Academic Stress and Parental Pressure as Predictors of Psychological Health in Covid-19 Emergency Times among School Children with Intellectual Disabilities in Calabar Metropolis, Cross River State, Nigeria: The Implication for Counseling

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Abstract: *Background*: Academic stress and parental pressure have been shown to be important factors associated with psychological health. However, the internal mechanism between them is still not clear.

Aim: This study assessed the joint significant influence of the predictor variables (academic stress and parental pressure) as predictors of psychological health in COVID-19 emergency times among school children with disabilities in Calabar metropolis, Cross River State, Nigeria: The implication for counseling.

One study objective was stated, and one statement of hypothesis was posed. A literature review was carried out based on the variable under study.

Method: The research design that was adopted in this study is correlational research design. A simple random sampling technique was adopted to select the 234 respondents sampled for the study from a population of 2,344. A validated 35-item four-point modified Likert scale questionnaire was the instrument used for data collection. The face and content validity of the instrument was established by experts in Test and Measurement. The reliability estimates 0.89 of the instruments were established using the Cronbach Alpha method. A multiple Linear regression statistical tool was used to test the hypotheses formulated for the study. The hypothesis was tested at a 0.05 level of significance.

Results: The results obtained from the data analysis revealed that there is a joint significant influence of the predictor variables (academic stress and parental pressure) on psychological health in COVID-19 emergency times among school children with learning disabilities.

Conclusion: Sometimes, stress and pressure can be motivating at the mild stage. However, at the severe stage, it could lead to frustration, social pressure, family workload, and cognitive overload, which in turn influences an individual to use and abuse substances in order to escape from unpleasant feelings of life situations. It was recommended that Parents should advise students on how to perform well academically rather than setting standards that may put so much pressure on students, which may have a negative impact on the psychological health of the students.

Keywords: Academic stress, parental pressure, psychological health, Covid-19, learning disabilities, children, students.

INTRODUCTION

Academic pressure and family expectations are not just felt by adults; children with learning disabilities such as dyslexia, dyscalculia, dysgraphia, dyspraxia, dysorthographia, dyspinxia, and dysmusia also experience these things. We can only fathom the toll that the epidemic and the accelerated changes it generated are having on our disabled children's psychological health in Cross River State, namely in the Calabar metropolis. There are numerous additional factors to the epidemic that could be contributing to children's stress levels. Disabled children's stressors

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include things like busy schedules and obligations, constant media overload, and little sleep.

To improve learning environments, educators have embraced technology as it develops and digital gadgets become more widely available. Of all, technology has wonderful advantages for children with disabilities and children of all backgrounds. Despite the obvious advantages and opportunities, there may be too much for children with disabilities and parents to grasp. Some children with learning disabilities such as dyslexia, dyscalculia, dysgraphia, dyspraxia, dysorthographia, dyspinxia, and dysmusia, for instance, can work at their own pace, have access to additional materials and resources and can hear, see, or read instructions more than once. However, this also means more potential sources of distraction and misinterpretation. Technology is a gift, but it can also be a double-edged sword when compared to other academic concerns. Parents are used to IT interfaces and tools, but children, especially younger pupils, may find them to be overwhelming, making it difficult for them to handle parental tension at times [1]. Technology introduces new difficulties that raise the stakes of academic pressure, especially when COVID-19 calls for a more virtual environment to be present. There's more to monitor and learn.

The competitive character of schooling today has worsened schoolchildren's psychological well-being. Children who must adjust to and cope with the changing academic environment of secondary schools after primary school are more likely to experience this. Some new students eventually transfer from primary to secondary schools with mental health problems like academic stress, anxiety, depression, and suicidal thoughts, among others. According to research articles, factors that contribute to stress in school include pressure to maintain study schedules and meet academic standards [2].

More emotionally and academically demanding than nearly any other learning stage is the time that youngsters spend in school. Children go through a lot of demands and obstacles at this age, which can cause social, physical, and emotional problems [3]. The validity of the claim that children are more susceptible to acquiring psychological health issues because of their evolving social and emotional profiles has not yet been established [4].

Intellectual disabilities are brought on by genetic and/or neurobiological factors that change how the brain functions and thus impact one or more learning-related cognitive processes. These processing issues may make it difficult to master fundamental abilities like reading, writing, and/or math. Additionally, they may impair higher-order cognitive abilities like planning ahead, abstract thought, long or short-term memory, and attention [5]. It's vital to understand that learning difficulties can have an impact on a person's life outside of school, including their connections with family, friends, and coworkers. The signs and symptoms of learning disabilities are typically detected during the school years since challenges with reading, writing, and/or math are observable issues. Some children with intellectual and learning disabilities, however, are not evaluated until they are in post-secondary education or are adults working. Other people with learning and intellectual disabilities might never get an evaluation and live their lives without ever understanding why they struggle in school, at work, or in their interactions with family and friends [5].

Research has shown that only 8% to 38% of children with intellectual disabilities, including those in secondary and tertiary institutions, who have clinically severe psychological health issues, seek help [6, 7]. The prediction of a primary school student's psychological health state involves several variables. Academic stress, parental pressure, and other important variables are associated with psychological health prediction, especially for children with intellectual disabilities. According to [8], stress is a harmful emotional, cognitive, behavioral, and physiological process that takes place as a person tries to cope with or respond to stressors. Stress's impact on various lifestyles and groups is frequently known. According to [9], stress lowers academic achievement, makes it harder for kids to participate in and contribute to school life, and increases the likelihood of substance addiction and other potentially harmful behaviors. Academic stress is one type of mild stress that can be stimulating, inspiring, and occasionally pleasant. Stress, however, can cause behavioral, mental, emotional, and physical issues as it worsens [8]. Stress symptoms can be behavioral, emotional, physical, or cognitive. Poor memory, difficulty focusing, poor judgment, confusion, indecision, and persistent worry are some cognitive/mental symptoms. Increased emotional reactivity, such as becoming more tearful, sensitive, or angry, mood swings, or negative or depressing feelings, are examples of emotional symptoms [10].

Parental pressure is another indicator of psychological well-being. Parental pressure, which is

commonly connected to a variety of factors, including academic performance, participation in sports or other extracurricular activities, cultural or social standards, appearance, friendships, and romantic relationships, refers to the emotional strain that parents place on their children [11].

A disabled child's mental health may suffer because of excessive parental pressure. When children with disabilities don't live up to the standards their parents set for them, they often become self-critical and focus more on their flaws than on their successes. Your definition of success could not, however, coincide with your child's aspirations or objectives. Additionally, it's possible that your expectations exceed what your disabled child is currently capable of [12]. Of course, if you want to help your child reach their full potential, you can have great expectations for them. Children occasionally internalize societal expectations as well, such as the desire to do well to be respected and valued [13]. A child's mental health may suffer because of excessive parental pressure. When children with learning disabilities such as dyslexia, dyscalculia, dysgraphia, dyspraxia, dysorthographia, dyspinxia, and dysmusia do not live up to the standards their parents set for them, they often become self-critical and focus more on their flaws than on their successes.

Nigerian students' intellectual disabilities and psychological health situations are bleak because it is one of the nation's most ignored health issues. With a depressing literacy rate and a population of hundreds of millions, Nigeria has a citizenry that is almost entirely unaware of psychological health and how to treat psychological health and intellectual disorders. However, there hasn't been much research done in the Calabar metropolis on the effects of parental pressure and academic stress on mental health. This study explored the relationship between academic stress and parental pressure as predictors of psychological health among school children with learning and intellectual disabilities and difficulties in Calabar, Cross River State, Nigeria. Its implications for counseling were based on this backdrop.

LITERATURE REVIEW

Similar studies that weren't in the field of study have been conducted before. The relationship between stress and the psychological well-being of children with disabilities, for instance, was evaluated by Strizhitskaya, Petrash, Savenysheva, Murtazina & Golovey [14]. Three hundred twenty-three adults between the ages of 20 and 60 made up the sample for the 16 PF Personality Test - Factor C, Psychological Well-being Scale, and Scale of Perceived Stress. First, we confirmed using regression analysis that psychological well-being and perceived stress were both correlated with emotional stability. Second, they used structural analysis to examine relationships between perceived stress, psychological well-being, and emotional stability. According to the findings, feeling stressed out makes it harder to maintain emotional stability, which has an impact on the psychological health of children with intellectual disabilities. A follow-up test using random subsamples validated the structural analysis. Their findings demonstrated that perceived stress might be linked to relatively persistent personality traits like emotional stability in addition to acute emotional reactions. According to their findings, emotional stability can act as a moderator in the relationships between perceived stress and the psychological well-being of students with intellectual disabilities. As a result, the impact of stress on psychological well-being can be prevented or delayed by having high levels of emotional stability.

Additionally, Sydney-Agbor, Ebeh, and Onyeanu [15] evaluated the factors influencing students' mental health among 348 intellectually disabled undergraduates chosen randomly from the social science faculties of three higher education institutions in Eastern Nigeria. The age range of the participants was 16 to 33, with a mean age of 23.15 and a standard deviation of 3.46. Academic stress, substance addiction, age, and institution type are among the variables considered. The Descriptive Cross-Sectional Design was used, and 2-way ANOVA and Standard Multiple Regression were used, respectively, for data collection and analysis. The findings showed a substantial inverse association between age, substance usage, academic stress, and mental wellness. Mental health and academic stress were not gender-specific, although academic stress was influenced by the type of institution. The researchers suggested reorganizing the academic curriculum to reduce stress and raise awareness of the consequences of drug usage. Additionally, it was argued that students with disabilities should have access to a free functional counseling section so they can get qualified guidance that will support their mental welfare. However, this study did not just focus on recently admitted pupils.

Erkutlu and Chafra [16] asserted that the time constraints and parental pressure to perform well in

exams make the academic atmosphere extremely stressful. One of the main effects of stress is that it has a profound impact on people's psychological processes. Mental health deteriorates when academic pressure rises. There are few possibilities for the child to reflect on himself or herself and have pleasant thoughts and feelings when the parent is overly involved and exerts excessive control over how the youngster perceives themselves in the world.

Njue and Anand [17] investigated the effects of parental pressure on the San Isidro Campus intellectually disabled students of Nueva Ecija University of Science and Technology. For the study, seventy-four (74) students were chosen. The respondents were chosen using purposeful sampling. A questionnaire asks about the respondents' profiles, the effects of parental pressure on various facets of life, and strategies for preventing parental pressure on kids' academic performance. The questionnaire served as the primary data collection tool for the study's descriptive research technique. Based on the outcome, the students feel pressure from their parents to make them proud and are willing to put forth their best efforts to become the person their parents desire. Respondents concurred and held the view that children will experience less academic pressure if their parents are understanding, caring, and loving.

Students with intellectual disabilities are impacted by parental pressure [18]. Children's emotional, physical, social, and moral development are the most affected areas. Students with disabilities are scared that they might fall short of their parents' expectations [19]. Unrealistic expectations could cause students stress and anxiety, which could cause them to lose sleep, develop eating problems, worry excessively, and cheat [20]. High expectations have the potential to cause melancholy or even suicide. The manner in which students behave towards one another can have a big impact on their behavior [20]. It might exhibit aggressive, depressing, and aberrant behavior. Parents should offer advice instead of dictating what is best for their children. Punishment, lectures, and other forms of blame-based discipline are ineffective. Children with disabilities may experience increased pressure [21].

As noted by studies, having a special needs child refers to a long-term challenge for parents, no matter what type and degree of disability the special needs children have [22]. During the COVID-19 pandemic, the nationwide home quarantine that caused school and rehabilitation training institutions to close required millions of children with disabilities to stay at home for months [23]. Some children with disabilities might experience behavioral regression and extensive problems because of their inability to access daily school education, rehabilitation training, personalized intervention, and treatments. Instead, parents must undertake multiple tasks, including parenting, education, rehabilitation, and training, which could increase their parenting stress and cause mental health problems.

According to previous studies, caring for special needs children causes many problems among parents on ordinary days; however, parents with special needs children experience more physical, social, and emotional challenges compared to parents of typically developing children [24]. They also face a greater risk of psychological burden and experience various mental health problems such as anxiety, depression, marital discord, and sleep problems [25]. Parents with differently challenged special needs children may display diverse types of mental health problems; however, anxiety and depression are the most common [26]. The anxiety and depression scores of parents of special needs children were significantly higher than those of typically developing children [9], whereas the rating of anxiety and depression was always moderately in agreement across parents and children [27].

Studies also suggested that parents of children with autism spectrum disorder almost always experience more mental health problems than the other forms of handicaps, such as intellectual [28]. In general, parents of special needs children must continually seek more special treatment, medical equipment, and other educational services, which is more likely to lead to a higher economic burden [29]. In the meantime, one of the parents should always be the main caregiver for the special needs child, which may cause an overall decline in the family’s ability to work and reduce family income [30]. Therefore, parents of special needs children have always experienced poverty because of lower economic and social status or unemployment as compared to their counterparts, which exacerbates mental health problems [31]. In addition, the serious behavioral and emotional problems of special needs children and the pressure to raise such children were the main challenges for parents [32].

Compared to typically developing children, special needs children are more likely to exhibit externalized

behaviors, such as difficulties communicating, poor social relationships, and oppositional defiant disorder [33]. The range of serious behavioral problems continually strengthens parental stress and triggers parents into a poor mental health cycle. Even the frequent regulatory problems of children, such as sleep problems, are also associated with worse mental health conditions among parents [34]. It is noted that children's behavior problems and parenting stress always occur together to predict the mental health of parents.

Furthermore, other studies have reported that social support was an important factor in reducing parenting stress and promoting their ability to cope with mental health problems [35]. Unfortunately, parents of special needs children are often excluded from society and public concern, even though positive attitudes toward raising special needs children among parents are always related to more social support [35]. These risk factors strengthen mental health problems among parents of special needs children.

Based on the above research, we speculated that the mental health problems of parents of children with disabilities may be magnified during the COVID-19 pandemic. These parents may require mental health interventions through appropriate measures; therefore, it is necessary to comprehensively estimate these parents' mental health status and the key predicting factors.

In a two-wave prospective cohort study, Mörelius and Hemmingsson [34] looked at the insulating effects of psychological well-being on the connections between cognitive vulnerabilities (fear of anxiety and unfavorable views about concern) and GAD symptoms in 297 Japanese undergraduates (female=62%, age=18). The Generalised Anxiety Disorder Questionnaire for DSM-IV, the Depression Scale from the Centre for Epidemiologic Studies, the Anxiety Control subscale of the Affective Control Scale, the Negative Belief about Worry subscale of the Meta-Cognitions Questionnaire, and the Nishida's Psychological Well-being scale were all completed by the participants. The buffering influence of psychological well-being sub-dimensions on the association between cognitive vulnerabilities and generalized anxiety symptoms was examined using a moderated regression analysis. After adjusting for baseline symptoms, baseline anxiety fears and baseline negative thoughts about worry predicted generalized anxiety at follow-up, and three interaction factors strongly predicted generalized anxiety symptoms. The negative correlation between cognitive vulnerabilities and symptoms of generalized anxiety disorder was mitigated by autonomy and a sense of purpose in life. Positive interactions with people at baseline enabled a positive link between anxious fear and symptoms of generalized anxiety, in contrast to the hypothesized relationship. These findings suggested that improved psychological well-being in the areas of purpose in life and autonomy may be helpful in preventing GAD, while improved psychological well-being around positive relationships with others may facilitate generalized anxiety because of a fear of anxiety. It was suggested that it could be helpful to consider the elements of psychological well-being in a primary preventive context.

The Study's Objectives

This study's goal is to determine the combined significant impact of the predictor variables (academic stress and parental pressure) as predictors of psychological health in Covid-19 Emergency Times among School Children with Intellectual Disabilities in Calabar Metropolis, Cross River State, Nigeria: The Implication for Counselling.

Statement of Hypothesis

The hypothesis states that there is no joint significant influence of the predictor variables (academic stress and parental pressure) on psychological health in COVID-19 emergency times among school children with intellectual disabilities.

MATERIALS AND METHODS

Experimental Setting

A correlational research design is the methodology used in this study, which was carried out in 2023. When a study is concerned with gathering information and describing the current trend or situation in a certain population based on a researched phenomenon, this research design is used.

Participant/Sample

The 2,344 Senior Secondary School II students with various learning and intellectual disabilities who were preparing for the Senior Secondary School Examinations from public secondary schools and were between 13-20 years of age or older make up the study's population. These intellectual disabilities

include Apert Syndrome, Autism, Cerebral Palsy, Developmental Delay, Developmental Hearing Loss, Down Syndrome, and so on. The intellectual disabilities were measured using an IQ test (a score of 70–75 may indicate intellectual disability) and interviews with the individual and others who have observed their adaptive functioning — that is, their conceptual, social, and practical functioning — such as family members or teachers. The study used a simple random sampling technique in selecting ten percent (10%) of the population as a sample for the study. That is to say, the sample size of the study was 234 respondents. The researchers' "Academic Stress, Parental Pressure and Psychological Health of Students with Intellectual Disabilities Questionnaire" (ASPPPHCIDQ) was the tool used to gather the data.

Statistical Analysis

The questionnaire has three sections: A, B, and C. Two items in Section A are concerned with the respondents' demographic information, such as their age, sex, parental marital status, parental income level, and parental education level. The sub-independent variables of the study, such as academic stress and parental pressure, were the focus of Section B's 10 items per section, for a total of 20 items, while the dependent variable of the study, psychological health, was the focus of Section C's fifteen items. There were 35 items in all for the instrument. The option that applied to the responders the most must be checked. A modified Likert scale with four possible responses—Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD)—was used to elicit responses from respondents. These elements were developed from the research review of the literature. When the instrument was assessed on 30 students in private secondary schools who were not a part of the main study, the reliability test of the instrument was conducted using the test-retest approach, which produced a reliability estimate of.89. To assess the data, the raw scores of each item in each variable were totaled together to indicate the outcome for each variable.

The raw scores of all the items in each variable were added together to reveal the outcome for each variable to analyze the data. Since all hypotheses were tested using the multiple linear regression statistical tool at a 0.05 level of significance (i.e., 95% confidence interval), the results were displayed in frequencies, percentages, tables, and inferential statistics. A single interval scale criterion variable can be simultaneously under examination using the Multiple Regression method for two or more predictor variables. The Statistical Package for the Social Sciences (SPSS) version 20 was used for this purpose.

Ethical Details

To safeguard the participants from psychological, physical, and emotional harm by maintaining the privacy, secrecy, and confidentiality of personal information, the study scrupulously adhered to ethical standards and principles of social science research. The study was carried out with their informed permission by explaining the study's purpose to influence their decision to participate. The participants were told by the researcher that the information they provided was secret. The researcher also ensured the study participants gave their consent voluntarily, readily, and gladly.

RESULTS

Table **1** presents descriptive statistics for various factors that may potentially predict psychological health among students with intellectual disabilities in a sample of 234 SSII students who were preparing for Senior Secondary School Examinations in Calabar Metropolis. Based on demographic variables, 143 (61.1%) were males, while 91 (38.9%) were females. This shows that there are more males than females in the study area. The result further revealed that out of 234 respondents used in the study, 43, representing 18.38%, were between 15 years and below, 108 respondents, representing 46.15%, were between 16-19 years, while 83 respondents, representing 35.47%, were 20 years and above. The result showed that there are more adolescents between 16-19 years in the study area. In terms of parental marital status, the result of the study further showed that 194 parents (82.2%) are married, 22(9.4) are divorced, and 18(7.7) are widows and widowers. The result further explained that out of 234 respondents used in the study, 134 parents representing 57.3 earn 50,000 below, 40(17.1) earn between 51,000-100,000, and 60(25.6) earn 101,000 and above. In terms of parental educational level, the result revealed that out of 234 respondents in the study, 26 parents, representing 11.1%, have no formal education, 79(33.8) have First School Leaving Certificates (FSLC), 68(29.1%) have Senior Secondary School Certificates (SSCE) while 61(26.1%) have tertiary educational certificates like First degrees, M.Sc, Ph.D and Post-Doctoral certificates.

Table 1: Descriptive Statistics of the Research Variables

Variable		Frequency/percentage	Mean	Std. Deviation	Minimum	Maximum	N
Sex	Male	143(61.1%)	1.39	0.49	1	2	234
	Female	91(38.9%)					
Age	15 below	43(18.38%)	2.17	0.72	1	3	234
	16-19	108(46.15%)					
	20 years above	83(35.47%)					
Parental marital status	Married	194(82.9%)	1.25	0.58	1	3	234
	Divorced	22(9.4%)					
	Widow	18(7.7%)					
Parental income level	50,000 below	134(57.3%)	1.68	0.86			
	51,000-100,000	40(17.1%)			1	3	234
	101,000 above	60(25.6%)					
Parental educational level	No formal education	26(11.1%)	2.70	0.99			234
	FSLC	79(33.8%)			1	4	
	SSCE	68(29.1%)					
	Tertiary	61(26.1%)					
Academic stress			10.08	2.23	1	4	234
Parents pressure			9.03	2.10	1	4	234
Psychological health			24.08	4.18	1	4	234

The mean scores indicate the average level of each factor. Among these factors, the psychological health of disabled students has a mean (x=24.08), while Academic stress has a mean score (x = 10.08) and parental pressure (x= 9.03). The standard deviation values reflect the variability or dispersion of scores within each factor. The psychological health exhibits the highest standard deviation (SD = 4.18), indicating greater variability in the study. On the other hand, Academic stress (SD = 2.23) and parental pressure (SD = 2.10) show relatively high levels of variability. These descriptive statistics provide an initial understanding of the factors influencing the psychological health of students with disabilities. Further analysis and examination of relationships between these factors could provide more insights into the specific impact they have on disabled students' psychological health.

Test of Hypothesis

This hypothesis is meant to investigate the joint significant influence of the predictor variables (academic stress and parental pressure) on psychological health in COVID-19 emergency times among school children with disabilities. Multiple linear regression statistical analysis was utilized to test this hypothesis to determine whether to accept or reject the null hypothesis. The result of the analysis is presented in Table **2**.

According to the descriptive statistics presented in Table **1**, the mean of psychological health was 24.08 (SD = 4.18) based on a sample of 234 participants. The mean academic stress and parental pressure scores were 10.08 (SD = 2.23) and 9.03 (SD = 2.10) respectively. These statistics provide an overview of the central tendency and variability in the measured variables among the participants.

The table presents the model summary, indicating the relationship between the predictors and the outcome variable. The multiple regression analysis revealed that the model had a significant overall fit ($R = 0.334$, $R^2 = 0.145$, Adjusted $R^2 = 0.139$), suggesting that approximately 14.5% of the variance in the outcome variable can be explained by the predictors. The predictors included in the model were the constant

Table 2: Multiple Linear Regression Statistical Analysis of Academic Stress and Parental Pressure on Psychological Health

Descriptive Statistics			
	Mean	**Std. Deviation**	**N**
Psychological health	24.08	4.18	234
Academic stress	10.08	2.23	234
Parental pressure	9.03	2.10	234

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	0.334[a]	0.145	0.139	6.81581

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**P-value**
1	Regression	4834.702	3	610.095		0.000[b]
	Residual	46.455	230	46.455	9.343	
	Total	4881.157	233			

Coefficients						
		Unstandardized Coefficients		**Standardized Coefficients**		
Model		**B**	**Std. Error**	**Beta**	**t**	**p-value**
1	(Constant)	21.046	1.210		9.858	0.000
	Academic stress	0.338	0.091	0.132	3.721	0.000
	Parental pressure	0.284	0.071	0.160	3.721	0.000

term, academic stress, and parental pressure. These predictors collectively contribute to understanding the outcome variable.

The ANOVA table displays the results of the analysis of variance, which examines the significance of the regression model in predicting the dependent variable, psychological health. The regression model was found to be statistically significant ($F(3, 233) = 9.343$, $p < 0.000$), indicating that the predictors collectively accounted for a significant amount of the variance in psychological health. The regression model explained 14.5% of the total variance in the dependent variable, as indicated by the regression sum of squares (SS = 4834.702) and the total sum of squares (SS = 4881.157). The mean square for regression was 610.064, suggesting that the predictors accounted for a substantial proportion of the variance in the study habits. The residual sum of squares (SS = 46.455) reflects the unexplained variance in the model. The results provide strong evidence of the predictive value of the included predictors in relation to psychological health, leading to the rejection of the null hypothesis and the acceptance of the alternate hypothesis.

The coefficients table presents the unstandardized and standardized coefficients, along with their standard errors, t-values, and p-values, for the predictors in the regression model predicting the dependent variable, psychological health. The constant term was statistically significant ($B = 21.046$, $SE = 1.210$, $t = 9.858$, $p < 0.000$). Academic stress and parental pressure had a significant positive relationship with psychological health ($B = 0.338$, $SE = 0.091$, $\beta = 0.132$, $t = 3.721$, $p < 0.000$) and ($B = 0.284$, $SE = 0.071$, $\beta = 0.160$, $t = 3.992$, $p < 0.000$). These findings revealed that there is a joint significant influence of the predictor variables (academic stress and parental pressure) on psychological health in COVID-19 emergency times among school children with learning disabilities.

DISCUSSION

The finding of this study supports Videbeck [20] that perceived stress can be associated not only with immediate emotional reactions but with relatively stable personality characteristics such as emotional stability. The study's finding is in accordance with [22] that the pressure from parents to perform well in examinations

and the time allocated makes the academic environment very stressful. One of the major impacts of stress is that it drastically affects the psychological functions of students with disabilities. As academic pressure increases, psychological health declines. When parents are over-involved and have excessive control over how their child defines him/herself in the world, it creates few opportunities for the child to self-reflect and have positive thoughts and feelings. Parental pressure impacts students [7]. Mostly, it can harm children's emotional, physical, social, and moral aspects. Students with disabilities are terrified that they may not reach the level of expectation of their parents [6]. Unrealistic expectations could put stress and anxiety on students, leading to sleep deprivation, eating disorders, excessive worrying, and cheating [23]. High expectations may induce depression or may lead to committing suicide. It can significantly affect students' behavior and the way they act towards others [2].

The study's finding also supports Erkutlu and Chafra [16], who asserted that the time constraints and parental pressure to perform well in exams make the academic atmosphere extremely stressful. One of the main effects of stress is that it has a profound impact on people's psychological processes. Mental health deteriorates when academic pressure rises. There are few possibilities for the child to reflect on himself or herself and have pleasant thoughts and feelings when the parent is overly involved and exerts excessive control over how the youngster perceives themselves in the world.

The finding of this study also supports Woolf, Muscara, Anderson, and McCarthy [25] that caring for special needs children causes many problems among parents on ordinary days; however, parents with special needs children experience more physical, social, and emotional challenges compared to parents of typically developing children. They also face a greater risk of psychological burden and experience various mental health problems such as anxiety, depression, marital discord, and sleep problems. Parents with differently challenged special needs children may display diverse types of mental health problems; however, anxiety and depression are the most common [26]. The anxiety and depression scores of parents of special needs children were significantly higher than those of typically developing children [9], whereas the rating of anxiety and depression was always moderately in agreement across parents and children [27].

CONCLUSION

The finding concludes that there is a joint significant influence of the predictor variables (academic stress and parental pressure) on the psychological health of students with learning disabilities in COVID-19 emergency times among school children with intellectual disabilities. Sometimes, stress and pressure of mild intensity can be motivating. However, severe intensity of these stresses could lead to frustration, social pressure, family workload, and cognitive overload, which in turn influences an individual to use drugs in order to escape from unpleasant feelings of life situations. This, in other words, entails that the combination of academic stress and parental pressure can have an adverse impact on the psychological health and mental well-being of students with intellectual disabilities.

IMPLICATIONS FOR COUNSELLING

Students with intellectual disabilities experiencing more academic stress due to parental pressure face various kinds of academic difficulties, frustrations, anxieties, and pressures. These negative factors affect their attitude towards education, and in turn, their mental health and well-being are generally affected. The adverse impact of academic stress and parental pressure on students" mental well-being, especially those with intellectual disabilities, can lead to examination anxiety, low marks, poor memory, lack of concentration, and, in general, low academic performance. There is sufficient evidence to show that failing to provide counseling to students with different learning and intellectual disabilities causes them to sometimes want to withdraw from school or come out with poor grades. Hence, there is a need for schools to establish special counseling laboratories for students with various forms of intellectual disabilities.

RECOMMENDATIONS

1. Clinical and School Psychologists should develop intervention programs to reduce the stress and anxiety that students face in the course of studying since these two were noted to affect students' psychological health.

2. School administration should schedule classes in a way that will reduce academic pressure and stress on students with intellectual disabilities.

3. Parents should advise students with intellectual disabilities on how to perform well academically

rather than setting standards that may put so much pressure on the students, which may have a negative impact on the psychological health of the students who already have intellectual disabilities.

CONFLICTING INTERESTS

The authors hereby declare that there is no conflicting interest. Hence, the publishers can go ahead with publishing the paper.

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