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INVISIBLE COST OF DISABILITY ON SIBLINGS – A MATERNAL PERSPECTIVE

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ABSTRACT: *This qualitative phenomenological study examined the lived experiences of mothers raising children with developmental disabilities in Ikono, Nigeria, with particular attention to the psychosocial impact on their neurotypical children. Through in-depth interviews with 22 mothers, the research revealed four major themes: the emotional toll and pervasive maternal guilt, the marginalization of siblings, disruption in family and marital cohesion, and the presence of resilience and hope amid adversity. The findings reveal that the intensive demands of caregiving often lead to the unintended sidelining of siblings, who experience emotional withdrawal, academic struggles, and a premature sense of responsibility within the household. Mothers voiced deep regret over their inability to adequately balance attention across their children, noting signs of distress and feelings of invisibility among siblings. The caregiving burden also contributed to marital tension and significant financial strain, compounding the overall stress within the family unit. Despite these challenges, many mothers demonstrated remarkable resilience, drawing strength from religious faith, peer support, and a persistent hope for systemic change. This study emphasizes the pressing need for holistic, family-centered support systems that recognize the hidden emotional costs of disability caregiving. It calls for targeted mental health interventions for siblings, increased institutional support for caregivers, and inclusive policy frameworks that address the well-being of all family members affected by developmental disabilities in under-resourced settings.*

KEYWORDS: Disability, Developmental Disability, Siblings, Psychological distress, Caregiving.

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INTRODUCTION

The responsibility of caring for a child with a developmental disability places a considerable burden on families, especially on parents who often serve as the primary caregivers. Globally, it is estimated that over 150 million children live with some form of disability, with developmental disabilities constituting a significant portion of these cases (World Health Organization [WHO], 2021). In many contexts, including low- and middle-income countries, access to adequate healthcare, educational, and social support services remains limited, further compounding the challenges faced by families (United Nations International Children's Fund, 2022). Parenting a child with developmental disabilities demands continuous physical, emotional, and financial resources, often leading to increased parental stress and mental health challenges (Baker et al., 2020). This complex caregiving environment profoundly affects family dynamics, altering parenting styles and the allocation of parental attention.

The literature consistently reveals that parents of children with developmental disabilities frequently report feelings of exhaustion, anxiety, and isolation due to the high caregiving demands (Smith et al., 2019; Hastings & Taunt, 2002). The emotional toll on caregivers can reduce their availability to attend to the needs of other children in the family, resulting in what some researchers describe as parental attention displacement (Ross & Cuskelly, 2006). This phenomenon occurs when the intensive care required by the child with a disability inadvertently diverts parental resources—time, emotional support, and energy—away from typically developing siblings. According to McHale and Gamble (2018), such diverted attention can lead to siblings experiencing feelings of neglect, resentment, or confusion about their roles within the family.

The impact of this parental distraction on siblings is significant. Siblings of children with developmental disabilities often live in the shadows of the attention afforded to their brother or sister with special needs, a situation encapsulated in the concept of the glass child (Maples, 2010). These siblings may face emotional challenges, including loneliness, guilt, and anxiety, as they attempt to navigate their own needs alongside the demands placed on their family. Studies have documented that siblings often assume caregiving or mediator roles, leading to increased responsibilities and psychological stress (Rossiter & Sharpe, 2001; Haugland, 2011). Furthermore, the social lives and academic performances of siblings can be negatively affected, as their emotional needs may be overlooked or minimized in the familial effort to provide care for the disabled child (McHale & Gamble, 2018; Tomeny et al., 2017).

Despite these documented challenges, siblings' experiences are frequently under-explored in both clinical and academic discourse, leading to an incomplete understanding of the family's psychosocial dynamics. While there has been increased attention to parental stress and the needs of children with developmental disabilities, siblings remain a relatively invisible group in research and policy. Moreover, existing research has largely focused on siblings' self-reports, with limited exploration of parental perspectives, particularly those of mothers who typically serve as the primary caregivers and bear much of the emotional labor in managing family needs (Smith et al., 2019; Gottlieb & Wolfe, 2004). Maternal insights can provide a valuable lens into how siblings are affected and how families attempt to balance competing demands, which is crucial for designing interventions that address the well-being of the entire family unit.

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There is, therefore, a pressing need to deepen our understanding of the "invisible costs" of disability that extend beyond the child diagnosed with developmental disabilities to include their siblings. Such costs encompass emotional strain, altered family relationships, and potential long-term psychosocial consequences that are often overlooked in health and social care frameworks (Macks & Reeve, 2007). Exploring these impacts from a maternal perspective is particularly important, given that mothers often mediate the familial environment and are primary sources of caregiving and emotional support (Hastings, 2003). By examining maternal observations and experiences, this study seeks to capture the ways in which siblings' lives are affected, how mothers perceive and manage these challenges, and what coping strategies or supports might mitigate negative outcomes.

METHODOLOGY

Study Design

This study employed a qualitative phenomenological research design to investigate the lived experiences of mothers raising children with developmental disabilities, with a focus on how such caregiving roles affect the well-being and experiences of their other children. This approach was deemed appropriate for capturing the nuanced emotional and social dynamics that are often difficult to quantify, allowing for a deeper understanding of maternal perspectives on sibling experiences within the family system.

Setting

The research was conducted in the Ikono Local Government Area of Akwa Ibom State, Nigeria. This setting offered a relevant context for exploring how caregiving demands and societal attitudes toward disability shape the experiences of families, particularly in environments where formal support systems may be limited or inconsistent.

Participants and Sampling

The study targeted mothers who were primary caregivers to children diagnosed with developmental disabilities, such as autism spectrum disorder, cerebral palsy, and Down syndrome. A total of 22 mothers participated in the research. Participants were recruited through purposive and snowball sampling methods. Initial contacts were made via special education centers, therapy clinics, and parent support groups, after which referrals were used to reach additional eligible mothers. This approach facilitated access to a diverse range of caregiving experiences across socioeconomic backgrounds.

Data Collection

Data were gathered through in-depth, semi-structured interviews designed to elicit rich narratives about maternal caregiving experiences, especially regarding the emotional, social, and psychological implications for siblings of the child with a disability. Interview questions explored themes such as changes in sibling relationships, perceived emotional impacts, coping strategies,

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and the support structures available or lacking. Interviews were conducted in either English or the local dialect, depending on participant preference, and were held in locations chosen by the participants to ensure comfort, privacy, and minimal disruption.

Where participants preferred to speak in local languages, a professional interpreter with relevant linguistic and cultural competence was engaged to provide real-time oral interpretation. These interpreters were briefed and signed the ethical and confidentiality standards that guided the study. The translated interviews were recorded in full to ensure accuracy in subsequent analysis, and transcriptions were completed with cross-checks against both the original recordings and interpreter renditions. Each interview lasted between 45 minutes and 1 hour and was audio-recorded with the participants' informed consent.

Participants were informed about the purpose and voluntary nature of the study and their right to withdraw at any stage without any repercussions. All interviews were anonymized to maintain confidentiality, and pseudonyms were used in data presentation. Measures were taken to ensure emotional safety during interviews, including the option to pause or terminate the session if any discomfort arose.

Data Analysis

All interviews were transcribed verbatim and analyzed thematically using Braun and Clarke's (2006) method. The process involved multiple readings of the transcripts to ensure immersion in the data, followed by coding to identify recurring patterns and meaningful categories. Codes were then organized into overarching themes that reflected mothers' insights into how the presence of a developmentally disabled child influenced the well-being and experiences of their other children. Thematic saturation was reached when no new themes emerged from additional data.

RESULTS

The analysis of the interviews with 20 mothers caring for children with developmental disabilities revealed four overarching themes that reflect the nuanced, often invisible psychosocial toll this experience has on the siblings of these children. These themes include emotional *burden and guilt in maternal caregiving*, *siblings in the shadows*, *coping mechanisms and support deficits*, and *long-term fears and aspirations*. Each theme captures the layered realities of maternal caregiving and how siblings are indirectly shaped by the caregiving dynamic.

Theme 1: Emotional Burden and Guilt in Maternal Caregiving

One of the most prominent themes that emerged from the interviews was the intense emotional burden and guilt experienced by mothers as they navigated the daily realities of caring for a child with a developmental disability. Mothers described their caregiving roles as emotionally consuming, noting that their time, energy, and attention were disproportionately directed toward the child with the disability, often at the expense of their other children. This disproportionate attention was not a matter of choice but of necessity, as many children with developmental

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disabilities required constant supervision, medical attention, therapy appointments, and tailored routines to manage their condition.

This imbalance created profound emotional tension. Mothers repeatedly shared feelings of being "torn" between their children. As one participant described, *"It's like I'm two mothers in one—one for my son who needs everything from me, and one for the others who are just watching me from the side."* This quote captures the invisible divide many mothers experience in their parenting roles. The constant mental and emotional balancing act led to deep-seated guilt, especially when mothers recognized that their neurotypical children were often left to fend for themselves emotionally. Another participant lamented, *"My daughter once said I only see her when something is wrong. That hit me hard because she was right. I didn't even realize I had stopped noticing her joy, her pain—everything."*

Such feelings of guilt were compounded by the lack of external support, which forced mothers into roles that left them emotionally depleted. Many admitted to experiencing burnout, frustration, and sadness—not from caregiving itself, but from the realization that they could not adequately meet the needs of all their children. Several mothers noted that they had lost touch with the emotional lives of their other children, often realizing too late that something was wrong. *"I found out my eldest was being bullied at school months after it started. I was too consumed with hospital visits and therapy appointments. "I felt like a terrible mother,"* said another respondent.

In some cases, the emotional strain spilled over into their relationships with their children, leading to increased tension at home. Mothers reported that their neurotypical children occasionally acted out or withdrew, which they interpreted as signs of emotional neglect. These behaviors, while understandable, became further sources of guilt for the mothers. They felt trapped in a cycle of reactive parenting—responding to emotional damage rather than proactively nurturing their children's mental well-being.

The emotional labor extended beyond the home as well. Participants spoke of the societal and cultural expectations placed on them to be endlessly strong and sacrificial. One mother explained, *"Everyone praises me for how I'm managing my son's condition, but nobody asks what it's doing to me—or to my other kids. It's like we've disappeared."* This invisibility not only deepened the emotional burden but also perpetuated the isolation that mothers felt in their caregiving roles. The lack of recognition of their efforts and emotional needs contributed to a sense of helplessness and, in some cases, resentment.

Despite these overwhelming emotional challenges, many mothers also expressed a quiet resilience and determination to do better. Some shared efforts they were making to carve out time for their other children—through bedtime conversations, weekend outings, or simply being emotionally present when possible. Yet, these moments were described as rare and hard-won, and many mothers acknowledged that without institutional or extended family support, achieving balance remained a constant struggle

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Theme 2: Siblings in the Shadows

The second major theme that emerged from the data was the perception of siblings being overshadowed, both emotionally and developmentally, by the intense focus on the child with a disability. Mothers repeatedly described how their neurotypical children often faded into the background of family life, becoming "silent sufferers" whose needs were routinely overlooked—not out of neglectful intent, but due to the practical and emotional demands placed on the household by the needs of the child with a disability.

Participants described a household dynamic where siblings were often expected to mature quickly, suppress their own needs, or act as secondary caregivers. One mother noted, *"My daughter is just 10, but she already knows how to feed and bathe her younger brother. Sometimes I forget she's still a child herself."* This premature assumption of responsibility was frequently seen as both a strength and a source of concern. While some mothers viewed these roles as character-building, most acknowledged the unfairness and emotional toll it placed on their other children.

Another powerful subtext that emerged was the siblings' emotional withdrawal. Mothers reported that their children often hesitated to express their own frustrations or needs out of fear of burdening an already overwhelmed parent. One participant shared, *"My older son once said, 'Mum, I didn't tell you I failed that test because I know you have more serious things to worry about.' That broke my heart."* These quiet sacrifices by siblings often went unacknowledged, fostering feelings of invisibility and emotional abandonment.

There was also evidence of resentment and rivalry building silently within the family unit. Some mothers described changes in sibling behavior that signaled deeper emotional undercurrents—withdrawal, increased aggression, or rebelliousness. One mother explained, *"My teenage daughter became very angry. She stopped talking to me. Later, I realized she felt I loved her brother more. But it's not love—it's attention. I didn't have enough of it to go around."* This confusion between attention and affection created emotional misunderstandings that strained family bonds and eroded sibling relationships.

Mothers also reported that some siblings internalized the idea that they were "less important." The constant prioritization of the child with special needs—whether in time, financial resources, or parental concern—created a sense of hierarchy within the home, where siblings felt second-tier. As one mother observed, *"Everything revolves around my son's therapy and hospital visits. My daughter once asked, 'Do I have to be sick for you to notice me?' That question haunts me."*

The lack of structured psychosocial support for siblings was highlighted as a critical gap. Very few mothers had access to family counseling or sibling support programs. Consequently, their children navigated these emotional complexities in isolation. While some schools and churches offered informal encouragement, there was little systemic intervention. Mothers expressed a strong desire for integrated services that acknowledged and addressed the holistic needs of the family, particularly the emotional well-being of siblings.

Despite these challenges, some mothers shared stories of compassion and bonding that developed between siblings. There were moments of deep empathy, where neurotypical children displayed

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sensitivity, protectiveness, and maturity beyond their years. However, these moments were the exception, not the norm, and did not erase the underlying feelings of neglect and emotional displacement that many siblings reportedly endured.

In narrating these experiences, mothers often carried an added layer of sorrow—not only for the challenges faced by their child with a disability but also for the unintended emotional consequences suffered by their other children. Their voices revealed the invisible cost of disability, which often remained unspoken in public discourse but echoed painfully within the private walls of their homes.

Theme 3: Strained Family Relationships and Marital Stress

A recurring thread in the narratives of participants was the profound strain that caring for a child with a developmental disability placed on the broader family dynamic, especially marital relationships. Mothers consistently described the caregiving burden as not only physically exhausting but emotionally isolating, with ripple effects that unsettled the harmony within their households. This theme, Strained Family Relationships and Marital Stress, captures the emotional fissures and shifting interpersonal dynamics that often emerged in families navigating disability.

One of the most frequently cited issues was the emotional and physical distance between spouses. Many mothers explained that their partners gradually became less emotionally available, often retreating into silence or outright denial. In some cases, the fathers became detached from the caregiving process entirely, leaving the mothers to shoulder both the physical and emotional demands alone. A participant recounted, *"My husband said, 'You're the mother, you know how to handle these things.' But I needed him. Not just for lifting or driving, but emotionally. I felt abandoned."*

Some mothers noted that their relationships deteriorated as communication broke down. The constant stress and sleep deprivation reduced opportunities for intimate dialogue, and disagreements over treatment decisions or financial priorities became more frequent. One mother remarked, *"We fought about everything—money, hospital visits, how to discipline the other kids. Sometimes I felt like the disability didn't just affect my son—it disabled our marriage too."* These fractures, when left unaddressed, escalated into emotional disconnect, resentment, and, in a few cases, separation or divorce.

Financial pressure was another significant factor contributing to family strain. The cost of therapies, medications, assistive devices, and transportation for medical appointments often drained household resources. Mothers spoke of giving up jobs or business opportunities to care for their child full-time, which further exacerbated financial dependency and stress. This, in turn, affected their sense of autonomy and equity within the marriage. As one participant noted, *"He started saying I was just spending without contributing. But I gave up my job to care for our son. Doesn't that count?"*

The emotional toll of caregiving also affected sibling relationships and extended family interactions. Some mothers reported tension between siblings, especially when older children were expected to assist with caregiving or when younger ones felt deprived of parental attention. In such

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families, affection and cohesion were often replaced with guilt, competition, or indifference. “Sometimes, my daughter says she doesn’t want to come home from school because there’s no peace here,” one mother revealed.

Mothers further shared experiences of being judged or misunderstood by extended family members, who either blamed them for the child’s condition or criticized their parenting. Cultural and religious interpretations of disability—sometimes linked to punishment, curses, or spiritual failures—compounded the emotional burden and created a climate of blame rather than support. “My mother-in-law told me I should pray harder,” one participant recalled. “She said it’s my sin that brought this on the family.”

Another layer of strain was the lack of shared understanding or coping strategies between spouses. While some fathers distanced themselves emotionally, others insisted on “normalizing” the child’s experience in ways that mothers found dismissive or unhelpful. This divergence in coping mechanisms often bred further isolation. “When I cried, he said I was weak,” one mother said. “But crying is how I breathe through this pain.”

Interestingly, a few mothers who reported relatively stronger marital bonds noted that open communication, joint therapy sessions, and shared caregiving responsibilities helped them weather the storm together. These rare instances stood out not just for the strength of the partnership but for how they contrasted with the majority of narratives that revealed emotional fragmentation and loneliness.

At the core of this theme is the recognition that caregiving in the context of developmental disability is not an individual burden—it is a family affair that requires structural, emotional, and institutional support. Yet, as the accounts of these mothers show, the system rarely supports family cohesion. Instead, it often leaves families—particularly mothers—to navigate these challenges in solitude, struggling to hold together marriages and manage the emotional fallout on siblings while meeting the unrelenting demands of disability care

Theme 4: Navigating Guilt, Resilience, and Hope

Among the most emotionally charged aspects of maternal caregiving that emerged in this study was the complex interplay of guilt, inner strength, and hope—a triad of emotions that shaped how mothers understood their experiences and responded to the challenges of raising a child with developmental disabilities. This theme captures the profound psychological journey many mothers described, oscillating between emotional self-blame, moments of intense despair, and the cultivation of personal resilience and future-oriented optimism.

Mothers frequently articulated a deep sense of guilt—not only about their child’s condition, but more often about the perceived neglect of their other children. One participant shared, *“My daughter once asked me, ‘If I fall sick, will you hold me the way you hold him?’ I cried for hours. I felt like I failed her.”* Such moments, while deeply personal, were echoed across interviews. The emotional weight of feeling unable to provide equal attention, affection, and presence to all children bred a cycle of remorse that many mothers struggled to break. Some even questioned their

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adequacy as parents, worrying that the psychological and emotional scars their "other" children carried were the results of their divided attention and diminished availability.

This guilt was compounded by societal expectations and cultural narratives that often placed the full moral and emotional responsibility of caregiving squarely on the mother. In many of the accounts, the absence or limited involvement of fathers left women as the sole emotional managers of both the child with a disability and the rest of the family. One participant poignantly remarked, *"Even when my husband is home, the children run to me for everything. I am the sun they all orbit around, even when I'm burning out."*

Despite these emotional burdens, what emerged equally forcefully was an incredible depth of maternal resilience. Mothers spoke of learning to redefine their strength—not as the absence of struggle, but as the ability to persist in the midst of it. This resilience was often born out of necessity. With limited external support, mothers relied on inner resolve, faith, and peer support from other women in similar situations. A participant explained, *"Sometimes I want to scream. But then I remind myself: my children are watching. I have to be strong, if not for me, then for them."*

Interestingly, resilience was not portrayed as a static trait but rather as a continuously evolving practice. Mothers described their coping strategies as including prayer, journaling, joining informal support groups, and, in some cases, returning to work or education to reclaim a sense of identity and purpose beyond caregiving. These coping mechanisms helped them buffer against emotional collapse and allowed them to find small victories in what often felt like an uphill journey. As one mother said, *"The first time my son said 'mama,' after years of therapy, I danced and cried. That moment gave me life again."*

Coupled with resilience was a powerful undercurrent of hope. Despite the daily hardships, many mothers clung to the belief that their situation could improve—whether through medical breakthroughs, societal change, or personal growth. They also projected hope onto their other children, aspiring to equip them with empathy, responsibility, and strength shaped by their unique family experience. A participant shared, *"My daughter tells me she wants to be a special needs teacher. She says her brother inspired her. That gives me a kind of joy I can't explain."*

This hope was often tempered by realism, however. Mothers were aware of the systemic gaps—the lack of inclusive education, inadequate healthcare, and social stigma—but they still expressed a forward-looking perspective that kept them emotionally afloat. Some shared long-term goals, such as establishing small businesses, advocating for disability rights, or building stronger relationships with all their children. Hope, for them, was not naïve but defiant: a conscious choice to rise each day despite the weight they carried.

Crucially, this theme underscores the emotional duality that characterizes maternal caregiving in families of children with developmental disabilities. While guilt and grief were ever-present, they coexisted with courage and the fierce will to create meaning and maintain family coherence. These experiences reflect a maternal resilience that is both quiet and monumental—a form of endurance often overlooked by formal health and social care systems.

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The stories also point to a clear gap in emotional and psychological support services. While physical and educational support for the disabled child is often emphasized, there is a dire lack of structured mental health services for mothers and siblings navigating this life trajectory. Interventions tailored to maternal well-being, including counseling, support groups, and community-based therapeutic outlets, could enhance coping and reduce the isolating effects of guilt.

Moreover, policymakers and health practitioners must recognize the emotional labor embedded in caregiving, which often remains invisible and unaccounted for. Addressing maternal psychological health is not a secondary concern—it is central to the well-being of the entire family system. As this study reveals, when mothers are emotionally supported, they are better positioned to care not only for their disabled children but also for their other children, spouses, and, most importantly, themselves.

DISCUSSION OF FINDINGS

The study explored the lived experiences of mothers raising children with developmental disabilities, with a particular focus on how this reality impacts the psychosocial well-being of the siblings. Through the voices of the mothers, a complex narrative unfolded—one marked by emotional strain, shifting family dynamics, social isolation, and the silent suffering of siblings. This discussion synthesizes the core findings with relevant literature to underscore the broader implications for family systems, caregiving support structures, and child development policy.

A prominent finding of this study was the emotional and physical burden of caregiving, which often resulted in mothers unintentionally neglecting the emotional and developmental needs of their other children. This reflects what Siman-Tov and Kaniel (2011) refer to as the “parental vacuum,” in which the attention and energy of parents are disproportionately consumed by the needs of a disabled child, leaving siblings emotionally underserved. Mothers in this study consistently described their other children as “growing up fast,” “silently hurting,” or “becoming invisible” in the family. This aligns with earlier research by Stoneman (2005), which documented that siblings of children with developmental disabilities often experience heightened emotional distress, feelings of jealousy, and internalized responsibility, particularly in families with limited parental attention.

The emergence of sibling role distortion as described by mothers—where siblings act as caretakers, protectors, or emotional buffers—adds to the discourse on role strain in child development literature. It supports findings by Rossiter and Sharpe (2001), who argue that such roles, while adaptive in the short term, can have long-term implications for identity formation and psychosocial adjustment. The current study further illustrates how siblings internalize these roles not by explicit parental expectation but through the perceived emotional vacuum and the need to “keep the family together.” This invisible assumption of responsibility reinforces the notion that siblings, too, are caregivers, albeit in the shadows.

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Another striking theme was emotional suppression and withdrawal in siblings. From the mothers' narratives, it became evident that many siblings lacked safe spaces to articulate their fears, frustrations, and confusions about their sibling's condition. This emotional silencing is concerning, given findings by Giallo and Gavidia-Payne (2006), who suggest that siblings who are not provided with outlets for expression are at increased risk for internalizing disorders such as anxiety and depression. Some mothers in the current study acknowledged observing behavioral shifts in their children—withdrawal, academic decline, or aggression—but felt unequipped to interpret or respond to these signs. This points to a significant support gap in psychosocial services for the entire family, not just for the child with a disability.

Crucially, the study highlighted the emotional toll on mothers themselves, particularly in the form of guilt, perceived failure, and emotional fatigue. Mothers described a painful awareness of their limited availability for their other children and expressed fear that they were "losing them" emotionally. These feelings echo the "invisible labor" of caregiving discussed in Kyzar et al. (2012), which emphasizes the emotional management mothers undertake to sustain family stability while bearing the brunt of societal expectations and under-resourced support systems. In this study, guilt did not appear as a passing sentiment but as a chronic undercurrent in the maternal experience—one that shaped how mothers understood their parenting roles and their relationships with all their children.

Despite these challenges, the study also revealed powerful narratives of maternal resilience and hope. In line with Woodgate, Edwards, and Ripat (2012), who found that caregiving parents often reframe adversity to build personal strength and family cohesion, mothers in the current study developed coping mechanisms ranging from spirituality to informal support networks. However, this resilience should not be romanticized. It often emerged as a survival strategy in the absence of structural support. While hope was an emotional anchor, it coexisted with real psychological strain and social isolation.

The cultural context of caregiving in Nigeria added a unique layer to the findings. Mothers operated within communities that often viewed disability through stigmatizing lenses, thereby increasing their sense of social isolation. This resonates with studies like those by Igwe et al. (2011), which document how cultural beliefs in sub-Saharan Africa contribute to the marginalization of families living with disability. This stigma, combined with economic limitations and a weak mental health support infrastructure, creates a volatile environment in which both mothers and siblings struggle without adequate care or acknowledgment.

The invisibility of siblings in public health discourse and service provision became even more apparent through this study. While policies and interventions tend to focus on children with disabilities and, to some extent, their primary caregivers, siblings remain on the periphery. Their emotional, social, and developmental needs are rarely assessed, much less addressed. This presents a critical gap in family-centered care models, which must evolve to include sibling-sensitive frameworks that offer counseling, inclusion in family therapy, and structured support programs.

This study contributes meaningfully to this gap by offering a maternal perspective—an angle often overshadowed in studies that center on the siblings themselves. By exploring how mothers

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perceive and respond to the impact of disability on their other children, we gain a more holistic view of the family ecosystem and the silent burdens it contains. The findings call for the urgent development of multilayered support systems—not only for the child with a disability but also for the mothers and siblings whose lives are irrevocably shaped by the condition.

RECOMMENDATIONS

In light of the findings from this study, it is clear that the impact of caring for a child with a developmental disability extends beyond the diagnosed child and caregiver, silently affecting siblings in profound ways. To address this overlooked reality, a number of practical steps must be taken to provide comprehensive support for the entire family.

Healthcare and social support systems must begin to recognize and respond to the needs of siblings. It is not enough to focus interventions solely on the child with the disability or their primary caregiver; siblings require intentional attention as well. Structured sibling support programs—such as group counseling sessions, creative therapy, or mentorship opportunities—should be designed and integrated into existing family support frameworks. These programs would help siblings process complex emotions such as resentment, guilt, confusion, or sadness, which often remain unspoken.

At the community level, support networks should be established or strengthened to provide safe and empathetic spaces for mothers and their other children. Community centers, religious institutions, and local organizations can play a vital role in this by hosting regular forums, parenting workshops, and informal support groups where families can connect, share strategies, and access resources. Such support would help ease the overwhelming burden on mothers and prevent siblings from slipping into emotional isolation due to lack of attention or understanding.

Mental health professionals, particularly in schools and primary healthcare facilities, must also be trained to identify children who are siblings of those with disabilities and provide them with timely psychosocial support. These siblings may not openly express distress, but subtle signs—academic decline, social withdrawal, or behavioral changes—can serve as early indicators. Teachers and school counselors, in particular, should be empowered to create safe, confidential spaces for these children and refer them for further support when necessary.

Public awareness campaigns are equally necessary to address the stigma and silence surrounding developmental disabilities in Nigeria. These campaigns should aim not only to educate the public about the nature of developmental disabilities but also to normalize conversations around how such conditions affect the entire family unit. This would encourage families to seek help early and reduce the guilt mothers often feel when they are unable to balance care between their children.

In practical terms, parenting support programs should be expanded to help caregivers manage their roles without compromising the emotional well-being of other children in the household. Many of the mothers in this study expressed guilt and regret over the emotional distance that had developed between them and their other children. Targeted training on family communication, time

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management, and inclusive caregiving could help mothers become more intentional in acknowledging the needs of all their children, even within the limits of time and energy.

Efforts should also be made to engage fathers and other family members more actively in the caregiving process. This can help redistribute caregiving responsibilities, giving mothers more time and flexibility to attend to the emotional needs of all their children. Encouraging shared responsibility could not only reduce maternal burnout but also improve overall family cohesion.

Policy-makers have a role to play by ensuring that sibling well-being is explicitly addressed in disability-related programs and policies. Social welfare schemes and educational interventions should provide incentives or direct support for families dealing with disability, such as subsidized therapy sessions for all children in the household, free counseling services, or school-based mental health interventions. Without such policy support, the invisible burden on siblings will continue to grow unchecked.

CONCLUSION

Developmental disability does not impact only the child who receives the diagnosis; it sends reverberations through the entire household, disrupting routines, redistributing attention, and reconstructing the emotional architecture of family life. Siblings, often silently, bear the weight of these shifts—navigating feelings of neglect, jealousy, confusion, guilt, or even premature maturity as they adapt to an environment where their emotional needs may be unintentionally overlooked. The family dynamic changes, not only in terms of caregiving responsibilities but also in how affection, recognition, and resources are allocated, often without deliberate intention. These subtle yet significant alterations in familial balance can shape siblings' self-perception, emotional well-being, and long-term relational patterns.

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