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Research Article

**Parental Stress, Bonding Experience and Coping Strategies
Among Allied Health Students in Maiduguri, Nigeria**

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ABSTRACT

Transition to parenthood significantly impacts psychological well-being, often leading to heightened stress due to new responsibilities and demands. The aim of this study was to assess the level of parental stress, parent-child bonding experiences, and coping strategies among allied health student-parents at the University of Maiduguri, Nigeria. The study adopted a cross-sectional descriptive design. A total of 123 married students with at least one child were selected using multistage sampling from an estimated population of 185 allied health students. Data were collected using a structured questionnaire incorporating the Parental Stress Scale and the Parent-Child Relationship Scale. Data analysis utilized descriptive statistics (frequencies, percentages, means, and standard deviations) and Chi-square tests to determine associations. Findings revealed a high level of parental stress (grand mean = 3.54), indicating that balancing academic and parenting responsibilities constitutes a significant challenge for student-parents. Major stressors included childcare demands, academic workload, and time constraints. Despite the high stress levels, respondents demonstrated strong parent-child bonding (grand mean = 3.54), characterized by emotional closeness, affection, and responsive communication. Age and gender showed significant associations with parental stress. Sleep and rest emerged as the most common coping strategies adopted by respondents. The study concludes that student-parents experience substantial role-related stress while maintaining positive emotional relationships with their children. Institutional support systems, such as counseling services and flexible academic scheduling, are recommended to enhance the well-being and academic performance of student-parents.

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1.0 INTRODUCTION

Parental stress refers to the emotional and physical strain that parents experience as they try to meet the demands of parenting. It can arise

from a variety of factors, including financial pressures, marital conflict, child behavior problems, and lack of social support. The parent-child relationship is one of the most crucial and

complex relationships in human life. It begins at the child's birth and continues throughout the lifespan, influencing the child's physical, emotional, and social development. Parenting can be a rewarding experience that brings joy and satisfaction, but it can also be challenging and stressful at times, resembling a winding road of emotions (Jennings, 2009). The transition to parenthood is an important period in the lives of individuals, affecting their psychological well-being in many ways. Examples include high levels of stress due to new parental roles, difficulties in relationship adjustment, and the emergence of anxiety and depressive symptoms (Zerach & Magal, 2016). Although having a child is often a joyful event, it is also accompanied by new responsibilities and exceptional demands on new parents. At times, couples may feel overwhelmed by these changes and unable to cope with all the demands associated with their new roles. Perceived stress represents the appraisal of situations as stressful and the feeling of lacking the resources needed to cope with such conditions (Trillingsgaard et al., 2014).

Parent-child bonding has been described as the "central and most important psychological process of the puerperium" and is believed to have a major impact on a young child's development. Bonding refers to the relationship with the child from the parent's perspective and can be described as the quality of the emotional tie between parent and child (Hall et al., 2015). The feeling of connectedness and bonding must begin within the parent-child relationship in order to build a self-determined individual. Maternal love also plays an important role in the development of social skills and emotional intelligence. Children who receive emotional support from their mothers are more likely to develop empathy and social skills, which are essential for building healthy relationships throughout life. They are also more likely to develop emotional intelligence, enabling them to understand and regulate their own emotions as well as those of others (Javadifar, 2016). The parent-child bond is therefore essential for the healthy development of the child. Parents' interactions with their children significantly influence the children's social interactions. When parents spend most of their time away

from their children, it may lead to awkwardness in the child's social interactions. Furthermore, the quality of the relationship between parent and child affects the child's mental health. Early bonding with parents creates an internal working model that later serves as a guide for future relationships and experiences (Morrison et al., 2020).

Extensive research has documented that parents report higher levels of stress compared to adults without children (American Psychiatric Association, 2020). In fact, parental stress is an important predictor of parenting practices and parent-child relationships. Increased parental stress is associated with negative parenting practices, such as corporal punishment, and is negatively associated with the quality of the parent-child relationship (Chung et al., 2020). Currently, it is critical to examine parental stress, as families' worldwide face a variety of stressors that compromise their well-being (Calvano et al., 2021). Studies have also shown that poorer parental bonding is associated with higher levels of parenting stress (de Cock et al., 2016). This finding is consistent with previous research showing that, among depressed mothers, a better quality maternal bond reduced the experience of parenting stress (Reck et al., 2016).

Although several studies have examined the effects of stress on parent-child relationships, no study has specifically assessed the level of parental stress, bonding experiences, and coping strategies among students in the Faculty of Allied Health Sciences at University of Maiduguri, Nigeria. This study is significant for student-parents because it provides a clearer understanding of the challenges they face while balancing demanding academic programs with parenting responsibilities. It also offers insights that may help them adopt more effective coping strategies and strengthen bonding with their children. The study is equally important to the nursing and allied health professions because it highlights the specific stressors experienced by student-parents, thereby informing supportive interventions that educators and healthcare professionals can implement during training. Furthermore, the findings contribute to public awareness of the unique pressures faced by student-parents and may guide institutions and

organizations in developing policies that support their academic success and overall well-being. By emphasizing the role of emotional support and adaptive coping strategies in maintaining well-being, this study also provides a foundation and reference point for future research in this area.

METHODS

Research Design

This study adopted the use of a cross-sectional descriptive research design. The study is anchored on the Lazarus and Folkman Stress and Coping Theory, which state that individuals experience stress when perceived demands exceed available resources, and coping strategies are employed to manage such stress. In this study, parental stress is conceptualized as the primary independent variable influencing parent-child bonding. Coping strategies are proposed as a moderating variable that may buffer or exacerbate the effect of stress on bonding outcomes. Socio-demographic factors such as age and gender are treated as covariates that may influence stress levels, coping patterns, and bonding experiences.

Study Setting

The research was conducted at the University of Maiduguri, a federal government tertiary institution in Nigeria, founded in 1975. The University has 16 faculties with an estimated student population of over 30,000. The institution is located along Bama Road in Maiduguri, the capital city of Borno State. Maiduguri, the capital and largest city of Borno State in north-eastern Nigeria, has an estimated population of 844,747 (World Population Review, 2023). Maiduguri is multi-ethnic in nature, with the Kanuri being the dominant ethnic group, while other ethnic groups include the Hausa, Shuwa Arab, Babur/Bura, Fulani, Gwoza, and Marghi.

Outcome Measures

The outcome variables for this study are parent parental stress, bonding experience and coping strategies among students of allied health university of Maiduguri. In this study, parental stress was measured as the independent variable using the Parental Stress Scale (PSS) developed by Berry and Jones, which consists of 18 items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with

reverse scoring applied to positively worded items; total scores range from 18 to 90, with higher scores indicating greater levels of stress, and mean scores ≥ 3.50 interpreted as high stress while scores < 3.50 indicate low stress. The dependent variable, parent-child bonding, was assessed using the Parent-Child Relationship Scale developed by Robert Pianta, which measures key domains of closeness, conflict, and dependency on a 5-point Likert scale, where higher scores reflect stronger and more positive bonding experiences. Coping strategies were measured using self-developed questionnaire based on literature review

Target Population

The target population of this study are married men and women with at least one child who are students, in the faculty of allied health sciences, University of Maiduguri, willing to participate in the study. A total of 185 student were found to meet this criteria based on student record and were the target population

Sample Size

The sample size was determined using Krejcie and Morgan (1970) table. According to the table a population of 185 students correspond to 123 students as the sample size. Hence, 123 students formed the sample size for this study.

Sample Technique

Multistage sampling was employed to systematically select participants for the study from the Faculty of Allied Health Sciences at the University of Maiduguri. In the first stage, two departments (Nursing Science and Medical Laboratory Science) were selected from the four departments in the faculty using simple random sampling. In the second stage, eligible participants were identified within the selected departments based on inclusion criteria, specifically married students with at least one child. In the third stage, purposive sampling was used to recruit respondents who met these criteria and were willing to participate in the study. This approach ensured that the sample was both representative of the faculty structure and relevant to the study objectives.

Instrument for Data Collection

For data collection, validated questionnaires were adopted and used. Data on parental stress were collected using parental stress scale developed by Berry and Jones (Berry & Jones

1995) while bonding experience was determine using Pianta parent child relationship scale developed by Robert and Pianta (Robert & Pianta 1992). The instruments have the reported Cronbach alpha reliability coefficient of 0.83 and 0.84 respectively. Both scales were in the form of a five-point likert scale. On the other hand, socio-demographic and coping strategies data were collected based on self-develop questionnaire from literature reviews.

Method of Data Collection

The researcher and one trained research assistant collected the data. The questionnaires were administered directly to the eligible respondent using Google form link. Respondents were given time to respond to the questionnaires and submit the form online.

Method of Data Analysis

The data collected from the questionnaires was sorted, cleaned and analyzed using descriptive statistic such as frequency count, percentage, mean and standard deviation. While Chi-square was used to test the association between socio-demographic characteristic and bonding experience. A p-value of less than 0.05 is considered significant

Ethical Consideration

A letter of introduction was obtained from the Department of Nursing Science, University of Maiduguri, and submitted to the Dean of the Faculty of Allied Health Sciences, from whom permission was granted to conduct the research. Informed consent was also obtained from all respondents, and they were assured of absolute confidentiality. Their rights and wishes were treated with utmost respect throughout the data collection process, including their right to withdraw from the study at any time without any consequences. The researcher also adhered to the principle of veracity throughout the course of data collection.

RESULTS

The total number of 123 questionnaires were distributed but 120 was completed and returned making a response rate of 97.6%, three of the respondents were unable to returned their completed questionnaire and all effort to reach out to them were abortive. Therefore 120 questionnaire were analysed and presented as shown below.

Table 1: Demographic information of the respondents. n=120

Characteristic	Frequency	Percentage
Age		
Below 25 Years	44	36.7
Above 25 Years	76	63.3
Gender		
Male	32	26.7
Female	88	73.3
Region		
Islam	61	50.8
Christianity	59	49.2
Department		
Nursing	71	59.2
Medical Lab Science	49	40.8
Academics Level		
100 Level	11	9.2
200 Level	17	14.2
300 Level	20	16.7
400 Level	33	27.5
500 Level	39	32.5

Table 1 shows that majority of the respondents were female (73.3%), Nursing students (59.2%) with Islam as their major religion (50.8%). Most were age 25 years and above (63.3%) in 500 level or final year (32.5%)

Table 2: Level of Parental Stress. n= 120

Parental Stress items	SD F (%)	D F (%)	N F (%)	A F (%)	SA F (%)	Mean	SD	Decision
I am happy in my role as a parent	27 (22.5)	11 (9.2)	2 (1.7)	29 (24.2)	51 (42.5)	3.55	1.63	High
There is little or nothing I wouldn't do for my child(ren)	24 (20.0)	17 (14.2)	3 (2.5)	46 (38.3)	30 (25.0)	3.34	1.49	Low
Caring for my child(ren) sometimes takes more time and energy	14 (11.7)	8 (6.7)	4 (3.3)	42 (35.0)	52 (43.3)	3.92	1.34	High
I sometimes worry whether I am doing enough for my child(ren)	14 (11.7)	7 (5.8)	7 (5.8)	49 (40.8)	43 (35.8)	3.83	1.29	High
I feel close to my child(ren)	20 (16.7)	17 (14.2)	4 (3.3)	33 (27.5)	46 (38.3)	3.57	1.52	High
I enjoy spending time with my child(ren)	20 (16.7)	16 (13.3)	5 (4.2)	37 (30.8)	42 (35.0)	3.54	1.49	High
My child(ren) is an important source of affection for me	19 (15.8)	11 (9.2)	8 (6.7)	30 (25.0)	52 (43.3)	3.71	1.49	High
Having child(ren) gives me a more certain and optimistic view	16 (13.3)	8 (6.7)	5 (4.2)	46 (38.3)	45 (37.5)	3.80	1.36	High
The major source of stress in my life is my child(ren)	21 (17.5)	24 (20.0)	9 (7.5)	24 (20.0)	42 (35.0)	3.35	1.54	Low
Having child(ren) leaves little time and flexibility in my life	17 (14.2)	17 (14.2)	10 (8.3)	39 (32.5)	37 (30.8)	3.52	1.42	High
Having child(ren) has been a financial burden	23 (19.2)	18 (15.0)	13 (10.8)	24 (20.0)	42 (35.0)	3.37	1.55	Low
It is difficult to balance diff. responsibilities because of my child(ren)	19 (15.8)	12 (10.0)	11 (9.2)	38 (31.7)	40 (33.3)	3.57	1.44	High
The behavior of my child(ren) is often embarrassing/stressful to me	27 (22.5)	14 (11.7)	14 (11.7)	31 (25.8)	34 (28.3)	3.26	1.54	Low
If I had it to do over again, I might decide not to have child(ren)	33 (27.5)	21 (17.5)	11 (9.2)	20 (16.7)	35 (29.2)	3.03	1.62	Low
I feel overwhelmed by the responsibility of being a parent	17 (14.2)	13 (10.8)	14 (11.7)	36 (30.0)	40 (33.3)	3.58	1.41	High
Having child(ren) has meant having too few choices/controls over life	18 (15.0)	17 (14.2)	12 (10.0)	26 (21.7)	47 (39.2)	3.56	1.49	High
I am satisfied as a parent	21 (17.5)	13 (10.8)	7 (5.8)	40 (33.3)	39 (32.5)	3.53	1.48	High
I find my child(ren) enjoyable	18 (15.0)	13 (10.8)	6 (5.0)	29 (24.2)	54 (45.0)	3.73	1.49	High
Grand Mean						3.54		

Keys: SD = Strongly Disagree, D = Disagree, A = Agree, N = Neutral, SA = Strongly Agree.

Interpretation: Mean ≥ 3.50 = High, Mean < 3.50 = Low

Table 2 presents the distribution of responses to the question on parental stress among the respondents. The overall mean parental stress score was 3.54, indicating a high level of parental stress among respondents. Twelve of the 18 items were classified as high-stressors, conversely, six items were ranked below the

decision threshold and were categorized as low stressors. The low stressors included: willingness to do anything for their children; perceiving children as the major source of stress in life; limited time and flexibility due to parenting; financial burden associated with child-rearing; embarrassment or stress due to

children's behaviour; and regret about having children

Table 3: Association between Socio-demographic Variable and the Level of Parental Stress

Variables	SD (%)	D	UN	A	SA	X ²	df	P Value
Age								
Below 25 Yrs	8 (57.1)	3 (60.0)	9 (50.0)	18 (36.0)	6 (18.2)	9.943	4	0.041
Above 25 Yrs	6 (42.9)	2 (40.0)	9 (50.0)	32 (64.0)	27 (81.8)			
Gender								
Male	8 (57.1)	3 (60.0)	3 (16.7)	14 (28.0)	4 (12.1)	14.026	4	0.007
Female	6 (42.9)	2 (40.0)	15 (83.3)	36 (72.0)	29 (87.9)			
Religion								
Islam	4 (28.6)	3 (60.0)	9 (50.0)	29 (58.0)	16 (48.5)	4.050	4	0.399
Christianity	10 (71.4)	2 (40.0)	9 (50.0)	21 (42.0)	17 (51.5)			
Department								
Nursing	8 (57.1)	4 (80.0)	10 (55.6)	28 (56.0)	21 (63.6)	1.500	4	0.827
MLS	6 (42.9)	1 (20.0)	8 (44.4)	8 (44.0)	22 (36.4)			
Academic Level								
100 Level	3 (21.4)	1 (20.0)	1 (5.6)	5 (10.0)	1 (3.0)	19.98		0.221
200 Level	1 (7.1)	1 (20.0)	3 (16.7)	6 (12.0)	6 (18.2)			
300 Level	4 (28.6)	0 (0.0)	1 (5.6)	5 (10.0)	10 (30.3)			
400 Level	2 (14.3)	0 (0.0)	6 (33.3)	16 (32.0)	9 (27.3)			
500 Level	4 (28.6)	3 (60.0)	7 (38.9)	18 (36.0)	7 (21.2)			

Table 3 shows the influence of the different socio-demographic variables on level of parental stress. From the results obtained, there was an association between the perception level of parental stress with age ($X^2 = 9.943$, $p = 0.041$) and gender ($X^2 = 14.026$, $p = 0.007$).

Table 4: Bonding Experience Among Respondent. N=120

Bonding experience items	SD	D	N	A	SA	Mean	SD	Decision
	F (%)	F (%)	F (%)	F (%)	F (%)			
I share an affectionate, warm relationship with my child	6 (54.5)	3 (50.0)	14 (46.7)	12 (37.5)	9 (22.0)	3.87	1.52	High
My child and I always seem to be struggling with each other	18 (15.0)	23 (19.2)	11 (9.2)	43 (35.8)	25 (20.8)	3.28	1.38	Low
My child is uncomfortable with physical affection/touch from me	13 (10.8)	8 (6.7)	13 (10.8)	18 (15.0)	68 (56.7)	4.00	1.39	High
My child appears hurt or embarrassed when I correct him/her	9 (7.5)	12 (10.0)	11 (9.2)	27 (22.5)	61 (50.8)	3.99	1.30	High
My child does not want to accept help when he/she needs it	11 (9.2)	12 (10.0)	9 (7.5)	23 (19.2)	65 (54.2)	3.99	1.36	High
When I praise my child, he/she beams with pride	17 (14.2)	19 (15.8)	12 (10.0)	31 (25.8)	41 (34.2)	3.50	1.46	High
My child spontaneously shares information about himself/herself	9 (7.5)	19 (15.8)	18 (15.0)	23 (19.2)	51 (42.5)	3.73	1.35	High
My child is overly dependent on me	33 (27.5)	19 (15.8)	17 (14.2)	19 (15.8)	32 (26.7)	2.98	1.58	Low
My child tries to please me	25 (20.8)	19 (15.8)	15 (12.5)	17 (14.2)	44 (36.7)	3.30	1.59	Low
My child sees me as a source of punishment and criticism.	11 (9.2)	15 (12.5)	10 (8.3)	35 (29.2)	49 (40.8)	3.80	1.34	High
My child feels that I treat him/her unfairly	29 (24.2)	17 (14.2)	14 (11.7)	23 (19.2)	37 (30.8)	3.18	1.59	Low
My child asks for my help when he/she really does not need help	20 (16.7)	18 (15.0)	11 (9.2)	24 (20.0)	47 (39.2)	3.50	1.53	High

Grand mean 3.54

Keys: *SD* = Strongly Disagree, *D* = Disagree, *A* = Agree, *N* = Neutral, *SA* = Strongly Agree.**Interpretation:** Mean ≥ 3.50 = High, Mean < 3.50 = Low

Table 4 presents the distribution of responses on bonding experience items and their corresponding mean scores and standard deviations. The overall grand mean of 3.54 suggests that, on average, respondents demonstrated a high level of bonding experience with their children.

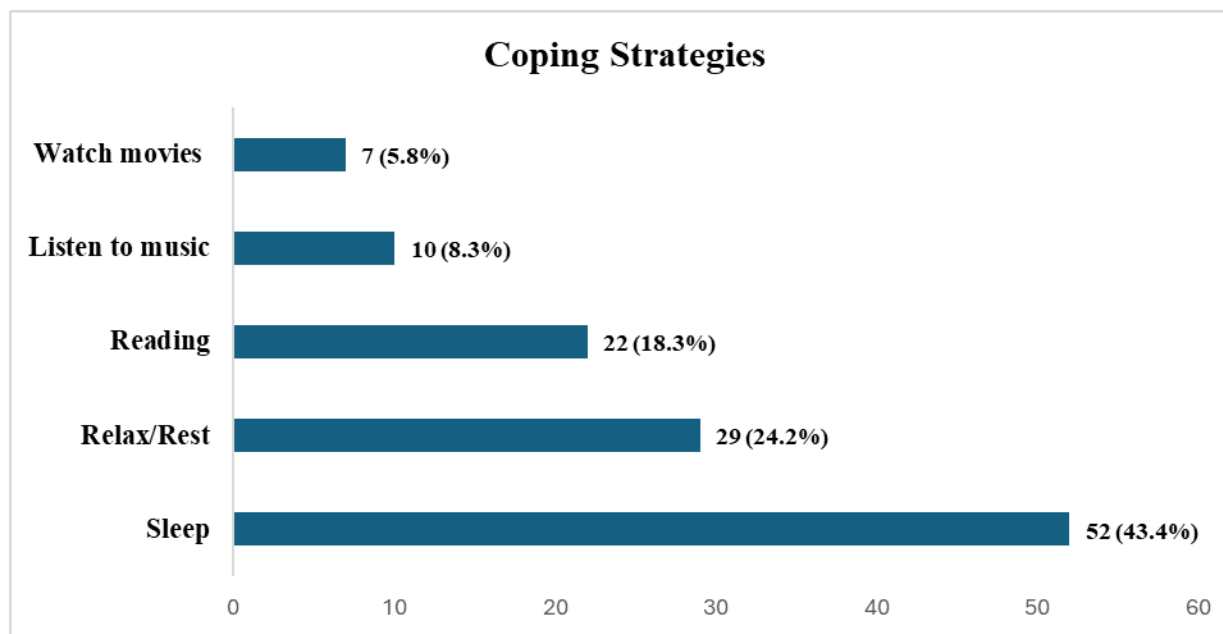


Figure 2: Coping Strategies among respondents. N=120.

Figure 2 shows the types of coping mechanisms the respondents use to relieve their stress. The majority of the respondents (43.4%) use sleep, followed by relax/rest (24.2%), as their preferred coping strategy when stressed.

DISCUSSION

This study assessed the perceived level of parental stress, sources of stress, bonding experiences, and coping strategies among Allied Health students who are also parents at University of Maiduguri, Nigeria. To the researchers' knowledge, this is the first study to assess parental stress and bonding experiences among health-related students in Northern Nigeria. The findings revealed a high level of parental stress alongside a high level of parent-child bonding experience. Caring for children emerged as the predominant source of stress, while sleeping was the most commonly adopted coping strategy among respondents. Notably, the majority of respondents were female Nursing students, predominantly of the Islamic faith, mostly aged 25 years and above, and in their final year of study.

The findings of this study revealed a high level of parental stress among the students. This finding is in line with the study by Bilodeau et al. (2023), who reported high levels of parental stress among parents who were also actively engaged in their studies. Despite the high level of parental stress reported, the majority of respondents indicated that they enjoyed and were satisfied with their role as parents and felt very close and protective of their children. Some respondents also expressed concern that they were not doing enough for their children (Deng et al., 2022). This finding may be deeply rooted in the cultural and religious beliefs of the respondents, as children are often viewed as gifts from God and as responsibilities entrusted to parents to nurture and care for (Ribas et al., 2024; Deng et al., 2022). These beliefs are further reinforced by the cultural value placed on children. Therefore, although parents experience

stress, many still perceive parenting as a worthwhile and fulfilling experience. However, previous studies have shown that high levels of parental stress may increase mental health concerns through heightened depressive symptoms among parents (Ribas et al., 2024). This finding has important implications for nursing practice, as nurses play a vital role in promoting mental wellbeing and supporting families through health education, counseling, and stress management interventions. Nurses can assist in organizing awareness campaigns that educate the public on healthy coping strategies and discourage harmful coping mechanisms such as alcohol use and substance abuse.

Furthermore, the results obtained showed no significant association between the level of parental stress and religion. However, a significant association was observed between parental stress and the age of respondents, suggesting that as individuals grow older, they may encounter more stress. This may also be related to an increase in the number of children and caregiving responsibilities, which may heighten stress levels (Deng et al., 2022). A significant association was also observed between parental stress and gender, which may be attributed to the fact that females often bear a greater burden of household responsibilities, childcare, and domestic activities, making them more vulnerable to stress than males (Ribas et al., 2024). These findings highlight the need for supportive institutional policies aimed at reducing the burden experienced by student-parents, particularly female students. Universities should therefore consider implementing flexible and parent-friendly academic schedules that allow student-parents to balance academic responsibilities with parenting obligations more effectively.

The findings also showed that a significant proportion of respondents identified school activities, childcare responsibilities, and financial challenges as the major sources of stress (Deng et al., 2022). This indicates that family-related and academic responsibilities are major contributors to stress among student-parents. The findings suggest that student-parents struggle to balance academic demands with childcare obligations and financial

pressures. In view of this, educational institutions should consider establishing supportive structures such as affordable on-campus canteen services and functional daycare facilities to help reduce domestic burdens, improve concentration, and enhance the overall wellbeing of student-parents. Nurses and other healthcare professionals working within educational settings can also provide supportive interventions through counseling, stress management education, and referral services for students experiencing significant parental stress. With regard to bonding experiences, the results showed that the majority of respondents had good bonding experiences with their children. This may be attributed to the strong emotional connection between mothers and their children, as well as the influence of cultural values regarding parenting and family relationships (Bilodeau et al., 2023). A significant percentage of respondents reported sharing warm and affectionate relationships with their children. These findings contrast with those of Liu et al. (2021), who reported that lower-quality maternal-infant bonding contributed to depressive symptoms among postpartum women and that maternal self-efficacy, rather than social support, was associated with better maternal-infant bonding. Liu et al. also reported that COVID-19-related grief was significantly associated with higher-quality maternal-infant bonding. However, the findings of the present study are consistent with those reported by de Cock et al. (2017), who found that higher levels of postnatal bonding were associated with decreased levels of parental stress. The strong bonding experiences observed in this study suggest that emotional attachment between parents and children may serve as a protective factor against the negative effects of stress.

In an attempt to cope with parental stress, the results of this study indicated that the majority of respondents relied on sleep, listening to music, and watching movies as their primary coping mechanisms. These activities may provide temporary emotional relief and relaxation, enabling respondents to maintain psychological stability and function optimally despite stress. However, these findings differ from those of Kandula and Wake (2022) and Mathur et al. (2021), who reported that effective

coping strategies among parents included positive family coping skills, improved communication, regular exercise, self-care practices, conflict reduction, social support, equitable distribution of responsibilities, counseling services, and regular healthcare follow-up. The present findings therefore suggest the need for interventions that encourage healthier and more sustainable coping strategies among student-parents. Universities and healthcare professionals, especially nurses, should promote programs focused on stress reduction, mental health awareness, and adaptive coping mechanisms to improve the wellbeing of student-parents.

Although this study provides valuable insight into parental stress and bonding experiences among student-parents, certain limitations should be considered when interpreting the findings. The use of self-reported questionnaires may have introduced response bias, including social desirability and recall bias. Additionally, the study was conducted among student-parents in only two departments within the University of Maiduguri, which may limit the generalizability of the findings to other institutions and populations. Furthermore, the quantitative design did not capture the depth of personal experiences related to parenting and stress, while contextual variables such as socioeconomic status, number and age of children, and availability of social support were not extensively explored. Despite these limitations, the study contributes significantly to existing knowledge on parental stress and bonding among student-parents in Northern Nigeria and provides a basis for future research. Future studies should explore the effects of parental stress on academic performance among student-parents and employ qualitative approaches to gain deeper insights into their lived experiences, coping strategies, and overall wellbeing.

CONCLUSION

The study found that allied health student-parents at the University of Maiduguri experience a high level of parental stress, largely driven by the competing demands of academic work, childcare responsibilities, and limited time. Despite this elevated stress, respondents demonstrated a strong parent-child bonding experience, indicating that emotional closeness

and positive relationships with their children were maintained. Significant associations between parental stress and socio-demographic factors such as age and gender suggest that these characteristics influence how stress is experienced among student-parents. The findings also revealed that respondents predominantly relied on passive coping strategies, particularly sleep and rest, to manage stress. Overall, the results highlight that while student-parents face considerable role-related stress, effective emotional attachment to their children persists, underscoring the need for institutional support systems to promote healthier coping and overall wellbeing.

Declaration of Competing Interest

The authors declare there is no competing interest

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