

Research article

Reimagining Fathering a Child with Special Needs in a Gendered Context

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Abstract

This research aims to achieve an in-depth understanding of the roles of fathers who have a child with special needs in the context of gender roles. Conducted through the periods and techniques of the qualitative research paradigm, the data were collected using an in-depth interview technique with a semi-structured interview form, which included socio-demographic questions and some open-ended questions. The participants consist of 21 fathers living in Samsun province and having children with special needs. The results suggest that four themes can be generated from the interviews with fathers, such as egalitarian parenting, a lesser parent with masculine roles, a shift in parental roles and forced maternity of a father. It can be concluded that all the fathers are aware of the burden and heavy work of mothers, some trying to share the responsibilities with their wives, while others believe this is a duty of mothers. In any case, either egalitarian or traditional, the fathers are under the influence of gender stereotypes.

Keywords: Gender roles, child with special needs, father, fathering


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1. Introduction

There is a traditional consensus that the care of a child with special needs is a task mostly carried out considering women as the primary caregivers in the family. As a result, the term 'care burden' is usually associated with the mother of this child (Dillenburg & McKerr, 2009; Bourke-Taylor, Howie, & Law, 2010; Ünlü-Çetin, 2016). This perception has its roots in gender roles and stereotypes, which are assigned to individuals by society to indicate how men and women are expected to behave in accordance with traditional notions of femininity and masculinity (Bonvillain, 2008; Lindsay, 2015). According to these roles within traditional communities, the mother has the domestic responsibilities in private sphere with household chores and care burden, named as unpaid care work, by contributing to reproduction with the mission of raising generations (Özyeğin, 2016; Pascall, 1997: 38). The father, on the other hand, has his responsibilities in public sphere with provision of livelihood as wage earners (Yaşın-Dökmen, 2016; Stone, 2008; Connell, 1998). Such a division of labor within a family leads to a perception that a father is a "lesser parent" than a mother (Vatne et al., 2023).

Still, there is a rapidly growing finding and interest indicating that the father's involvement of children with special needs, in other words, the role of a father in undertaking the care burden of this child has increased over time with a shift and/or turn in traditional gender roles to those of more egalitarian ones (Dunn, Jahoda and Kinnear, 2021; Essex & Hong, 2005; Sullivan & Gershuny, 2001). The roles and the families change simultaneously, not being generational but being nuclear, with both parents having a higher caretaking burden (Williams, 2008). Consequently, the roles of the fathers in families during the development of a child have been on the agenda of recent research (Comas, et al. 2016; Uribe-Morales, Cantero-Garlito and Cipriano-Crespo, 2016; Sağlam & Temiz, 2024), such as reimagining fathering a child with special needs in a gendered context, that is, the focus of this research.

2. Review of literature

Examining the literature reveals that a substantial number of studies have attempted to evaluate the roles and experiences of parenting a child with disabilities or special needs from multidisciplinary and interdisciplinary perspectives, encompassing a diverse range of subjects. For instance, Gundersen (2012) categorized parents by their multiple roles, such as therapists, lawyers, and administrators, within society for the benefit of their children. Hassamancıoğlu et al (2020) reported that family roles are related to the ability to recognize the child and family resilience. The roles, communication, co-parenting and interaction of the family members are other subjects studied by the researchers (Feinberg, 2003; Zahl et al., 2024; Goode, 1960; Abidin, 1992; Karyelioğlu, 2002; Işcan & Malkoç, 2017; Kaner, 2009; Hunt & Marshall, 2012; Gargiulo & Kilgo, 2014; Cuzzocrea et al., 2015). Some others underlined the importance of spousal support between the mothers and fathers of these children (Yıldırım, 2004; Mickelson, Claffey & Williams, 2006; Perry & Herry, 2009).

Furthermore, a few studies are exploring that parenting a child with special needs is a risk for higher levels of stress and mental and physical health problems (Cohn et al., 2020; Perryman, 2005; Avşaroğlu & Gilik, 2017; Gau et al, 2012; Cohn et al., 2020; Simmerman & Blacher, 2001; Kaytez,

Durualp & Kadan, 2015). Another issue has been the acceptance and/or rejection behaviors of families or one of the parents in the families (Kübler-Ross, 2009; Anjel & Erkman, 1993; Gök & Erbaş, 2011; Gargiulo, 1985; Delitay, 2009; Khaleque & Rohner, 2002; Turner, Sarason & Sarason, 2001); together with social problems they face within society (Goffman, 2014; İkizoğlu, 2005; Burcu, 2015; Başkaya, 2019; Karakuş, Kirlilioğlu & Engelli, 2019). The genetic causes and biological aspects of disabilities have also gained a place in the literature (Zu et al., 2019; Peach & Hopkin, 2007; Johannessen et al., 2016). As noted above, the parenting of children with special needs has been studied from various disciplines with diverse perspectives.

However, there is a need for studies focusing on the gender-based evaluation of the parents of children with special needs. More specifically, although existing literature examined the father involvement and/or the other social, physical, economic, etc. factors affecting fathers (Turgut, 2022; Eroğlu ve ark., 2015; Gleason, 2007; Aksoy, 2023; Sağlam & Temiz, 2024; Sımsıkı & Şendil, 2014; Şengül & Baykan, 2013; Akkök, 1992; Telli & Özkan, 2016; Downer et al., 2008), there seems to be a weakness of the research on making a gender look on these fathers (Chesler & Parry, 2001; Thackeray & Eatough, 2018; Jones, 2005; Tekin, 2017). Today, all issues related to the phenomenon of gender and the family with individuals with special needs are discussed from a wide range of different perspectives (Yaşın-Dökmen, 2016; Connell, 1998; Acar-Savran, 2004; Ecevit, 2012; Featherstone, 2001), but still rarely focusing on fathers.

In line with the information above, while the vast majority of the research on the parents of the children with special needs focus on different aspects of the issue excluding paternal gender perspectives, this paper shifts attention to an in-depth understanding of the roles of the fathers who have a child with special needs in the context of gender roles in the Turkish context. The research questions that are posed are:

1. How do the fathers describe the labor division and care burden in their house? Is there a difference between the roles of the parents?
2. When do the fathers find their roles as fathers of a child with special needs challenging? As a male, what is the most important problem do they face with having a child with special needs?

3. Materials and Methods

This research was conducted through the periods and techniques of the qualitative research paradigm.

3.1. Participants

The participants of the research consist of 21 fathers living in Samsun province and having children with special needs. The participants in the study were recruited using the snowball sampling technique until data saturation was achieved. When selecting participants, the following criteria were considered: having a child with special needs under the age of 18, having only one child with a disability, being a volunteer, signing the consent form, and residing in the same household.

Table 1: The Socio-demographic Properties of the Fathers

Codes	Age of Father	Marital Status	Educational Background	Occupation
F1	36	Married	University	Teacher
F2	37	Married	High school	Hairdresser
F3	43	Single (divorced)	High school	Businessman
F4	54	Married	University	Advocate
F5	53	Married	High school	Laborer
F6	66	Married	High school	Retired
F7	40	Married	Secondary School	Technician
F8	24	Married	High school	Store manager
F9	44	Single (divorced)	University, MA	Engineer
F10	39	Single (divorced)	PhD	Academic
F11	31	Married	High school	Construction worker
F12	57	Married	Secondary school	Retired
F13	46	Single (divorced)	High school	Shop assistant
F14	33	Married	High school	Laborer
F15	56	Married	University	Officer
F16	49	Married	University	Chemist
F17	36	Married	University	Officer
F18	39	Married	Secondary school	Worker
F19	45	Married	Secondary school	Janitor
F20	39	Married	University	Physician
F21	40	Married	High school	Driver

According to Table 1, the ages of the fathers range from 24 to 66. Of all the fathers, 18 are married, and 3 of them are divorced. One of the fathers holds a PhD degree, one has an MA degree, six of

the fathers are university graduates, nine of them are high school graduates, and the remaining four are secondary school graduates. Two of the fathers are laborers, two are officers, two are retired, and the rest are teachers, hairdressers, businessmen, advocates, technicians, store managers, engineers, academics, construction workers, shop assistants, chemists, workers, janitors, physicians, and drivers.

Table 2. Information about the children with special needs

Codes	The age of the child	Type of disability	The gender of the child
F1	5	Autism spectrum disorder	Female
F2	9	Vision Impairment	Female
F3	11	Physical disability	Male
F4	17	Neurological disorder	Male
F5	14	Chronic condition	Female
F6	16	Vision Impairment	Male
F7	4	Vision Impairment	Male
F8	2	Physical disability	Female
F9	9	Mental Disorder-Down syndrome	Male
F10	4	Chronic condition	Male
F11	8	Autism spectrum disorder	Female
F12	16	Mental Disorder-Down syndrome	Female
F13	11	Hearing impairment	Female
F14	6	Physical disability	Male
F15	17	Vision Impairment	Male
F16	13	Cerebral palsy	Female
F17	10	Hearing impairment	Male
F18	7	Physical disability	Female
F19	16	Speech Language Impairment	Male

F20	3	Autism spectrum disorder	Female
F21	15	Mental Disorder-Down syndrome	Male

Moreover, Table 2 demonstrates the age, gender and type of disability of the child. The ages of the children range from 2 and 17. 10 of the children are female, whereas 10 are male. As to the type of the disability of the children, 4 of them have vision impairment (F2, F6, F7, F15); 4 of them are with physical disability (F3, F8, F14, F18); 3 of the children are with autism spectrum disorder (F1, F11, F20); 3 of them have mental disorder with Down syndrome (F9, F12, F21); 2 have chronic condition (F5, F10); two has hearing impairment (F13, F17); one has Neurological disorder (F4), one has speech language impairment (F19), one has Cerebral palsy (F16).

3.2. Collecting and Analyzing Data, Procedure

The data was collected through an in-depth interview technique. A semi-structured interview form, which included socio-demographic questions and some open-ended questions, was administered to the participants. The questions were compiled from the existing research in literature (Zahl, 2024; Simsıkı & Şendil, 2014; Sağlam & Temiz, 2024; Wahab & Ramli, 2022, Kaytez, Durualp & Kadan, 2015). The interviews, conducted face-to-face between 27 April and 4 May 2025, lasted 60–80 minutes each and were recorded and transcribed verbatim by the researcher herself.

After the interviews were transcribed into a dataset, a sequential three-step content analysis approach by Miles et al. (2015) was used to analyze the dataset.

- In the first step, data condensation, as there were no preliminary indexes or codes before the analyses began following the research questions, the researcher began by reading the data set and created the codes and/or indexes via the constant comparative method. She established 187 indices that can be categorized into 12 subcategories. When the researcher was sure that there was no way to find a new code from the data set, it meant that the research had reached a saturation.
- The second step, that is, data display, she conducted an axial indexing process to reduce the subcategories into themes and four categories were gained following the research questions and aim of the study. Figure 1 is the summary of this phase.
- In the last step, conclusion drawing and verification, the researcher makes comments and relates the categories to each other.

3.3. Assumptions and Limitations

The study was conducted in the context of Samsun Province, Türkiye, with 21 fathers who have children with special needs. The participants were assumed to have answered the questions sincerely.

3.4. The Validity, Reliability and Ethical Issues

To ensure the validity and reliability of the research, firstly, a pilot study with three fathers was conducted and the results were presented to expert opinion (three experts; one from special education, two from gender studies). It was ensured that the questions in the interview form supported each other. The number of participating fathers was increased to achieve data

saturation within the research group. Furthermore, ethics committee approval was got from Ondokuz Mayıs University Social and Human Sciences Research Ethics Committee with the number of 2025-588. Before starting the interviews, some information was provided within the framework of the research's general purpose. The participants' consents were obtained, stating that they were volunteers. Human rights were adhered to throughout the research. The information obtained from the researchers contained no specific questions and/or expressions revealing their personal information. Codes such as F1 and F2 were used to assign a name to each interview form.

4. Findings

As a result of the data analysis, Figure 1 shows the four themes generated from the interviews with fathers: Egalitarian parenting, a lesser parent with masculine roles, shift in parental roles and forced maternity of a father.

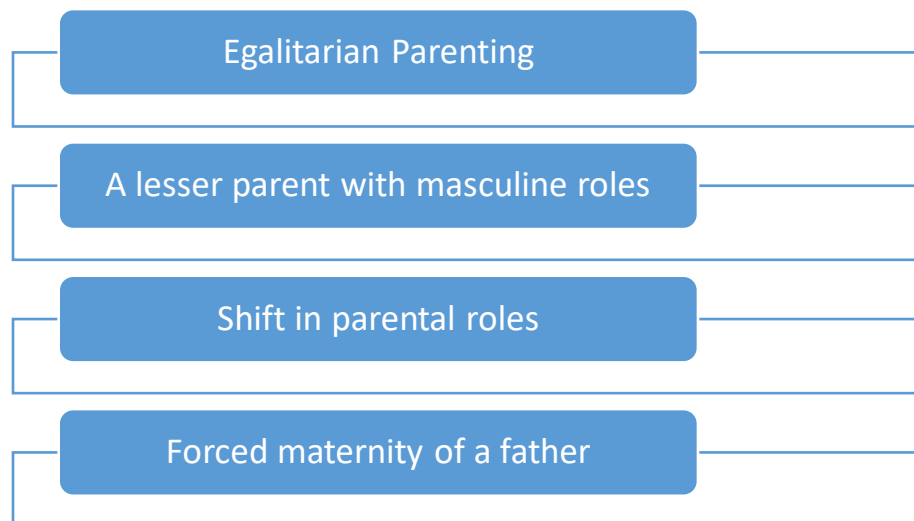


Figure 1: The roles of the fathers to a child with special needs in the context of gender

4.1 Egalitarian Parenting

The fathers who participated in the research stated that regardless of the gender of the parent, both mothers and fathers have parental responsibilities when raising a child with special needs.

One of the participants, who divorced from his wife 4 years ago, said that there should not be different roles for mothers and fathers. On the other hand, the couples, even if they are divorced and do not live in the same house, should learn to meet even the basic needs of their child:

"My son's mother and I have been separated for 4 years. Until that day, I have learnt every household chore and domestic responsibility, such as cooking, cleaning, even simple care tasks, or going to the parties and special courses he takes. (...) When he stays with me, I do the same things; such as when he stays with his mother, there is no difference. We may

be divorced, but this is what we must do for him: to share the care burden as equally as we can.” (F9).

Another father explained that he experienced some difficult times after his son got disabled. However, with time, he decided to share the care tasks just as his wife did:

“Our son went blind after an accident when he was 4. After the first week of the accident, I was shocked and I denied his condition for a year, whereas his mother never did. I thought that he would regain his eyes one day, and of course, this never happened. However, day by day, I grew accustomed to accepting his situation, reminded that he is also my son, a part of my body, and decided to learn how to do everything his mother did for him. I never stopped; my wife and I learned the Braille Alphabet and received some certificates on this issue. Now, we give some seminars on how to raise a child with vision impairment.” (F6).

Although society assigns the breadwinning role to fathers, this participant is aware of the fact that both the domestic and public roles should be shared between couples:

“I am a chemist and I need to stay at my pharmacy on some nights due to periodic duties. My wife used to work as a teacher, but she quit her work because of our daughter’s illness. At that time, I observed that earning money to pursue our livelihood is not only my role; just as caring for our daughter is not only my wife’s. We decided that we need to make an equal division of work in and outside the house. We started to work with a caretaker and a cleaner. For our other two children and for our mental life, together with providing our daughter a better quality of life, that decision was our milestone. Now, despite all the difficulties we face, it is easier to overcome them because we know that we are the two sides of the same coin.” (F16).

A father, who is an academician, is aware of the fact that the division of domestic roles must be shared equally inside and outside the house. With this vision, he claims their parental roles like this:

“Being a mother and father is the most difficult thing in one’s life. Being a mother or a father of children with special needs is extra hard, you can never even imagine. Life has given us a gift and this gift belongs to both of us. We realize that the better we take care of that gift, the better life will treat us. We are careful about everything for your child, even the salt or sugar used in his meals. This does not mean that only his mom is responsible for his cooking, care, or doctor appointments. My wife is also an academician, and we all have heavy work at home and at university. So, we try to as much as we can. This is what it takes to be a couple”. (F10).

4.2 A lesser parent with masculine roles

The interviews reveal that fathers are aware of the responsibilities they have. Nevertheless, they cannot keep behaving unequally in gender issues because gender is a cultural phenomenon:

“I earn the money to live on; I try to meet all the expenses my family needs. I work as a driver at night to support myself financially. This is not a complaint, please understand me, this is my duty, my responsibility as a father, my destiny. Of course, I will do my best.” (F14).

An even tougher expression came from another father, sharply distinguishing the roles of a father in the public sphere and that of a mother in the public sphere:

"I cannot think myself while I am cooking or showering my daughter. At the same time, I cannot think my wife working at a building like me. This is life, I earn, they spend on food or other needs we have. May my life be sacrificed to my little sunshine; she is an angel." (F11).

4.3 Shift in parental roles

One of the fathers claimed that his retirement, that is, his having more time to spend with his daughter, affected their parental roles positively, such as a change in their daily routines:

"My wife could not drive on her own, so she needed to go everywhere by public transport, which was risky for our daughter's health. When I had time outside my working hours, I used to drive them everywhere. I knew she bore most of the burden of care, and it devastated me that she had to face some of these challenges alone. But one day, everything changed in our lives. I got retired (he mentions that the Turkish government passed a law on early retirement two years ago) and our duties started to change: Now I take on most of the care burden as best I can, I can drive everywhere and take her to her sessions just like all the mothers of her friends. My wife started to work as a secretary and she earns a living. We changed our roles as mothers and fathers." (F12).

On the other hand, another father finds the heavy care burden of mothers unfair:

"A child is both a mother's and a father's. However, as a mother gives birth, she has all the care responsibilities for her child. God knows, my wife is an excellent mother, she thinks for herself, and she has devoted herself to our family. I myself, as a father, spend my time for earning money only. My working hours are heavy; I'm unable to help her with her work. This is unfair. I wish I could have helped her more." (F15).

4.4 Forced maternity of a father

One of the father participants thought that even though his son has a biological mother who is not dead, he has to lead a life as if his son had an imposed mother because his ex-wife abandoned him and their son when he was a baby. This means that all the care burden is his responsibility, and he is the only parent of this child, whose mother does not give care to him:

"My son is 11 and we got divorced from my ex-wife 10 years ago when he was a baby. As soon as she learnt that he had disabilities, she abandoned us. For ten years, she never called us, nor did we try to learn something from her. We forgot her. (...) I have not married again as I don't want to live the same disappointments. My mother takes care of him; she is both his grandmother and mother. Giving birth to a baby does not mean being a mother. A mother is the one who takes care of her child in every good and bad condition." (F3).

5. Discussion

This paper aims to achieve an in-depth understanding of the roles of fathers who have a child with special needs in the context of gender roles. Four themes were generated (See Figure 1) as

the key research findings: Egalitarian parenting, a lesser parent with masculine roles, shift in parental roles, and forced maternity of a father.

The participant fathers of this study revealed that as a parent of a child with special needs, they have some responsibilities, which are equally divided between parents (egalitarian parenting), or a father does not help a mother with domestic roles (a lesser parent with masculine roles); or the couples can change their gender roles assigned by society (shift in parental roles). Worst, a father must be the only parent when a mother does not care about her child (forced maternity of a father).

These results of the present study are consistent with those studies that, even if the fathers are aware of the fact that the care burden in the domestic sphere and earning a living in the public sphere must be the responsibility of both parents, because of gender inequality, the borders within these two spheres are sharply separated. Even though there are some fathers who share the responsibilities with their wives, there are still some fathers thinking in line with gender stereotypes.

Thinking the issue in the context of Türkiye and Turkish culture, as Türkiye ranks 127th country between 146 countries as to the gender gap (WEF, 2024), the roles of the parents are expected to be more traditional than those of egalitarian ones, as gender is a socio-cultural phenomenon (Bhasin, 2014; Yaşın-Dökmen, 2016). On the other hand, as the fathers seem to be both traditional and egalitarian, this condition may be a result of the fact that the fathers can be from different cultural backgrounds and/or they have been aware of gender equality.

As to the egalitarian parenting, the fathers claimed that they can carry out egalitarian parenting roles and/or there can be a shift between the roles of the parents. These findings may conflict with those of previous studies reporting that men carry out traditional roles, such as Vatne et al (2023) underlined, some fathers are under the influence of traditional masculine gender roles and seem themselves as a “lesser parent” than mother, just as pursuing the responsibilities the society assigns to them. Nevertheless, similar results are reported in some studies, suggesting that a negative father attitude can lead to negative development in later life (Coley, Lewin-Bizan, and Carrano, 2011; Akende, 1994; Ishii-Kuntz, 1995; McBride, 1989; Easterbrooks & Goldberg, 1984).

Furthermore, the analysis of the interviews suggested that despite the traditional roles, there has been a shift from traditional gender roles to egalitarian ones by fathers’ undertaking more of the care burden (Essex & Hong, 2005; Sullivan & Gershuny, 2001; Williams, 2008). This may be a result of the recent studies and efforts for spousal support between the parents of the children (Mickelson, Claffey and Williams, 2006; Perry & Herry, 2009). However, it is worth considering that spousal support may vary depending on gender and traditional gender roles. Especially when a mother has egalitarian gender roles, she expects equal work called instrumental support from her husband who gets used to do the housework and other tasks more carefully and equally (Mickelson, Claffey and Williams, 2006). Just as some of the fathers claimed, they find a way of sharing the responsibilities of their children with their wives, and this role and task division is a way of sharing gender roles.

These findings reveal that fathers perceive themselves as different from fathers of children with no special needs, as they view this condition as a gift (F10) or their destiny (F14). They want to

share equal responsibilities with their wives, which leads to a more egalitarian and gender-neutral type of life.

6. Conclusion

According to the results of this research, it can be concluded that it is necessary to support fathers in sharing the care burden with mothers. It is also thought that taking precautions and increasing social support to reduce the risk of depression and all other problems that the fathers of children with special needs face is crucial.

It can also be underlined that all of the fathers are aware of the burden and heavy work of mothers, some trying to share the responsibilities with their wives because they are both human beings and regardless of their gender and without being under the influence of gender stereotypes; At the same time, some think that this is a duty of mothers. In any case, either egalitarian or traditional, the fathers are under the influence of gender stereotypes.

Nevertheless, the limitations of the study must be taken into consideration. Initially, the data were collected from only 21 fathers; therefore, the results of this study may not be generalized to a larger population. Moreover, the fathers were from the context of Samsun, Türkiye, a culture-bound phenomenon of gender equality that may differ from that of other countries. Thirdly, the types of disabilities among the children differed from one another. In further research, focusing on larger samples and/or only one disability group may be possible. In spite of these shortcomings, the results of this research can be helpful to give an insight into the fathers of these children. Indirectly, the results of this study support further investigation for understanding the care burden of both parents.

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