signifies good academic performance. Academic success in school-aged children with SLD is connected to primary caregivers' perceptions of burden. This group of students has a grade point average (GPA) of just 2.21. This association may stem from the predominantly low to fair academic performance of most school-aged children with SLD, leading caregivers to experience stress, anxiety, and increased awareness of their caregiving burden. This finding is consistent with a study by Kamal et al., which reported that a majority of children with SLD exhibit low academic achievement, amounting to 58.34% (Kamal et al., 2014).

*Age of the child:* The age of school-age children with SLD is positively correlated with the perception of burden among primary caregivers. As the child's age increases, primary caregivers tend to perceive a higher burden of caregiving. This may be attributed to the fact

that most school-aged children with learning disabilities are in grades 4-6 or are aged 10-12 years. During these periods, parents often need to plan for or have higher expectations regarding their child's education, especially concerning further education and future life prospects. Parents anticipate that their children will have opportunities to continue their studies, pursue careers, excel academically like their peers, and integrate happily into school and society (Chomchankam, 2017).

*Family structure:* Family structure is associated with the caregiving burden of the primary caregiver in families of school-age children with SLD. There exist various types of family structures, some of which are conducive to child care, while others are not. Extended families are common and supportive of child care, given the presence of multiple family members who provide mutual support, assistance, and nurturing (Department of Women's Affairs and Family Institutions, 2019). Within such families, children receive love and warmth from parents, grandparents, and other extended family members, positively impacting their learning and overall development across physical, mental, emotional, social, and intellectual dimensions (Sungprasit, 2017). Conversely, family structures that are less conducive to child care, such as nuclear families, skipped-generation families, and single-parent families, often encounter challenges. In single-parent families, for instance, single fathers or mothers bear greater family responsibilities, leading to stress and depression due to perceived inability to fulfill duties adequately (Natharuchiroj, 2017). Single-parent families may also face economic hardships, with single mothers particularly vulnerable to financial struggles. Skipped-generation families experience reduced effectiveness in promoting activities that stimulate children's development, such as reading, exercise, and storytelling, due to health issues or limitations among elderly members. Additionally, most elderly individuals in these families lack stable income, further exacerbating challenges in caring for children independently. Consequently, families with such structures may experience heightened emotional and behavioral issues in children, stemming from stress, depression, and financial strain (Health Systems Research Institute, 2016). Therefore, promoting the capacity to adapt and fulfill roles and responsibilities within these family structures is essential. This entails setting and achieving goals, maintaining appropriate family dynamics, and integrating effectively to ensure the survival and functionality of these families (Natharuchiroj, 2017).

## Conclusion

The results of this research indicate that the perceived caregiving burden among primary caregivers was moderate to severe. Perceived stigma was found to be most strongly associated with the perceived burden of caregiving among primary caregivers, followed by social support, academic performance, child age, and family structure. Therefore, healthcare professionals, schools, or agencies involved in assisting school-age children with SLD and their families should focus on factors related to perceived stigma, social support, academic

performance, child age, and family structure of school-aged children with SLD. This information can be utilized for planning interventions aimed at preventing and reducing the burden of care for primary caregivers of school-aged children with SLD.

### **Suggestions from Research**

From the results of the research, it was found that primary caregivers perceive the burden of caring for school-age children with SLD at a moderate to severe level. This suggests that primary caregivers may experience feelings of boredom, stress, distress, and exhaustion from providing childcare. If left unaddressed, these feelings may have negative effects on the primary caregiver, the family, and especially the child, impacting their growth and long-term development. Additionally, health problems may arise in terms of physical, mental, emotional, social, and intellectual health. Therefore, the healthcare team or individuals involved should plan actions to prevent or reduce the caregiving burden on the primary caregiver. This should take into account factors such as stigma and insufficient social support faced by the primary caregiver, as well as considerations related to family structure and children's academic performance, in order to provide appropriate assistance and care.

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