QUALITY OF LIFE AND SOCIAL SUPPORT ON STRESS COPING ABILITY OF PARENTS OF MENTALLY CHALLANGED CHILDREN

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DECLARATION

I declare that the thesis entitled "**QUALITY OF LIFE AND SOCIAL SUPPORT ON STRESS COPING ABILITY OF PARENTS OF MENTALLY CHALLENGED CHILDREN**" submitted by me for the degree of Doctor of Philosophy (Ph.D.) is the record of work carried out by me during the period from 2019 to 2024 under the guidance and supervision of **Dr. S. Sreelatha,** Principal, N.V.K.S.D. College of Education, Attoor, and has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship, Titles in this University or any other University or other similar institution of Higher Learning.

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CERTIFICATE

I certify the thesis entitled "**QUALITY OF LIFE AND SOCIAL SUPPORT ON STRESS COPING ABILITY OF PARENTS OF MENTALLY CHALLENGED CHILDREN**" submitted by **Ms. VIJILA S** for the degree of Doctor of Philosophy (Ph.D.) is the record of original research work carried out by her during the period from 2019 to 2024 under my guidance and supervision, and that this work has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship, Titles in this University or any other University or other similar Institution of Higher Learning.

Place: Attoor **Signature of Research Guide/Supervisor & Seal**

Date:

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The birth of a child with disabilities can precipitate numerous challenges within a family. Parents, often the primary caregivers, experience heightened physical and mental strain, bear a higher burden of responsibility and face increased mental pressure. Raising a child with a disability can be an overwhelming and emotional experience and can pose many difficulties for parents. Benson (2012) explained that the long-term care of a child with a chronic disability frequently affects various areas in a parent's life domains which can lead to stress, and often affect the overall functioning of the family. In addition, parents work to balance their lives with the demands that accompany having a child with special health care needs. Since children with disabilities may require continuous medical support to meet their needs a parent's career is affected because of a high rate of absences and reduced work hours. Relationships with family and friends can become fragmented by the continuous demands of having a child with a disability, leaving little or no time for fostering such relationships.

Stress experienced by the parents of mentally challenged children is the factor that cause numerous emotional and behavioural difficulties including depression, anxiety, temper tantrums, suicide attempts, child abuse, destructive expression of anger, feelings of bitterness and resentment, irritability and impatience. Developing effective stress coping abilities is essential for parents of mentally challenged children to manage emotional and behavioural challenges, ensuring their own well-being and the ability to provide consistent care. Lazarus and Folkman (1984) defined coping as "Constantly changing cognitive and behavioural efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person''. There are different measures to improve coping ability.

Social support refers to the concepts that, perception or experience that one is loved and cared for, esteemed and valued, and part of the social network of mutual assistance and obligation (Wills,1991). Social support is conceptualized as supportive contact with others. Support can be from many sources, such as family, friends, pets, organizations and co-workers. It can be Emotional support, Instrumental support and Informational support.

Quality of Life refers to the concept of an individual's perceptions of his/her position in life in the context of the culture and value systems in which they live and about their goals, expectation standards and concerns. (WHO QOL, 1995). It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of impedance, social relationship, personal beliefs and their relation to salient features of their environment.

The combined economic strain and emotional distress, along with the additional time, effort, and financial resources needed to accommodate the child's

needs, can engender feelings of incompetence and helplessness (Hohlfeld, Harty, Engel 2018). The strain of raising a child with a disability can have damaging effects on a family, particularly on mothers as the primary caregivers (Khoshakhlagh, Marashian, Jayervand 2022). Consequently, these parents may perceive themselves as inadequate parents, a belief that is exacerbated when their anxiety and depression negatively impact their children's cognitive, emotional and self-regulation abilities (Scherer, Verhey, Kuper,2019). Lazarus (1991) emphasized people alter their circumstances to make it appear more favourable to cope. Coping is an individual's continuous efforts, thoughts and actions to manage specific external or internal demands appraised to be challenging and overwhelming to the individual. This study is designed to analyse the stress coping ability of parents of mentally challenged children regarding their Quality of Life and social support.

Conceptual Framework of the Study

Quality of Life

The term Quality of Life was coined in the United States after World War II. The concept gradually evolved and its range widened to encompass life satisfaction, realization of one's needs and aspirations, and modifying one's environment to cope with it better. It is the appraisal of a fragment of one's life that takes place between the human subject on the one hand and the factors which have an impact on him/her from the external environment and the internal environment (his/her own body) on the other hand.

"Quality of Life is defined as an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social and emotional well-being together with the extent of personal development and purposeful

activity, all weighted by a personal set of values.” Felce and Perry (1995). Global QOL (2015) defines Quality of Life as the extent to which an organism can realize its genetic potential. In this definition, 'Potential’ refers to the optimal expression of each genotype and 'Optimal expression' refers to maximized reproductive fitness.

Quality of Life can be defined in various ways depending on the context and theoretical framework.

In the subjective well-being perspective, Quality of Life refers to individuals' overall satisfaction in their life circumstances, including their physical health, psychological well-being, social relationships and environmental conditions.

Objective well-being perspective considered Quality of Life based on tangible indicators such as income, education, health status, housing quality and access to basic services. It focuses on the material and social conditions that contribute to individuals' well-being.

Health-related Quality of Life (HRQOL) refers to individuals' perception of their physical health, mental health and functional status, as well as the impact of health conditions on their daily lives and social relationships.

In capability approach, Quality of Life is understood in terms of individuals' capabilities to lead their lives including the opportunities for education, employment, social participation and personal development. It emphasizes enhancing people's freedom and capabilities to pursue their goals and aspirations.

In the environmental perspective, Quality of Life considers individuals' access to clean air and water, safe and sustainable living environments and opportunities for outdoor recreation and connection with nature.

Social perspective Quality of Life is assessed based on individuals' social relationships, sense of belonging, community engagement and support networks. This perspective emphasizes the importance of social connections for overall well-being. Following are definitions of Quality of Life based on the different perspectives.

These definitions highlight the multidimensional nature of Quality of Life and the various factors that contribute to an individual's overall well-being and satisfaction with life.

Domains of Quality of Life

Quality of Life is a comprehensive concept that encompasses multiple aspects of an individual's overall well-being. It goes beyond financial status to include physical health, psychological stability, social connections and environmental conditions. Organizations like the World Health Organization (WHO) define Quality of Life as a person's perception of their position in life within the context of cultural values, personal goals and societal consideration

One of the primary domains of Quality of Life is physical health, which influences a person's ability to carry out daily activities without limitations. Factors such as the presence or absence of diseases, physical fitness, mobility, access to healthcare, nutrition and energy levels determine overall well-being. Similarly, psychological well-being plays a crucial role, encompassing emotional resilience, freedom from stress and mental disorders, self-confidence and cognitive clarity. Mental health is essential for maintaining a positive outlook on life and managing everyday challenges effectively.

Another significant domain is social relationships, which contribute to emotional support and life satisfaction. Meaningful interactions with family, friends,

and the community enhance an individual's sense of belonging and overall happiness. Social support networks and maintaining a healthy work-life balance are essential aspects of this domain. Equally important is economic and financial stability, which affects access to basic necessities such as food, housing and healthcare. Employment, income levels, job satisfaction and financial independence all play a role in shaping an individual's Quality of Life.

The environment and living conditions also influence Quality of Life, as factors like clean air, access to safe housing, green spaces, and transportation impact health and comfort. A well-maintained living environment contributes to overall well-being. Additionally, education and personal development are crucial for cognitive growth, skill enhancement and career opportunities. Access to quality education, lifelong learning, and literacy levels determine an individual's ability to progress in life.

Finally, cultural and spiritual well-being add to a person's sense of fulfilment and purpose. Religious beliefs, cultural engagement, and a sense of identity contribute to personal satisfaction and ethical values. These aspects provide emotional stability and guide an individual's worldview.

Thus, Quality of Life is shaped by multiple interconnected factors, each influencing a person's well-being in different ways. While individuals may prioritize these domains differently based on their personal circumstances, achieving a balance among physical health, mental well-being, social connections, financial stability, environmental quality, education, and cultural fulfilment is key to improving overall life satisfaction.

The Elements of Quality of Life

The elements of Quality of Life are interconnected, shaping an individual's overall well-being and life experience. While personal priorities may vary, achieving a balance across physical health, mental stability, social relationships, financial security, environmental conditions, education, and personal fulfilment is essential for a high-quality life.

Physical Well-being. A crucial element of Quality of Life is physical well-being, which refers to an individual's overall health, fitness and ability to perform daily activities without discomfort. Access to healthcare, a balanced diet, regular exercise, and adequate rest contribute to maintaining good physical health. The presence or absence of chronic diseases, disabilities, and medical care also plays a significant role in shaping an individual's Quality of Life.

Mental and Emotional Health. Psychological well-being is essential for a fulfilling life. It includes emotional stability, stress management, self-esteem and resilience in facing life's challenges. Mental health conditions such as anxiety and depression can significantly impact an individual's Quality of Life, making access to mental health support and coping strategies vital for overall well-being.

Social Relationships and Support. Human interactions and social connections play a vital role in an individual's happiness and emotional stability. Strong relationships with family, friends, and the community provide support, reduce feelings of isolation and enhance life satisfaction. Participation in social activities, cultural events and community engagement contributes to a sense of belonging and well-being.

Financial Security and Economic Stability. Economic well-being is another critical factor influencing Quality of Life. A stable income, job satisfaction, and financial

security ensure access to necessities such as food, housing, education and healthcare. Financial independence and the ability to meet daily needs without excessive stress contribute to overall life satisfaction and stability.

Environmental Quality and Living Conditions. The quality of the environment and living conditions significantly affect Quality of Life. Clean air and water, safe housing, access to green spaces, and a secure neighbourhood contribute to a healthy and comfortable life. Poor environmental conditions, such as pollution and overcrowding, can negatively impact both physical and mental well-being.

Education and Personal Development. Education enhances an individual's ability to achieve personal and professional goals, improving their Quality of Life. Access to quality education, lifelong learning opportunities, and skill development enable personal growth, better employment prospects, and informed decision-making, all of which contribute to a fulfilling life.

Work-Life Balance and Leisure Activities. Balancing work and personal life are crucial for maintaining overall well-being. Excessive work stress can lead to burnout, while leisure activities, hobbies, and relaxation contribute to mental rejuvenation and happiness. Engaging in creative, recreational, or spiritual activities enhances overall life satisfaction.

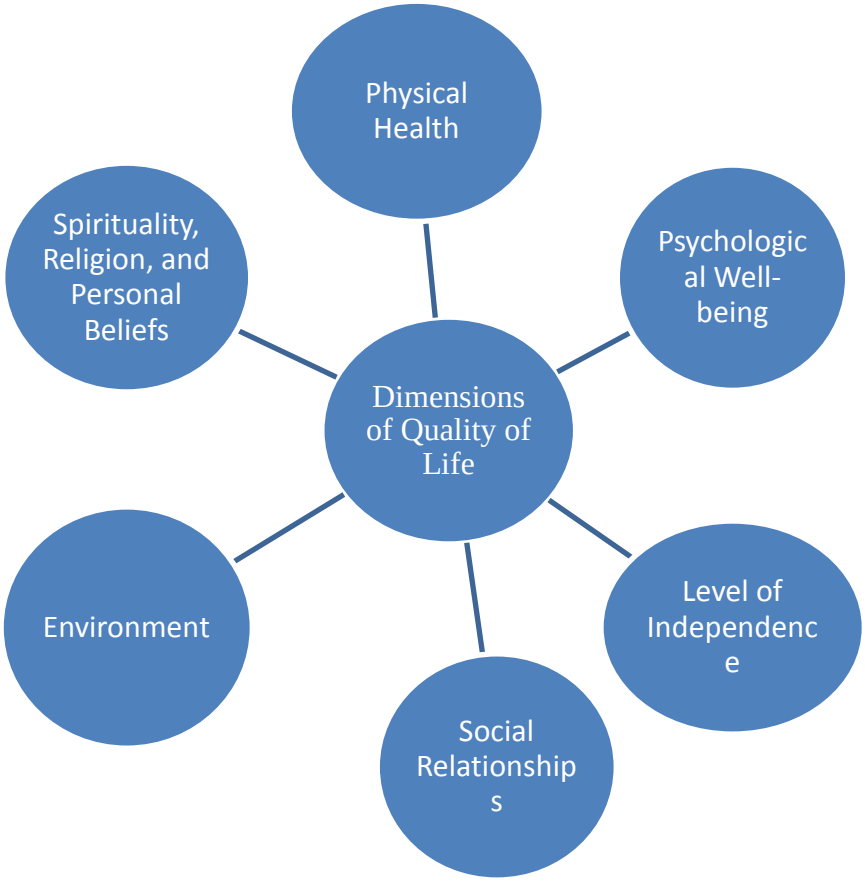
Cultural and Spiritual Fulfilment. Cultural and spiritual well-being provide individuals with a sense of purpose and inner peace. Participation in cultural traditions, religious practices, and spiritual beliefs can offer emotional comfort, strengthen values, and create a sense of identity and belonging.

Dimensions of Quality of Life

The World Health Organization (WHO) defines Quality of Life as an individual's perception of their position in life within the context of their culture, value systems, goals, expectations, standards and concerns. According to WHO, Quality of Life is multidimensional and consists of the following six key dimensions:

Figure 1.1

Dimensions of Quality of Life



Physical Health. This dimension includes factors related to an individual's physical condition, ability to perform daily activities, and overall health status. Key aspects include:

- Presence or absence of disease and illness
- Mobility and physical activity
- Energy levels and fatigue
- Sleep and rest patterns
- Dependence on medical treatments

Psychological Well-being. Mental and emotional health play a crucial role in determining overall Quality of Life. This dimension covers:

- Emotional balance and positive feelings
- Self-esteem and body image
- Freedom from anxiety, depression, and stress
- Cognitive functions like memory, concentration, and thinking ability

Level of Independence. This dimension focuses on an individual's ability to live independently and perform daily tasks without assistance. It includes:

- Mobility and ability to move freely
- Capacity to work and carry out routine activities
- Ability to make decisions and control one's life
- Dependence on medical aids or caregivers

Social Relationships. Social interactions and personal relationships significantly impact Quality of Life. This domain includes:

- Personal relationships with family and friends
- Social support and feeling of belonging
- Sexual well-being and intimacy
- Social inclusion and participation in community life

Environment. The surrounding environment influences an individual's health, comfort, and overall well-being. This dimension considers:

- Safety and security in the living environment
- Access to healthcare services
- Quality of housing and transportation
- Availability of leisure and recreational opportunities
- Pollution, noise, and climate conditions

Spirituality, Religion, and Personal Beliefs. This dimension reflects an individual's inner peace, life purpose and connection to personal values or religious beliefs. It includes:

- Spiritual or religious beliefs and practices
- Sense of purpose and meaning in life
- Personal values and ethical principles
- Inner peace and contentment

Indicators of Quality of Life (QoL)

Quality of Life (QoL) is a multidimensional concept that encompasses various aspects of human well-being. Measuring Quality of Life requires specific indicators that assess different dimensions, including physical health, mental well-being, economic stability, social relationships and environmental conditions. Below are some of the key indicators of Quality of Life:

Health Indicators. These indicators measure the overall physical and mental well-being of individuals.

Life Expectancy. Average number of years a person is expected to live.

Infant Mortality Rate. Number of infant deaths per 1,000 live births.

Access to Health Care. Availability and affordability of medical services.

Prevalence of Diseases. Rates of chronic illnesses like diabetes, cancer and heart disease.

Self-reported Health Status. Individuals' perception of their own health.

Mental health conditions. Prevalence of stress, anxiety and depression.

Economic Indicators. Economic stability plays a crucial role in Quality of Life. Key indicators include:

Per capita Income. Average income per person in a specific region.

Employment Rate. Percentage of the working-age population that is employed.

Poverty Rate. Percentage of the population living below the poverty line.

Housing Affordability. Cost of housing relative to income.

Job Satisfaction. Employee satisfaction and work-life balance.

Social and Relationship Indicators. Social well-being is essential for emotional support and overall happiness. These indicators measure interpersonal and community relationships:

Social Support Networks. Availability of family, friends and community support.

Crime Rate. Level of safety and security in society.

Participation in Social Activities. Engagement in community, religious and cultural activities.

Work-life Balance. Time spent between work, family and leisure.

Gender Equality. Equal opportunities and rights for different genders.

Environmental Indicators. A clean and safe environment contributes to a high Quality of Life. Key indicators include:

Air and Water Quality. Levels of pollution and access to clean drinking water.

Green Spaces and Recreational Areas. Availability of parks and open spaces.

Housing and Infrastructure Quality. Adequacy of housing, roads and utilities.

Climate Conditions and Disaster Preparedness Impact of natural disasters and readiness to handle them.

Education and Personal Development Indicators. Education is a major determinant of Quality of Life, influencing economic opportunities and personal growth. Indicators include:

Literacy Rate. Percentage of the population that can read and write.

School Enrolment Rate. Percentage of children attending school.

Access to Higher Education. Availability of universities and vocational training.

Skill Development Opportunities. Availability of programs for career and personal growth.

Psychological and Emotional Well-being Indicators. Emotional health is a key component of overall well-being. Important indicators include:

Happiness Index. Measurement of life satisfaction and happiness.

Stress Levels. Prevalence of work-related and lifestyle stress.

Sense of Purpose and Meaning. Level of personal fulfilment.

Freedom of Expression and Autonomy. Ability to make personal choices without restriction.

Cultural and Spiritual Indicators. Cultural and spiritual dimensions contribute to a person's sense of identity and well-being. These indicators measure:

Religious Participation. Engagement in spiritual or religious practices.

Cultural Engagement. Participation in art, music and traditions.

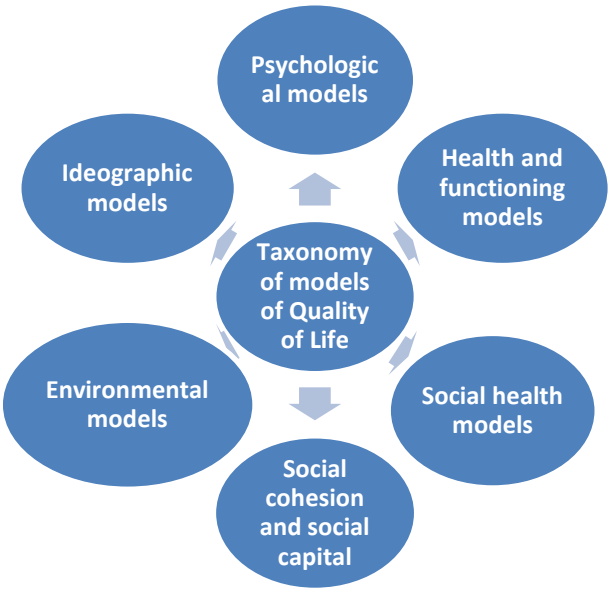
Respect for Diversity. Acceptance of different cultures and beliefs.

Taxonomy of Models of Quality of Life

The main models of quality of life in literature are

Figure 1.2

Taxonomy of Models of Quality of Life



Psychological Models. Psychological models include influencing and mediating variables. These emphasize personal growth, cognitive competence, efficiency and adaptability, level of dignity, perceived independence; social competence, control, autonomy, self-self-efficacy- or self-mastery (Larson 1978; Grundy and Bowling

1999; Bowling et al. 2003); as well as optimism. They also include social comparisons-gap relativity models of experience, circumstances and aspirations for the future of the individual and achievement of their expectations, hopes and aspirations (Krupinski 1980), particularly in relation to social comparisons with others (Calman 1984; Michalos 1986; Garratt and Ruta 1999).

Health and Functioning Models. Health and functioning models are typically based on measures of broader health status (generally referred to negatively as scales of dis-ability) as patient/client-based outcome indicators of health and social care interventions (McKevitt et al. 2002).

Social Health Models. Social health models, measured with indicators of social networks, support and activities; integration within local community) (Bowling 1991; 1994; Bowling and Grundy 1998).

Social Cohesion and Social Capital. Social cohesion and social capital, including societal, environmental and neighbourhood resources (including those which facilitate reciprocity and trustworthiness arising from social connections between people (Putnam 2000)), are fostered by the availability and type of community facilities and resources. Measures include objective indicators of indices of crime, pollution, cost of living, shopping facilities, access to areas of scenic quality, cost of owner-occupied housing, education facilities, policing, employment levels, wage levels, unemployment levels, climate, access to indoor/outdoor sports, travel to work time, access to leisure facilities, quality of council housing, access to council housing cost of private rented accommodation (in order of perceived order importance to peoples quality of life, Rogerson et al. 1989; Flax 1972; Rogerson 1995). Other indicators include access to convenient and affordable transport and the general characteristics

of neighbourhoods. Subjective indicators include public values, perceptions and levels of satisfaction with area of residence, its facilities, transport, travel to work time and perceptions of neighbourliness and safety from crime (Rogerson et al. 1989; Cooper et al.1999).

Environmental Models. Environmental models are concerned with the study of aging in one's place of residence and the importance of designing enabling internal and external environments in order to promote the independence and active social participation of older people (Schaie et al. 2003). Spans psychology, geography, architecture, health and social care, and related disciplines. While largely descriptive to date, these models are receiving increasing attention with the current societal and policy focus on maintaining independence and activity in older age.

Ideographic Models. Ideographic models or individualized, hermeneutic approaches are based on the individual's values, interpretations and perceptions of satisfaction with their position, circumstances and priorities in life. These are explored using semi-structured individualized interviews and qualitative techniques. (Bowling 1995a, b; 1996; Bowling and Windsor 2001; WHOQOL Group 1993; O'Boyle 1997; Browne et al. 1984; Garratt and Ruta 1999).

Social Support

Social support plays an important and positive role in the health and well-being of individuals. Many definitions of social support can be found in the literature. In early studies, social support was defined as an interpersonal relationship between persons that might affect psychological and social functioning (Caplan, 1974). Social support can also be identified as information that is accepted by others who are loved, valued, esteemed and cared for (Cohen & Wills, 1985; Shumaker and Brownell,

1984). Folkman and Lazarus (1988) believed that people who had a good relationship with family and peers are more resilient when faced with problems in their lives and likely to cope more effectively with life's adversities and experience positive adjustment and mental health outcomes. Thus, it can be justified that social support first originates from members of an individual's family and then from one's peers. Recently, social support has emphasized the importance of perception. Demure and colleagues, (2005) defined social support as an individual's perception that he or she is loved and valued by people in his or her social network.

Thoits, (1995) stated that social support is commonly conceptualized as the social resources on which an individual can rely when dealing with life problems and stressors.

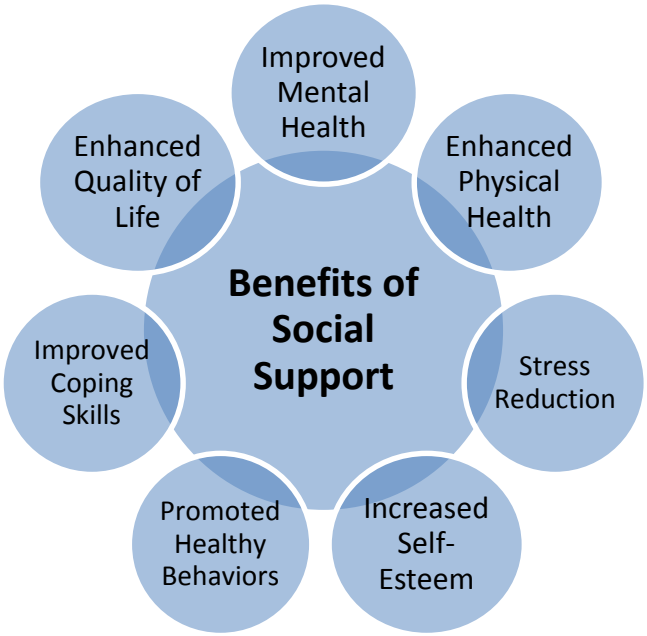
Cullen, Wright, and Chamlin (1999) described social support as a process of transmitting human, cultural, material and social capital, whether between individuals or between larger social units' communities, states and their members.

Benefits of Social Support

Having access to a strong social support network can yield numerous advantages for individuals in the following ways.

Figure 1.3

Benefits of Social Support



Improved Mental Health. Social support aids in reducing symptoms of anxiety, depression and stress. It provides a buffer against adversity, enhances resilience and promotes psychological well-being.

Enhanced Physical Health. Social support has been linked to better physical health outcomes, including lower blood pressure, improved immune system functioning and faster recovery from illness or injury.

Stress Reduction. Social support helps individuals cope with stressors effectively, regulating the physiological and psychological responses to stress. It provides individuals with a sense of security, comfort and reassurance.

Increased Self-Esteem. Social support boosts confidence, self-worth and self-esteem by reinforcing positive self-perceptions and encouraging personal growth and achievement.

Promoted Healthy Behaviours. Social support plays a vital role in shaping healthy behaviours, such as exercise, adopting a balanced diet and reducing risky behaviours, by providing encouragement, role models and resources.

Improved Coping Skills. Social support offers opportunities for individuals to learn and develop adaptive coping strategies, problem-solving skills and effective communication techniques.

Enhanced Quality of Life. Social support contributes to an improved overall Quality of Life, fostering a sense of belonging, purpose and fulfilment.

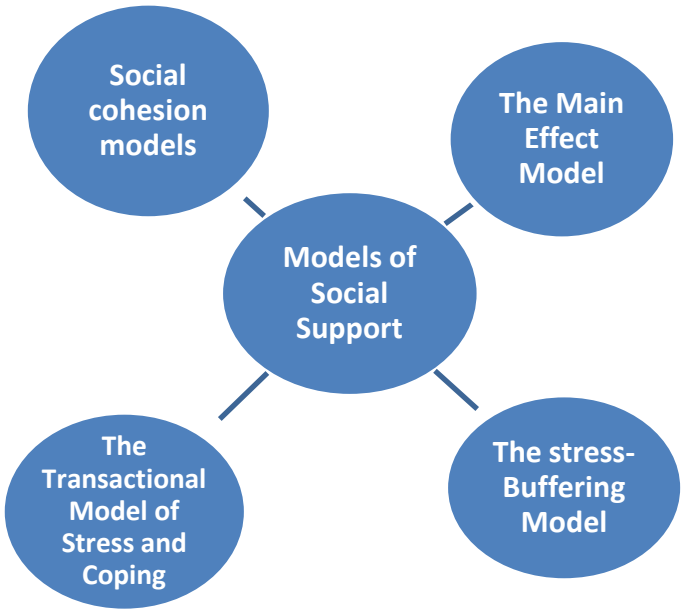
Models of Social Support

Several models conceptualize the dynamics and effects of social support. These models offer valuable frameworks for understanding the mechanisms and effects of social support on individuals' well-being and coping processes. They highlight the importance of supportive relationships in promoting resilience, coping with stress and enhancing overall Quality of Life.

The models of social support include the main effect model and stress-buffering models of social support. Several models conceptualize the dynamics and effects of social support. These models offer valuable frameworks for understanding the mechanisms and effects of social support on individuals' well-being and coping processes. They highlight the importance of supportive relationships in promoting resilience, coping with stress and enhancing overall Quality of Life. Important among them are:

Figure 1.4

Models of Social Support



The Main Effect Model. The Main Effect Model of social support has been conceptualized from a sociological perspective as "regularized social interaction" or "embeddedness" in social roles (Cassel, 1976; Hammer, 1981; Thoits, 1983, 1985) and from a psychological perspective as social interaction, social integration, relational reward, or status support (Levinger & Hussmann, 1980; Moos & Mitchell, 1982; Reis, 1984; Wills, 1985). The main effect model proposes that social support has a direct and independent impact on health outcomes, regardless of stress levels. It suggests that individuals with stronger social support networks tend to experience better health and well-being, regardless of whether they are experiencing stress or not. A generalized beneficial effect of social support occurs because large social networks provide persons with regular positive experiences and a set of stable socially rewarded roles in the community. This kind of support could be related to overall well-being

because it provides a positive effect, a sense of predictability and stability in one's life situation, and recognition of self-worth. Integration in a social network may also help one to avoid negative experiences that otherwise would increase the probability of psychological or physical disorder.

The Stress-Buffering Model. The model suggests that social support serves as a buffer against the negative effects of stress on health outcomes. It proposes that social support moderates the impact of stressors on well-being, reducing the likelihood of adverse health consequences. It emphasizes the importance of supportive relationships in promoting resilience and coping with stress.

The Stress Buffering Model posits that stress arises when one appraises a situation as threatening or otherwise demanding and does not have an appropriate coping response (cf. Lazarus, 1966; Lazarus & Launier, 1978). These situations are the ones in which the person perceives that it is important to respond but an appropriate response is not immediately available. Sells (1970), Characteristic effects of stress appraisal include negative affect, the elevation of physiological response and behavioural adaptations (cf. Baum, Singer, & Baum, 1981). Although a single stressful event may not place great demands on the coping abilities of most persons, it is when multiple problems accumulate, persist and strain the problem-solving capacity of the individual, that the potential for serious disorder occurs (cf. Wills & Langner, 1980).

The Transactional Model of Stress and Coping. Developed by Richard Lazarus and Susan Folkman, this model suggests that individuals' appraisal of stressors and their coping strategies are influenced by social support. Social support can influence how

individuals perceive and respond to stressors, as well as their ability to cope effectively.

Models of Cohesion in Social Support. Cohesion in social support refers to the sense of unity, solidarity and connectedness within a group or community. This concept is vital in understanding how strong social bonds can enhance the effectiveness of support systems. These models illustrate the importance of cohesion in social support, highlighting how well-structured and functionally cohesive groups can significantly improve the support individuals receive. The two primary models are:

Structural Cohesion Model. The Structural Cohesion Model focuses on the configuration and quality of relationships within a social network. Key elements include:

Network Density. Refers to how interconnected the members of a network are. Higher network density often leads to more frequent and reliable support.

Centrality. Denotes the position of individuals within a network. Those who are centrally located usually have better access to resources and support.

Cliques and Subgroups. Smaller, closely-knit groups within a larger network can provide more intense and personalized support.

Functional Cohesion Model. The Functional Cohesion Model emphasizes the functional aspects of social support within a cohesive group. Key components include:

Shared Goals and Values. Groups that share common goals and values tend to have stronger support systems because they are more aligned in their purpose.

Mutual Aid and Reciprocity. Cohesive groups are characterized by mutual aid and reciprocal support, where members actively help each other.

Emotional Bonding. Strong emotional connections within a group enhance the quality and effectiveness of the support provided.

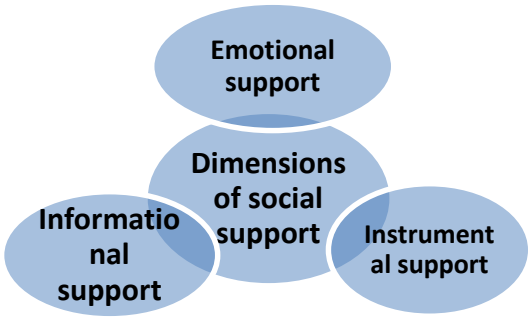
These models illustrate the importance of cohesion in social support, highlighting how well-structured and functionally cohesive groups can significantly improve the support individuals receive.

Dimensions of Social Support

Social support encompasses three main dimensions: emotional, instrumental and informational support, each serving a distinct role in helping individuals cope with challenges and maintain wellbeing.

Figure 1.5

Dimensions of Social Support



Social support encompasses three main dimensions: emotional, instrumental and informational support each serving a distinct role in helping individuals' scope with challenges and maintain well-being.

Emotional Support. Emotional support focuses on providing comfort, understanding and empathy during times of need. This type of support involves actions such as offing physical contact like hugs or pats on the back, listening without judgment, and expressing care, love and trust. It also includes acknowledging and validating pone's emotions, providing reassurances, and being physically present with others during difficult times. Emotional support is often regarded as the cornerstone of social support because it is rooted in concern, empathy, trust and understanding. It plays a vital role in restoring psychological well-being, especially during stressful situations. Even in online spaces, such as forums, social media, or blogs, emotional support can be expressed through words of empathy, care and understanding. In these virtual environments, individuals often turn to writing blogs or commenting as a way of self-therapy and seeking emotional support, with others offering comforting words and encouragement.

Instrumental Support. Instrumental support involves tangible, practical assistance that helps individuals manage challenges more effectively. This type of support includes providing direct help in the form of physical tasks or resources. Examples of instrumental support include lending money, offering transportation, performing household chores, or assisting with childcare. It can also involve bringing meals to someone who is ill or helping with tasks that ease the burden on another person. Instrumental support helps individuals manage day-to-day responsibilities, especially when they are dealing with a difficult or overwhelming situation.

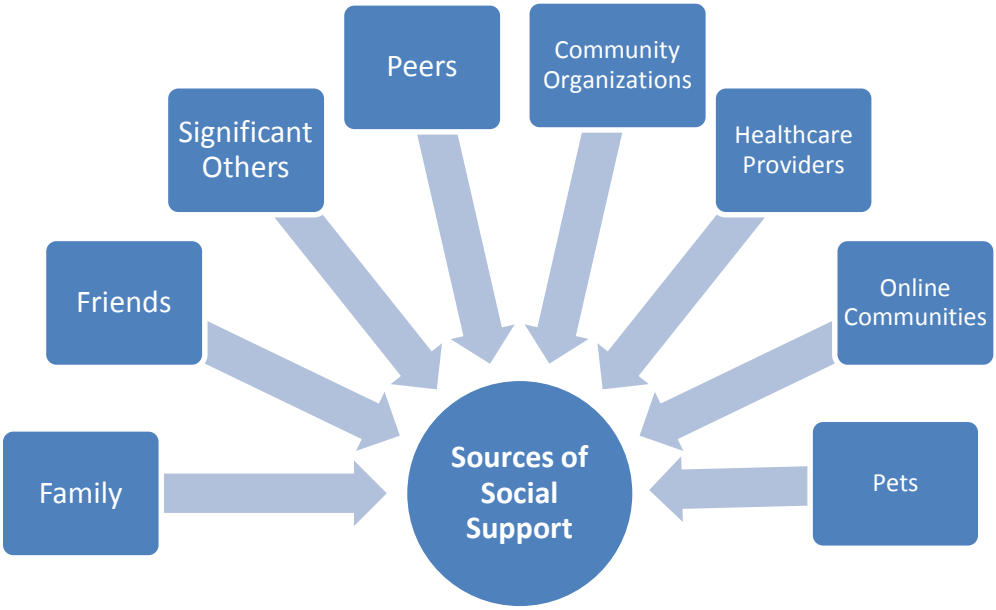
Informational Support. Informational support provides individuals with the necessary information to address and resolve challenges they may be facing. This type of support involves sharing advice, guidance and relevant facts that can help someone make informed decisions or take the next steps in dealing with a stressor Informational support can include offering solutions to problems, suggesting resources or providing step-by-step instructions on how to address an issue. It may also involve sharing practical advice on financial health, career, or legal matters. By supplying knowledge or pointing people toward helpful resources, informational support empowers individuals to tackle challenges effectively.

Sources of Social Support

Social support can come from various sources,

Figure 1.6

Sources of Social Support



Family. Family members such as parents, siblings, spouses and children, often provide primary sources of social support. Family support can encompass emotional, instrumental and informational assistance, as well as companionship and love.

Friends. Friends play a significant role in providing social support, offering companionship, empathy and understanding. Friendships provide emotional support during difficult times, as well as opportunities for socialization and recreational activities.

Significant Others. Significant others, such as romantic partners or close companions offer intimate forms of social support, including emotional validation, affection and companionship. These relationships often involve a high level of trust and mutual understanding.

Peers. Peers like co-workers, classmates and acquaintances provide social support through shared experiences, mutual interests and collaborative problem-solving. Peer support networks offer encouragement, validation and practical assistance in navigating challenges.

Community Organizations. Community organizations such as religious groups, civic associations, support groups and charitable organizations serve as sources of social support. These organizations provide opportunities for social connection, shared values and collective action in addressing common concerns.

Healthcare Providers. Healthcare providers such as doctors, therapists, counsellors and support staff, offer social support in the form of medical advice, emotional counselling and access to resources and services. Healthcare settings often provide opportunities for individuals to connect with others facing similar health challenges.

Online Communities. Online communities and social media platforms serve as sources of social support, allowing individuals to connect with others who share similar interests, experiences or concerns. These communities provide platforms for virtual social interaction, information sharing and emotional support.

Pets. Pets such as dogs, cats, or other companion animals, offer social support through companionship, affection and emotional bonding. Pet ownership has been associated with various physical and psychological health benefits, including reduced stress and improved well-being. These sources of social support provide individuals with various forms of assistance, validation and companionship contributing to their overall well-being and resilience in the face of challenges.

Stress Coping Ability

Coping is defined as the process of managing external and/or internal demands that tax or exceed the resources of a person. It is a complex and multidimensional process that is sensitive to both the environment and the personality of an individual. Coping with stress is a shifting process and a person may find it the best to rely more heavily on one form of coping in one situation and another in a different situation.

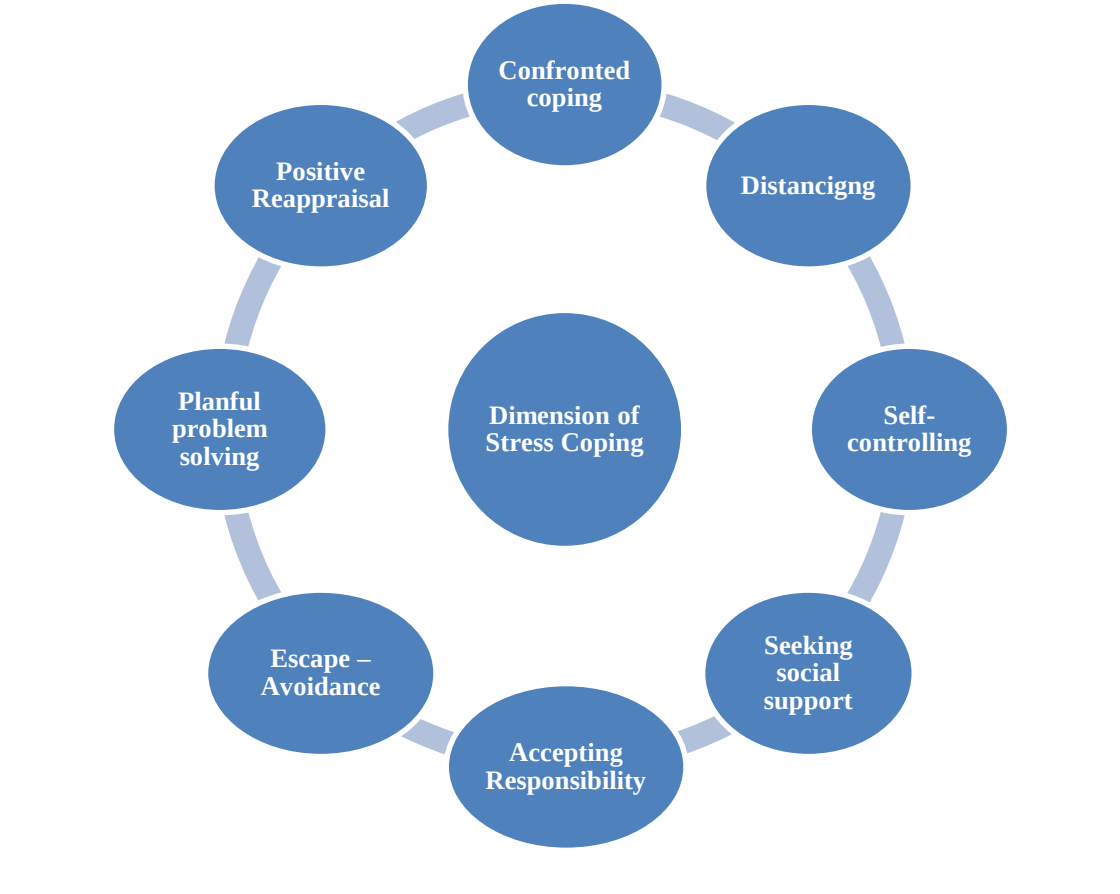
Coping has been defined in psychological terms by Folkman and Lazarus (1984) as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing" or "exceeding the resources of the person".

Dimensions of Coping

Eight coping factors were identified and measured in the Ways of Coping Questionnaire developed by Folkman & Lazarus (1988). They are:

Figure 1.7

Dimension of Coping



Confronted Coping. The opposite of distancing, confronted coping involves, as the name implies, the individual aggressively confronting and making efforts to change the stress-inducing situation. Some methods of confrontation can become excessive and the individual might find themselves behaving riskily or in a manner that is antagonistic.

Distancing. Distancing is a popular coping mechanism that involves the individual removing themselves from the situation and thereby trying to minimize its significance. After this, the individual can choose either to avoid the situation completely or use the reduced feelings of stress allowed by the distancing to assess the

situation better and come up with a solution. It describes cognitive efforts to detach one and to minimize the significance of the situation.

Self-Controlling. Some individuals may find it easier to cope with stress by assuming control over their feelings and responses. Stress coping describes efforts to regulate one's feelings and actions. Feelings of control can sometimes act as a psychological substitute for a lack of external stability, as is often observed in situations that induce stress. Although these feelings seldom actually address the situation itself, they may make us feel more equipped to do so by establishing a sense of internal resilience.

Seeking Social Support. Seeking social support for individuals who encounter stressful situations and seeking support from friends and loved ones may be their go-to method of coping. The support of others can make otherwise seemingly insurmountable tasks less daunting and thus can allow us to feel more capable when it comes, while facing our stress and dealing with it. It describes the efforts to seek informational support, tangible support and emotional support.

Accepting Responsibility. The latter implies that we are taking responsibility for things that are even out of our control. However, accepting responsibility to cope with stress entails understanding and accepting our roles in so far as we are involved with contributing to the stress and seeking to improve. In doing this, we are not taking responsibility for the actions of others, only our own, which we have control over. Individuals who use this coping mechanism do so to lessen the stress of a given situation by being mindful of the influence of their actions and words. It acknowledges one's role in a problem with a concomitant theme of trying to put things right.

Escape –Avoidance. People who practice escape or avoidance as a means of coping with a stressful situation avoid dealing with a problem. This coping mechanism can be problematic because it means that the individual essentially avoids to address the problem that is causing them stress.

Self-destructive behaviour is often considered to be synonymous with self-harm, but this is not accurate. Self-harm is an extreme form of self-destructive behaviour, but it may appear in many other guises. Self-destructive behaviour may also manifest itself in an active attempt to drive away other people. More obvious forms of self-destruction are eating disorders, alcohol abuse, drug addictions, sex addictions, self-injury and suicide attempts.

Planful Problem Solving. Planful Problem Solving describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solve the problem. This coping method involves analysing the stressful situation and planning to find a way to resolve it. Though these individuals can treat stress as something that can be solved rather than something that is unable to fix or that will remain a permanent stressor.

Positive Reappraisal. Positive Reappraisal describes efforts to create positive meaning by focusing on personal growth. It is a form of meaning-focused coping that involves reinterpreting events or situations in a positive manner.

Coping Strategies

Interactionist theories of coping suggest that coping styles are shaped by an individual's learning experiences with these strategies typically being used when facing stress. These coping methods depend on various factors, including developmental level, how one appraises stressful situations and learned stress

responses from previous experiences (Heszen-Niejodek 1997; Compas et al., 2001). Problem-focused coping tends to yield positive outcomes when the stressor is beyond one's control (Lester, Smart & Baum, 1994) Thus, a variety of coping strategies is necessary to successfully manage stress.

Gender differences in coping have also been explored, with research showing that women are more likely to seek social support and use emotion-focused strategies to manage their moods whereas men tend to adopt more problem-focused coping strategies (Butler & Nolen-Hoeksema, 1994; Ptacek et al., 1994). However, men have been found to engage in problem-focused coping more often with work-related and miscellaneous issues, while women use it more for self, parenting and interpersonal problems (Porter & Stone, 1995). These differences suggest that men and women cope with stress in different ways, although there is inconsistency in findings.

Coping strategies can be categorized into problem-focused and emotion-focused strategies, with emotion-focused strategies further divided into positive and negative approaches. Positive emotion-focused strategies include seeking close friendships, belonging, and spiritual support, while negative strategies include worry, wishful thinking, self-blame and avoiding the problem. Problem-focused coping involves actions such as seeking social support, focusing on problem-solving, working hard and seeking professional help. Additionally, Homey (1990) proposed four types of coping strategies based on the way individuals interact with threats: Moving With (healthy coping strategies focused on communication and agreement), Moving Toward (avoiding hurt by giving in to perceived threats), Moving Against (responding to threats by threatening others), and Moving Away (avoiding threats by distancing oneself).

Endler and Parker (1990) identified three main types of coping strategies: task-oriented, emotion-oriented and avoidance-oriented coping. Avoidance-oriented coping can involve social diversion or distraction. Pin and Aronson (1988) divided coping strategies into direct (action-based) and indirect (non-action) strategies. Direct coping strategies, which involve confronting and facing stressful situations, are seen as the most active and beneficial for individual growth, while indirect strategies such as substance abuse are passive and can be harmful to one's physical and mental health.

Coping strategies can also be classified as action-based or emotion-based. Action-based coping addresses the source of stress directly, while emotion-based coping seeks to reduce the symptoms of stress without addressing the root cause. Positive emotion-based strategies, such as talking to a friend, sleeping or engaging in relaxation techniques, help reduce stress, while negative emotion – based strategies such as denial, repression, or substance abuse, can worsen stress. Active coping involves directly addressing problems or emotions, while passive coping involves procrastination, avoidance or emotional withdrawal.

Finally, reactive and proactive coping represent two different ways of handling stress. Reactive coping involves responding to current or past stressors while proactive coping entails taking preventive action before an event occurs (Aspinwall & Taylor, 1997; Schwarzer & Knoll, 2003). These various classifications of coping strategies ultimately fall under two broad categories: problem-focused coping, which aims to change the environment or the individual’s interaction with it, and emotion-focused coping, which seeks to change the emotional response to stressors.

Factors Influencing Coping

Culture. Culture plays an important role in the choice of coping strategies and dealing with stress. People from different cultures react to the same stressors in different ways based on their culture. For example, stressors like death, divorce and abortion may generate different coping reactions in the people of the East from that of the West. Culture also. Chang (1996) found that Asian students were more pessimistic and used more problem avoidance and social withdrawal as coping strategies whereas their European counterparts showed preference in the opposite direction. Hence, individuals vary greatly in dealing with stress and many personal as well as social factors play a role in the selection of coping strategies by the individual.

Religion. Religion also is a factor in deciding coping strategies. Membership in a religious organization provides social support. Religious functions, rituals and rites help people to feel better about their weaknesses and overcome their failures and inadequacies and thus cope with stress in a better way. Many religions also instil values, provide healthy behaviour and habits and prohibit activities such as smoking, drinking alcohol and sexual activity outside marriage. Belief in a higher power also helps to find relief in times of stress.

Optimism – Pessimism. The dimension of optimism plays a major role in determining one's perception of stressors and one's resistance to stress. Coping strategies employed by optimists and pessimists differ in dealing with stress. Strategies employed by optimists such as problem-focused coping, suppressing competing activities (refraining from other activities until the problem is solved and stress is reduced), and seeking social support are found to be more effective than those adopted by pessimists such as denial/distancing (ignoring the problem),

disengaging the goal (given up the goal) and focusing on the expression of feelings (venting the feelings instead of working on the problem). Different people tend to use different coping strategies and the use of a particular strategy may also depend upon the situation and the emotions aroused by it. (Folkman & Moscowitz, 2004).

Scheier & Carver, (1988) found that optimists who have general expectancies for good outcomes are much more stress resistant than pessimists who have general expectancies for good outcomes are much more stress resistant than pessimists' people who have general expectancies for poor outcomes. This resistance originates from the beneficial changes in the immune system.

Carver et al. (1993) found that optimists focus on problem-focused coping: chalking out and executing specific plans for dealing with the source of stress and seeking social support. Advice and help of others whereas pessimists adopt strategies such as giving up the goal with which the stress the interfering or denying that the stress exists (Scheier, Weintraub, & Carver,1986).

Optimists are more satisfied with their skills at handling stress and life in general. Males using optimistic coping strategies are also less stressed than people whose coping styles change (A schematics). They have higher self-concepts, feel emotionally stable, believe more in their academic ability and are more satisfied with their ability to handle stress. Although non-optimistic strategies may work; they may not be worth handling stress in the long term (Morrison et al., 1991).

Need and Significance the Study

Giving birth to a mentally challenged child is an unexpected stressful event that affects the structure, function and development of parents. Even when the child is grown up, it would cause a constant incompatibility between parents and their child's

disability. Parents of mentally challenged children adjust several aspects of their lives to suit their present lives. Parents have to deal with the issues associated with the disability of their children along with maintaining household activities. Stress associated with raising such children could be multifold while caring for them. The negative psychological effects of having challenged children emerged in the results of many studies (Picci, et al., 2015) Woodman & Hause, 2013, Wang, Michaels & Day, 2011, Dukmark, 2009) which all indicated low self-esteem and high levels of stress and depression in parents of challenged children; especially when compared to parents of non-challenged children, (Lopes, et at., 2008, Dillon, 2014).

Parents who experience higher levels of stress interact differently with their children and they respond differently to their children's problematic behavior (Hayes & Watson, 2013). This might hurt the functioning of a child with developmental disorder. In the process of overcoming stress, these parents might use certain coping strategies voluntarily or involuntarily. The stress coping ability level of parents of mentally challenged children has received research attention. Lopes, et al, (2008), and Dillon, (2014) described stresses experienced by parents of challenged children have unique types of stresses and they are facing challenges daily due to the inability to act or make any effort to handle developmental and behavioural challenges in their children. This study attempts to measure the stress coping ability of the parents of mentally challenged children. Social support is an important buffering of parents in stressful situations, including raising a child with developmentally challenged children (Ozbay, Fitterling, Charney, and Southwick 2008). Children have fewer physical limitations and behavioral problems and more social acknowledgment and power of personality traits if their parents have a more supportive social network (Dunset et at., 1986).

Studies have shown that parents of mentally challenged children possess a low Quality of Life compared to parents with normal children. While caring the mentally challenged children, the needs of the parents are seldom thought about. This study is an attempt to assess the influence of the Quality of Life of parents and the Social support perceived by the parents, on the Stress coping ability of parents of mentally challenged children.

By examining the interplay of Quality of Life and social support, this study can help to identify effective strategies to strengthen parent's resilience and coping abilities.The findings of the study can guide policymakers and practitioners in designing targeted interventions, such as counseling services, support groups and stress management programs, tailored to the needs of these parents. Existing studies (Olsson & Hwang,2001;Weiss,2002) have focused on individual aspects like Stress coping ability, Quality of Life and Social support of parents of mentally challenged children, but this study integrates these variables to provide a holistic perspective. By integrating insights from the literature and focusing on the combined influence of Quality of Life and Social support, this study will make a significant contribution to the field, offering practical solutions for enhancing parental well-being and caregiving outcomes.

Though many studies have been conducted in the area of Stress coping ability, Quality of Life and Social support of disabled children, review of the studies revealed that not much work has been done to examine the influence of the Quality of Life and Social support on Stress coping ability of parents of mentally challenged children. Majority of studies conducted were on parents of autism spectrum disorder children. Furthermore, it is hoped that understanding the influence of Quality of Life and Social

Support on the Stress coping ability of parents of mentally challenged children will help to design positive interventions and support programmes for them.

This study is significant in bridging the gap between research and practice, offering valuable insights to enchance the Quality of Life and Stress Coping Capacity of parents, ultimately benefiting the mental and emotional health of the entire family unit.

Statement of the Problem

Parents of mentally challenged children face various emotional, social and financial challenges and lead stressful lives. If the parents of mentally challenged children fail to cope with the stress induced by challenges experienced in rearing the child, it may lead to a family crisis. So, they have to possess strategies to cope with the stress. This study is an attempt to examine how the Quality of Life and Social support received by the parents of mentally challenged children influence their Stress coping ability and is entitled as **QUALITY OF LIFE AND SOCIAL SUPPORT ON STRESS COPING ABILITY OF PARENTS OF MENTALLY CHALLENGED CHILDREN.**

Operational Definition of the Key Terms

Quality of Life. Quality of Life refers to the degree of parent's satisfaction with the activities of daily life to which parents feel comfortable and enjoy the events of daily life as measured by the dimensions namely Life satisfaction, Goals and motivation, Spirituality, Happiness, Hopes and wishes, Stress reduction, Frustration Depression/ Anxiety, Adjustment, Physical well- being and self-care, effectiveness / Efficiency of Myself and Personal Evolution.

Social Support. Social support refers to a condition that refers to the care, respect or assistance available to someone from another individual or group in the forms of emotional support, instrumental support and informational support.

Stress Coping Ability. Stress coping ability refers to the strategies that parents use to manage or mitigate the stressors associated with raising a child with intellectual disabilities like planful problem solving, self-distractions or escape avoidance, accepting responsibility, positive reappraisal, confronting coping, distancing, self-controlling and seeking social support.

Parents of Mentally Challenged Children. Parents of mentally challenged children refers to the fathers and mothers of mentally challenged children who are attending special schools for mentally challenged.

Objectives of the Study

1. To find the level of
    (i) Quality of life
    (ii) Social support and
    (iii) Stress coping ability of parents of mentally challenged children
2. To find the significant difference in the Quality of Life of parents of mentally challenged children with regard to gender, locality, age, religion, community, parental educational qualification, fathers' occupation, mothers' occupation and monthly income.
3. To find the significant difference in the Social Support of parents of mentally challenged children with regard to gender, locality, age, religion, community,

parental educational qualification, fathers' occupation, mothers' occupation and monthly income.

4. To find significant difference in the Stress Coping Ability of parents of mentally challenged children with regard to gender, locality, age, religion, community, parental educational qualification, fathers' occupation, mothers' occupation and monthly income.
5. To find the relationship between each of the predictor variables Quality of Life and Social support with Stress coping ability for the total sample and sub-samples.
6. To assess the predictive efficiency of each of the variable viz Quality of Life and Social Support in predicting the Stress Coping Ability of parents of mentally challenged children.

Hypotheses Framed

Following are the major hypotheses formulated for the present investigation

1. There exists significant difference in the mean scores of Quality of Life of parents of mentally challenged children with regard to gender, locality, age, religion, community, parental educational qualification, father's occupation, mother's occupation and monthly income.
2. There exists significant difference in the mean scores of Social supports of parents of mentally challenged children with regard to the selected background variables.
3. There exists significant difference in the mean scores of Stress coping ability of parents of mentally challenged children with regard to the selected background variables.

4. There exists significant correlation between Quality of Life and Stress coping ability of parents of mentally challenged children and subsamples.
5. There exists significant correlation between Social support and Stress coping ability of parents of mentally challenged children and subsamples.
6. Combined and individual contributions of Quality of Life and Social Support are significant in predicting the Stress Coping Ability of parents of mentally challenged children.

Methodology in Brief

Method. The present investigation is intended to study the influence of Quality of Life and Social Support on Stress Coping Ability of parents of mentally challenged children in Tamil Nadu, India. It was intended to collect extensive and true representative data from different special schools in the southern districts of Tamil Nadu namely, Thoothukudi, Tirunelveli and Kanniyakumari. Hence, normative survey method was adopted for the study was descriptive and correlational.

Variables of the Study. For the present study, Stress Coping Ability was the criterion variable and the other two variables of the study viz., Quality of Life and Social Support were the predictor variables.

Background Variables. Gender, Locality, Age, Religion, Community, Educational Qualification of parents, Fathers Occupation, Mothers Occupation and Monthly Income of parents.

Tools Used. Two standardized tools and one tool prepared by the investigator, were used for collecting data.

Quality of Life Scale (QOLS) (Sharma &Nasreen,2014)

Social Support Scale (SSS) (Vijila & Sreelatha,2021)

Stress Coping Ability Scale (SCAS) (Sreelatha,2019)

Population. The population of the study consisted of parents of mentally challenged children studying in schools for mentally challenged in Tamil Nadu.

Sample. The investigator used stratified random sampling technique for selecting the sample. The sample consisted of parents of mentally challenged children studying in schools for mentally challenged. The sample size was 600, selected from southern districts of Tamil Nadu namely, Thoothukudi, Tirunelveli and Kanniyakumari.

Statistical Techniques Used. Following statistical techniques were used for the analysis of the data collected,

- Percentage wise analysis
- Test of significant difference between means (t test)
- Analysis of Variance (ANOVA) followed by Scheffe's Test
- Pearson Product Moment method of Correlation
- Multiple Regression Analysis

Administration of the Tools. The investigator requested principals of each special school and collected a schedule of the parent's meetings. When the meeting was held, data was collected from the parents individually by the investigator. At first, a Personal Information Schedule was given to the parents to collect the demographic details. Then the three tools namely, Quality of Life Scale, Social Support Scale and Stress Coping Ability Scale were administered in the order.

The investigator visited the houses of those parents who were not able to attend the meeting and collected their responses. The investigator collected the responses of illiterate parents by conducting interviews and their responses were marked on the scales.

Although instructions for filling the scales were given in each tool, some general instructions were given to the parents. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the questions.

Delimitations of the Study

The scope of the present study was limited in the following manner

(i) The geographical area of the study was limited to southern districts of Tamil Nadu namely Thootukudi, Tirunelveli and Kanniyakumari.

(ii) The sample size was limited to 600 parents of mentally challenged children.

Organization of the Report

The study has been organized under five chapters:

Chapter I deals with the Introduction. It discusses the Conceptual framework, Needs and significance of the study, Statement of the problem, Operational definitions of the key terms, Objectives of the study, Hypotheses Framed, Methodology in brief, Scope of the study, Delimitations of the study and organization of the report.

Chapter II deals with the survey of the relevant studies on Quality of Life, Social support, and Stress coping ability and a critical review of the studies collected.

Chapter III deals with the Methodology of the study. It deals with the methods and procedures adopted by the investigator, population, and sample of the study, tool construction and development, data collection procedures, pilot study, item analysis, establishment of reliability and validity, administration of the tools and statistical techniques to be used to analyze the data.

Chapter IV deals with the Analysis and Interpretation of data. It gives the results of various statistical methods used in the study such as t-test, ANOVA, multiple comparisons using scheffe's method, the pearson product moment method of correlation, step-wise regression analysis.

Chapter V deals with the Summary of the research. It discusses the Major findings and results of the study, the Educational implications of the study, and Suggestions for further research annexed by References and Appendices.

APA7th format is adhered to the maximum extent possible with justifiable modifications, keeping in mind that several variations from the requirements described in the publication manual are not only permissible but also desirable in the preparation of final manuscripts (Publication Manual of the APA, 2017).

CHAPTER II

REVIEW OF RELATED LITERATURE

A literature review is a scholarly task which includes the current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic (McCombes, 2020).

Review of literature serves as the crucial backbone for any research study. It delves into the existing body of knowledge and research relevant to the topic, providing a comprehensive overview of the academic landscape. By reviewing the previous 12studies, theoretical frameworks and key concepts, researchers can situate their work within the context of existing scholarship, identify gaps in the literature and build a solid foundation for their own research. In essence, the review of literature is the gateway to a deeper understanding of the research topic for the original contribution in the study, justify research for the proposed problem, throw light on appropriate methodologies and contribute towards the development of a conceptual framework. The studies reviewed are classified under the following headings

Studies Related to Quality of Life

Studies Related to Social Support

Studies Related to Stress Coping Ability

Studies Related to Quality of Life

Volgyesi-Molnar et al. (2024) explored the Quality of Life among parents of autistic individuals. A sample of 842 parents participated in the study. Results showed significantly lower Quality of Life in parents of autistic individuals in all domains of Quality of Life.

Salami and Alhalal (2024) examined gender differences in the Quality of Life of parents of children with autism spectrum disorder. A sample of 376 parents participated in the study. Results indicated that mothers of children with autism spectrum disorder reported lower Quality of Life, perceived social support, and family functioning than fathers. Mothers tended to rely on emotion-focused coping strategies, while fathers favoured problem-focused coping strategies. Furthermore, affiliate stigma, perceived social support, and family functioning significantly predicted the Quality of Life for both mothers and fathers of children with autism spectrum disorder. However, the severity of autism spectrum disorder affected only the Quality of Life of mothers. Problem-focused coping was a significant predictor of fathers' Quality of Life but not that of mothers.

Fante, et al. (2024). examined the parental Quality of Life and impact of multidisciplinary intervention for children with autism spectrum disorder. The sample consisted of 31 parents of children with autism spectrum disorder. Results indicated

that process of parental adaptation and the components of interventions that foster an improvement in their Quality of Life. In conclusion, living with a child with autism spectrum disorder can have a significant influence on a parents' Quality of Life, not just physically and emotionally, but also in terms of general goals, family structure, and social interactions.

Musetti, et al. (2024) studied the relationships between parental Quality of Life, child adjustment and adult attachment among parents of children and adolescents with autism spectrum disorder. A sample of one hundred and eighty-eight parents of children and adolescents diagnosed with autism spectrum disorder completed the survey. Results revealed that the overall parental Quality of Life was negatively related to children's total problems and positively associated with prosocial behaviours, as well as with higher levels of secure attachment and lower levels of fearful attachment styles. Additionally, autism spectrum disorder symptoms-related parental Quality of Life was negatively associated with the offspring’s total problems.

Alhuzimi (2024) studied the Quality of Life of children with autism spectrum disorder in the Kingdom of Saudi Arabia by investigating the perspectives of their parents. A sample of 110 parents participated in the study. Results indicated that the difficulties experienced by children with autism spectrum disorder, aspects of support such as services and interventions, and the challenges they face are factors that influence the Quality of Life of children with autism spectrum disorder in the Kingdom of Saudi Arabia. Moreover, the number of children in the family, the birth order of the child with autism spectrum disorder, and the severity of autism spectrum disorder symptoms are factors that influence parents' perceptions of their children's

difficulties, family support for autism spectrum disorder, and the child's Quality of Life.

Mohammed et al. (2024) investigated the knowledge, attitudes, and behaviours of parents of children diagnosed with cerebral palsy in Saudi Arabia. A sample of 216 caregivers participated. Results revealed that children with spastic quadriplegia cerebral palsy had lower behaviour scores than their peers. Strategies with a special emphasis on improving caregiver behaviours for children with quadriplegia need to be developed. Similarly, the living situations of families need to be considered, as they are significantly associated with the attitudes of caregivers. A considerable lack of knowledge among caregivers in handling emergency situations signifies a gap in care, which could have potentially life-threatening consequences.

Raju, et al. (2023) investigated the Quality of Life of parents of children with autism spectrum disorder. A sample of 60 parents participated in the study. Results revealed significant differences in Quality of Life between the two groups: parents of children with autism spectrum disorder and parents of typically developing children. Furthermore, a positive correlation between socio-demographic variables and Quality of Life in parents of children with autism spectrum disorder was identified. The findings emphasize the need for intervention approaches aimed at improving family functioning, enhancing support services, and assisting parents in developing healthy coping strategies.

Pathak and Biswal (2023) investigated the Quality of Life of parents of children with developmental disabilities. The sample consisted of 400 parents. Results showed that significant differences existed in coping strategies and Quality of Life between mothers and fathers, with mothers consistently reporting higher stress and

lower Quality of Life in all domains. Multiple regression analysis established a link between Quality of Life, stress, and coping styles, highlighting that positive reappraisal and escape-avoidance coping adversely affected the physical, psychological, and environmental domains of Quality of Life.

Letovancova and Slanna (2022) examined the quality of life of parents raising a child with a disability. The sample consisted of 69 men and 481 women. Results indicated a higher level of Quality of Life among the respondents. However, a reduced Quality of Life was found in the dimensions of the scale: "Parenting," "Family Interaction," and "Emotional Well-being." The study also confirmed a statistically significant difference in the Quality of Life of respondents based on marital status, self-governing region, and education.

Aun et al. (2022) aimed to identify specific domains of Quality of Life among mothers of high-functioning autistic adolescents. A sample of seven mothers of adolescents with high-functioning autism spectrum disorder was selected for the study. Data were collected using a semi-structured interview format. Results suggested that mothers perceived their Quality of Life based on physical and emotional well-being, material well-being, interpersonal relationships, and environmental well-being. Intervention for high-functioning autism spectrum disorder is multidisciplinary, targeting a broad spectrum of symptoms and skill deficits, and customizing the program to meet each individual's specific needs.

Vernhet et al. (2022) compared parents' perceptions of the impact of autism spectrum disorder on their Quality of Life. A sample of 130 pairs of parents of children with autism spectrum disorder and associated variables was used. Results showed that mothers perceived a significantly greater impact of autism spectrum

disorder on their Quality of Life than fathers. Parents perceived a higher impact of autism spectrum disorder on global quality of life when their child's adaptive skills were low and when the level of aberrant behaviours was high. More precisely, mothers' perceptions of Quality of Life were negatively associated with their child's internalized disorders, whereas fathers' perceptions of Quality of Life were negatively associated with their child's externalized disorders. Neither mothers' nor fathers' perceptions of the impact on Quality of Life were associated with their children's age or the severity of their autistic symptoms. Some parental factors, such as being members of a family association, having benefited from training in autism spectrum disorder, and having experienced a disruption in professional activity, were associated with a greater impact on their Quality of Life.

Turnage and Conner (2022) reviewed the literature on the quality of life in parents of individuals with autism spectrum disorder. A sample of 5,565 parents was included in the study. Results showed that the Quality of Life was lower in parents of children with autism spectrum disorder in terms of physical, psychological, and social health, as well as spirituality, compared with adults who were not parents of children with autism spectrum disorder. The strongest risk factor for parental Quality of Life was the severity of the child's autism spectrum disorder diagnosis. Protective factors for parental Quality of Life included parental education level and the severity of autism spectrum disorder in the children.

Yildirim et al. (2022) examined the interrelationship between caregiver burden, perceived social support, and the Quality of Life of parents with children who have haematological problems. A sample of 141 parents participated in the study. Results revealed that, through correlation analysis, there was a positive correlation

between parents' perceptions of social support and their Quality of Life, and a negative correlation between their perceptions of social support and caregiver burden. The structural equation model further showed that the social support received by the parents had a significant effect on both their caregiver burden and their Quality of Life.

Kumar et al. (2021) assessed the relationship between intellectual functioning, family burden, and the Quality of Life of parents of children with intellectual impairment. A sample of 240 participants (120 children with intellectual impairment and 120 parents of the children, equally divided between mothers and fathers) was selected. Results showed that both mothers and fathers exhibited an equal level of Quality of Life and family burden. No significant difference was observed between parents of children with a low level of intellectual functioning.

Kumar et al. (2021) examined the Quality of Life and family burden among parents of children with intellectual disability. A sample of 400 participants was recruited through a purposive sampling technique. A semi-structured interview schedule was used to assess the demographic profile. Quality of Life scales and a family burden schedule were administered to the parents of children with intellectual disability. Results showed that mothers of children with intellectual disability had a poorer Quality of Life and a higher level of burden compared to fathers of children with intellectual disability.

Majumdar and Jain (2020) conducted a cross-sectional study to compare the Quality of Life of caregivers of children with and without disabilities. A sample of 400 participants (200 in the case group and 200 in the control group) who met the inclusion criteria were included in the study. Results revealed that caregivers had

statistically significantly lower scores in all domains of Quality of Life, as measured by the WHOQOL-BREF scale, compared to the control group. The study concluded that supporting caregivers through regular counseling, peer group interactions within the hospital and local communities, and services such as respite care were some of the strategies that could be incorporated to improve their Quality of Life.

Mahmutovic et al. (2020) conducted a cross-sectional study to assess the Quality of Life of mothers who have children with developmental disabilities. The sample consisted of 100 mothers, and the WHOQOL-BREF scale was used to evaluate Quality of Life across four domains. Results revealed that caring for children with disabilities was particularly burdensome for older mothers, which negatively impacted their overall Quality of Life. The most significant burdens were observed in the mental health and physical health domains, while the social interaction domain had the least impact. The age of the mothers was significantly and positively associated with better ratings in the environmental domain. Additionally, mothers who received support from household members reported better Quality of Life in all four domains. The study highlighted that families of children with developmental disabilities face significant psychological and social challenges.

Xia et al. (2020) conducted a cross-sectional study to assess health-related quality of life (HRQOL) and related factors among primary caregivers of children with disabilities in Shanghai, China. The HRQOL of 170 caregivers and related factors were compared with those of the general population. Results revealed that caregivers had a slightly higher score on the physical component of Quality of Life, but their score on the mental component was extremely low. Caregivers' illness condition, family size, and household income were identified as significant factors

affecting HRQOL. The findings indicated poor mental HRQOL among caregivers, highlighting the need for urgent attention and intervention.

Christodoulou et al. (2020) investigated the Quality of Life of parents of children with disabilities. A sample of 59 parents of children with disabilities was used. Results of the study demonstrated a statistically significant relationship between the gender of the parent and the variables of the WHOQOL-BREF. The results also showed that the type of disability of the child and the socio-economic level of the family affected some of the parameters of the Quality of Life of parents of children with disabilities.

John and Gandhimathi (2020) assessed the Quality of Life among mothers of children with intellectual disabilities. A sample of 30 mothers of children with intellectual disabilities from Ernakulam district was selected. Results showed that mothers had low to moderate levels of Quality of Life across all domains: physical health, psychological health, social relationships, and environmental health. The highest mean score was observed in the social relationship's domain. When the educational status of the mothers was higher, they reported a lower Quality of Life score, although no such difference was found with the occupation of the mothers or other variables.

Chakraborty et al. (2019) conducted a case-control study to assess the amount of stress and evaluate its effect on the Quality of Life in parents of disabled children and healthy children in Karnataka, India. The study enrolled 69 parents of developmentally disabled children in the case group and 137 parents of healthy children in the control group. Results revealed a significant difference between the two groups in terms of employment, presence of disabled siblings, smoking, and

physical activity. Parents of developmentally disabled children had significantly higher stress levels and worse mental health-related Quality of Life. Stress was negatively correlated with both the mental and physical health and Quality of Life of the parents.

Kumar, Panday, and Aishwarya (2019) conducted a study in Delhi, India, to provide information and raise awareness among the parents of children with intellectual disabilities to enhance their Quality of Life and promote positive mental health. Three hundred children with intellectual impairments and 300 parents (150 male and 150 female) were selected using a purposive sampling technique. The Family Burden Interview Schedule (FBIS) and WHOQOL-BREF scale were administered to assess family burden and Quality of Life among the parents. The findings revealed that the challenges faced by parents of children with intellectual disabilities included limited access to special care, strong social stigma, financial problems, lack of awareness, negligence, and a significant gap between the number of professionals or special educators and caregivers or parents, which resulted in a poor Quality of Life.

Dey et al. (2019) examined the Quality of Life of parents of children with specific mental disorders. A sample of twenty-six articles out of 10,548 was included, comparing the Quality of Life of parents of mentally ill children to that of parents of healthy children. Results revealed that parents of mentally ill children experienced a clinically significant reduction in their Quality of Life compared to parents of healthy children and normative values.

Bashirian et al. (2019) examined the predictors of Quality of Life in parents of children with autism spectrum disorder. A sample of 82 mothers and 81 fathers of

children with autism spectrum disorder was studied. The three stress subscales parental distress, parent-child dysfunction, and difficult child along with the age of diagnosis, age of the child, and number of siblings were considered as predictors. Results showed that the model for both mothers and fathers was able to predict a significant variance in Quality of Life.

Rodrigues et al. (2019) investigated the psychocultural perspectives on family Quality of Life among Brazilian families with children who have severe or profound intellectual disabilities. A sample of 15 mothers was selected. Results revealed that their children with disabilities had insufficient access to services and support related to healthcare, transportation, and recreation. Family Quality of Life was negatively affected by financial restrictions and difficulties in social interaction. Caring for a child with disabilities seemed to be centred around the mother, and religious coping appeared as a common psychological adjustment strategy.

Dezaki et al. (2018) conducted a descriptive study to assess the health-related Quality of Life of mothers of children with intellectual disabilities in Tehran, Iran. The total sample size was 306, consisting of mothers of children with intellectual disabilities and mothers of children with normal intelligence. Results revealed that, for all dimensions of Quality of Life and total scores, there was a significant difference between the two groups. Mothers of children with normal intelligence scored higher compared to mothers of children with intellectual disabilities. The greatest difference between the two groups was related to physical functioning, while the smallest difference was related to limitations in usual role activities.

Crnkovic et al. (2018) studied the Quality of Life of parents and caregivers of adults with intellectual disabilities in the local community. A sample of forty parents

of adults with intellectual disabilities participated in the study. Results indicated that the perceived Quality of Life of the parents did not deviate from the values found in the healthy population. Parents also evaluated the Quality of Life of their children, and the results showed that they were moderately satisfied. There was a significant connection between the evaluation of the Quality of Life of the parents and their evaluation of the Quality of Life of their children. The better the parents estimated their personal welfare, the better their evaluations of the Quality of Life of their children. The research findings also pointed out that there was no statistically significant difference in the evaluation of Quality of Life between the groups differentiated by gender, education, participation in physical activity, and the presence of other disabilities.

Cappe et al. (2018) investigated the Quality of Life of parents of children with autism spectrum disorder in Quebec. A sample of seventy-seven participants completed a questionnaire that included socio-biographic information and five self-assessed scales to measure perceived stress, social support and control, coping strategies, and Quality of Life. Results indicated that the perception of the child's level of autonomy, the severity of the disorder, the family's income, and changes in the professional or familial organization influenced parents' Quality of Life. Perceiving their situation as a threat predicted poor Quality of Life, whereas satisfaction with social support predicted good quality of life. In addition, parents who used problem-solving and support-seeking coping strategies had a better relationship with their child, whereas those who used more emotion-centered coping strategies struggled. Lastly, parents who felt they had the power to contribute to their child's development were more satisfied and less disturbed.

Jones and Brooke (2018) examined the family Quality of Life of parents of children with autism. A sample of 194 parents (103 mothers and 91 fathers) of children with autism, aged 4 to 11 years, completed an online survey, and 24 participants (12 mothers and 12 fathers) participated in follow-up phone interviews. Results suggested that the majority of parents of children with autism in this study reported a good family Quality of Life, especially those who had relatively more support and resources.

Sreekeerthi and Kumar (2017) conducted a cross-sectional study to measure the Quality of Life in caregivers of children with mental retardation, comparing it to those of caregivers of normal children. A total of 80 caregivers were interviewed, with 40 caregivers of children with mental retardation in Group A and 40 caregivers of normal children in Group B. The WHOQOL-BREF scale was administered to assess the Quality of Life among the caregivers in each group. The caregivers in Group A showed lower scores in the physical, psychological, social relationships, and environmental domains of Quality of Life compared to those in Group B. Among these domains, the scores were lowest in the psychological domain. Furthermore, caregivers of children with profound mental retardation had the lowest scores, followed by those caring for children with severe, moderate, and mild mental retardation, respectively, in Group A.

Glinac et al. (2017) investigated the Quality of Life of mothers of children with cerebral palsy. A sample of 141 mothers participated in the study. Results indicated that mothers of children who were unable to move independently reported a worse Quality of Life in the area of social functioning compared to mothers whose children were able to move independently. There was no statistically significant

difference in Quality of Life based on the mothers' level of education or marital status. A statistically significant negative correlation was found between the child's functional status, as measured by the Gross Motor Function Classification System, and various aspects of the mothers' Quality of Life, including social functioning, daily activities, parental functioning, family functioning, and overall Quality of Life.

Shekhawat et al. (2017) compared the Quality of Life of caregivers of children with early-onset psychosis to caregivers of children with intellectual disabilities. A sample of parents with children aged between 13 and 18 years, who met the inclusion and exclusion criteria, were compared with a well-matched control group. Results showed that the Quality of Life was significantly affected in most of its dimensions for caregivers of both the early-onset psychosis and mentally challenged groups, in comparison to the control group. However, more significant impairment was noted in the caregivers of children with intellectual disabilities. Socio-demographic factors such as domicile, education, family type, and family size were important determinants of Quality of Life.

Anjali et al. (2017) conducted a systematic review to pool evidence on the Quality of Life of parents of children with intellectual disabilities. A sample of databases, such as CINAHL and PubMed/Medline, were searched to identify potential studies. The studies focused on various domains of quality of life, including financial well-being, family support, and community interactions, among others. The findings indicated a Quality of Life ranging from good to excellent.

Salehi et al. (2017) investigated the relationship between the Quality of Life of mothers of children with autism spectrum disorder (ASD) and both the severity of the disorder and the mothers' occupational performance. The study included a sample of

35 mothers and their children with ASD, aged 3 to 7 years. Results indicated a significant relationship between the mothers' Quality of Life and the severity of their children's ASD, except for the components of physical roles and bodily pain. Additionally, the study found a significant correlation between the mothers' Quality of Life and their occupational performance.

Misura and Memisevic (2017) examined the Quality of Life of parents of children with intellectual disabilities. A sample of 50 parents of children with intellectual disabilities and 50 parents of typically developing children as a control group was used. Results showed a statistically significant difference between the perceived Quality of Life of parents of children with intellectual disabilities and those of typically developing children. The effects of gender and educational status on the Quality of Life of parents of children with intellectual disabilities were also statistically significant. However, there were no interaction effects between gender and educational status on Quality of Life. Given the lower Quality of Life of parents of children with intellectual disabilities, it is important to provide them with support programs to improve their Quality of Life.

Singh et al. (2016) conducted a cross-sectional study to assess and compare the Quality of Life among parents of children with intellectual disabilities in Haryana, India. The study included 50 parents of children diagnosed with intellectual disabilities in the study group and 50 parents of healthy children in the control group. Results revealed a poorer Quality of Life among parents in the study group compared to the control group.

Dehghan et al. (2016) examined the Quality of Life of mothers of children with cerebral palsy. A sample of 424 Iranian mothers of children with cerebral palsy

participated in the study. Results indicated that these mothers experienced poor physical and mental health. Additionally, there were significant differences in the Quality of Life of mothers based on the age of their children with cerebral palsy.

Panday and Fatima (2016) studied gender differences in terms of Quality of Life among parents of children with intellectual disabilities. The sample was selected using a purposive sampling technique. Semi-structured interview schedules and Quality of Life scales were administered to the parents of children with intellectual disabilities. Results showed that parents of male children had a better Quality of Life compared to parents of female children.

Vasilopoulou and Nisbet (2016) conducted a systematic review of the Quality of Life among parents of children with autism spectrum disorder. A total of 88 studies were identified. Results indicated a poorer Quality of Life among parents of children with autism spectrum disorder compared to parents of typically developing children or to population norms. Variables associated with lower parental Quality of Life within this group included child behavioural difficulties, unemployment, being a mother, and lack of social support.

Khan and Humtsoe (2016) examined the Quality of Life experienced by mothers of children with autism spectrum disorders. The sample consisted of 60 mothers, with 30 mothers of children with autism spectrum disorders and 30 mothers of children with specific learning disabilities. Results indicated different effects as a consequence of the varying childhood conditions, as well as the need to provide adequate parental support when intervening with children with disabilities.

Asi (2016) aimed to identify the level of Quality of Life among parents of children with autism spectrum disorder. The sample consisted of 100 parents of

children with autism spectrum disorder. Results showed that the level of Quality of Life among the participants was moderate, with statistically significant differences observed based on various factors. These factors included the impact of the relationship with their autistic children, where differences favoured the parents; the gender of the autistic child, where differences favoured male children; and the severity of the disability, where differences favoured the mild disability group.

Kousha et al. (2016) investigated the frequency of anxiety, depression, and Quality of Life in mothers of children with autism spectrum disorder in Iranian families. A sample of 127 mothers of children with autism spectrum disorder was selected. Results showed that mothers of children with autism spectrum disorder had high levels of anxiety and depression, as well as low scores on health-related Quality of Life.

Bhandari and Sethi (2015) studied the psychological distress, family adjustment, and Quality of Life of mothers of differently abled children. A sample of 40 working and 40 non-working mothers of differently abled children was selected. Results showed a significant difference in the Quality of Life between working and non-working mothers of differently abled children. Additionally, there was a significant difference in psychological distress between working and non-working mothers. However, no significant difference was found in parenting and family adjustment between working and non-working mothers of differently abled children.

Kotzampopoulou (2015) studied the Quality of Life of parents of children with disabilities. A sample of five parents of children with disabilities was interviewed on Chios Island, Greece. Results showed that the parents' Quality of Life depended on their children's disabilities. It also emerged that the parents felt disappointment and

anger regarding the welfare support they received from the state, as well as fear for their children's future. Nonetheless, the parents reported being somewhat satisfied with their overall Quality of Life.

Dardas and Ahmad (2014) examined the differences in the Quality of Life of fathers and mothers of children with autism spectrum disorder. A sample of 184 parents of children with autism spectrum disorder was selected. Results showed that there were no significant differences between fathers and mothers in physical, psychological, social, and environmental health. Additionally, both parents exhibited almost identical bivariate correlations between their reported Quality of Life levels and factors such as parenting stress, coping strategies, and demographic characteristics.

Baghdadi et al. (2014) studied the impact of autism spectrum disorders on parental quality of life. The sample consisted of 152 mothers of adolescents with autism spectrum disorder. Results showed that a multivariate regression analysis identified an increase in aberrant behaviour scores as the major independent risk factor for parental Quality of Life. The identified protective factors included improvements in daily living, communication, and object cognition scores, as well as a higher number of siblings. The results suggest that externalizing behaviours have a negative effect, while adaptive skills, communication, and object cognition have a protective effect on parental Quality of Life.

Kazmi et al. (2014) explored the level of depression and Quality of Life among parents of children with disabilities. A sample of 100 parents (50 mothers and 50 fathers) with children aged 3 to 12 years was selected. Results revealed that mothers of children with disabilities were more depressed than fathers. One significant finding

was that mothers of children with disabilities had a lower Quality of Life compared to fathers.

Perumal et al. (2014) evaluated the Quality of Life in parents of children with autism. The sample consisted of 140 parents (73 mothers and 67 fathers) of 54 children with autism, 38 children with physical disabilities, and 48 healthy children. Results showed that parents of children with autism spectrum disorder had a significantly lower Quality of Life compared to parents of healthy children and parents of children with physical disabilities. Small differences were observed between the physical disability group and the healthy group in the physical and psychological domains. However, a significant difference was found in the social and environmental domains of Quality of Life.

Pozo et al. (2014) examined family Quality of Life and the psychological well-being of parents of children with autism spectrum disorder. A sample of 118 parents (59 mothers and 59 fathers) participated in the study. Results showed that for both mothers and fathers, the severity of the disorder and social support played significant roles in the family Quality of Life models. Coping strategies were related to adaptation, with active avoidance coping affecting family Quality of Life for fathers, and positive and problem-focused coping affecting psychological well-being for mothers.

Yoong and Koritsas (2012) explored the impact of caring for an adult with an intellectual disability on the Quality of Life of parents. A sample of 12 parents, all full-time caregivers of an adult with an intellectual disability, was used. Results showed that caregiving had a positive impact on Quality of Life by enabling participants to develop relationships, receive support, participate in leisure activities,

achieve a sense of personal satisfaction, and maintain a more positive appraisal of their lives. However, caregiving also affected parents' Quality of Life by restricting their relationships, leisure activities, and employment opportunities. It was also associated with financial insecurity, frustration with the service system, and fear of what the future held for their offspring.

Yamada et al. (2012) evaluated the Quality of Life of parents of children with developmental disorders. A sample of 147 mothers and 122 fathers of 158 children with pervasive developmental disorders, aged 6 to 15, participated in the study. Results showed that mothers had significantly lower scores in the areas of physical and social functioning, general health perceptions, vitality, and emotional and mental health compared to the general female population. The maternal mental component summary was also significantly lower, but the maternal physical component summary, paternal physical component summary, and maternal component summary scores were not lower. Maternal physical component summary and maternal component summary scores were both significantly associated with high care and low control scores, while for fathers, only the paternal physical component summary scores were significantly associated with low control scores.

Malhotra et al. (2012) investigated the Quality of Life in family caregivers of children with mental challenges and autism, compared to a control group. The sample consisted of 240 parents (40 mothers and 40 fathers in each of the three groups) of 120 children mentally challenged, autistic, and healthy controls. Results revealed that, compared with parents of healthy children, parents of children with mental challenges and autism reported impairments in all four domains of Quality of Life. Only small

differences were observed between family caregivers of children with mental challenges and those with autism.

Benjak (2011) investigated the subjective Quality of Life of primary caregivers of children with autism spectrum disorders. The sample consisted of 346 parents: 177 parents of children with autism spectrum disorders and 169 parents of non-disabled children. Results showed that parents of children with autism spectrum disorder had a significantly lower subjective Quality of Life and general health perception, along with more physiological symptoms, compared to parents of non-disabled children.

Romeo et al. (2010) examined the Quality of Life of parents of children with cerebral palsy. A sample of 60 parents of healthy children was used as the control group. Results indicated that mothers reported lower scores than fathers in the physical domain for the group of children with diplegia and quadriplegia, and in the psychological domain for the group of children with hemiplegia. Children with hemiplegia showed higher externalizing scores on the child behaviour checklist compared to the other groups, which could explain the poorer Quality of Life scores of their mothers.

Shu (2009) explored the relationship between Quality of Life and the feelings of mothers of children with autism. A sample of 104 parents participated in the study. Results showed that mothers' feelings, history of chronic disease, and religion were related to their Quality of Life.

Xiang et al. (2009) studied the Quality of Life in parents of children with attention-deficit-hyperactivity disorder (ADHD) in Hong Kong. The sample consisted of 77 parents of children with attention-deficit-hyperactivity disorder. Results revealed that, compared with the general population in Hong Kong, parents of children with

attention-deficit-hyperactivity disorder had significantly lower scores in the physical, psychological, social, and environmental domains of Quality of Life. Multivariate analysis showed that, for children with attention-deficit-hyperactivity disorder, the severity of emotional and hyperactivity/inattention symptoms, as well as having a comorbid pervasive developmental disorder, were significantly correlated with one or more domains of Quality of Life. For the parents, educational level, household monthly income, and having major medical conditions were significantly correlated with one or more domains of Quality of Life.

Leung and Li-Tsang (2003) explored the Quality of Life among parents of children with and without disabilities. A sample of 147 parents participated in the study, including 71 parents of children with disabilities and 76 parents of children without disabilities. Results showed significant differences in the social relationships and environmental domains of Quality of Life between the two groups, but no significant differences were found in the physical health and psychological domains. Additionally, no significant differences were found in parental age or monthly family income between the two groups. However, statistical differences were observed between the groups in terms of gender, level of education, marital status, work status, and religion. The study also found a positive correlation between parental Quality of Life and the disability levels of their children in the psychological and environmental domains. Parents of children with severe disabilities reported greater physical demands, which led to increased caregiving stress. This stress potentially affects both the parents' physical and psychological well-being, which, in turn, could impact the care and well-being of their children.

Studies Related to Social Support

Yildirim et al. (2024) examined the relationship between quiet ego, perceived social support, life satisfaction, and posttraumatic growth among mothers of Turkish children diagnosed with autism spectrum disorder. A sample of 144 mothers of children participated in the study. Results showed that these factors were related to each other. Perceived social support, quiet ego, and life satisfaction were significant predictors of posttraumatic growth. In addition, perceived social support and quiet ego played a mediating role in the relationship between life satisfaction and posttraumatic growth.

Dertli et al. (2024) determined the relationship between care burden, perceived social support, coping attitudes, and life satisfaction in mothers of children with cerebral palsy. A sample of 122 mothers of children with cerebral palsy participated in the study. Correlation analysis showed a positive relationship between mothers' perceptions of social support and life satisfaction, as well as a positive relationship between their life satisfaction and coping attitudes. Path analysis revealed that the social support perceived by the mothers significantly affected their coping attitudes and life satisfaction. Additionally, mothers' care burden and coping attitudes had a significant impact on their life satisfaction.

Yan et al. (2022) examined the relationship between social support, parenting stress, and parental involvement among parents of children with autism spectrum disorder. The sample consisted of 245 Chinese parents of children with autism spectrum disorder. Results indicated that the relationship between support from family and friends and parental involvement was partially mediated by parenting stress, and

support from significant others was directly and positively related to parental involvement.

Bi et al. (2022) investigated the influence of social support networks and perceived social support on the subjective well-being of mothers of children with autism spectrum disorder. A sample of 64 participants completed the Revised Social Provisions Scale for Autism, the Index of Wellbeing, the Index of General Affect, and an interview. Results showed that perceived social support was significantly correlated with the network size of social support. Moreover, the effectiveness of social support was significantly associated with both the network size of social support and the degree of intimacy of social support.

Ishida et al. (2022) evaluated the social support status of fathers raising children with developmental disabilities. A sample of 85 fathers and 101 mothers participated in the study. The findings indicated a deficiency in external resources for fathers and highlighted the need to increase non-spousal resources and social support for fathers raising children with developmental disabilities.

Martinez and Turnage (2022) examined social support and parenting stress in Hispanic parents of children with autism spectrum disorder. A sample of 14 parents completed the survey. Results indicated that high stress levels, along with both informal and formal social supports, helped reduce parenting stress among Hispanic families.

Rouhani and Alamdarloo (2022) compared social support among parents of children with neurodevelopmental disorders. The sample consisted of 166 parents of children with neurodevelopmental disorders. Results showed no significant difference in social support scores between parents of children with neurodevelopmental

disorders based on the type of disorder or the gender of the parents. Additionally, there were no significant differences in the subscales of emotional/informational support, tangible support, or affectionate support between parents of children with neurodevelopmental disorders. However, in the subscale of social interaction, parents of children with intellectual disabilities had significantly higher scores than parents of children with autism spectrum disorder and attention deficit hyperactivity disorder. Moreover, the results showed no significant difference in the subscales of social support between parents of children with neurodevelopmental disorders based on the gender of the parents.

Sajjad et al. (2022) examined the relationship between quiet ego, perceived social support, and the subjective well-being of mothers of children diagnosed with Autism Spectrum Disorder. A sample of 70 mothers was selected. Results showed a significant positive relationship between quiet ego, all aspects of social support, and subjective well-being. After controlling for the effect of other variables, social support from significant others emerged as a unique predictor of both the cognitive and affective components of subjective well-being, while support from friends significantly predicted affect balance only.

Lu et al. (2021) investigated the relationships and mechanisms between perceived social support, loneliness, and life satisfaction among Chinese parents of children with Autism Spectrum Disorder. A sample of 306 parents (both fathers and mothers) of children with Autism Spectrum Disorder in Guangzhou, China, was selected. Results showed that perceived social support was significantly associated with loneliness and life satisfaction. Loneliness both mediated and moderated the relationship between perceived social support and life satisfaction.

Lu et al. (2021) explored the relationships between parents' perceived social support, parental resilience, parenting self-efficacy, and emotional/behavioural problems in children with Autism Spectrum Disorder, as well as the mechanisms underlying these relationships. The sample consisted of 289 parents of children with Autism Spectrum Disorder in China. Results indicated that parents' perceived social support, parental resilience, and parenting self-efficacy were significantly associated with emotional/behavioural problems in children with Autism Spectrum Disorder.

Lei and Kantor (2021) examined the relationship between social support and family functioning among caregivers of children with Autism Spectrum Disorder from Sichuan Province in China. A sample of 167 parents was surveyed. Results suggested that social support was positively related to family cohesion and adaptability. Of the three sub-domains of social support, both subjective support and the utilization of support were positively associated with family cohesion and adaptability.

George-Levi and Laslo-Roth (2021) studied the moderating role of social support in the relationship between entitlement and life satisfaction among parents of children with developmental disabilities. The sample consisted of ninety-four parents. Results showed that social support was related to greater life satisfaction and moderated the relationship between all three components of entitlement and life satisfaction. The active component of entitlement was positively associated with life satisfaction only when social support was high.

Rushda (2021) analysed the social support available to parents of children with intellectual disabilities and compared the perceived levels of social support between fathers and mothers in the Kozhikode district of Kerala. The sample

consisted of 148 parents. Results showed that the majority of respondents perceived a high level of social support, particularly informal support from family members, neighbours, awareness programs, guidance, and other forms of support from other parents of children with intellectual disabilities. The study also examined the difference in the mean scores of fathers and mothers regarding perceived social support. It revealed no significant difference in the level of social support perceived by mothers and fathers.

Zhao et al. (2021) examined the relationships among parents' resilience, parenting stress, and social support among parents of children with disabilities. A sample of 486 parents of children with disabilities in China was selected. Results indicated that reducing parental stress and improving social support may predict enhanced parental resilience.

Arnous and Yeo (2020) examined whether perceived social support mediates the relationship between resilience and self-esteem among parents of children with autism spectrum disorder. The sample consisted of 153 parents from Malaysia. Results indicated that perceived social support was predicted by the participants' resilience. Additionally, the self-worth dimension of self-esteem received a stronger contribution from both resilience and perceived social support compared to the self-competence dimension.

Dada et al. (2020) compared the social support of caregivers of children with intellectual disabilities using the Family Support Survey in India and South Africa. The sample included 100 caregiver child dyads from India and 123 from South Africa. Results showed that the perceived social support of caregivers differed between the two countries and was associated with their child's participation.

Ardic (2020) examined the relationship between parental burnout and the perceived level of social support among parents of children with autism spectrum disorder, as well as their satisfaction with this support. The sample consisted of 296 parents of children who met the criteria for participation. Results showed no significant relationship between parental burnout and factors such as parental gender, age, or education. However, there was a weak to moderate negative relationship between perceived social support and parental burnout, indicating that higher perceived social support was associated with lower levels of parental burnout.

Nurhidayah et al. (2020) identified the social support received by parents of children with intellectual disabilities. A sample of 81 parents of children with intellectual disabilities was selected. Results showed that the highest level of social support received by parents was instrumental support, while the lowest was recognition support.

Robinson and Weiss (2020) examined the received and perceived social support that may be associated with, and moderate, the impact of child behaviour problems on parent stress. The sample consisted of 249 caregivers of individuals with autism. Results indicated that both types of support were significantly associated with lower reported stress when examined individually.

Shepherd et al. (2020) examined the types and functions of social support used by parents caring for a child with autism spectrum disorder. A sample of 674 parent volunteers participated in the study. Results indicated that informal social supports and social media were perceived as more helpful than formal supports, which were generally viewed in a neutral manner by parents. Overall, the study highlights that

addressing the support needs of parents of children with autism spectrum disorder remains a priority.

Seymour et al. (2019) explored the support needs of fathers of children with autism spectrum disorder, comparing them with fathers of children without a disability, and examined the relationship between social support, psychological distress, and socio-demographic factors. A sample of 159 fathers of children with autism spectrum disorder was identified, with 6,578 fathers of children without a disability used for comparison. Results showed that fathers of children with autism spectrum disorder reported that support was inaccessible and were significantly more likely to report this compared to fathers of children without a disability. Emotional/informational social support was the strongest social support domain associated with fathers' experiences of psychological distress.

Alon (2019) explored the relationship between social support and post-crisis growth among mothers of children with autism spectrum disorder and mothers of children with Down syndrome. A sample of 119 mothers participated in the study. Results revealed that social support predicted maternal post-crisis growth, with the type of disability serving as a mediating variable. Specifically, social support contributed to post-crisis growth only among mothers of children with autism spectrum disorder. Additionally, the results showed various correlations between types of support and types of growth.

Nurhidayah et al. (2019) examined the social support received by parents of children with intellectual disabilities. A sample of 81 parents of children with intellectual disabilities was selected. Results showed that the highest level of social support received by parents was instrumental support, while the lowest was

recognition support. The study suggests that nurses should collaborate with parents, teachers, and other healthcare providers to strengthen support programs for parents of children with intellectual disabilities.

Pandey and Dubey (2019) conducted a study to determine the effect of socio-economic demographics and social support on parents' perceived stress related to intellectual disability. A sample of 100 parents of children with intellectual disabilities from Chhattisgarh, India, participated in the study. The Perceived Stress Scale and Social Support Scale were used as tools for data collection. Results indicated that socio-demographic variables such as income, education, and gender significantly contributed to variations in stress and were negatively associated with stress. The results of the mediating effect of social support showed a significant association between income and stress.

An et al. (2018) explored the experiences of parents caring for a child with autism spectrum disorder, focusing on their perceptions of the educational, health, and social support services available to them in their communities. A sample of 17 parents raising children with autism spectrum disorder participated in the study. Results showed several challenges, including: difficulty accessing healthcare for children with autism in the public healthcare system; obstacles to accessing special education and a lack of inclusive education programs for children with autism; limited public benefits and social services available to these families; insufficient support from professional service providers in assisting parents; and low public awareness of the disorder in society.

Lu et al. (2018) studied the social support perceived by parents of children with autism spectrum disorder. The sample consisted of 479 Chinese parents of

children with autism spectrum disorder. Results showed that parenting stress and social support are critical indicators of life satisfaction and can serve as key intervention strategies to promote life satisfaction among Chinese parents of children with autism spectrum disorder.

Su et al. (2018) explored the perceptions of Chinese mothers of children with intellectual disabilities regarding the support they received. The sample consisted of twelve mothers of school-aged children with intellectual disabilities in China. Results showed that Chinese mothers primarily received support from family members, social contacts, school teachers, and the government. However, family conflicts, isolation from friends and the community, unequal relationships with school teachers, and restricted access to information were identified as the main barriers preventing mothers from accessing and utilizing available support.

Pejovic-Milovancevic et al. (2018) examined the perceptions of parents regarding support, challenges, and needs for children with autism. A total of 231 parents participated in the study. Results indicated that parents reported a need for additional support at schools and at home, as well as improved relationships with service providers. The most significant challenges related to care included the child's communication difficulties, social interaction challenges, and problems with daily living skills. Significant predictors of lower overall satisfaction included the parent's higher education, initial concerns related to the child's interaction difficulties with others or playing alone, and frustration with accessing services in the past 12 months. In contrast, greater overall satisfaction was associated with having an in-school tutor trained to assist in managing the child's needs or implementing treatments, as well as having a primary care doctor or paediatrician as a source of information on autism.

McIntyre and Brown (2018) examined the utilization and perceived usefulness of social support for mothers of children with autism spectrum disorder. A sample of 78 American families participated in the study. Results indicated that mothers of children with autism spectrum disorder used a combination of formal and informal supports, which they found to be helpful. Socio-demographic variables, child behaviour problems, satisfaction with the autism diagnostic process, and access to information about autism spectrum disorder were found to predict the utilization of social support.

Cagalj, Buljevac, and Leutar (2018) examined the social support received by mothers of children with Prader-Willi Syndrome. A total of five mothers participated in the study. Results indicated that the experiences of accessing and using formal social support were presented in chronological order, based on participants' need for formal support services: first, support provided by obstetricians in a maternity ward; second, support from physicians, social workers, and teachers when Prader-Willi Syndrome was diagnosed; and lastly, support from other mothers who also have children with Prader-Willi Syndrome.

Halstead et al. (2017) investigated social support, coping, and positive perceptions as potential protective factors for the well-being of mothers of children with intellectual and developmental disabilities. A sample of 138 mothers participated in a cross-sectional survey. Results showed that perceived social support acted as a protective factor, influencing the relationship between child behavioural and emotional problems and maternal depression, life satisfaction, and positive affect. There was no evidence to suggest that coping and positive perceptions acted as protective factors.

Msangi and Maliare (2017) explored the availability and use of social support among parents of schoolchildren with disabilities in the Dar es Salaam Region. Thirty-nine schoolchildren with disabilities and thirty parents raising children with disabilities were conveniently selected for the study. Results showed that the social support available to and used by parents raising schoolchildren with disabilities included emotional, instrumental, appraisal, and informational support.

Marsack and Samuel (2017) examined the mediating effect of formal and informal social support on the relationship between caregiver burden and quality of life. A sample of 320 parents participated in the study. Results indicated that caregiver burden had a negative impact on quality of life, and that informal social support partially mediated the relationship between caregiver burden and parents' quality of life. Formal social support did not mediate the relationship between caregiver burden and quality of life.

Habib et al. (2016) examined the relationship between life satisfaction and perceived social support among parents of children with intellectual disabilities. A sample of 66 parents was selected from various special schools located in Karachi, Pakistan. Results indicated that satisfaction was related to the support parents perceived from others. Findings revealed that greater attention should be given to the emotional and social well-being of parents, enabling them to better manage emotional challenges, which would in turn help create a healthier home environment for both their children and families.

Kumar (2016) examined family support and emotional expressivity among parents of adults with intellectual disabilities. A sample of 60 parents was selected. Results showed that there was a significant difference in the emotional expressivity

scores among parents of adults with intellectual disabilities, based on factors related to family support.

Lu et al. (2015) examined self-esteem, social support, and life satisfaction in Chinese parents of children with autism spectrum disorder. The sample consisted of 118 parents of children with autism spectrum disorder and 122 demographic-matched parents of typically developing children. The study measured self-esteem, social support, and life satisfaction in both groups. Results showed that parents of children with autism spectrum disorder scored significantly lower on self-esteem, social support, and life satisfaction compared to the control group. Additionally, social support partly mediated the relationship between self-esteem and life satisfaction in both groups. The study found that the gender and age of parents significantly predicted life satisfaction in parents of children with autism spectrum disorder, while income was a significant predictor in both groups. Hierarchical regression analysis indicated that, after controlling for demographic variables, social support and self-esteem were significant predictors of life satisfaction in both groups, with these factors explaining more variance in life satisfaction among parents of children with autism spectrum disorder.

Kerenhappachu and Sridevi (2014) studied the caregiver burden and social support in mothers of children with mental retardation, compared to mothers of typically developing children. A sample of 30 mothers of children with mental retardation was selected, and the control group consisted of 30 mothers of typically developing children. Results revealed that mothers of children with mental retardation showed a significant difference in caregiver burden compared to mothers of typically developing children, particularly in the areas of general strain, disappointment, and

emotional involvement. Additionally, there was a significant difference in social support between mothers of children with mental retardation and mothers of typically developing children, particularly in the areas of support seeking and support actually received.

Ozyazıcıoglu and Buran (2014) examined the state-trait anxiety and social support perceptions of parents with disabled children. A sample of 75 parents participated in the study. Results revealed that the children's disabilities were mental, physical, or a combination of both. As the degree of disability increased and income levels decreased, the trait anxiety scores of the parents also increased. Additionally, there was a significant negative correlation between parental age and social support.

Meral and Cavkaytar (2012) examined the social support perceptions of parents who have children with autism. The sample consisted of 672 parents of children with autism in Turkey. Results showed that family social support and the sub-field perceptions of parents with children with autism were generally moderate, with the highest perception in the emotional support sub-field and the lowest perception in the care support sub-field. Household income per month was the second predictor of social support perceptions among parents.

Ha et al. (2011) studied the impact of having a child with a disability on parents' mental and physical health among urban-dwelling African Americans. A sample of 48 parents of children with disabilities and 144 parents in a comparison group of nondisabled children were selected. Results showed that having a child with a disability is associated with more somatic symptoms. However, the negative consequences of the child's disability on parents' mental health were reduced when parents received greater positive support from the family.

Jackson (2011) examined family supports and resources for parents of children who are deaf or hard of hearing. A sample of 456 respondents participated in the study. Results indicated that the quality of support was rated higher by parents of children with cochlear implants than by parents of children with hearing aids. The top-ranked sources of support included individual professionals and service providers, other parents of children with hearing loss, family support organizations, and grandparents and extended family members. Open-ended written responses indicated that parents desired additional opportunities to connect with mentors, role models, and other parents.

Ekas et al. (2010) examined the relationship between multiple sources of social support, optimism, and well-being in mothers of children with autism spectrum disorder. Data were collected from a sample of 119 mothers of children with autism spectrum disorder. Results revealed that family support was associated with increased optimism, which in turn predicted higher levels of positive maternal outcomes and lower levels of negative maternal outcomes. Age was not significantly related to any of the variables. Additionally, support from partners and friends was directly associated with maternal outcomes.

Oh and Lee (2009) examined the caregiver burden and social support perceived by mothers raising children with developmental disabilities in South Korea. A sample of 181 mothers participated in the study. Results showed a high level of overall burden, particularly in financial domains. Greater subjective caregiver burden for these mothers was associated with increased disability-related costs, maternal factors such as being younger and having higher educational attainment, and less social support. The extra costs related to disabilities were the strongest predictor of

increased caregiver burden. The findings indicated that social support can help reduce this burden.

Mackintosh, Robin, and Goin-Kochel (2005) examined the sources of information and support used by parents of children with autism spectrum disorders. The study sample consisted of 498 parents of children with autism spectrum disorders. Results indicated that the most frequent sources of both information and support were other parents of children with autism spectrum disorders. Lower-income parents used fewer information sources and reported fewer supports than middle- or upper-income parents. Specifically, lower-income parents were less likely to attend group gatherings focused on autism-related issues.

Bromley et al. (2004) explored social support, mental health status, and satisfaction with services among mothers of children with autism spectrum disorder. The study included a sample of 68 mothers. Results revealed that more than half of the mothers screened positive for significant psychological distress, which was associated with lower levels of family support and with children who exhibited higher levels of challenging behaviour. Additionally, significant associations were found between mothers' satisfaction with services and factors such as the child's gender, age, ethnicity, and household income.

Duvdevany and Abboud (2003) examined the stress, social support, and well-being of Arab mothers of children with intellectual disabilities who receive welfare services in northern Israel. A sample of fifty mothers participated in the study. Results revealed a relationship between informal support resources and the marital and economic stress of the mothers: the greater the amount of informal support, the lower

the level of stress experienced by the mothers. However, a relationship between the amount of informal support and the level of parental stress was not confirmed.

Shin (2002) examined the effects of culture and social support on the stress experienced by mothers of children with intellectual disabilities in Korea and the United States. A sample of 38 American mothers and 40 Korean mothers participated in home-visit interviews. Results showed that American mothers received more informal and professional support across almost all domains of social support, while Korean mothers experienced higher levels of stress.

Rimmerman and Muraver (2001) examined the experience of undesired daily life events, instrumental functioning, social support, and well-being among Israeli elderly women, comparing caregivers and non-caregivers of adult children with intellectual disabilities. A sample of 160 mothers was selected. Results indicated that caregivers of adult children with intellectual disabilities reported more undesired daily life events compared to the matched non-caregiver group. However, no differences were found in terms of instrumental functioning, social support, or well-being.

Studies Related to Stress Coping Ability

Mehindiratta and Dixit (2024) studied the stress-coping ability of parents of children with intellectual disabilities. The sample consisted of 200 parents of children with intellectual disabilities attending various special schools in the Ambala district. Results showed that parents of children with intellectual disabilities exhibited moderate levels of stress-coping ability. Additionally, significant differences in stress-coping ability were found based on gender and locality.

Singh and Lohumi (2023) assessed the coping strategies of parents of children with intellectual disabilities. A sample of 250 parents of children with intellectual

disabilities was used for the study. The findings revealed that there was no significant association between coping strategy scores and socio-demographic variables such as sex, marital status, education, occupation, monthly family income, religion, or type of family. However, a statistically significant association was found between the parents' age and their coping strategy scores.

Wani et al. (2022) examined the challenges and coping strategies of single mothers raising children with special needs. A purposive sample of three single mothers from the Srinagar area in Kashmir, India, was selected for the study. Results revealed that the multiple roles and responsibilities of these mothers had an adverse effect on their psychological well-being. They had to cope with the financial burden of caring for their child's condition, including expenses for doctor visits, special therapies, and medication, among other costs.

Bashir et al. (2022) studied the challenges and coping strategies of single mothers raising children with special needs. A purposive sample of three single mothers was selected from the Srinagar area in Kashmir, India. Results revealed that the multiple roles and responsibilities had an adverse effect on the psychological well-being of the single mothers, who had to cope with the financial burden of caring for their child's condition, including expenses for doctor visits, special therapies, and medication, among other costs.

Sharma and Subedi (2022) identified the stress levels and different coping styles among caregivers of children with disabilities. A sample of 102 caregivers was studied. Results indicated that caregivers reported high levels of stress. Education and family income showed a statistically significant association with stress. Caregivers' stress had a significant positive correlation with various coping styles, including

active coping, denial, behavioural disengagement, humour, acceptance, religion, and self-blame.

Ntre et al. (2022) investigated the coping strategies used by mothers of children with autism spectrum disorder and their relation to maternal stress and depression. A sample of 143 mothers of children with autism spectrum disorder participated in the survey. Results revealed that the coping strategies of these mothers were associated with several factors related to the personal characteristics of the caregivers, child treatment, and family characteristics.

Swierczynska and Pawłowska (2022) studied the relationship between coping styles in mothers of children with autism spectrum disorder. A sample of 70 women completed the survey. Results showed that mothers' preference for emotion-focused and avoidance coping styles was significantly correlated with a low sense of coherence and the severity of their child's autism spectrum disorder.

Shrestha et al. (2022) examined parental stress and coping in raising children with intellectual disabilities in Kathmandu. A sample of 222 parents was selected. Results indicated that the major source of stress was anxiety related to the child's future after the parents' death, and the most commonly used coping strategy was repressively sharing feelings. Regarding parental coping, the majority of respondents experienced a moderate level of stress, followed by severe stress, while coping levels were primarily moderate, followed by high levels of coping. A significant association was found between the level of stress and factors such as the relationship to the child, the parent's education, and the presence of co-occurring disabilities in the child. Additionally, there was a significant association between the level of coping and the parents' education.

Bujnowska et al. (2021) explored coping styles and strategies for managing stress among parents of children with developmental disabilities, comparing them to parents of typically developing children. A sample of 167 parents of children with developmental disabilities and 103 parents of typically developing children participated in the study. Results indicated significant differences between the two groups in one of the three coping styles and one of the eight coping strategies. Parents of children with developmental disabilities were more likely to use an avoidance-oriented coping style and the emotional support strategy. Both groups of parents primarily used task-oriented coping styles and strategies. However, in stressful situations related to raising a child, parents of children with developmental disabilities were less likely to use strategies such as seeking emotional support or relying on religion, which were more common among parents of typically developing children. There were no statistically significant differences between the two groups in terms of gender or age.

Elkazaz et al. (2021) studied the impact of an educational program on stress and coping strategies among mothers caring for children with Down syndrome. A sample of fifty mothers and their children with Down syndrome participated in the study. Results showed that mothers' knowledge regarding Down syndrome was unsatisfactory in the pre-intervention phase, while a significant statistical difference was found between the pre- and post-intervention phases. There was a positive relationship between mothers' knowledge, their practices, and the pre- and post-program implementation.

Antonopoulou et al. (2020) examined the associations between anxiety, emotional expressiveness within the family, and coping strategies of parents of

children with autism spectrum disorder. The sample consisted of 50 parents of children with autism spectrum disorder and 50 parents of typically developing children. Results indicated that parents of children with autism spectrum disorder exhibited greater negative emotional expressiveness and higher levels of anxiety, and they described themselves as less authoritative in their parenting practices compared to parents of typically developing children. No differences in coping strategies were found between the two groups of parents. Low levels of anxiety and positive emotional expressiveness within the family were found to predict effective coping strategies and supportive parenting styles for both groups of parents.

Samadi (2020) examined the coping styles of Iranian parents who are caregivers for their children with autism spectrum disorders. A sample of 43 parents was recruited from various services for individuals with autism spectrum disorders across Tehran. Results showed that autism spectrum disorders had multiple impacts on the general well-being of Iranian parents. They also used less effective coping styles to manage the demands of caregiving for a child with autism spectrum disorders.

John and Gandhimathi (2020) assessed the levels of stress and coping strategies among mothers of children with intellectual disabilities in selected special schools. A sample of 30 mothers of children with intellectual disabilities was selected from special schools in Ernakulam District, Kerala. Results indicated that the mothers experienced moderate to severe levels of stress, with a positive correlation between their level of stress and their coping strategies. The study also found that the education and occupation of the mothers were associated with their levels of stress

and coping. Additionally, gender had an impact on psychological stress and coping strategies.

Souza et al. (2019) studied the perceived stress, mediators of stress, and coping strategies in parents of children with intellectual disabilities. A sample of 50 parents of children with intellectual disabilities participated in the study. Results showed that perceived stress was not affected by parents' education or economic status but was directly related to the coping mechanisms used. However, parents with higher education and those in higher income groups were more likely to adopt better coping strategies.

Vernhet et al. (2019) conducted a meta-analysis of studies on the coping strategies used by parents of children with autism spectrum disorder to manage the challenges of raising their child. A total of 156 articles were identified, and 11 studies were selected for inclusion. Results highlighted that parents of children with autism spectrum disorder used more avoidance strategies and fewer social support-seeking strategies compared to parents of typically developing children.

Cauda-Laufer (2017) conducted a study in Philadelphia to investigate the relationship between a parent’s coping mechanisms and distress when raising a child with a disability, and to examine whether positive and adaptive coping would lead to better mental health outcomes or if additional supports were needed. The findings revealed that the parents' coping mechanisms did not have a significant relationship with their distress. Positive adaptive coping did not result in better mental health outcomes. Parents often found themselves in an unexpected and undesirable division of labour, which led to frustration and feelings of isolation. They were socially isolated, financially stressed, and emotionally burdened.

Somasekhar (2017) compared perceived stress and coping strategies in parents of children with autism and parents of children with intellectual disabilities. A sample of 30 parents was selected for the study. Results revealed that there was no significant difference in the coping strategies used by parents of children with autism and those of children with intellectual disabilities. However, parents of children with autism experienced more stress and sought more social support compared to parents of children with intellectual disabilities.

Salas et al. (2017) explored the role of coping strategies and self-efficacy expectations as predictors of life satisfaction in parents of children diagnosed with autism spectrum disorder. A sample of 129 parents (64 men and 65 women). Results indicated that the age of the child was associated with lower levels of satisfaction in parents. There were significant gender differences in coping strategies. Specifically, self-efficacy was found to be the key factor in explaining life satisfaction in mothers, while the use of problem-solving strategies was a stronger predictor of life satisfaction in fathers. Both men and women reported similar overall levels of life satisfaction, but significant differences were found in their coping strategies. Women were more likely to use emotion-focused coping strategies, such as expressing emotions and seeking social support, compared to men.

Isa et al. (2017) examined the levels of perceived stress and coping styles among caregivers of children with learning disabilities. The sample consisted of 190 Malay caregivers of children with learning disabilities. Results showed that the most frequently used coping styles among caregivers included religion, acceptance, and positive reframing, while substance use and behavioural disengagement were used less frequently. Higher perceived stress was significantly predicted by having fewer

children, frequent use of instrumental support and behavioural disengagement coping, and a lack of emotional support and religious coping.

El-Zraigat and Al-Dhafairi (2017) examined coping strategies for psychological stress among parents of children with intellectual disabilities and slow learners. The sample consisted of 326 parents of children with intellectual disabilities from private schools and 187 parents of slow learners from private classes in public schools. Results showed a significant statistical difference between the parents of children with intellectual disabilities and the parents of slow learners, with the latter group showing more favourable outcomes.

Thakuri (2017) investigated the stress and coping strategies used by parents of children with intellectual disabilities. The sample consisted of 100 respondents from three organizations. Results showed that three-fourths of the parents experienced severe to clinically significant levels of stress during their parenting process. Parents coped with stress using various strategies, including the use of instrumental social support, positive reinterpretation and growth, planning, suppression of competing activities, and emotional social support.

Bawalsah (2016) investigated the level of stress in parents of children with disabilities in Jordan and the coping strategies they used to manage this stress. The sample consisted of 134 parents who participated in the study. Results indicated that parents of children with disabilities experienced high levels of stress. Parents of children with physical disabilities tended to have the highest levels of stress, while parents of children with hearing impairments had the lowest levels of stress. Engaged coping strategies were most commonly used by parents, with a preference for problem-focused engagement strategies over emotion-focused strategies. Additionally,

the results showed a strong positive and significant correlation, as well as an acceptable predictive relationship, between levels of stress and coping strategies.

Upreti and Singh (2016) compared the coping strategies for perceived stress among parents of mentally challenged children across gender. The sample consisted of 150 parents of mentally challenged children. The findings of the study revealed that both mothers and fathers, regardless of their social class, had the same level of awareness regarding their child's disability. They also had nearly equal expectations and attitudes towards their child and received the same level of social support.

Gona et al. (2016) investigated the challenges faced by parents and how they cope with these challenges. A sample of thirty-seven interviews and eight focus group discussions were conducted with parents of children with autism. Results indicated that parents of children with autism on the Kenyan coast face common challenges, including stigma, lack of appropriate treatment, and financial and caregiving burdens, regardless of their religious and cultural backgrounds. The coping strategies applied by parents included problem-focused aspects, such as diet management and respite care, as well as emotion-focused aspects, such as beliefs in supernatural powers, prayers, and spiritual healing.

Hayat and Zafar (2015) investigated the relationship between coping strategies and psychological well-being among parents of children with Down syndrome. A sample of 120 parents (60 fathers and 60 mothers of children with Down syndrome) participated in the study. Results showed significant correlations between psychological well-being and coping strategies. Parents who relied more on active avoidance coping reported lower levels of psychological well-being compared to those who relied on problem-focused coping strategies.

Durban et al. (2012) determined the different coping mechanisms used by parents in dealing with their children with developmental delays. A sample of 50 respondents participated in the study. Results revealed a significant difference in the coping mechanisms used by parents. Similarly, the age of the parents, number of children, marital status, and education level of the parents significantly affected the types of coping mechanisms employed.

Wang et al. (2011) assessed the stresses and coping strategies of Chinese families with children who have autism and other developmental disabilities. A sample of 368 families of children with autism and other developmental disabilities participated in the study. Results indicated that parents of children with autism experienced more stress and used planning as a coping strategy to a greater extent than parents of children with other developmental disabilities.

Dabrowska and Pisuła (2010) examined parenting stress and coping styles in mothers and fathers of preschool children with autism, Down syndrome, and typically developing children. The sample consisted of 162 parents. Results indicated higher levels of stress in parents of children with autism. Additionally, an interaction effect was found between the child diagnostic group and the parent's gender for two scales of parenting stress: dependency and management, and limits on family opportunities. Mothers of children with autism scored higher on parental stress than fathers, while no such differences were found among the parents of children with Down syndrome or typically developing children. It was also found that parents of children with autism differed from parents of typically developing children in their use of social diversion coping. Emotion-oriented coping was a predictor of parental stress in the samples of

parents of children with autism and Down syndrome, while task-oriented coping was a predictor of parental stress in the sample of parents of typically developing children.

Glidden and Natcher (2009) examined the use of coping strategies, personality, and adjustment in parents raising children with developmental disabilities. A sample of sixty-eight married couples, each parenting at least one child with developmental disabilities, participated in the study. Results indicated that combinations of personality factors and coping strategies significantly predicted outcome variables measured six years later. However, personality was a better predictor for mothers, while coping strategies accounted for more variance in the outcomes for fathers. Distancing, in particular, showed notable mother-father differences.

Lin et al. (2008) examined the coping mechanisms of Taiwanese parents whose children had recently been diagnosed with autism. A sample of 17 parents of children diagnosed with autism was recruited from a children's psychiatric outpatient clinic at a medical center in northern Taiwan. Results showed that parents of children with autism identified nine main coping mechanisms, which fell into three core categories: adjusting to self-change, developing treatments for the autistic child, and seeking support.

Pettajai and Devi (2008) examined stress and coping strategies among parents of children with learning disabilities. A sample of 60 parents of children with learning disabilities was selected using purposive random sampling from the twin cities of Andhra Pradesh. Results revealed that the majority of parents experienced greater financial burdens, reduced social and recreational participation, and mental worries about their child's future. They also experienced moderate levels of physical caregiving burdens, strained relationships with family members and teachers, and

reduced family support and self-esteem due to the presence of children with learning disabilities. The majority of parents adopted avoidance coping strategies to deal with stress.

Kumar (2008) examined the psychological stress and coping strategies of parents of mentally challenged children. The sample consisted of 62 parents, including both fathers and mothers of children with intellectual disabilities. The study aimed to investigate the significance of differences between gender and educational level on psychological stress and coping strategies. Results showed that the relationship between psychological stress and coping strategies among parents of mentally challenged children was negative and highly significant.

Upadhyaya and Havalappanavar (2008) examined coping strategies among parents of children with intellectual disabilities. A sample of 628 fathers and mothers participated in the study. Seven coping strategies were assessed: problem-solving, positive distraction, negative distraction, acceptance-redefinition, religion-faith, denial-blame, and social support. Results indicated that fathers and mothers differed significantly in their use of all seven strategies. With the exceptions of religion-faith and denial-blame, fathers tended to report higher mean scores for the other five strategies. Overall, many coping strategies were underutilized by both groups of parents. For fathers, the most commonly used coping strategies were problem-solving and acceptance-redefinition, while for mothers, problem-solving, religion-faith, and denial-blame were more commonly used. Both fathers and mothers used problem-focused coping more frequently than emotion-focused coping; however, fathers used problem-focused coping more often than mothers, while mothers used emotion-focused coping more frequently than fathers. Significant differences were found

between fathers and mothers in their coping strategies. Higher educational levels, non-agricultural occupations, higher income, and urban family status were identified as key factors predicting more effective coping.

Hussain and Juyal (2007) compared the levels of stress and coping strategies among parents of physically challenged children. A sample of 60 parents, including both parents of physically challenged children and those of normal children, was selected. Results indicated that the level of stress among parents of physically challenged children was significantly higher compared to their counterparts with normal children. The two groups also differed significantly in terms of their coping strategies, with parents of normal children employing more effective coping strategies than parents of children with physical disabilities.

Glidden, Billings, and Jobe (2006) explored the relationship between parental personality, coping style, and well-being among parents raising children with developmental disabilities. A sample of 97 mother-father dyads, each raising at least one child with developmental disabilities, participated in the study. Results indicated that the frequency of coping strategy use was consistent with a dispositional model, where the use of strategies was associated with parents' personality characteristics and remained stable over time, even for different children within the same families. The study suggests that future research should focus on the persistence of the associations between coping strategy use and well-being, particularly across different stages of the lifespan, where coping contexts may change significantly.

Hastings et al. (2005) examined coping strategies in mothers and fathers of children with autism. The sample consisted of 89 parents of preschool children and 46 parents of school-age children. Results revealed four reliable coping dimensions:

active avoidance coping, problem-focused coping, positive coping, and religious/denial coping. Further data analysis indicated gender differences in the first two dimensions, but there was no reliable evidence suggesting that parental coping varied with the age of the child with autism. Associations were also found between coping strategies, parental stress, and mental health. The study discusses practical implications, including reducing reliance on avoidance coping and increasing the use of positive coping strategies.

Studies Related to Quality of Life and Social Support

Hassanein et al. (2022) explored the family quality of life, resilience, and social support of mothers of children with autism spectrum disorder in Qatar. A sample of 220 mothers of children with autism spectrum disorder participated in the study. Results showed that the participants reported a high level of family quality of life and social support, while they scored at a medium level for resilience. The findings also revealed a positive relationship between family quality of life and both resilience and social support, as well as the potential for predicting family quality of life through social support.

Khan et al. (2022) compared the locus of control, perceived social support, and quality of life of mothers of children with autism spectrum disorder. The sample consisted of 200 mothers. Results revealed a significant difference in the locus of control, perceived social support, and all four quality of life subscales (i.e., physical, psychological, social, and environmental) between mothers of children with autism spectrum disorder and those with typically developing children. Moreover, mothers of children with autism scored significantly lower on perceived social support and quality of life, while scoring higher on locus of control compared to mothers of

typically developing children. A significant positive relationship was found between perceived social support and quality of life among mothers of children with autism spectrum disorder.

Hassanein et al. (2021) determined that social support and resilience account for variance in family quality of life as reported by mothers of children with intellectual disabilities. A sample of eighty-eight Qatari mothers participated. Results showed that families need to be engaged in both giving and receiving instrumental support, and that the receipt of emotional support is positively associated with the family's quality of life.

Jacob et al. (2021) investigated the impact of perceived social support, maternal stress, and socio-economic status on the quality of life of mothers of children with intellectual disabilities. A sample of 93 mothers of children with intellectual disabilities participated in the study. Results showed that the correlation between maternal stress and quality of life was negative and significant. Moreover, the study revealed that perceived social support had the highest relative contribution to the quality of life of mothers, followed by socio-economic status, while maternal stress had the least contribution. The joint contribution of perceived social support, maternal stress, and socio-economic status to the quality of life of mothers was significant.

Balcells-Balcells et al. (2019) examined the impact of support and partnerships on family quality of life. A sample of 202 families with children having intellectual and developmental disabilities participated in the study. Results indicated that families had language and speech support needs for their children, as well as information needs for themselves. They were generally satisfied with their partnerships with professionals and their family quality of life. Additionally, the results showed that

their level of satisfaction with the support they received was a good predictor of family quality of life, and their ratings of partnership quality were a key factor mediating this effect.

Marsack (2017) examined the mediating effect of formal and informal social support on the relationship between caregiver burden and quality of life. A sample of 320 parents of children with autism spectrum disorder participated in the study. Results indicated that caregiver burden negatively affected quality of life and that informal social support partially mediated the relationship between caregiver burden and parents' quality of life. However, formal social support did not mediate the relationship between caregiver burden and quality of life.

Studies Related to Quality of Life and Stress Coping Ability

Selvakumar and Panicker (2020) aimed to assess the quality of life, coping styles, and symptoms of depression, anxiety, and stress in mothers of children with autism spectrum disorder. A sample of thirty mothers of children with autism spectrum disorder was selected. Results indicated the presence of depressive and anxiety symptoms, as well as impaired quality of life among the mothers.

McAuliffe et al. (2017) examined the influence of differences in household status on parental stress, coping, time use, and quality of life among mothers of children with autism spectrum disorders. A sample of forty-three single mothers and 164 coupled mothers participated in the study. Results revealed that single mothers were more likely to report lower levels of environmental quality of life. While they were more likely to use an acceptance coping style, this association did not persist after adjusting for the total number of children, household income, and employment status. There was no significant difference in time use and stress between the two

groups of mothers. Possible environmental issues faced by single mothers were also discussed.

Dardas and Ahmad (2015) examined coping strategies as mediators and moderators between stress and quality of life among parents of children with autistic disorders. A sample of 184 parents of children with autistic disorders was selected. Results revealed that only "seeking social support" and "escape avoidance" were moderating strategies in the relationship between stress and quality of life.

McStay et al. (2014) explored the potential predictors of maternal and paternal stress and family quality of life in Australia. The sample consisted of 196 parents of children with autism spectrum disorder aged 3–16 years. Results showed the negative impact of child externalizing behaviours and highlighted the importance of a family sense of coherence for positive parental outcomes.

Predescu and Sipos (2013) examined cognitive coping strategies, emotional distress, and the relationship between them and quality of life in mothers of children with autism spectrum disorder. A sample of 114 mothers of children diagnosed with autism spectrum disorder completed the survey. Results suggested that the use of adaptive coping strategies correlates with a higher family quality of life, while for maladaptive strategies, the relationship is reversed.

Studies Related to Social Support and Stress Coping Ability

Lakhani et al. (2025) examined the existing literature on the informal social support experiences of families with a child having an intellectual disability and identified the challenges and coping strategies they employed, particularly emphasizing the social support needs of these families. Following the guidelines for Systematic Reviews and Meta-Analyses, a systematic search of relevant databases

was conducted to identify pertinent studies. The inclusion criteria encompassed empirical research and theoretical literature exploring the experiences of families raising a child with an intellectual disability and the coping mechanisms employed. A thorough examination of selected studies was conducted to extract and synthesize key findings related to these families. Results revealed a substantial body of evidence indicating that parents of children with intellectual disabilities frequently encounter negative and overwhelming experiences, including psychological, economic, and social distress. This synthesis provides a foundation for understanding that the early adoption of coping mechanisms is crucial in navigating the difficulties of raising a child with an intellectual disability. The importance of family unity and shared responsibilities cannot be overstated. In resource-constrained nations, informal social assistance becomes a lifeline, addressing the child's developmental needs and providing support to the parents on this unique journey.

Karrit and Coetzee (2024) aimed to identify the coping strategies and sources of support available to parents of children with autism spectrum disorder. A sample of 23 parents participated in the study. Results showed that the initial COVID-19 lockdown placed parents of children with autism spectrum disorder under considerable stress. Disrupted routines and interrupted access to financial, psychological, social, and educational support during the initial lockdown period exacerbated the parenting experience. This study highlights the importance of providing parents of children with autism spectrum disorder with strategies to communicate significant changes and various forms of support to help them navigate the negative effects of routine disruptions during times of uncertainty and crisis.

Kumar et al. (2019) compared the coping strategies and social support among parents of children with mental retardation and parents of typically developing children. A sample of 80 parents (40 parents of children with mental retardation and 40 parents of typically developing children) was selected. Results indicated that parents of children with mental retardation had poorer social support and less effective coping strategies compared to parents of typically developing children.

Halstead et al. (2017) explored the perceived social support, positive perceptions, and coping styles of mothers of children with disabilities. A sample of 138 mothers of children with intellectual and developmental disabilities participated in a cross-sectional survey. Results showed that perceived social support functioned as a protective factor, influencing the relationship between child behavioural and emotional problems and maternal depression, life satisfaction, and positive affect. There was no evidence that coping styles or positive perceptions acted as a protective factor.

Pepperell et al. (2018) explored the social support and coping strategies of parents raising a child with autism spectrum disorder. A sample of 10 mothers and 9 fathers of children with autism spectrum disorder participated in the study. Results revealed that both genders reported adopting problem-focused coping strategies, engaging in ‘me time’ activities, and disengaging from stressors as a way to cope. More mothers reported engaging in emotion-focused strategies and accessing social support for emotional and practical support. The presence of traditional gender roles emerged as a potentially significant factor in understanding how mothers and fathers adopt different types of coping strategies.

Cuzzocrea et al. (2015) examined the relationships between parent stress, coping strategies, and social support among parents of children with high-functioning and low-functioning autism spectrum disorder. A sample of 50 couples with children who have developmental disabilities participated in the study. Results showed that parents of children with autism spectrum disorder reported higher overall stress compared to parents of children with Down syndrome or typically developing children. The most effective coping strategies for stress were turning to religion for parents of children with high-functioning autism spectrum disorder and problem-solving for parents of children with Down syndrome. Avoidance coping was associated with greater stress for parents of children with Down syndrome, high-functioning autism spectrum disorder, and typically developing children. Social support was an important protective factor against stress for all parents, particularly support from family members, especially for parents of children with Down syndrome.

Obeid and Daou (2014) examined the effects of coping styles, social support, and child behavioural symptoms on the well-being of mothers of children with autism spectrum disorders. The sample consisted of 65 mothers of children with autism spectrum disorders and 98 mothers of typically developing children. Results revealed that mothers of children with autism spectrum disorders differed in the coping styles they used. Additionally, mothers of children with autism spectrum disorders reported lower levels of perceived social support.

Hall and Graff (2011) assessed the relationships among the adaptive behaviours of children with autism, family support, parenting stress, and coping. A sample of 75 parents participated. Results showed an association between low

adaptive functioning in children with autism and increased parenting stress, which creates a need for additional family support as parents search for different coping strategies to assist the family with ongoing and new challenges. Professionals should have up-to-date knowledge of the supports available to families and refer them to appropriate resources to avoid overwhelming them with unnecessary or inappropriate referrals.

Studies Related to Quality of Life, Social Support and Stress Coping Ability

Savari et al. (2023) evaluated the role of perceived stress, social support, and resilience in predicting the Quality of Life among parents of children with disabilities. A sample of 250 parents of children with disabilities was selected. Results showed that a negative and significant relationship between perceived stress and the Quality of Life of these parents. Moreover, there was a positive and significant relationship between social support and resilience, and the Quality of Life of parents of children with disabilities.

Wang et al. (2022) explored the relationship between coping (both positive and negative), social support, and family Quality of Life for caregivers of individuals with autism. The sample consisted of 29 parents of children with autism. Results showed that social support partially mediated the relationship between coping (both positive and negative) and family Quality of Life for caregivers. Additionally, the moderator analyses revealed that caregivers with spouses were more likely to experience a reduction in social support when they adopted negative coping strategies, compared to caregivers without spouses.

Critical Review

The investigator reviewed one hundred and sixty-three studies related to the variables under study viz Quality of Life, Social Support, and Stress Coping Ability. Of these, fifty-seven studies were related to Quality of Life, forty- eight studies related to social support, thirty- seven studies related to stress coping ability, six studies on the Quality of Life and Social Support, five studies related to the Quality of Life and stress coping ability, eight studies related to social support and stress coping ability, two studies related to Quality of Life, social support and stress coping ability of parents of disabled children. The review of related studies enabled the investigator to develop a perspective of the nature of the interaction of the variables concerned in the present investigation. Majority of the studies were conducted on parents and care givers of autistic children.

The studies reviewed here collectively examine the important role of Quality of Life, social support and stress coping ability in the lives of parents raising children with developmental disabilities, particularly those diagnosed with autism spectrum disorder, cerebral palsy and intellectual disabilities. Several studies examine autism spectrum disorder, fewer studies include a broader range of disabilities such as intellectual disabilities, cerebral palsy etc. The studies encompass a broad range of geographic areas, including Turkey, China, India and United States. This provides a valuable cross-cultural perspective on how Quality of Life and social support affects parents in different cultural contexts. The studies conducted by Yildirim et al. (2022); and Tarkey and Lu et al. (2021) in China highlight the cross- cultural names in the way social support influences well-being.

Multiple studies, such as of Volgyesi-Molneir et al. (2024); Fante et al. (2024) and Musetti et al. (2024); underline that living with a child with autism or intellectual disabilities significantly lowers parental Quality of Life. Research by Salami and Alhalal (2024); Vasilopoulu and Niabat (2016); Raju et al. (2023) and Pathak and Biswal (2023) consistently reports that mothers experience poor Quality of Life than fathers. Studies by Alhuzimi (2024) and Christodoulu et al. (2020), highlight the impact of cultural and socioeconomic factors on parental Quality of Life.

The research of Yildirim et al. (2023); Aun et al. (2022) and Cappe et al. (2018), emphasizes the positive relationship between perceived social support and Quality of Life.

Several studies, such as those by Mehindiratta (2024) and Singh and Lohumi (2023), reported that parents experience moderate to high levels of stress, with coping abilities varying based on demographic factors such as gender, locality, and socic-economic status. Notably, Mehindiratta (2024) highlighted that parents of mentally challenged children show a moderate level of coping with differences based on gender and locality. Singh and Lohumi (2023) emphasized the relationship between coping mechanism are influenced by individual factors, including parental age and personal resilience.

Research by Swierczynska and Pawlouska (2022) and Sales et al. (2027), Pointed to the fact that mothers tend to employ emotion-focused coping strategies such as seeking emotional support, while fathers are more likely to use problem-focused strategies. Studies such as Wani et al. (2020) and Bashir et al. (2022) specifically explore the unique challenges faced by single mothers of children with special needs.

Research by Elkuzaz et al. (2021) and Souza rt al. (2019) highlighted that parents with higher educational levels and higher income generally adopt more effective coping strategies. Similarly, Sharma and Aubedi (2022) found that education and family income are associated with lower levels of caregiver stress.

Several studies, including those by Khan et al. (2022) and Jacob et al. (2021) indicated a clear relationship between perceived social support and better Quality of Life.

The following research gaps are identified by the investigator while reviewing related literature. Majority of studies conducted were on parents of autism spectrum disorder children. To the best knowledge of the investigator, very few studies were conducted on Quality of Life, Social Support and Stress Coping Ability of parents of mentally challenged children. Not much studies have been conducted to examine the influence of Quality of Life and Social Support on Stress Coping Ability of parents of mentally challenged children. Also, the present study differs from the above studies in terms of area, methodology, population, and sample. Therefore, the study entitled "Quality of Life and Social Support on Stress Coping Ability of Parents of Mentally Challenged Children" will be different from the studies conducted in terms of formulating objectives and hypotheses, as well as research design.

CHAPTER III

METHODOLOGY

Method Adopted for the Study

Variables of the Study

Tools Used

Population

Sample Selected for the Study

Procedure for Data Collection

Scoring and Consolidation of Data

Statistical Techniques Used

"Methodology is the philosophical framework within which the research is conducted or the foundation upon which the research is based" (Brown, 2006). The methodology of this study is formulated based on the objectives, the theoretical framework of the variables, and the review of related literature on the variables under study. The theoretical aspects of the variables and the research conducted in the field are discussed in the previous chapters, in detail.

The description of the methodology adopted by the investigator is presented under the following headings.

Method Adopted for the Study

The selection of a method and the specific design within that method appropriate to the research problem depend upon the nature of the problem and the kind of data required. The present investigation tries to study the influence of Quality of Life and Social Support on Stress Coping Ability of parents of mentally challenged

children. Based on the problem and objectives of the present study, the investigator adopted normative survey method for the investigation.

Variables of the Study

The present study is an attempt to find out the influence of Quality of Life and Social support on Stress coping ability of parents of mentally challenged children. The study is designed with Quality of Life and Social support as the predictor variables and Stress coping ability as the criterion variable. Gender (Male/Female), Locality (Rural/ Urban), Age (25-35/36-45/46-55), Religion (Hindu, Christian and Muslim), Community (BC, MBC, SC and ST),Parental education (Below SSLC/ HSC/Undergraduate/Postgraduate/ Professional degree), Occupation of Father (Casual Labourer/Government Employee/ Private Sector Employee / Business) Occupation of Mother (Home Maker/ Casual Labourer/Government Employee/ Private Sector Employee/ Business) and Monthly income (Below Rs.10000 /Rs.10000 - Rs.25000 / Above Rs.25000) were taken as the background variables in this study.

Tools Used

The successful outcome of the research mainly depends upon the proper selection of the research tools. The nature of the tool depends on the variables included in the study. To measure the variables under study, the investigator used the following tools

Quality of Life Scale (QOLS) (Sharma &Nasreen, (2014)

Social Support Scale (SSS) (Vijila &Sreelatha, (2021)

Stress Coping Ability Scale (SCAS) (Sreelatha, (2019)

Quality of Life Scale (QoLS)

The Quality of Life Scale developed by Sharma and Nasreen (2014) was used for the study. The scale consisted of 42 statements under 11dimensions namely Life Satisfaction, Goals and Motivation, Spirituality, Happiness, Hopes and Wishes, Stress Reduction, Frustration/ Depression/ Anxiety, Adjustment, Physical Well-Being and Self-Care, Effectiveness/ Efficiency of myself, and Personal Development/Personal Evolution.

Scoring. The scale is a 3-point scale with alternatives Always, Seldom, and Never. For positive items, a score of '3', '2', and 1 were given to the responses Always, Seldom, and Never. For negative items, the scores were reversed.

Reliability. Reliability of the scale was determined by Cronbach 's alpha and is 0.821.

Validity. Content validity and construct validity of the tool were established.

Table 3.1

Norms for Interpretation of level of Quality of Life Scale

Sr. No.	Range of z-Scores	Grade	Level of Quality of Life
1.	+2.01 and above	A	Extremely High Level of Quality of Life
2.	+2.26 to +2.00	B	High Level of Quality of Life
3.	+0.51 to +1.25	C	Above Average Level of Quality of Life
4.	-0.50 to+0.50	D	Average/Moderate Level of Quality of Life
5.	-0.51 to -1.25	E	Below Average Level of Quality of Life
6.	-1.26 to -2.00	F	Low Level of Quality of Life
7.	-2.01 and below	G	Extremely Low Level of Quality of Life

Social Support Scale

The Social Support Scale constructed and validated by the investigator was used to measure the social support received by parents of mentally challenged children. The following steps were adopted in the construction and validation of the scale.

Planning. The investigator studied thoroughly the literature on the life of parents of special children, their stress, and support received by them to get a theoretical basis for the scale. Special attention was given to the literature dealing more directly with the social support of parents of mentally challenged children. The investigator reviewed many Social Support Scales, majority of them were constructed and standardized in foreign contexts and found not suitable for the present investigation. Thus, the investigator decided to construct a Social Support Scale which is to be validated in the Indian context. The Social Support Scale was constructed based on the dimensions proposed by House, J.S. (1981). The investigator identified three dimensions of Social Support namely Emotional support, Instrumental support and Informational support as suggested by House, J.S. (1981).

The investigator decided to develop the Social Support Scale as a five-point scale with responses as ‘Always true’ (A), ‘Very true’ (B), ‘Sometimes true’ (C), ‘Occasionally true’ (D) and ‘Not at all true’ (E).

Preparation of the Items for the Draft Scale. The investigator identified three dimensions of Social support namely, Emotional support, Instrumental support and Informational support. Experts in the field were also consulted and their suggestions were taken into consideration.

An initial pool of sixty-two items were prepared on three dimensions of Social Support namely Emotional support, Instrumental support, and Informational support. This pool of items was given to a group of three experts in the field of Education and Psychology (List of experts attached in the Appendix) to ensure that items are uniquely representative of the dimensions. Based on their suggestions, those items which were complex and vague were eliminated. The items on which the experts were unanimous in their opinion were retained. Thus 42 items were included in the draft form of Social Support Scale.

Among the 42 items, 14 items were on Emotional support, 14 items on Instrumental support, and 14 items on Informational support. Each of the items had five responses, 'Always true' (A), 'Very true' (B), 'Sometimes true' (C), 'Occasionally true' (D), and 'Not at all true' (E). The scores for positive items 5,4,3,2,1 and negative items were 1,2,3,4,5 The maximum score on the draft Social Support Scale is 210**,** and the minimum score is 42.

Pre–try-out. After preliminary screening and editing of the items, the scale was tried out on fifty parents of mentally challenged children in the special school Nambikkai alayam, Kanniyakumari district. Pre-try-out was conducted to identify the ambiguities like difficulty in comprehending the language, difficulties with the instruction of marking responses and to get an estimate of the time required for marking the responses of the scale. After this preliminary administration of the scale, minor changes were made in the language and sentence construction of some of the items. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the items.

Table 3.2

Distribution of items in the Draft form of Social Support Scale

Dimensions of Social support	Positive Polarity	Negative Polarity	Total number of items
Emotional support	1,7,13,19,25,31,37	2,8,14,20,26,32,38	14
Instrumental support	5,11,17,23,29,35,41	6,12,18,24,30,36,42	14
Informational support	3,9,15,21,27,33,39	4,10,16,22,28,43,40	14

A copy of the draft form of the Social Support Scale in English and its translation in Tamil are given in Appendix C

Pilot Study. After the preliminary screening and pre-try-out, the draft form of Social Support Scale was administered to a sample of 400 parents of mentally challenged children in Kanniyakumari district. The sample was drawn randomly after giving due representation to gender, age, religion, community, locality, educational qualification, etc. As per the instructions in the draft Social Support Scale, the parents are required to respond on a five-point scale with responses, 'Always true' (A), 'Very true' (B), 'Sometimes true' (C), 'Occasionally true' (D) and 'Not at all true' (E). The score for positive items were 5, 4,3,2,1 and for negative items 1, 2,3,4,5

Item Analysis. Item analysis was used for selecting and rejecting the items of a tool based on their difficulty value and discriminative power.

Item analysis of the Social Support Scale was done as per the instructions given in Mathew's Item Analysis Table-a correlational method (Mathew, 1982). This table gives item criterion correlation (Phi-coefficient) and the percentage of testees

marking the keyed answer (P-value). Data was collected from a sample of 400 parents of mentally challenged children. The items were scored. Then the response sheets were arranged in descending order based on the criterion score. One hundred response sheets having the highest criterion scores were separated which constitute the upper tail. Similarly, one hundred response sheets having the lowest scores constitute the lower tail.

The PL (Percentage of individuals in the lower tail marking the keyed answer) and PU (Percentage of individuals in the upper tail marking the keyed answer) were found out for each item using Mathew Item Analysis Table. The required number of items was selected from among the items having the highest correlation value (Phi value) and medium P value. It may be mentioned here that the phi values were compared for every combination of PL and PU values. Phi is calculated using Guilford's (1954) formula.

$$\text{Phi} = \frac{P_U - P_L}{2\sqrt{pq}}$$

Where,

$$P = \frac{P_U - P_L}{2}$$

$q = 1 - p$

Items with Phi values above 1 percent level of significance (0.18) were considered for selection. The last and highest Phi values of selected items were 0.32 and 0.63 respectively. Similarly, the least and highest P values of the selected items were 41 and 65 respectively. The final Social Support Scale consisted of 33 items.

The details of items selected for the Social Support Scale are given in Table 3.1

Table 3.3

Details of Items Selected for Social Support Scale

Item number	PL	PU	phi	p
1	50	97	0.53	74
2*	29	81	0.52	55
3*	32	93	0.63	63
4*	40	84	0.45	62
5*	48	69	0.21	59
6*	40	65	0.25	53
7	29	49	0.21	39
8*	27	71	0.44	49
9*	37	67	0.30	52
10*	43	74	0.32	59
11*	38	88	0.52	63
12*	26	74	0.48	50
13*	46	80	0.35	63
14*	48	82	0.36	65
15*	54	74	0.21	64
16	42	52	0.10	47
17*	34	76	0.42	55
18	31	63	0.32	47
19*	45	76	0.32	61
20*	40	73	0.33	57
21*	43	76	0.34	60

22*	32	80	0.48	56
23*	49	81	0.34	65
24*	39	73	0.34	56
25*	39	71	0.32	55
26	26	56	0.31	41
27*	39	84	0.46	62
28*	35	70	0.35	53
29*	42	66	0.24	54
30	24	64	0.40	44
31	52	80	0.30	66
32*	43	81	0.39	62
33*	44	84	0.42	64
34*	43	75	0.33	59
35	38	55	0.17	47
36	46	50	0.04	48
37*	37	84	0.48	61
38*	30	83	0.54	57
39*	33	74	0.41	54
40*	27	71	0.44	49
41*	36	81	0.46	59
42*	37	78	0.42	58

Note: * indicates items selected for the final scale

Final form of Social Support Scale. The final form of the Social Support Scale consisted of thirty-three items. An appropriate response sheet was also prepared.

A copy of the final Social Support Scale in English and its Tamil version, the response sheet, the scoring key, and the scoring manual, are given in Appendix B. The

distribution of items in the final form of the Social Support Scale is given in the following table

Table 3.4

Distribution of items of Social Support Scale

Serial number of items			
Dimensions of Social Support	Positive Polarity	Negative Polarity	Total number of items
Emotional support	13,19,25,32,37	2,8,20,32,38	10
Instrumental support	5,11,17,23,29,41	6,12,24,42	10
Informational support	3,9,15,21,27,33,39	4,10,22,28,43,40	13

Tool validation. To ensure that tool constructed is sound, it is important to review evidence of its reliability and validity (McIntyre and Hiller, 2007).

Reliability of Social Support Scale. Reliability is the degree of consistency with which a tool measures what it intends to measure. The reliability of the Social Support Scale was established by using the test-retest method. The test-retest reliability of the Social Support Scale was done by administering the scale twice with a time gap of three weeks. A sample of one hundred parents was used. The reliability coefficient was found to be 0.72. This value showed that Social Support Scale is a reliable tool since the obtained reliability coefficient is acceptable for a reliable tool (Cohen et.al. 2007). The reliability coefficient of the Social Support Scale is given in table 3.5.

Table 3.5

Test-Retest Reliability Coefficient of the Social Support Scale

Variable	Reliability coefficient
Social Support	0.72

Validity of the Social Support Scale. Content validity and concurrent validity of the Social Support Scale were established.

Content Validity. Content validity of the Social Support Scale was established by thorough reference to the theoretical aspects, and related literature and by pilot testing expert reviews. The tool was submitted to a panel of experts in the field of Teacher Education and Psychology for their suggestions. (List of experts appended in Appendix E). Experts were requested to review the items to ensure that they align with the content domain. They evaluate the items based on the following criterion.

- Comprehensiveness of the test items to measure the variable.
- Representativeness of the items regarding the concept to be measured.
- Whether the tool measures the major dimensions of the concept.
- Whether the language is free from ambiguity.

Necessary modifications were made according to the suggestions and opinions of the experts.

Concurrent Validity. The concurrent validity of the scale was established by correlating the scores of the present scale with external criterion scores of another Social Support Scale (House, J.S. 1981). Both scales were administered to a sample of a hundred parents of mentally challenged children and coefficient of correlation was found. The validity coefficient thus obtained was 0.75, which ensures that the tool is

valid to measure social support. Thus, the scale as a whole is a reasonably valid and reliable instrument for the investigation.

Stress Coping Ability Scale

The Stress Coping Ability Scale developed by Sreelatha (2019) was used for the study. Dimensions of stress coping ability included in the scale are Confronted coping, Distancing, Escape- Avoidance, Self-distraction, Self-controlling, Seeking social support, Planful problem-solving, and Positive reappraisal.

Scoring. The scale consisted of 42 items with responses Always true, Somewhat true, Rarely true, and Not at all true. For positive statements, a score of '4', '3', '2', and 1 were given to the responses Always true, Somewhat true, Rarely true, and Not at all true. For negative items, the scores were reversed.

Reliability of the Scale. The reliability of the Stress Coping Ability Scale was established by using the test-retest method. The test-retest reliability of the Stress Coping Ability Scale was done by administering the scale twice with a time gap of three weeks. The reliability coefficient was found to be 0.79.

Validity of the Scale. Content validity and concurrent validity of the tool were established.

Population

The population of the study consisted of all parents of mentally challenged children in Tamil Nadu.

Sample Selected for the Study

The investigator used stratified random sampling technique for the present study. The study was confined to southern districts of Tamil Nadu such as

Kanniyakumari, Thirunelveli and Thoothukudi. The investigator selected 17 special schools from these three districts. Due representation was given to Gender, Age, Religion, Community, Locality, Parental education, Parental occupation and Monthly income. The initial data was collected from a total of 620 parents of mentally challenged children in southern districts of Tamil Nadu.

The scrutiny of the response sheets indicated that a few of them were incomplete. Also, in some response sheets, more than one alternative response was found marked, making it impossible to identify the response chosen by the parents. In the personal information schedule, some items were found unanswered in some response sheets. All these resulted in the rejection of 20 response sheets from the initial sample.

The list of Special Schools Selected for the Study is given in Appendix F

Table 3.6

Details of the final sample

Category	**Divisions**	**Number of parents**	**Percentage**
Gender	Father	347	57.83
	Mother	253	42.17
Age	25 to 35	205	34.17
	36-45	202	33.67
	46-55	193	32.17
Religion	Hindu	241	40.17
	Christian	310	51.67
	Muslim	49	8.17
Community	BC	241	40.17

	MBC	122	20.33
	SC	128	21.33
	ST	109	18.17
Locality	Rural	303	50.50
	Urban	297	49.50
Parental Education	Below SSLC	145	24.17
	HSC	142	23.67
	Degree	130	21.67
	PG	112	18.67
	Professional course	71	11.83
Parental occupation Fathers	Casual Labourer	263	43.83
	Government Employee	75	12.50
	Private Sector Employee	139	23.17
	Business	123	20.50
Parental occupation Mothers	Home Maker	191	31.83
	Casual Labourer	158	26.33
	Government Employee	74	12.33
	Private Sector Employee	127	21.17
	Business	50	8.33
Monthly income	Below Rs.10000	233	38.83
	Rs.10000 - Rs.25000	214	35.67
	Above Rs.25000	153	25.50

Procedure for Data Collection

The investigator collected data from parents of mentally challenged children in Thoothukudi, Tirunelveli and Kanniyakumari districts. Data was collected from a sample of 600 parents. After getting permission from special school authorities, the investigator visited the special schools in Kanniyakumari and Tirunelveli Districts.

Investigator requested principals of each special school and collected a schedule of the parents meeting. At first Personal Information Schedule (PIS) was given to the parents to collect the demographic details. Then the three tools namely, Quality of Life Scale, Social Support Scale, and Stress Coping Ability Scale were administered in the order. The investigator visited the houses of those parents who didn't attend the meeting and collected their responses. The investigator collected the responses of illiterate parents by conducting interviews and their responses were marked on the scale. In Thoothukudi district, the investigator got permission from special school principals and sent the tools by post. The school authorities distributed the tools to the parents and collected them back and return them by post. Although instructions for filling the scales were given in each tool, some general instructions were given to the parents. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the items.

Scoring and Consolidation of Data

The data collected were scored systematically using scoring keys. The collected response sheets were scrutinized for any faulty responses or incompleteness. If any of the response sheets was found incomplete or made more than one response for the same item the set of response sheets belonging to that particular individual was not taken into consideration for analysis. The Quality of Life Scale, Social Support Scale, and Stress Coping Scale were scored using the scoring keys.

The data was consolidated by entering the data in the MS Excel spreadsheet for the statistical analysis.

Statistical Techniques Used

The main statistical techniques employed for the present study are described as follows

a) t test. The t-test or test of significance of the difference between means for a large independent sample is used to compare the means between any groups on any of the variables (Garrett, 2004). This test is used to find the significant level of difference between two groups of samples.

In the study, the t value is interpreted in terms of the P value. The level of significance is fixed at a 5% level. If $P < 0.05$, t is significant at 0.05 level. If $P > 0.05$, t is not significant at any level.

b) ANOVA (F-test). ANOVA is used to test the differences among the means of the samples by examining the variation within each of the sample relative to the amount of variation between the samples (Kothari, 2013)

In the study, the F value is interpreted in terms of the P value. If $P < 0.05$, F is significant at 0.05 level, If $P > 0.05$, F is not significant at any level.

c) Multiple Comparisons using Scheffe's Method. This is a test of post hoc analysis. A significant F obtained as the result of ANOVA does not indicate which of the three groups differ among themselves. In such cases, the comparison of the differences between means for any two groups is done using Scheffe's procedure (Scheffe's1957).

d) The Pearson Product Moment Method of Correlation. The Pearson Product-moment method of correlation was used to find out the correlation between the Quality of Life, Social Support, and Stress Coping Ability (Garret, 2004). The following statistical procedure is used in interpreting r Verbal interpretation of correlation is done as (Garret, 2004)

- from 0.00 to +0.20 denotes indifferent or negligible relationship
- from+0.20 to +0.40 denotes low correlation; present but slight.
- from + 0.40 to +0.70 denotes substantial or marked relationship.
- from +0.70 to +1.00 denotes high to very high relationship.

This classification is accepted as a general guideline for interpreting coefficient of correlation.

e) Step-Wise Regression Analysis. The step-wise analysis is the statistical technique to select the set of a variable that best predict the criterion variable and that eliminates superfluous predictor variables (Cohen Manion & Morrison, 2013)

In regression analysis, the predictor variables are entered one by one based on the size of the contribution of each variable in predicting the criterion variable. Hence, as the first step, the predictor variable having the highest correlation with the criterion variable is entered. Then the variable having the next highest correlation is entered second and so on. Preceding this stage comes that, further entering of variables will not make a significant change either in the percentage variance or in R. It is an indication that the variable entered last and the remaining variables are not significant predictors of the criterion variable.

Multiple regression equations were derived to predict the criterion of parents of mentally challenged children by using the two predictor variables. The contribution of each predictor variable on Stress Coping Ability also can be found. The regression equation which expresses the relationship between the criterion variable and the two predictor variables (X1 and X2) in the score form is given by

$$Y=B2X2+B1X1+K \text{ (Constant)}$$

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

PRELIMINARY ANALYSIS

- Descriptive Statistics
- Percentage wise Analysis

MAJOR ANALYSIS

- Differential Analysis
- Correlation Analysis

Multiple Regression Analysis

The present study as stated earlier, attempts to investigate the influence of Quality of Life and Social support on Stress coping ability of parents of mentally challenged children. Quality of Life and Social support are the predictor variables and Stress coping ability is the criterion variable in this study. The demographic variables are gender, age, religion, community, locality, educational qualification, occupation of fathers, occupation of mothers and monthly income.

Analysis was mainly carried out in two phases: Preliminary analysis and major analysis. Preliminary analysis gives descriptive statistics to know the pattern of the distribution of scores and the level of Quality of Life, Social support and Stress-coping ability of parents of mentally challenged children. Major analysis elaborates the significance of the difference in the mean scores of Quality of Life, Social support, and Stress coping ability based on the background variables selected, correlation among variables under study and step-wise regression analysis.

Null Hypotheses Formulated

1. There exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children with regard to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation viii) Mothers Occupation and ix) Monthly Income.
2. There exists no significant difference in the mean scores of Social Support of parents of mentally challenged children with repaired to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation viii) viii) Mothers Occupation and ix) Monthly Income.
3. There exists no significant difference in the mean scores of Stress Coping Ability of parents of mentally challenged children with regard to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation viii) Mothers Occupation and ix) Monthly Income.
4. There exists no significant correlation between Quality of Life and Stress coping ability of parents of mentally challenged children
5. There exists no significant correlation between Social Support and Stress Coping Ability of parents of mentally challenged children
6. Combined and individual contributions of Quality of Life and Social support are significant in predicting Stress Coping Ability of parents of mentally challenged children.

To test the null hypotheses of the present study, the data collected from 600 parents of mentally challenged children were subjected to analysis.

Preliminary Analysis

Descriptive Statistics

Before starting up with the major statistical analysis, the investigator studied the nature of the distribution of variables in the study by estimating the major statistical constants like mean, median, mode, standard deviation, skewness, and kurtosis for the total sample of the parents of mentally challenged children (N = 600). Results are presented in Table 4.1

Table 4.1

Basic Statistical Constants of the Distribution of Scores of Quality of Life for the Total Sample (N = 600) of Parents of Mentally Challenged Children

Variables	N	Mean	Median	Mode	S. D	Skewness	Kurtosis
Quality of Life	600	93.01	93.00	92.00	10.95	-0.42	0.43

As the measures of central tendencies (Mean, Median and Mode) cluster around nearer scores, it can be seen that the distribution of scores of Quality of Life for the whole sample is nearly normal.

The indices of skewness (-0.42) and kurtosis (0.43) for the scores of Quality of Life suggest that the distribution is a nearly normal one.

Table 4.2

Basic Statistical Constants of the Distribution of Scores of Social Support for the Total Sample (N=600) of Parents of Mentally Challenged Children

Variables	N	Mean	Median	Mode	S. D	Skewness	Kurtosis
Social Support	600	102.40	101.00	96.00	10.25	0.83	2.36

As the measures of central tendencies (Mean, Median and Mode) cluster around nearer scores, it can be seen that the distribution of scores of Social Support for the whole sample is nearly normal.

The indices of skewness (0.83) and kurtosis (2.36) for the scores of Social Support suggest that the distribution is a nearly normal one.

Table 4.3

Basic Statistical Constants of the Distribution of Scores of Stress Coping Ability *for the Total Sample (N=600) of Parents of Mentally Challenged Children*

Variables	N	Mean	Median	Mode	S. D	Skewness	Kurtosis
Stress Coping Ability	600	93.62	93.00	88.00	8.14	0.19	-0.57

As the measures of central tendencies (Mean, Median and Mode) cluster around nearer scores, it can be seen that the distribution of scores of Stress Coping Ability for the whole sample is nearly normal.

The indices of skewness (0.19) and kurtosis (-0.57) for the scores of Stress Coping Ability suggest that the distribution is a nearly normal one.

Extent of Quality of Life, Social support, and Stress coping ability of Parents of Mentally Challenged Children

The percentage of parents of mentally challenged children belonging to different levels of Quality of Life, Social support and Stress coping ability are presented in this section.

For the variable Quality of Life instructions given in the manual of Quality of Life scale (Sharma and Nasreen 2014) are followed. The procedure is as follows

The total sample was divided into seven groups namely Extremely high level of Quality of Life, High level of Quality of Life, above average level of Quality of Life, Average/moderately level of Quality of Life, below average level of Quality of Life, Low level of Quality of Life, and Extremely low level of Quality of Life based on the scores obtained in Quality of Life scale as given in the manual of Quality of Life scale (Sharma and Nasreen 2014).

Table 4.4

Norms for Interpretation of Level of Quality of Life Scale

Sr. No.	Range of z-Scores	Grade	Level of Quality of Life
1.	+2.01 and above	A	Extremely High Level of Quality of Life
2.	+2.26 to +2.00	B	High Level of Quality of Life
3.	+0.51 to +1.25	C	Above Average Level of Quality of Life
4.	-0.50 to+0.50	D	Average/Moderate Level of Quality of Life
5.	-0.51 to -1.25	E	Below Average Level of Quality of Life
6.	-1.26 to -2.00	F	Low Level of Quality of Life
7.	-2.01 and below	G	Extremely Low Level of Quality of Life

Table 4.5

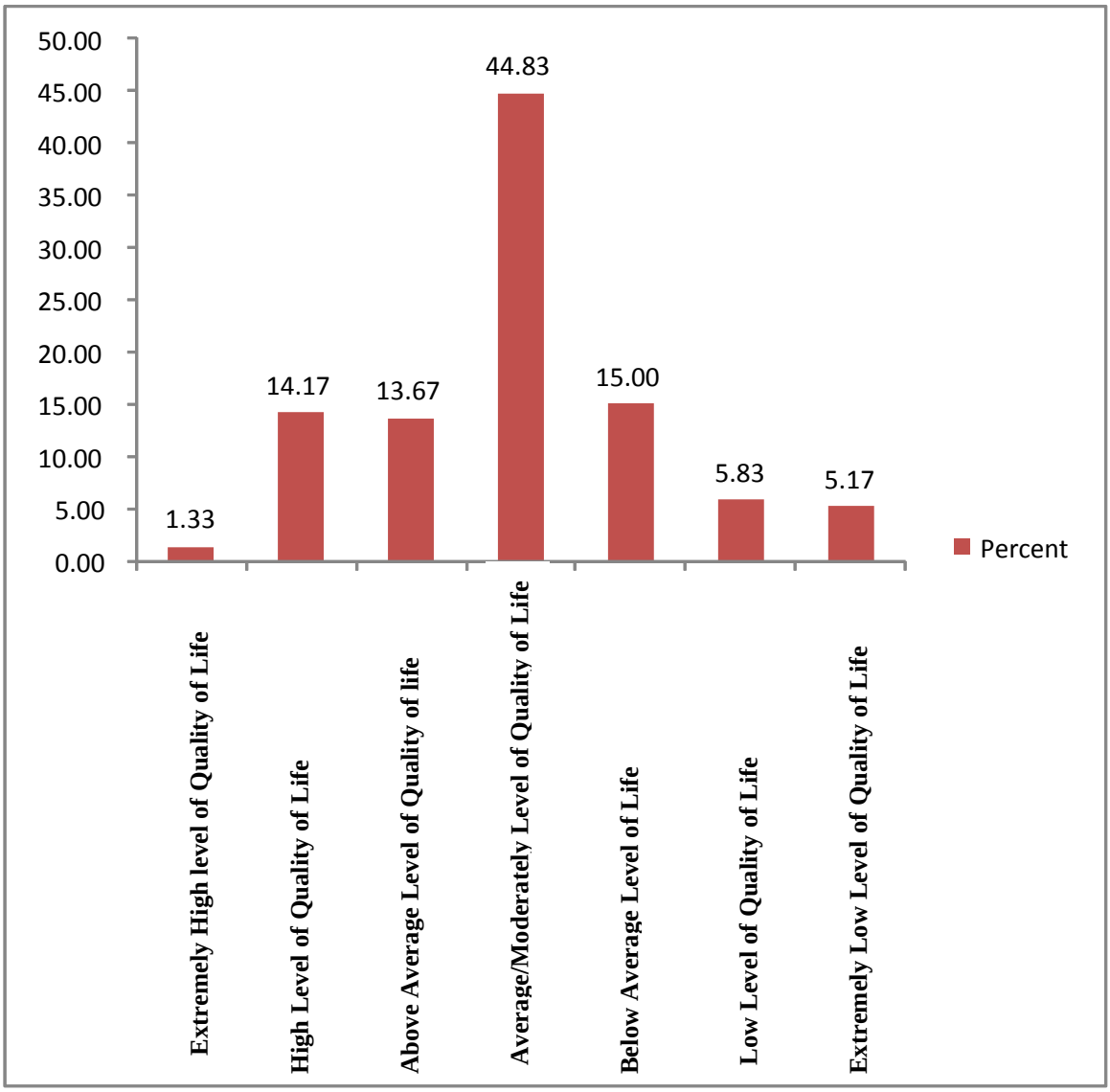
Different Levels of Quality of Life of Parents of Mentally Challenged Children

Quality of Life	Raw Score	Z - scores	Count	Percent
Extremely High level of Quality of Life	Above 103	+2.01 and above	8	1.33
High Level of Quality of Life	95 to 103	+1.26 to +2.00	85	14.17
Above Average Level of Quality of Life	94 to 87	+0.51 to +1.25	82	13.67
Average/Moderately Level of Quality of Life	76 to 86	-0.50 to +0.50	269	44.83
Below Average Level of Quality of Life	75 to 69	-0.51 to -1.25	90	15.00
Low Level of Quality of Life	68 to 61	-1.26 to -2.00	35	5.83
Extremely Low Level of Quality of Life	Below 60	-2.01 and below	31	5.17
Total			600	100.00

From the above table, it is clear that 1.33% of parents of mentally challenged children possess extremely high level of Quality of Life 14.17% high level of Quality of Life, 13.67% possess above average level of Quality of Life, 44.83% possess average /moderately level of Quality of Life, 15% possess below average level of Quality of Life, 5.83% possess low level of Quality of Life, and 5.17% possess extremely low level of Quality of Life. It is inferred that majority of parents of mentally challenged children possess moderate level of Quality of Life (44.83%).

Figure 4.5

Graphical Representation of the levels of Quality of Life of Parents of Mentally Challenged Children



Level of Social support

For the distribution of scores Social support, the arithmetic mean is 102.40 and the standard deviation is 10.25. Therefore, parents of mentally challenged children whose Social support scores were above 112 (rounded value of M+ σ) were considered a 'high Social support group', whose scores were less than 92 (rounded

value of M- σ) were considered as ‘low social support group’, and the remaining who got scores in between 92 and 112 were considered as ‘moderate Social support group’. The data and results of the classification are shown in table 4.2 given below

Percentage Wise Analysis

Table 4.6

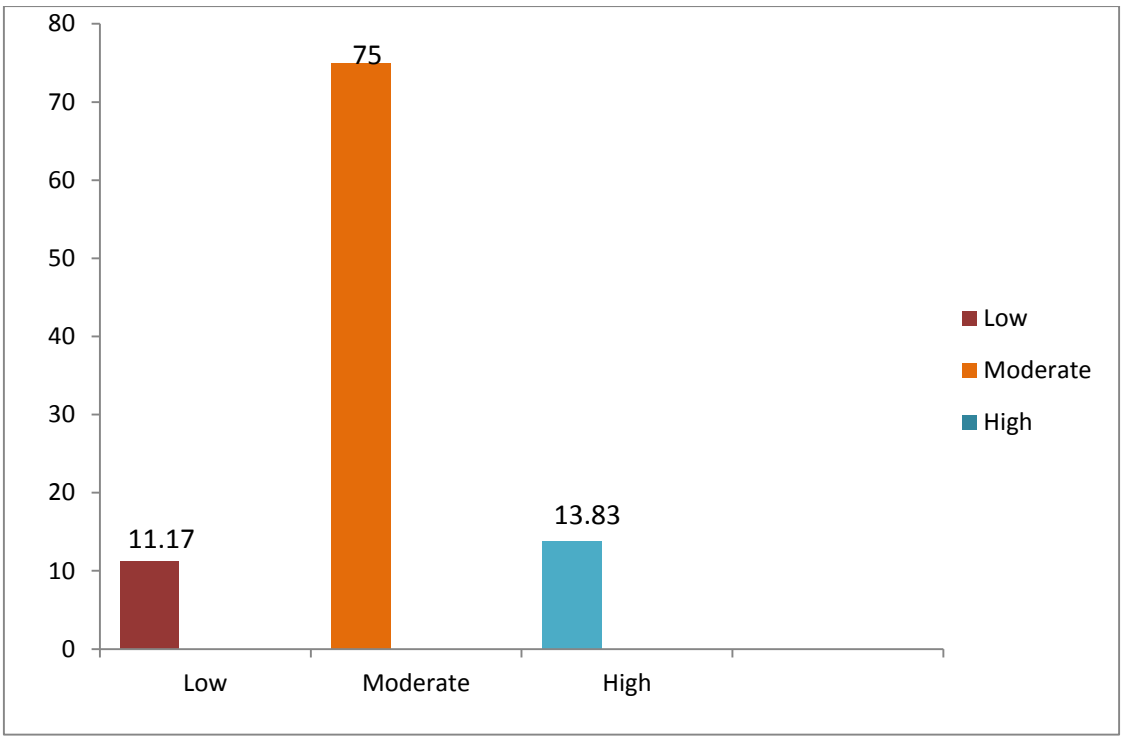
Percentage wise Distribution of Parents of Mentally Challenged Children under Different levels of Social Support

Social support	Count	Percentage
High (Above112)	83	13.83
Moderate (Between 92 and112)	450	75.00
Low (Below 92)	67	11.17

From the results in Table 4.6, it is clear that majority of parents of mentally challenged children possess a moderate level of Social support (75% moderate). This result is in agreement with the results of Lu, et al., (2021); George-Levi and Laslo-Roth (2021); Ardic (2020); Robinson and Weiss(2020); Halstead et al.,(2017);Ha et al.,(2011); Ekas,et al.,(2010); Oh and Lee,(2009); Duvdevany and Abboud, (2003) and Rimmerman and Muraver, (2001), which indicated that majority of parents of mentally challenged children had a moderate level of Social support.

Figure 4.9

Graphical representation of the levels of Social support of parents of mentally challenged children



Level of Stress coping ability

For the distribution of scores Stress coping ability, the arithmetic mean was 93.62 and the standard deviation was 8.14. Therefore, parents of mentally challenged children whose Stress coping ability scores were above 102 (rounded value of M+ σ) were considered as 'high Stress coping ability group', whose scores were less than 86 (rounded value of M- σ) were considered as 'low Stress coping ability group', and the remaining who got scores in between 86 and 102 were considered as 'moderate Stress coping ability group'. The data and results of the classification are shown in table 4.3 given below

Table 4.7

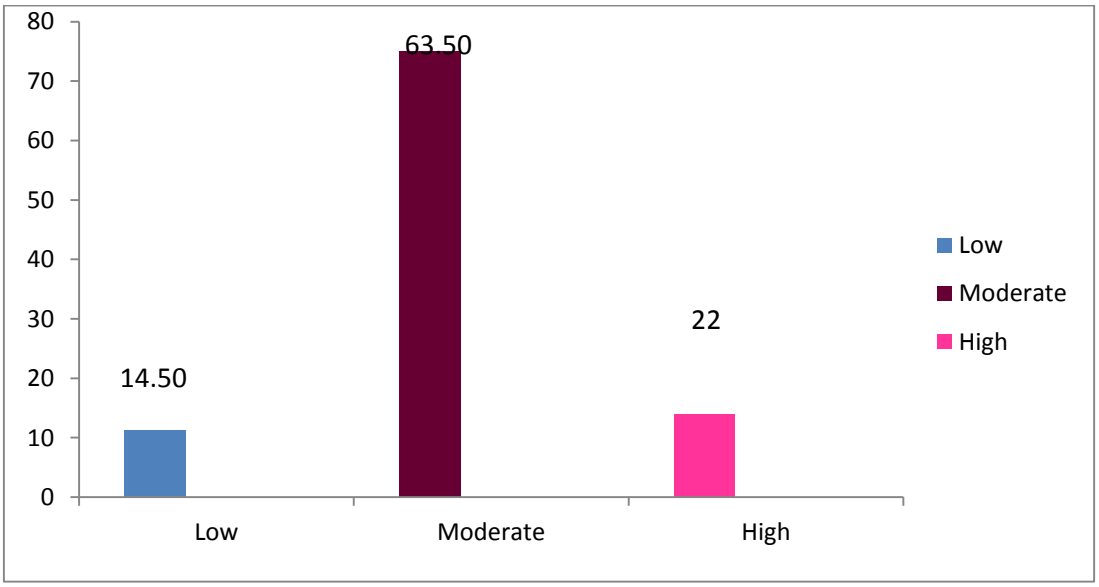
Percentage wise Distribution of Parents of Mentally Challenged Children under Different levels of Stress Coping Ability

Stress coping ability	Count	Percentage
High (Above102)	132	22.00
Moderate (Between 86 and102)	381	63.50
Low (Below 86)	87	14.50

From the results in Table 4.7, it is clear that majority of parents of mentally challenged children possess a moderate level of Stress coping ability (63% moderate). This result is in agreement with the results of Mehindiratta (2024); Singh and Lohumi (2023); Shrestha et al., (2022); and Singh and Upreti, (2017), which indicated that majority of parents of mentally challenged children had a moderate level of Stress-coping ability.

Figure 4.10

Graphical representation of the levels of Stress coping ability of parents of mentally challenged children



Major Analysis

Differential Analysis

(i) Comparison of the Mean Scores of Quality of Life of Parents of Mentally Challenged Children

To ascertain whether there exists any significant difference in the Quality of Life of parents of mentally challenged children, belonging to different categories t-tests and ANOVA were employed. Level of significance for testing of hypothesis is fixed at 0.05 level.

Null Hypothesis-1

There exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children with regard to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation, viii) Mothers Occupation and ix) Monthly Income.

i) Gender wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Two sub samples namely fathers and mothers of mentally challenged children have been subjected for study as per the analysis given in table 4.8.

Table 4.8

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Gender

Category	Mean	SD	N	t	P
Fathers	91.25	11.60	347	4.849*	0.000
Mothers	95.43	9.48	253		

Note * indicates significant difference at 0.05 level.

Results in Table 4.8, show that, the calculated t value (t-4.849., p< 0.05) is significant at 0.05 level. Hence the null hypothesis -1(i) 'there exists no significant difference in the mean scores of Quality of Life of fathers and mothers of mentally challenged children' is not accepted. It shows that there existed a significant difference in the Quality of Life of fathers and mothers of mentally challenged children. This result is in agreement with the findings of Alhuzimi, (2024); Salami and Alhalal, (2024); Christodoulou, et al., (2020); Shekhawat, et al., (2017); Asi, (2016); and Leung and Li-Tsang, (2003), which indicated gender differences in the Quality of Life of parents of mentally challenged children. This result is in contradiction with the results of Crnkovic, et al., (2018); Kumar, (2016); and Dardas and Ahmad, (2014). This difference may be attributable to many reasons such as differences in sample, tools, statistical techniques, etc. Since the mean Quality of Life scores of mothers is greater than that of fathers of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that mothers of mentally challenged children possess higher Quality of Life compared to the fathers of mentally challenged children.

ii) Locality wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Two groups of parents of mentally challenged children from rural and urban localities have been subjected to study as per the analysis given in table 4.9.

Table 4.9

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Locality

Category	Mean	SD	N	t	P
Rural	91.29	11.83	303	3.947*	0.000
Urban	94.77	9.68	297		

Note * indicates significant difference at 0.05 level.

Results in Table 4.9, shows that the calculated t value (t-3.947; P<0.05) is significant at 0.05 level. Hence the null hypothesis-1(v) 'there exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children belonging to rural and urban areas' is not accepted. It shows that there existed significant differences in the Quality of Life of rural and urban parents of mentally challenged children. This result is in contradiction with the results of Panday, and Fatima, (2016). This difference may be attributable to many reasons such as differences in sample, tools, statistical techniques, etc. Since the mean Quality of Life scores of urban is greater than that of rural parents of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that parents of mentally challenged children in urban locality possess higher Quality of Life compared to the parents of mentally challenged children belonging to rural area.

iii) Age wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children namely age 25 to 35 age group, 36 to 45 age group, and 46 to 55 age group have been subjected to study as per the analysis given in table 4.10.

Table 4.10

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Age

Category	Mean	SD	Source	Sum of squares	df	Mean Square of variance	F	P
25 to 35	92.53	10.43	BG	1822.36	2	911.18		
36 to 45	91.2	12.12	WG	69968.56	597	117.20	7.775*	0.000
46 to 55	95.41	9.75	Total	71790.92	599			

Note * indicates significant difference at 0.05 level, BG- Between Groups, WG- within Groups

Results in Table 4.10, show that, the calculated F value ($F=7.775., p<0.05$) is significant at 0.05 level. Hence the null hypothesis -1(ii) 'there exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children belonging to various age groups' is not accepted. It shows that there existed a significant difference in the Quality of Life of parents of mentally challenged children belonging to different age groups. This result is in agreement with the findings of Mahmutovic, (2020); Bashirian et al., (2019); and Dehghan, et al., (2016), which indicated age differences in the Quality of Life of parents of mentally challenged children. This result is in contradiction with the results of Leung and Li-Tsang (2003). This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the pairs of groups which differ significantly in their Quality of Life. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.11

Results of Scheffe's Test

Category Age	N	Pair	Scheffe P
25 to 35 (A)	205	A Vs B	0.464
36 to 45 (B)	202	B Vs C	0.001*
46 to 55 (C)	193	A Vs C	0.030*

Note* indicates significant difference at 0.05 level.

Results in Table 4.11, shows that there existed significant difference in the Quality of Life of parents of mentally challenged children between age groups 36 -45 to 46 -55; age groups 25- 35, and 46 to 55. The other pair do not differ in their Quality of Life.

iv) Religion wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children namely Hindu, Christian, and Muslim have been subjected to study as per the analysis given in table 4.12.

Table 4.12

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Religion

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Hindu	90.91	11.75	BG	1832.43	2	916.21	7.819*	0.000
Christian	94.58	10.7	WG	69958.49	597	117.18		
Muslim	93.41	10.73	Total	71790.92	599			

Note * indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.12, shows that the calculated F value (F=7.819., p< 0.05) is significant at 0.05 level. Hence the null hypothesis -1(iii) 'there exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children belonging to different religious groups' is not accepted. It shows that there existed significant differences in the Quality of Life of Hindu, Christian, and Muslim parents of mentally challenged children. This result is in agreement with the findings of Leung and Li-Tsang, (2003), which indicated religious differences in the Quality of Life of parents of mentally challenged children. This result is in contradiction with the results of Kumar, (2016). This difference may be attributable to many reasons such as differences in sample, tools, statistical techniques.

This result does not help to identify exactly the pairs of groups that differ significantly in their Quality of Life. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.13

Results of Scheffe's Test

Category Religion	N	Pair	Scheffe P
Hindu (A)	241	A Vs B	0.000*
Christian (B)	310	B Vs C	0.781
Muslim (C)	49	A Vs C	0.338

Note* indicates significant difference at 0.05 level.

Results in Table 4.13, show that, there existed significant difference in the Quality of Life of parents of mentally challenged children belonging to Hindu and Christian religions. The other pairs do not differ in their Quality of Life

v) Community wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Four groups of parents of mentally challenged children belonging to BC, MBC, SC, and ST communities have been subjected to study as per the analysis given in table 4.14.

Table 4.14

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Community

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
BC	95.88	9.49	BG	3320.8	3	1106.93		
MBC	90.91	11.42	WG	68470.1	596	114.88		
SC	91.09	12.57	Total	71790.9	599		9.635	00.00
ST	91.28	10.1						

Note* indicates significant difference at 0.05 level, BG- Between Groups, WG- within Groups

Results in Table 4.14, shows that the calculated F value (F=9.635., p< 0.05) is significant at 0.05 level. Hence the null hypothesis -1(iv) 'there exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children belonging to different communities' is not accepted. It shows that there existed a significant difference in the Quality of Life of parents of mentally challenged children belonging to different communities.

This result does not help to identify exactly the pairs of groups which differ significantly in their Quality of Life. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.15

Results of Scheffe's Test

Category Community	N	Pair	Scheffe P
BC (A)	241	A Vs B	0.001*
MBC (B)	122	B Vs C	0.999
SC (C)	128	A Vs C	0.001*
ST (D)	109	A Vs D	0.003*
		B Vs D	0.995
		C Vs D	0.999

Note* indicates significant difference at 0.05 level.

Results in Table 4.15, shows that there existed significant difference in the Quality of Life of parents of mentally challenged children belonging to different community groups (a) BC and MBC, (b) BC and SC, and (c) BC and ST. The other pairs do not differ in their Quality of Life.

vi) Educational Qualification wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Five groups of parents of mentally challenged children who have educational qualifications below SSLC, HSC, Degree, Postgraduate, and Professional Qualification have been subjected to study as per the analysis given in table 4.16.

Table 4.16

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Educational Qualification

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below SSLC	93.24	12.71	BG	1356.08	4	339.02		
HSC	90.77	13.62	WG	70434.8	595	118.38	2.864*	0.023
Degree	95.13	8.38	Total	71790.9	599			
Postgraduate	93.49	8.34						
Professional Qualification	92.38	7.77						

Note* indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.16, shows that the calculated F value ($F=2.864., p< 0.05$) is significant at 0.05 level. Hence the null hypothesis -1(vi) 'there exists no significant difference in the mean scores of Quality of Life of parents of mentally challenged children having varying educational qualifications' is not accepted. It shows that there existed significant differences in the Quality of Life of parents of mentally challenged children having different educational qualifications. This result is in agreement with

the findings of Letovancova and Slanna, (2022); John and Gandhimathi, (2020); Shekhawat, et al., (2017); Misura and Memisevic, (2017); Dardas and Ahmad, (2014); Xiang et al., (2009); and Leung and Li-Tsang, (2003), which indicated educational qualification differences in the Quality of Life of parents of mentally challenged children. This result is in contradiction with the results of Crnkovic et al., (2018); Glinac, (2017); Kumar, (2016); Kumar, (2016); and Malhotra, et al., (2012), which indicated educational qualification wise differences in the Quality of Life of parents of mentally challenged children. This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the pairs of groups that differ significantly in their Quality of Life. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.17

Results of Scheffe's Test

Category Educational Qualification	N	Pair	Scheffe P
Below SSLC (A)	145	A Vs B	0.449
HSC (B)	142	B Vs C	0.029*
Degree (C)	130	A Vs C	0.723
Post Graduate (D)	112	A Vs D	1.000
Professional Qualification (E)	71	B Vs D	0.419
		C Vs D	0.850
		A Vs E	0.990
		B Vs E	0.904
		C Vs E	0.569
		D Vs E	0.978

Note* indicates significant difference at 0.05 level.

Results in Table 4.17, show that, there existed significant differences in the Quality of Life of parents of mentally challenged children having educational qualification HSC and Degree. The other pairs do not differ in their Quality of Life.

vii) Occupation wise Comparison of Quality of Life of Fathers of Mentally Challenged Children.

Four groups of fathers of mentally challenged children namely casual labourer, government employee, private sector employee and businessmen have been subjected to study as per the analysis given in table 4.18**.**

Table 4. 18

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Fathers of Mentally Challenged Children with regard to Occupation of Father

Occupation of father	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Casual Labourer	94.10	11.21	BG	621.96	3	207.32		
Government Employee	92.91	9.28	WG	71169	596	119.41	1.736	0.16
Private Sector Employee	91.07	13	Total	71790.9	599			
Business Men	92.24	8.37						

BG- Between Groups, WG- Within Groups

Results in Table 4.18, shows that the calculated F value (F=1.736., p>0.05) is not significant at 0.05 level. Hence the null hypothesis -1(vii) ‘there exists no

significant difference in the mean scores of Quality of Life of fathers of mentally challenged children with regard to occupation of fathers' is accepted. It shows that there existed no significant difference in the mean scores of Quality of Life of fathers of mentally challenged children having different occupations. This result is in contradiction with the results of Kumar, (2016); and Dardas and Ahmad (2014), which indicates occupation wise differences in the Quality of Life of fathers.

viii) Occupation wise Comparison of Quality of Life of Mothers of Mentally Challenged Children.

Five groups of mothers of mentally challenged children namely home maker, casual labourer, government employee, private sector employee and businesswomen have been subjected to study as per the analysis given in table 4.19**.**

Table 4. 19

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Mothers of Mentally Challenged Children with regard to Occupation of Mother

Occupation of mother	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Home Maker	93.50	11.33	BG	604.83	4	151.21		
Casual Labourer	92.03	13.77	WG	71186.08	595	119.64		
Government Employee	91.61	7.79	Total	71790.9	599		1.264	0.283
Private Sector Employee	94.43	8.37						
Business	92.74	8.75						

BG- Between Groups, WG- Within Groups

Results in Table 4.19, shows that the calculated F value (F=1.264., p>0.05) is not significant at 0.05 level. Hence the null hypothesis -1(viii) 'there exists no significant difference in the mean scores of Quality of Life of mothers of mentally challenged children with regard to occupation of mothers' is accepted. That is there existed no significant difference in the mean scores of Quality of Life of mothers of mentally challenged children having different occupations. This result is in agreement with the findings of John, and Gandhimathi, (2020); Salehi, et al., (2017); and Dardas and Ahmad, (2014), which indicates mothers' occupation differences in the Quality of Life of mothers of mentally challenged children having different occupations. This result is in contradiction with the result of Kumar, (2016), which indicates mother's occupation wise differences in Quality of Life.

ix) Monthly Income wise Comparison of Quality of Life of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children having monthly income below Rs. 10000, between 10000-25000 and above Rs.25000 have been subjected to study as per the analysis given in table 4.20**.**

Table 4.20

Data and Results of the Test of Significance of Difference in the Mean Scores of Quality of Life of Parents of Mentally Challenged Children with regard to Monthly Income

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below 10000	93.94	11.95	BG	598.10	2	299.05		
10000-25000	93.15	11.34	WG	71192.82	597	119.25	2.508	0.82
Above 25000	91.41	8.38	Total	71790.9	599			

BG- Between Groups, WG- Within Groups

Results in Table 4.20, shows that the calculated F value (F=2.508., p> 0.05) is not significant at 0.05 level. Hence the null hypothesis -1(ix) 'there exists no significant difference in the mean scores of Quality of Life of monthly income of parents of mentally challenged children with regard to monthly income' is accepted. That is there existed no significant difference in the mean scores of Quality of Life of parents of mentally challenged children having to various monthly income groups. This result is in agreement with the findings of Xia, et al., (2020); Cappe, et al., (2018); Dardas and Ahmad, (2014); and Xiang, et al., (2009). This result is in contradiction with the result of Leung and Li- Tsang, (2003), which indicated significant differences in the Quality of Life of parents of mentally challenged children having different monthly income.

ii) Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children

To ascertain whether there exists any significant difference in the social support of parents of mentally challenged children belonging to different categories, t-tests and ANOVA were employed.

Null Hypothesis-2

There exists no significant difference in the mean scores of social support of parents of mentally challenged children with regard to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation, viii) Mothers Occupation and ix) Monthly Income.

i) Gender wise Comparison of Social Support of Parents of Mentally Challenged Children.

Two subsamples namely male and mothers of mentally challenged children have been subjected to study as per the analysis given in table 4.21.

Table 4. 21

Data and Results of Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Gender

Category	Mean	SD	N	t	P
Male	100.84	10.25	347	4.447*	0.000
Female	104.53	9.88	253		

Note * indicates significant difference at 0.05 level.

Results in Table 4.21, shows that the calculated t value (t-4.447., $p<0.05$) is significant at 0.05 level. Hence the null hypothesis -2(i) 'there exists no significant difference in the mean scores of social support of fathers and mothers of mentally challenged children' is not accepted. It shows that there existed significant difference

in the social support of fathers and mothers of mentally challenged children. This result is in agreement with the findings of Lu,et al., (2015);Rushda(2021); and Bromley et al., (2004) and is in contradiction with the result of Rouhani and Alamdarloo,(2022); and Ardic, (2020).Since the mean social support scores of mothers is greater than that of fathers of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that mothers of mentally challenged children possess higher social support compared to the fathers of mentally challenged children.

ii) Locality wise Comparison of Social Support of Parents of Mentally Challenged Children.

Two groups of parents of mentally challenged children from rural and urban localities have been subjected to study as per the analysis given in Table 4.22.

Table 4.22

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Locality

Category	Mean	SD	N	t	P
Rural	101.10	10.72	303	3.155*	0.002
Urban	103.72	9.60	297		

Note * indicates significant difference at 0.05 level.

Results in Table 4.22, shows that the calculated t value (t-3.155; P< 0.05) is significant at 0.05 level. Hence the null hypothesis-2(v) ‘there exists no significant difference in the mean scores of social supports of parents of mentally challenged children belonging to rural and urban areas’ is not accepted. It shows that there exists a significant difference in the social support of rural and urban parents of mentally

challenged children. This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques. Since the mean social support scores of urban parents are greater than that of rural parents of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that parents of mentally challenged children in urban areas possess higher social support compared to the parents of rural areas.

iii) Age wise Comparison of Social Support of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children namely 25 to 35 age group, 36 to 45 age group, and 46 to 55 age group have been subjected to study as per the analysis given in table 4.23.

Table 4.23

Data and Results of the Test of Significance of Difference in the Mean scores of Social Support of Parents of Mentally Challenged Children with regard to Age

Category Age	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
25 to 35	101.79	10.33	BG	1028.30	2	514.15		
36 to 45	101.23	10.54	WG	61963.49	597	103.79	4.954*	0.007
46 to 55	104.27	9.62	Total	62991.80	599			

Note * indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.23, shows that the calculated F value ($F=4.954., p<0.05$) is significant at 0.05 level. Hence the null hypothesis -2(ii) 'there exists no significant difference in the mean scores of social supports of parents of mentally challenged children belonging to various age groups' is not accepted. It shows that there existed a

significant difference in the social support of parents of mentally challenged children belonging to different age groups. This result is in agreement with the findings of Lu, et al., (2015); Ozyazicioglu and Buran, (2014); Oh, and Lee, (2009); Lu, et al., (2015); and Bromleyet al., (2004); and is in contradiction with the findings of Ardic, (2020); and Ekas, et al., (2010). This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the pairs of groups which differ significantly in their social support. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.24

Results of Scheffe's Test

Category Age	N	Pair	Scheffe P
25 to 35 (A)	205	A Vs B	0.858
36 to 45 (B)	202	B Vs C	0.013*
46 to 55 (C)	193	A Vs C	0.053

Note* indicates significant difference at 0.05 level.

From Table 4.24, is clear that there existed significant differences in the social support of parents of mentally challenged children between age groups 36 -45 and 46 to 55. The other pairs do not differ in their social support.

iv) Religion wise Comparison of Social Support of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children namely Hindu, Christian, and Muslim have been subjected to study as per the analysis given in Table 4.25.

Table 4.25

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Religion

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Hindu	100.52	10.32	BG	1471.75	2	735.87		
Christian	103.81	10.1	WG	61520.05	597	103.05	7.141*	0.001
Muslim	102.67	9.62	Total	62991.80	599			

Note * indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.25, shows that the calculated F value ($F=7.141., p< 0.05$) is significant at 0.05 level. Hence the null hypothesis -2(iii) 'there exists no significant difference in the mean scores of social supports of parents of mentally challenged children belonging to different religious groups' is not accepted. It shows that there existed significant differences in the Quality of Life of Hindu, Christian, and Muslim parents of mentally challenged children. This result is in contradiction with the results of Oh and Lee, (2009).

This result does not help to identify exactly the pairs of groups which differ significantly in their social support. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4. 26

Results of Scheffe's Test

Category Religion	N	Pair	Scheffe P
Hindu (A)	241	A Vs B	0.001*
Christian (B)	310	B Vs C	0.766
Muslim (C)	49	A Vs C	0.402

Note* indicates significant difference at 0.05 level.

Results in Table 4.26, shows that there existed significant difference in the social support of parents of mentally challenged children belonging to Hindu and Christian religions. The other pairs do not differ in their social support.

v) Community wise Comparison of Social Support of Parents of Mentally Challenged Children.

Four groups of parents of mentally challenged children belonging to BC, MBC, SC, and ST communities have been subjected to study as per the analysis given in Table 4. 27.

Table 4.27

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Community

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
BC	104.94	10.15	BG	2694.3	3	898.10	8.877*	0.000
MBC	100.40	9.46	WG	60297.5	596	101.17		
SC	101.35	11.2	Total	62991.8	599			
ST	100.24	9.04						

Note* indicates significant difference at 0.05 level, BG- Between Groups, WG-Within Groups

Results in Table 4.27, shows that the calculated F value (F=8.877., p< 0.05) is significant at 0.05 level. Hence the null hypothesis -2(iv) 'there exists no significant difference in the mean scores of social supports of parents of mentally challenged children belonging to different communities' groups is not accepted. It shows that there existed a significant difference in the social support of parents of mentally challenged children belonging to different communities.

This result does not help to identify exactly the pairs of groups which differ significantly in their social support. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.28

Results of Scheffe's Test

Category Community	N	Pair	Scheffe P
BC (A)	241	A Vs B	0.001*
MBC (B)	122	B Vs C	0.906
SC (C)	128	A Vs C	0.014*
ST (D)	109	A Vs D	0.001*
0 (E)	0	B Vs D	1.000
		C Vs D	0.869

Note* indicates significant difference at 0.05 level.

Results in Table 4.28, shows that there existed significant difference in the social support of parents of mentally challenged children belonging to different community groups (a) BC and MBC, (b) BC and SC, and (c) BC and ST. The other pairs do not differ in their social support.

vi) Educational Qualification wise Comparison of Social Support of Parents of Mentally Challenged Children.

Five groups of parents of mentally challenged children who have educational qualifications below SSLC, HSC, Degree, Postgraduate, and Professional Qualification have been subjected to study as per the analysis given in Table 4.29.

Table 4.29

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Educational Qualification

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below SSLC	102.98	11.59	BG	655.85	4	163.96		
HSC	101.29	11.91	WG	62336	595	104.77		
Degree	103.83	9.2	Total	62991.8	599			
Post Graduate	102.36	8.72					1.565	0.182
Professional Qualification	100.87	7.21						

BG- Between Groups, WG- Within Groups

Results in Table 4.29, shows that the calculated F value (F=1.565., p>0.05) is not significant at 0.05 level. Hence the null hypothesis -2(vi) 'there exists no significant difference in the mean scores of social support of educational qualification of parents of mentally challenged children with regard to educational qualification' is accepted. That is there existed no significant difference in the mean scores of social supports of parents of mentally challenged children having different educational

qualifications. This result is in agreement with the findings of Pejovic-Milovancevic, et al., (2018); Oh, and Lee, (2009); and Duvdevany and Abboud, (2003), which indicated educational qualification wise significant differences in the social support of parents of mentally challenged children. This result is in contradiction with the result of Ardic, (2020); and Lu, et al., (2015). This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

vii) Occupation wise Comparison of Social Support of Fathers of Mentally Challenged Children.

Four groups of fathers of mentally challenged children namely casual labourers, government employees, private sector employees and businessmen have been subjected to study as per the analysis given in table 4.30.

Table 4.30

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Fathers of Mentally Challenged Children with regard to Fathers Occupation

Occupations of fathers	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Casual Labourer	103.49	10.55	BG	617.85	3	205.95		
Government Employee	101.85	8.91	WG	62373.9	596	104.65		
Private Sector Employee	101.85	11.48	Total	62991.8	599		1.968	0.12
Business	101.01	8.67						

BG-Between Groups, WG-Within Groups

Results in Table 4.30, shows that the calculated F value (F=1.968., p> 0.05) is not significant at 0.05 level. Hence the null hypothesis -2(vii) 'there exists no significant difference in the mean scores of social support of fathers of mentally challenged children with regard to occupation of fathers' is accepted. That is there existed no significant difference in the mean scores of social supports of fathers of mentally challenged children having different occupations.

viii) Occupation wise Comparison of Social Support of Mothers of Mentally Challenged Children.

Five groups of mothers of mentally challenged children namely home maker, casual labourers, government employee, private sector employee and business women have been subjected to study as per the analysis given in table 4.31.

Table 4.31

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Mothers of Mentally Challenged Children with regard to their Occupation

Occupation of mothers	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Homemaker	103.13	11	BG	449.24	4	112.31		
Casual Labourer	102.21	11.68	WG	62542.56	595	105.11		
Government Employee	100.41	7.81	Total	62991.8	599		1.068	0.371
PrivateSector Employee	102.91	8.64						
Business	101.86	9.37						

BG-Between Groups, WG-Within Groups

Results in Table 4.31, shows that the calculated F value (F=1.068., p>0.05) is not significant at 0.05 level. Hence the null hypothesis -2(viii) 'there exists no significant difference in the mean scores of social support of mothers of mentally challenged children with regard to occupation of mothers' is accepted. That is there existed no significant difference in the mean scores of social supports of mothers of mentally challenged children having different occupations.

ix) Monthly Income wise Comparison of Social Support of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children having monthly income below 10000, between 10000-25000, and above 25000 have been subjected to study as per the analysis given in table 4.32**.**

Table 4.32

Data and Results of the Test of Significance of Difference in the Mean Scores of Social Support of Parents of Mentally Challenged Children with regard to Monthly Income

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below 10000	103.43	11.09	BG	926.84	2	463.42		
10000-25000	102.75	10.57	WG	62064.96	597	103.96	4.458*	0.012
Above 25000	100.33	8	Total	62991.8	599			

Note * indicates significant difference at 0.05 level.

Results in Table 4.32, shows that the calculated F value (F=4.458., p< 0.05) is significant at 0.05 level. Hence the null hypothesis -2(ix) 'there exists no significant difference in the mean scores of social supports of parents of mentally challenged children belonging to various monthly income' is not accepted. It shows that there existed a significant difference in the social supports of parents of mentally challenged children having to various monthly income. This result is in agreement with the findings of Lu et al., (2015); Meral and Cavkytar, (2012); and Bromley, et al., (2004). This result is in contradiction with the result of Mackintosh, et al., (2005), which indicated significant differences in the social support of parents of mentally challenged children having different monthly income.

This result does not help to identify exactly the pairs of groups which differ significantly in their social support. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.33

Results of Scheffe's Test

Category Monthly income	N	Pair	Scheffe P
Below 10000 (A)	233	A Vs B	0.780
10000-25000 (B)	214	B Vs C	0.082
Above 25000 (C)	153	A Vs C	0.014*

Note* indicates significant difference at 0.05 level.

From results in Table 4.33, it is evident that there existed significant difference in the social supports of parents of mentally challenged children having monthly

income below 10000 and between 25000.The other pairs do not differ in their social support.

iii) Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children

To ascertain whether there exists any significant difference in the Stress-coping ability of parents of mentally challenged children belonging to different categories, t-test and ANOVA were employed.

Null Hypothesis-3

There exists no significant difference in the mean scores of Stress Coping Ability of parents of mentally challenged children with regard to i) Gender ii) Locality iii) Age iv) Religion v) Community vi) Educational Qualification vii) Fathers Occupation, viii) Mothers Occupation and ix) Monthly Income.

i) Gender wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Two sub samples namely fathers and mothers of mentally challenged children have been subjected to study as per the analysis given in table 4.34.

Table 4.34

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Gender

Category	Mean	SD	N	t	P
Male	92.63	7.82	347	3.486*	0.001
Female	94.98	8.39	253		

Note * indicates significant difference at 0.05 level.

Results in Table 4.34, shows that the calculated t value (t-3.486., $p<0.05$) is significant at 0.05 level. Hence the null hypothesis -3(i) 'there exists no significant difference in the mean scores of stress coping ability of fathers and mothers of mentally challenged children' is rejected. It shows that there existed a significant difference in the stress coping ability of fathers and mothers of mentally challenged children. This result is in agreement with the findings of Mehindiritta and Dixit, (2024); Singh and Lohumi, (2023); John and Gandhimathi, (2020); Salas, et al., (2017); El-Zraigat and Al-Dhafairi, (2017); Durban, et al., (2012); Upadhyaya and Havalappanavar, (2008); and Hastings et al., (2005), which indicated gender differences in the stress coping ability of mentally challenged children. This result is in contradiction with the results of Bujnowska,et al.,(2021); Upretii and Singh,(2016); and Kumar,(2008).This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques, Since the mean stress coping ability scores of mothers is greater than that of father of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that mothers of mentally challenged children possess higher stress coping ability compared to the fathers of mentally challenged children.

ii) Locality wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Two groups of parents of mentally challenged children from rural and urban localities have been subjected to study as per the analysis given in Table 4.35.

Table 4.35

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Locality

Category	Mean	SD	N	t	P
Rural	92.63	8.23	303	3.030*	0.000
Urban	94.63	7.94	297		

Note * indicates significant difference at 0.05 level.

Result in Table 4.35, shows that the calculated t value (t-3.030; P<0.05) is significant at 0.05 level. Hence the null hypothesis- 3(v) there 'exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children belonging to rural and urban areas' is not accepted. It shows that there existed a significant difference in the stress coping ability of rural and urban parents of mentally challenged children. Since the mean stress coping ability scores of urban is greater than that of rural of mentally challenged children, and the difference between means is statistically significant, it can be interpreted that parents of mentally challenged children in urban area possess higher stress coping ability compared to the parents in rural area.

iii) Age wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children belonging to the age groups 25 to 35, 36 to 45, age group, and 46 to 55 have been subjected for study as per the analysis given in table 4.36.

Table 4.36

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Age

Category Age	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
25 to 35	93.83	7.8	BG	645.71	2	322.86	4.935*	0.000
36 to 45	92.28	8.29	WG	39057.41	597	65.42		
46 to 55	94.81	8.17	Total	39703.12	599			

Note *indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.36, shows that the calculated F value (F=4.935., p<0.05) is significant at 0.05 level. Hence the null hypothesis -3(ii) 'there exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children belonging to various age groups' is not accepted. It shows that there existed a significant difference in the stress coping ability of parents of mentally challenged children belonging to various age groups. This result is in agreement with the findings of Singh, and Lohumi, (2023); and Durban, et al., (2012). This result is in contradiction with the results of Bujnowska, et al., (2021), which indicated age differences in the stress coping ability of parents of mentally challenged children.

Scheffe Multiple Comparison Test is used for further analysis to identify the pairs of groups which differ significantly in stress coping ability.

Table 4.37

Results of Scheffe's Test

Category Age	N	Pair	Scheffe P
25 to 35 (A)	205	A Vs B	0.155
36 to 45 (B)	202	B Vs C	0.008*
46 to 55 (C)	193	A Vs C	0.483

Note* indicates significant difference at 0.01 level.

Results in Table 4.37, show that there existed a significant difference with stress coping ability of parents of mentally challenged age group 36 -45, and 46 to 55. The other pairs do not differ in their stress coping ability.

iv) Religion wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children namely Hindu, Christian, and Muslim have been subjected to study as per the analysis given in table 4.38.

Table 4.38

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Religion

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Hindu	92.59	8.06	BG	427.95	2	213.97		
Christian	94.34	8.13	WG	39275.17	597	65.79	3.253*	0.000
Muslim	94.12	8.27	Total	39703.12	599			

Note * indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.38, shows that the calculated F value (F=3.253., p<0.05) is significant at 0.05 level. Hence the null hypothesis -3(iii) 'there exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children belonging to different religious groups' is not accepted. It shows that there existed significant difference is the stress coping ability of Hindu, Christian, and Muslim parents of mentally challenged children. This result is in agreement with the findings of Singh, and Lohumi, (2023); Isa et al., (2017); and Durban, et al., (2012), which indicated differences in the stress coping ability of parents of mentally challenged children of different religions.

This result does not help to identify exactly the pairs of groups which differ significantly in their stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.39

Results of Scheffe's Test

Category Religion	N	Pair	Scheffe P
Hindu (A)	241	A Vs B	0.000*
Christian (B)	310	B Vs C	0.985
Muslim (C)	49	A Vs C	0.485

Note* indicates significant difference at 0.05 level.

Results in Table 4.39, shows that there existed significant difference in the stress coping ability of parents of mentally challenged children belonging to Hindu and Christian religions. The other pairs do not differ in their stress coping ability.

v) Community wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Four groups of parents of mentally challenged children belonging to BC, MBC, SC, and ST communities have been subjected to study as per the analysis given in table 4.40.

Table 4.40

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Community

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
BC	94.99	7.98	BG	836.8	3	278.94	4.277*	0.000
MBC	92.84	8.16	WG	38866.302	596	65.21		
SC	92.09	8.42	Total	39703.118	599			
ST	93.28	7.77						

Note* indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Results in Table 4.40, shows that the calculated F value ($F=4.277., p< 0.05$) is significant at 0.05 level. Hence the null hypothesis -3(iv) 'there exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children belonging to different communities' is not accepted. It shows that there existed a significant difference in the stress coping ability of parents of mentally challenged children belonging to different communities.

This result does not help to identify exactly the pairs of groups which differ significantly in their stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.41

Results of Scheffe's Test

Category Community	N	Pair	Scheffe P
BC (A)	41	A Vs B	0.126
MBC (B)	122	B Vs C	0.910
SC (C)	128	A Vs C	0.014*
ST (D)	109	A Vs D	0.340
		B Vs D	0.982
		C Vs D	0.734

Note* indicates significant difference at 0.05 level.

Results in Table 4.41, shows that there existed a significant difference in the stress coping ability of parents of mentally challenged children belonging to BC and SC community. The other pairs do not differ in their stress coping ability.

vi) Educational Qualification wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Five groups of parents of mentally challenged children who have educational qualifications below SSLC, HSC, Degree, Postgraduate, and Professional Degree have been subjected to study as per the analysis given in Table 4.42.

Table 4.42

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Educational Qualification

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below SSLC	91.52	7.98	BG	1845.07	4	461.427	7.252*	0.023
HSC	92.39	8.89	WG	37857.432	595	63.63		
Degree	96.19	7.4	Total	39703.118	599			
Post Graduate	94.22	7.8						
Professional Qualification	94.73	7.3						

Note* indicates significant difference at 0.05 level, BG- Between Groups, WG- Within Groups

Result in Table 4.42, shows that the calculated F value (F=7.252., p<0.05) is significant at 0.05 level. Hence the null hypothesis -3(vi) 'there exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children having different educational qualifications' is not accepted. It shows that there existed a significant difference in the stress coping ability of parents of mentally challenged children having different educational qualifications. This result is in agreement with the findings of Singh, and Lohumi, (2023); Shrestha, et al., (2022); Sharma and Subedi, (2022); John and Gandhimathi, (2020); Upadhyaya and Havalappanavar, (2008); and Durban, et al., (2012). This result is in contradiction with the results of El-Zraigat and Al-Dhafairi, (2017); and Kumar, (2008). This

difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the pairs of groups which differ significantly in their Stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.43

Results of Scheffe's Test

Category Educational Qualification	N	Pair	Scheffe P
Below SSLC (A)	145	A Vs B	0.931
HSC (B)	142	B Vs C	0.004*
Degree (C)	130	A Vs C	0.000*
Post Graduate (D)	112	A Vs D	0.125
Professional Qualification (E)	71	B Vs D	0.510
		C Vs D	0.453
		A Vs E	0.104
		B Vs E	0.397
		C Vs E	0.820
		D Vs E	0.996

Note* indicates significant difference at 0.05 level.

Results in Table 4.43, shows that there existed significant difference in the stress coping ability of parents of mentally challenged children having educational qualification HSC and Degree; and Below SSLC and Degree. The other pairs do not differ in their stress coping ability.

vii) Occupation wise Comparison of Stress Coping Ability of Fathers of Mentally Challenged Children.

Four groups of fathers of mentally challenged children namely casual labourer, government employee, private sector employee, and business men have been subjected to study as per the analysis given in Table 4. 44**.**

Table 4.44

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Fathers Occupation

Occupation of fathers	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Casual Labourer	94.04	8.66	BG	821.33995	3	273.78		
Government Employee	94.33	7.73	WG	38881.778	596	65.24		
							4.197*	0.001
Private Sector Employee	91.53	8.17	Total	39703.118	599			
Business	94.65	6.77						

Note* indicates significant difference at 0.05 level.BG- Between Groups, WG- within Groups

Results in Table 4.44, shows that the calculated F value (F=4.197., p<0.05) is significant at 0.05 level. Hence the null hypothesis -3(vii) ‘there exists no significant difference in the mean scores of stress coping ability of fathers of mentally challenged children having different occupations’ is not accepted. This result is in agreement with

the findings of Singh, and Lohumi, (2023); Upadhyaya and Havalappanavar, (2008); and Gupta, et al., (2012), which indicated fathers' occupations wise significant differences in the stress coping ability of mentally challenged children. This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the Paris of groups which differ significantly in their stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.45

Results of Scheffe's Test

Category Occupation of fathers	N	Pair	Scheffe P
Casual Labourer (A)	263	A Vs B	0.995
Government Employee (B)	75	B Vs C	0.120
Private Sector Employee (C)	139	A Vs C	0.033*
Business (D)	123	A Vs D	0.924
		B Vs D	0.995
		C Vs D	0.022*

Note* indicates significant difference at 0.05 level.

Results in Table 4.45, shows that there existed significant difference in the stress coping ability of parents of mentally challenged children who are casual labourers and private sector employees; and private sector employees and Business men. The other pairs do not differ in their stress coping ability.

viii) Occupation wise Comparison of Stress Coping Ability of Mothers of Mentally Challenged Children.

Five groups of mothers of mentally challenged children namely home maker, casual laborers, government employee, private sector employee, and business women have been subjected to study as per the analysis given in Table 4. 46**.**

Table 4.46

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Mothers of Mentally Challenged Children with regard to Mothers Occupation

Mothers Occupation	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Home maker	94.39	8.83	BG	1127.3	4	281.83		
Casual Labourer	91.39	8.26	WG	38575.803	595	64.83		
Government Employee	94.89	7.89	Total	39703.118	599		4.347*	0.002
Private Sector Employee	93.98	6.97						
Business	94.96	6.79						

Note* indicates significant difference at 0.05 level.BG- Between Groups, WG- within Groups

Results in Table 4.46, shows that the calculated F value (F=4.347., p<0.05) is significant at 0.05 level. Hence the null hypothesis -3(viii) ‘there exists no significant difference in the mean scores of stress coping ability of mothers of mentally challenged children having different occupations’ is not accepted. It shows that there existed a significant difference in the mean scores of stress coping ability of mothers

of mentally challenged children having different occupations. This result is in agreement with the findings of Singh, and Lohumi, (2023); Upadhyaya and Havalappanavar, (2008); and John and Gandhimathi, (2020), which indicated significant differences in the stress coping ability of mothers of mentally challenged children having different occupations. This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

This result does not help to identify exactly the pairs of groups which differ significantly in their stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.47

Result s of Scheffe's Test

Category Mothers Occupation	N	Pair	Scheffe P
Home maker (A)	191	A Vs B	0.018*
Casual Labourer (A)	158	B Vs C	0.051
Government Employee (B)	74	AVs C	0.995
Private Sector Employee (C)	127	A Vs D	0.995
Business (D)	50	BVs D	0.123
		CVs D	0.963
		A Vs E	0.995
		B Vs E	0.115
		C Vs E	1.000
		D Vs E	0.970

Note* indicates significant difference at 0.05 level.

Results in Table 4.47, shows that there existed significant difference in the stress coping ability of mothers of mentally challenged children who are home makers and casual labourer. The other pairs do not differ in their stress coping ability.

ix) Monthly Income wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Three groups of parents of mentally challenged children having monthly income below 10000, between 10000-25000, and above 25000 have been subjected to study as per the analysis given in table 4.48**.**

Table 4.48

Data and Results of the Test of Significance of Difference in the Mean Scores of Stress Coping Ability of Parents of Mentally Challenged Children with regard to Monthly Income

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Below 10000	93.55	8.91	BG	144.8	2	72.38286		
10000-25000	93.14	7.99	WG	39558.353	597	66.2619	1.092	0.336
Above 25000	94.41	7.03	Total	39703.118	599			

BG- Between Groups, WG- Within Groups

Results in Table 4.48, shows that the calculated F value (F=1.092., p>0.05) is not significant at 0.05 level. Hence the null hypothesis -3(ix) 'there exists no significant difference in the mean scores of stress coping ability of monthly income of parents of mentally challenged children with regard to monthly income' is accepted. That is there existed no significant difference in the mean scores of stress coping ability of parents of mentally challenged children having different monthly income. This result is in agreement with the findings of Singh, and Lohumi, (2023); Sharma and Subedi, (2022); and Upadhyaya and Havalappanavar, (2008), which indicated

significant differences in the stress coping ability of mentally challenged children having different monthly income. This result is in contradiction with the findings of Singh and Upreti, (2017). This difference may be attributable to many reasons such as differences in sample, tools and statistical techniques.

Null Hypothesis - 4

There is no significant difference in the mean scores of stress coping ability of low, Moderate and high Quality of Life groups of parents of mentally challenged children

Table 4.49

Comparison of the Mean Scores of Stress Coping Ability based on Quality of Life groups

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Low	83.78	3.3	BG	10378.0	2	5189.017		
Moderate	95.87	7.3	WG	29325.085	597	49.12	105.638*	0.00
High	92.83	7.97	Total	39703.118	599			

Note* indicates significant difference at 0.05 level.BG- Between Groups, WG- within Groups

Result in Table 4.49, shows that the calculated F value ($F=105.638., p<0.05$) is significant at 0.05 level. Hence the null hypothesis- 4 is rejected. It shows that there existed a significant difference in the mean scores of Stress coping ability based on Quality of Life groups.

This result does not help to identify exactly the paris of groups which differ significantly in their Stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.50

Results of Scheffe's Test

Levels of Quality of Life	N	Pair	Scheffe P
Low (A)	85	A Vs B	0.000*
Moderate (B)	409	B Vs C	0.000*
High (C)	106	A Vs C	0.000*

Note* indicates significant difference at 0.05 level.

Results in Table 4.50, shows that there existed significant difference in the Stress coping ability and Quality of Life of parents of mentally challenged children belonging to this groups.

Table 4.51

Comparison of the Mean Scores of Stress Coping Ability based on Social support groups

Category	Mean	SD	Source	Sum of Squares	df	Mean Square of variance	F	P
Low	81.52	2.89	BG	11669.6	2	5834.787		
Moderate	95.61	7.1	WG	28033.544	597	46.96	124.257*	0.00
High	92.61	7.68	Total	39703.118	599			

Note* indicates significant difference at 0.05 level.BG- Between Groups, WG- within Groups

Result in Table 4.51, shows that the calculated F value ($F=124.257.$, $p<0.05$) is significant at 0.05 level. Hence the null hypothesis- 4 is rejected. It shows that there

existed a significant difference in the mean scores of Stress coping ability based on Social support groups.

This result does not help to identify exactly the paris of groups which differ significantly in their Stress coping ability. Hence Scheffe Multiple Comparison Test is used for further analysis.

Table 4.52

Results of Scheffe's Test

Levels of Social support	N	Pair	Scheffe P
Low (A)	67	A Vs B	0.000*
Moderate (B)	450	B Vs C	0.001*
High (C)	83	A Vs C	0.000*

Note* indicates significant difference at 0.05 level.

Results in Table 4.52, shows that there existed significant difference in the Stress coping ability and social support of parents of mentally challenged children belonging to this groups.

CORRELATION ANALYSIS

Null Hypothesis - 5

There is no significant correlation between

1) Quality of Life and Stress Coping Ability and
2) Social Support and Stress Coping Ability of parents of mentally challenged children and sub samples.

Correlation between Quality of Life and Stress Coping Ability of Parents of Mentally Challenged Children

Correlation between the variables Quality of Life and Stress Coping Ability of parents of mentally challenged children was estimated using Pearson Coefficient of Correlation method. The data and results of correlation between Quality of Life and Stress coping ability of parents of mentally challenged children is presented in table 4.53

Table 4.53

Correlation between Quality of Life and Stress Coping Ability of Parents of Mentally Challenged Children

Variables	Pearson coefficient (r)	Shared variance (R)	Verbal interpretation of r
Quality of Life and Stress coping ability	0.62*	38 .44	Substantial

Note* indicates significant difference at 0.05 level

It is evident from Table 4.53, that, coefficient of correlation between Quality of Life and Stress coping ability of parents of mentally challenged children is 0.62, which is significant at 0.05 level. The value of 'r' shows that there is positive significant substantial correlation between Quality of Life and Stress coping ability of parents of mentally challenged children. That is, as Quality of Life of parents of mentally challenged children increases, their Stress coping ability also increases.

The obtained 'r' has a shared variance of 38.44. The percentage variance shared between Quality of Life and Stress coping ability is 38.44, which shows that

about 38.44% of the variation in Stress coping ability of parents of mentally challenged children can be attributed to the variation in their Quality of Life.

Positive correlation is noted between Quality of Life and stress coping ability. Dasdas and Ahmad (2015); and Predescu and Sipos (2013). Negative correlation is noted Selvakumar and Panicker (2020); McAuliffe et al. (2017); and McStay et al. (2014).

Table 4.54

Correlation between Quality of Life and Stress Coping Ability of Parents of Mentally Challenged Children based on sub samples

Background Variables	Category	Pearson Coefficient of correlation (r)	Shared variance (R)	Verbal interpretation
Gender	Fathers	0.710*	50. 41	Substantial
	Mothers	0.454*	20.61	Substantial
Age	25 to 35	0.609*	37.08	Substantial
	36 to 45	0.694*	48.16	Substantial
	46 to 55	0.538*	28.94	Substantial
Religion	Hindu	0.730*	53.29	High
	Christian	0.525*	27.56	Substantial
	Muslim	0.554*	30.69	Substantial
Community	BC	0.417*	17.38	Substantial
	MBC	0.682*	46 .51	Substantial
	SC	0.712*	50.69	High
	ST	0.792*	62.72	High
Locality	Rural	0.690*	64.61	Substantial

	Urban	0 .525*	27.56	Substantial
Educational Qualification	Below SSLC	0.569*	32.37	Substantial
	HSC	0.716*	51.26	High
	Degree	0.526 *	27.66	Substantial
	Post graduate	0.62*	38.44	Substantial
Occupation of Fathers	Professional Degree	0.659*	43.42	Substantial
	Casual labourer	0.575*	33.06	Substantial
	Government employee	0.691*	47.74	Substantial
	Private sector Employee	0.634*	40.19	Substantial
	Business	0.748*	55.95	High
Occupation of Mothers	Home maker	0.607*	36.84	Substantial
	Casual labourer	0.634*	40.19	Substantial
	Government employee	0.764*	58.36	High
	Private sector employee	0.563*	31.69	Substantial
	Business	0.715*	51.12	High
Monthly Income	Below 10000	0.597*	35.64	Substantial
	10000 to 25000	0.617*	38.06	Substantial
	Above 25000	0.734*	53.87	High

Note * indicates significant correlation at 0.05 level

From results in Table 4.54, a positive significant correlation is noted between Quality of Life and Stress coping ability for all subsamples based on the background variables selected.

a) Correlation between Social Support and Stress Coping Ability of Parents of Mentally Challenged Children

Correlation between the variables Social Support and Stress coping ability of parents of mentally challenged children was estimated using the Pearson Coefficient of Correlation method. The data and results of correlation between Social support and Stress coping ability of parents of mentally challenged children is presented in table 4.55.

Table 4.55

Correlation between Social support and Stress Coping Ability of Parents of Mentally Challenged Children

Variables	Pearson coefficient (r)	Shared variance (R)	Verbal interpretation of r
Social support and Stress coping ability	0.452*	20.43	Substantial

Note* indicates significant difference at 0.05 level

It is evident from Table 4.55, that, coefficient of correlation between Social support and Stress coping ability of parents of mentally challenged children is 0.452, which is significant at 0.05 level. The value of 'r' shows that there is positive significant correlation between Social support and Stress coping ability of parents of mentally challenged children. That is, as Social support of parents of mentally challenged children increases their Stress coping ability also increases.

The obtained 'r' has a shared variance of 20.43. The percentage variance shared between Social support and Stress coping ability is 20.43. It shows that about

20.43% of the variation in Stress coping ability of parents of mentally challenged children can be attributed to the variation in their Social support.

Positive correlation is noted between social support and stress coping ability. Halstead et al. (2017); Pepperell et al. (2018); Cuzzocrea et al. (2015); and Halland Graff (2011). Negative correlation is noted Lakhani et al. (2025); Karrit and Coetzec (2024); Kumar et al. (2019); and Abeid and Daou (2014).

Table 4.56

Correlation between Social Support and Stress Coping Ability of Parents of Mentally Challenged Children

Background Variables	Category	Pearson Coefficient of correlation (r)	Shared variance (R)	Verbal interpretation
Gender	Fathers	0.557	31.02*	Substantial
	Mothers	0.274	7.50 *	Low
Age	25 to 35	0.444	19.71*	Substantial
	36 to 45	0.501	25.10*	Substantial
	46 to 55	0.394	15.52*	Low
Religion	Hindu	0.592	35.04*	Substantial
	Christian	0.349	12.18*	Low
	Muslim	0.298	8.88*	Low
Community	BC	0.236	5.56*	Low
	MBC	0.516	26.62*	Substantial
	SC	0.583	33.98*	Substantial
	ST	0.645	41.60*	Substantial
Locality	Rural	0.512	26.21*	Substantial

	Urban	0.37	13.69*	Low
	Below SSLC	0.396	15.68*	Low
	HSC	0.572	32.71*	Substantial
Educational Qualification	Degree	0.359	12.88*	Low
	Post graduate	0.46	21.16*	Substantial
	Professional qualification	0.449	20.16*	Substantial
	Casual labourer	0.408	20.16*	Substantial
Occupation of Father	Government employee	0.552	30.47*	Substantial
	Private sector Employee	0.462	21.34*	Substantial
	Business	0.553	30.58*	Substantial
	Home maker	0.421	17.72*	Substantial
	Casual labourer	0.496	24.60*	Substantial
Occupation of Mother	Government employee	0.614	23.14*	Substantial
	Private sector employee	0.373	13.91*	Low
	Business	0.53	28.09*	Substantial
	Below 10000	0.444	19.71*	Substantial
Monthly Income	10000 to 25000	0.435	18.92*	Substantial
	Above 250000	0.545	29.70*	Substantial

Note * indicates significant correlation at 0.05 level

Results in Table 4.56, shows that, positive significant correlation existed between Social Support and Stress Coping Ability of all subsamples based on the background variables.

Multiple Regression Analysis

Step- wise regression analysis

Null Hypothesis- 6

Combined and individual contributions of Quality of Life and Social support are not significant in predicting Stress coping ability of parents of mentally challenged children.

To find out the influence of Quality of Life and Social support on Stress coping ability of parents of mentally challenged children, multiple regression analysis was done using the ANOVA approach. Step-wise regression analysis is an exploratory analytic procedure used to identify sets of variables within pre-identified conceptual or cultural domains that predict variance in the dependent variables. Step-wise regression is used to test hypothesis regarding which variables predict the greatest amount of variance by entering variables into the regression equation in the order of their hypothesized importance, based on researcher experience and prior data analysis.

The analysis was carried out using the software SPSS programme (Version19) for the stepwise regression approach. The input data for the step-wise regression analysis were the means, standard deviations of the predictor and criterion variables, and the correlation matrix of the criterion variable with the predictor variables.

Table 4.57

Input Data for Step- Wise Regression Analysis

	Variables	Mean	Standard deviation
Predictor variables	Quality of Life	93.01	10.95
	Social Support	102.40	10.25
Criterion variable	Stress Coping Ability	93.62	8.14

The correlation matrix of the criterion variable Stress coping ability with the two predictor variables viz., Quality of Life and Social support is presented in table 4.5

Table 4.58

Correlation Matrix of the Criterion Variable and the Predictor Variables

Variables	Quality of Life	Social support	Stress coping ability
Quality of Life	1	0.933*	0.620*
Social Support	0.933*	1	452*
Stress Coping Ability	0.620*	0.452*	1

Note*indicates significance at 0.05 level

The correlation presented in the above table indicates that the predictor variable Quality of Life has the highest correlation (0.620) with the criterion variable Stress coping ability (Y). Therefore, the predictor variable Quality of Life (X_1) was selected as the first variable to be entered in the regression analysis.

Results of Step 1 Regression Analysis

The variable selected for step-1 analysis is Quality of Life (X_1). The result of step 1 analysis is given in table 4.59

Table 4.59

Results of Step - 1 Regression Analysis

Model summary

Multiple R	R^2	Percentage variance R (R^2 x 100)	Adjusted R^2	Standard error of the estimate
0.620	0.385	38.5	0.384	6.39034

ANOVA

Model	Sum of squares	df	Mean square of variance	F	P
Regression	15282.937	1	15282.937	374.248*	0.000
Residual	24420.181	598	40.836		
Total	39703.118	599			

Note* indicates significance at 0.05 level

Co-efficient of regression

Variables	Un standardized coefficients	Standardized Coefficient		t	p
	B	Standard error	Beta		
Constant	50.707	2.234	-	22.702	0.000
Quality of Life	0.461	0.024	0.620	19.345	0.000

The results shown in Table 4.59, suggest that, the index of predictability (R) is 0.620 and the percentage variance accounted by the variable Quality of Life in predicting Stress coping ability is 38.5%. This suggests that 38.5percent of the variation in the variable Stress coping ability can be accounted for the variation in Quality of Life and the remaining 61.5 percent of the variation is attributable to other factors.

The obtained F value ($F=374.248$; $p<0.05$) is significant at 0.05 level. This suggests that the variable Quality of Life is highly significant in predicting Stress coping ability, of parents of mentally challenged children.

The equation for predicting the criterion variable Stress coping ability using the predictor variable Quality of Life can be written as

$$Y= 0.461X1+50.707$$

The equation suggests that for a unit increase in the predictor variable Quality of Life (x_1), the criterion variable, Stress coping ability(Y) increases by 0.461 units.

Results of step 11 regression analysis

The second input variable is Social support (X_2), which has the second highest value r= 0.714 in the correlation matrix with the criterion variable Stress coping ability (Y). So, the predictor variable Social support was entered in the second step of the analysis. The results are presented in Table 4.60

Table 4.60

Results of Step - 11 Regression Analysis

Model summary

Multiple R	R^2	Percentage variance R (R^2 x 100)	Adjusted R^2	Standard error of the estimate
0.714	0.510	51	0.508	5.70975

ANOVA

Model	Sum of squares	df	Mean square of variance	F	P
Regression	20240.207	2	10120.103	310.421*	0.000
Residual	19462.911	597	32.601		
Total	39703.118	599			

Note* indicates significance at 0.05 level

Co-efficient of regression

Variables	Unstandardized coefficients	Standardized Coefficient		t	p
	B	Standard error	Beta		
Constant	67.184	2.402	-	27.973	0.000
Quality of Life (X_1)	1.145	0.059	1.540	19.278	0.000
Social Support (X_2)	0.782	0.063	0-.985	12.331	0.000

The results shown in Table 4.60, suggest that the index of predictability (R) is 0.714 and the percentage variance accounted by the variable Quality of Life (X_1) and Social support (X_2) in predicting Stress coping ability is 51%. This suggests that 51 percent of the variation in the variable Stress coping ability can be accounted for by the variation in the variables Quality of Life and Social support the remaining 49 percent of the variation is attributable to other factors.

The multiple regressions (R), the index of prediction has changed from 0.620 to 0.714 and the percentage of variance has increased from 38.5 to 51

The obtained F value ($F=310.421$; $p<0.05$) is significant at 0.05 level. This suggests that the predictor variables Social support and Quality of Life are highly significant in predicting Stress coping ability. Hence the null hypothesis 6 is not accepted. That means the joint and individual contribution of Quality of Life and Social support is significant in predicting Stress coping ability of parents of mentally challenged children.

The equation for predicting the criterion variable Stress coping ability using the predictor variable Quality of Life (X_1) and Social support (X_2) can be written as

$$Y= 1.145X_1+0.782X_2+67.184$$

The equation suggests that for unit increases in X_1, Y increases by 1.145 units when the effects of X_2 is held constant and that for unit increases in X_2. Y increases by 0.782 units when the effect of the variable X_1 is nullified

The increment in the percentage variance after step 2 analysis was found and presented in Table 4.61

Table 4.61

Increment in Percentage Variance after Step II Analysis

Variables	Percentage variance (R^2x100)	Increment in the percentage of variance
Quality of Life (X_1)	38.5	12.5
Social Support (X_2)	51	

R^2 is found to be 0.510 and accordingly 51% of the difference in Stress coping ability of parents of mentally challenged children can be attributed to differences in Quality of Life and Social support. The total contribution of 51 percent can be further broken down to the independent contribution of Quality of Life and Social support. Since R^2 = 0.620 + 0.125, the contribution of Quality of Life to the variation of Stress coping ability is 38.5%, and the contribution of Social support is 12.5%. The remaining 49% of the variance of the criterion variable may be attributed to some other factors not considered in this analysis.

CHAPTER V

FINDINGS, CONCLUSIONS AND IMPLICATIONS OF THE STUDY

This chapter gives a summary of the study, followed by Study in Retrospect major findings and conclusions arrived at, implications of the study, and suggestions for further research.

Study in Retrospect

The present investigation is titled as QUALITY OF LIFE AND SOCIAL SUPPORT ON STRESS COPING ABILITY OF PARENTS OF MENTALLY CHALLENGED CHILDREN. Quality of Life and Social support are the predictor variables and Stress coping ability is the criterion variable in this study. Normative survey method was used for the study. Quality of Life Scale (QLS), Social Support Scale (SSS), and Stress Coping Ability Scale (SCAS) constructed and validated by the investigator were the tools used. A sample of 600 parents of mentally challenged children were selected using stratified random sampling technique for the study. The major statistical techniques used for the study were percentage analysis, t-test, ANOVA followed by Scheffe's Test Pearson product-moment method of correlation, and Step-wise regression analysis. The findings and discussions drawn from the

study, implications of the study, and suggestions for further research are summarized in this chapter.

Major Findings of the study

1. There exists different levels of Quality of Life among parents of mentally challenged children. 1.33% of parents of mentally challenged children possess extremely high level of Quality of Life, 14.17% high level of Quality of Life, 13.67% possess above average level of Quality of Life, 44.83% possess average /moderately level of Quality of Life, 15% possess below average level of Quality of Life, 5.83% possess low level of Quality of Life and 5.17% possess extremely low level of Quality of Life.
2. There exists different levels of social support among parents of mentally challenged children. 11.17% parents of mentally challenged children possess a low level of social support,75% possess a moderate level of social support and 13.83% possess high level of social support.
3. There exists different levels of stress coping ability among parents of mentally challenged children. 14.50% parents of mentally challenged children possess a low level of stress coping ability,63.50% possess a moderate level of stress coping ability and 22% possess a high level of stress coping ability.
4. Significant difference was found in the Quality of Life of fathers and mothers of mentally challenged children (t-4.849., $p<0.05$). Mothers are found to have higher Quality of Life compared to fathers. (Mean values:Fathers-91.25 and Mothers-95.43).
5. Significant difference was found in the Quality of Life of parents of mentally challenged children from rural and urban locality (t-3.947; $p<0.05$). Parents from

urban locality are found to have higher Quality of Life compared to rural parents belonging to locality. (Mean values: Rural - 91.29 and Urban - 94.77).

6. Significant difference was found in the Quality of Life of parents of mentally challenged children belonging to various age groups (F=7.775., p< 0.05). Parents in the age group 46-55 are found to have higher Quality of Life compared to parents of age groups 25-35 and 36-45. (Mean values :25 to 35 - 92.53, 36 to 45 - 91.2 and 46 to 55 - 95.41).

7. Significant difference was found in the Quality of Life of parents of mentally challenged children belonging to different religions (F=7.819., p<0.05). Parents of Christian religion are found to have higher Quality of Life compared to parents of Hindu and Muslim religions. (Mean values: Hindu - 90.91, Christian - 94.58 and Muslim - 93.41).

8. Significant difference was found in the Quality of Life of parents of mentally challenged children belonging to different communities (F=9.635., p<0.05). Parents of backward communities are found to have higher Quality of Life compared to parents of MBC, SC and ST communities. (Mean values: BC - 95.88, MBC - 90.91, SC 91.09 and ST - 91.28).

9. Significant difference was found in the Quality of Life of parents of mentally challenged children having different educational qualifications (F=2.864., p<0.05). Parents having Graduation are found to have higher Quality of Life compared other groups. (Mean values: Below SSLC - 93.24, HSC - 90.77, Graduation - 95.13, Post graduate - 93.40, and Professional qualification - 92.38).

10. No significant difference was found in the Quality of Life of fathers of mentally challenged children based on their occupations (Fathers-F=1.736; P >0.05).

11. No significant difference was found in the Quality of Life of mothers of mentally challenged children based on their occupations (Mothers-F=1.264; P.>0.05).

12. No significant difference was found in the Quality of Life of parents of mentally challenged children based on their monthly income (F=2.508., p>0.05).

13. Significant difference was found in the Social support of fathers and mothers of mentally challenged children (*t*-4.447., p< 0.05). Mothers are found to have higher Social support compared to fathers. (Mean values: Fathers - 100.84 and Mothers - 104.53).

14. Significant difference was found in the Social support of rural and urban parents of mentally challenged children (*t*-3.155; P< 0.05). Parents from urban locality are found to have higher Social support compared to parents of rural locality. (Mean values: Rural - 101.10 and Urban - 103.72).

15. Significant difference was found in the Social support of parents of mentally challenged children belonging to various age groups (F=4.954., p< 0.05). Parents in the age group 46-55 are found to have higher Social support compared to parents of age groups 25-35 and 36-45. (Mean values: 25 to 35 – 101, age 36 to 45 - 101.23 and 46 to 55 - 104.27).

16. Significant difference was found in the Social support of parents of mentally challenged children belonging to different religions (F=7.141., p<0.05). Parents of Christian religion are found to have higher Social support compared to parents of Hindu and Muslim religions. (Mean values: Hindu - 100.52, Christian - 103.81and Muslim - 102.67).

17. Significant difference was found in the Social support of parents of mentally challenged children belonging to different communities. ($F=8.877.$, $p<0.05$). Parents of the backward communities are found to have higher Social support compared to parents of, MBC, SC and ST communities. (Mean values: BC - 104.94, MBC - 100.40, SC - 101.35 and ST - 100.24).

18. No significant difference was found in the Social support of parents of mentally challenged children based on their educational qualifications ($F=1.565.$, $p>0.05$).

19. No significant difference was found in the Social support of fathers of mentally challenged children based on their occupations (Fathers-$F=1.968$; $p>0.05$).

20. No significant difference was found in the Social support of mothers of mentally challenged children based on their occupations (Mothers-$F=1.068$; $p>0.05$).

21. Significant difference was found in the Social support of parents of mentally challenged children based on their monthly income ($F=4.458.$, $p<0.05$). (Mean values: Below 10000 – 103.43, 10000-25000 - 102.75 and Above 25000 - 100.33).

22. Significant difference was found in the Stress coping ability of fathers and mothers of mentally challenged children (*t*-3.486., $p<0.05$). Mothers of parents of mentally challenged children are found to have higher Stress coping ability compared to fathers. (Mean values: Fathers - 92.63 and Mothers - 94.98).

23. Significant difference was found in the Stress coping ability of parents of mentally challenged children from rural and urban locality (*t*-3.030; $p< 0.05$). Parents from urban locality are found to have higher Stress coping ability

compared to parents of rural locality. (Mean values: Rural - 92.63 and Urban - 94.63).

24. Significant difference was found in the Stress coping ability of parents of mentally challenged children belonging to various age groups (F=4.935., p<0.05). Parents in the age group 46-55 are found to have higher Stress coping ability compared to parents of age groups 25-35 and 36-45. (Mean values: 25 to 35 - 93.83, 36 to 45 – 92.28 and 46 to 55 – 94.81).

25. Significant difference was found in the Stress coping ability of parents of mentally challenged children belonging to different religions (F=3.253., p<0.05). Parents of Christian religion are found to have higher Stress coping ability compared to parents of Hindu and Muslim religions. (Mean values: Hindu - 92.59, Christian -94.34 and Muslim - 94.12).

26. Significant difference was found in the Stress coping ability of parents of mentally challenged children belonging to different communities (F=4.277., p< 0.01). Parents of backward communities are found to have higher stress coping ability compared to parents of, MBC, SC and ST communities. (Mean values: BC - 94.99, MBC - 92.84, SC - 92.09 and ST - 93.28).

27. Significant difference was found in the Stress coping ability of parents of mentally challenged children having different educational qualifications (F=7.252., p< 0.05). Parents having Graduation are found to have higher Stress coping ability compared to other groups. (Mean values: Below SSLC - 91.52, HSC- 92.39, Graduation - 96.19, Post graduate - 94.22 and Professional qualifications- 94.73).

28. Significant difference was found in the Stress coping ability of fathers of mentally challenged children with different occupations (F= 4.197; p <0.01). Business men are found to have higher Stress coping ability compared to casual labourers, government employees and private sector employees. (Mean values: casual labourers - 94.04, government employees - 94.33, private sector employees - 91.53 and Business - 94.65).

29. Significant difference was found in the Stress coping ability of mothers of mentally challenged children with different occupations (F=4.347; p<0.05). Business women are found to have higher Stress coping ability compared to home maker, casual labourers, government employees and private sector employees. (Mean values: homemaker - 94.39, casual labourer - 91.39, government employees - 94.89, private sector employees - 93.98 and Business - 94.96).

30. No significant difference was found in the Stress coping ability of parents of mentally challenged children based on their monthly income (F=1.092., p>0.05).

31. A positive and significant correlation existed between the Quality of Life and stress coping ability of parents of children with intellectual disabilities (r = 0.62; p < 0.05). A positive significant correlation was noted between Quality of Life and stress coping ability for all subsamples based on the following variables: Gender: Fathers (r = 0.710),Mothers (r = 0.454), Age: 36 to 45 years (r = 0.694) , 46 to 55 years (r = 0.538), Religion: Christian (r = 0.525) ,Muslim (r = 0.554), Community: BC (r = 0.417), MBC (r =0.682), Locality: Rural (r = 0.690),Urban (r = 0.525), Educational Qualification :Below SSLC (r = 0.569), Degree (r = 0.526), Postgraduate (r =0.62), Professional qualification (r =0.659),

Occupation of father: Casual labourer (r =0.575),Government employee (r = 0.691), Private sector employee (r = 0.634), Occupation of mother: Home maker (r = 0.607), Casual labourer (r =0.634), Private sector employee (r = 0.563, Monthly income: Below 10000 (r= 0.597),10000 to 25000 (r = 0.617).

32. A positive and significant correlation existed between social support and stress coping ability of parents of children with intellectual disabilities (r = 0.452; $p < 0.05$). A positive significant correlation was noted between social support and stress coping ability for all subsamples based on the following variables: Gender :Father (r = 0.0.557), Age: 25 to 35 years (r = 0.444), 36 to 45 years (r = 0.501), Religion: Hindu (r = 0.592), Community: MBC (r =0.516), SC (r = 0.583), ST (r = 0.645), Locality: Rural (r = 0.512), Educational Qualification: HSC (r = 0.572), Post graduate (r = 0.46), Professional qualification (r =0.449,) Occupation of father: Casual labourer (r =0.408), Government employee (r = 0.552), Private sector employee (r = 0.462), Business (r = 0.553), Occupation of mother: Home maker (r = 0.421), Casual labourer (r =0.496), Government employee (r = 0.614), Business (r = 0.53), Monthly income: Below 10000 (r = 0.444), 10000 to 25000 (r = 0.435), Above-25000 (r = 0.545).

33. Quality of Life and Social Support are significant predictors of Stress Coping Ability of parents of mentally challenged children.

34. The regression equation obtained for predicting Stress coping ability is

$$Y= 1.145 X_1+0.782 X_2+ 67.184, \text{ where}$$

Y - Stress coping ability

X_1 - Quality of Life

X_2 - Social support

Constant – 67.184

35. The combined predictive power of the predictors on Stress Coping Ability is 51%. i.e., 51% of the variance in Stress Coping Ability is accounted for Quality of Life and Social Support of parents of mentally challenged children.

Conclusions

- Majority of parents of mentally challenged children possess a moderate level of Quality of Life.
- Majority of parents of mentally challenged children possess moderate level of Social support.
- Majority of parents of mentally challenged children possess moderate level of Stress coping ability.
- Gender, locality, age, religion, community parental education and monthly income are significant factors in the Quality of Life of parents of mentally challenged children. Parental occupation is not a significant factor in the Quality of Life of parents of mentally challenged children.
- Gender, locality, age, religion, community and monthly income are significant factors in the Social support of parents of mentally challenged children. Parental education and parental occupation are not significant factors in the Social support of parents of mentally challenged children.
- Gender, locality, age, religion, community, parental education and parental occupation are significant factors in the Stress coping ability of parents of mentally challenged children. Monthly income is not a significant factor in the Stress coping ability of parents of mentally challenged children.

- There is a positive significant substantial correlation between Quality of Life and Stress coping ability of parents of mentally challenged children and for all sub samples.
- There is a positive significant substantial correlation between Social support and Stress coping ability of parents of mentally challenged children and for all sub samples.
- Combined and individual contributions of Quality of Life and Social support is significant in predicting Stress coping ability of parents of mentally challenged children.51% of the variance in Stress coping ability of parents of mentally challenged children can be attributed to differences in the Quality of Life and Social support.

Educational Implications of the Study

Mentally challenged children often have complex health issues and high health needs. As a result of caregiving responsibilities, the parents of mentally challenged children report lower Quality of Life and face social exclusion. Children are dependent on parents, thus, having a child with a disability has a regulative impact on the family life with their increasing stress which adversely affects the caring of such children. If the Quality of Life and Social support of parents are improved. Parents will be able to cope with their stress and better parental care will result and further enhance the wellbeing of children. So, utmost care should be given to the Stress coping ability of parents of mentally challenged children.

The study revealed that Quality of Life and Social support are contributing factors to Stress coping ability of parents of mentally challenged children. 51% of the variance in Stress coping ability can be attributed to the differences in the Quality of

Life and Social support of parents of mentally challenged children. In light of the findings of the study, measures should be adopted to enhance the Quality of Life and Social support of parents of mentally challenged children to improve their Stress coping ability.

Following family-based interventions can be organized to improve the Quality of Life of parents of mentally challenged children.

- Workshops and seminars about intellectual disability.
- Methods of dealing with challenging behaviors of mentally challenged children.
- Providing information about early interventions and therapies available.
- Information about support groups where parents can share experiences and provide mutual support.
- Stress reduction techniques like mindfulness and relaxation exercises.
- Training on how to handle challenging behaviour of children like aggression, self-injury etc.
- Organizing, family friendly social events to reduce isolation of parents.
- Workshops on financial planning disability benefits to the parents.

Following interventions by health professionals and social workers for delivering clinical services can be done.

- Guiding parents to find appropriate healthcare professionals and therapists for their child.
- Regular counseling sessions to help to manage the stress, anxiety and depression of parents.

- Building networks among families with similar challenges to foster mutual support.
- Assisting parents in finding flexible work opportunities.
- Empowerment programmed such as stress management, positive thinking training, life skills training, yoga, meditation are to be provided.

For providing Social support, to the parents of mentally challenged children following measures can be taken.

- Social support in terms of informational support, instrumental support and emotional support can be given to the parents of mentally challenged children.
- Awareness programmes regarding National Handicapped Finance and Development Corporation that provides Instrumental support to parents of mentally challenged children are to be conducted.
- Health professionals could understand the individual needs of each parents in the context of their specific environment and provide individual need-based intervention programmes to strengthen the emotional and physical health of parents.
- Sharing information about legal rights and special education laws.
- Conducting workshops or training sessions to the parents on caregiving skills and behavior management.
- Providing information about local or online support groups and encourage them to join these groups for emotional support, shared experiences and practical advice.
- Training the parents about effective ways to communicate with their child, especially if they have speech difficulties.

- Instrumental support such as money, access to health care and proper facilities can be provided to the parents, through NGOS and other funded agencies, like charitable trusts.
- Helping parents to find local events, clubs, or organizations that support families with children who have special needs.
- Health department can offer family therapy sessions to improve coping within the family unit.
- Schools for differently abled can help the parents by providing help from trained professionals.
- Helping the parents connect with mental health professionals for their own well-being.
- Health workers can provide praise and appreciation to make the parents comfortable which increase their self-efficacy in dealing with the stress of care giving.
- The study revealed that fathers of mentally challenged children have less Quality of Life, Stress coping ability and Social support comparing to mothers. Counseling centers should envisage training and educate fathers on issues relating to taking care of mentally challenged children. The family has to support each father to overcome stressfuldemanding situations.
- From the findings, it is clear that parents of mentally challenged children in the rural locality have low Quality of Life, stress coping strategy and social support compared to the parents of urban locality. To achieve urban-rural parity, authorities should emphasize economic development, health care facilities, community support and better counselling programs for rural parents of mentally challenged children.

Suggestions for Further Research

(i) Factorial studies can be conducted on the relationship between dimensions of Stress coping ability and dimensions of Social Support and Quality of Life to reach more conclusive results.

(ii) The study revealed that 51% of the variance in Stress coping ability of parents of mentally challenged children is accounted for Quality of Life and Social support. Hence a study can be conducted to identify the other attributing factors of Stress coping ability of parents of mentally challenged children.

(iii) Exploration of mediating variables like psychological resilience on Quality of Life.

(iv) Comparative studies on the influence of Quality of Life, Social support on Stress coping ability across different cultural and socio-economic contexts can be conducted.

(v) Studies can be conducted to examine the effectiveness of interventions on Quality of Life on Stress coping ability of parents of differently abled children.

(vi) A study can be conducted to examine how intersectional factors such as gender, education and income interact with Quality of Life and Social support to influence Stress coping ability.

(vii) A comparative study of the Stress coping ability among parents of mentally challenged children with those of parents of children with other disabilities can be conducted.

(viii) The study revealed that fathers of mentally challenged children are having lower level of Quality of Life, Social support and Stress coping ability

compared to mothers. Studies can be conducted to find out the factors of low level of Quality of Life, Social support and Stress coping ability among the fathers.

(ix) Studies can be conducted to examine the effectiveness of mindfulness, yoga or other therapies in reducing parental stress and enhancing coping strategies.

REFERENCES

REFERENCES

Alhuzimi, T. E. (2024). Saudi parents' perspectives of the factors influencing the quality of life of their children with autism spectrum disorder. *Research in Developmental Disabilities, 152,* 104799. https://doi.org/10.1016/j.ridd.2024.104799

An, S., Chan, C. K., & Kaukenova, B. (2018). Families in transition: Parental perspectives of support and services for children with autism in Kazakhstan. *International Journal of Disability, Development and Education,67*(3), 1-17. https://doi.org/10.1080/1034912X.2018.1499879

Anjali, K.G., Jose, T. T., Valsaraj, B. P., Nayak, A. K., Savitha, & Yashodharan, R. (2017). Quality of life of mothers having intellectually disabled children. *Manipal Journal of Nursing and Health Sciences, 3*(2), 67-72.

Antonopoulou, K., Manta, N, Maridaki-Kassotaki, K., Kouvava, S., & Stampoltzis, A. (2020). Parenting and coping strategies among parents of children with and without autism: The role of anxiety and emotional expressiveness in the family. *Austin Journal of Autism & Related Disabilities, 6* (1), 1054. http://dx.doi.org/10.1007/s00439-021-02349-1

Ardic, A. (2020). Relationship between parental burnout level and perceived social support levels of parents of children with autism spectrum disorder. *International Journal of Educational Methodology, 6*(3), 533-543. https://doi.org/10.12973/ijem.6.3.533

Arnous, H., & Yeo, K. J. (2020). Mediating effect of perceived social support in the relationship between resilience and self-esteem among parents of children with autism spectrum disorder. *Advances in Health Sciences Research, 24*, 341–351. https://doi.org/10.2991/ahsr.k.200311.059

Asi, K. (2016). Quality of life among parents of children with autism spectrum disorder in Riyadh. *International Research in Education, 4*(2), 76–93. https://doi.org/10.5296/ire.v4i2.9958

Aspinwall, L. G., & Taylor, S. E. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin, 121*(3), 417–436. https://doi.org/10.1037/0033-2909.121.3.417

Aun, N. S. M., Zakaria, S. M., Badayai, A. A. R., Idris, I. B., Daud, D. T. I., & Mohd Fazree, M. S. D. (2022). Quality of life among mothers of high functioning autism spectrum disorder (HFASD) adolescents. *International Journal of Environmental Research and Public Health, 19*(11), 6663. https://doi.org/10.3390/ijerph19116663

Baghdadli, A., Pry, R., Michelon, C., & Rattaz, C. (2014). Impact of autism in adolescents on parental quality of life. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation, 23*(6), 1859–1868. https://doi.org/10.1007/s11136-014-0635-6

Balcells-Balcells, A., Giné, C., Guardia-Olmos, J., Summers, J. A., & Mas, J. M. (2019). Impact of supports and partnership on family quality of life. *Research in Developmental Disabilities, 85*, 50–60. https://doi.org/10.1016/j.ridd.2018.10.006

Bashir, A., Tariq, A., Khan, A., Ali, I., & Azman, A. (2022). The challenges and coping strategies of single mothers caring for children with special needs: Experiences from Kashmir, India. *Asian Social Work and Policy Review, 00*, 1–12. https://doi.org/10.1111/aswp.12265

Bashirian, S., Karami, M., Khazaei, S., & Jenabi, E. (2019). Predictors of quality of life for parents of children with autism disorders in Iran.*Advances in Human Biology, 9(2), 108.* https://www.aihbonline.com/text.asp?2019/9/ /108/257815

Baum, A., Singer, J. E., & Baum, C. S. (1981). Stress and the environment. *Journal of Social Issues, 37*, 4-35. https://doi.org/10.1111/j.1540-4560.1981.tb01056.x

Bawalsath, J. A. (2016). Stress and coping strategies in parents of children with physical, mental and heaving disabilities in Jordan. *International Journal of Education,8*(1),1. DOI: https://doi.org/10.5296/ije.v8i1.8811

Benjak, T. (2011). Subjective quality of life for parents of children with autism spectrum disorders in Croatia. *Applied Research in Quality of Life*, *6*(1), 91–102. https://doi.org/10.1007/s11482-010-9114-6

Benson, P. R. (2012). Network characteristics, perceived social support, and psychological adjustment in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 42*(12), 2597–2610. https://doi.org/10.1007/s10803-012-1510-4

Bhandari, A., & Sethi, R. S. (2015). Psychological distress, family adjustment, and quality of life of mothers of differentially disabled children. *The International Journal of Indian Psychology*, *3*(1). https://doi.org/10.25215/0301.055

Bi, X. B., He, H. Z., Lin, H. Y., & Fan, X. Z. (2022). Influence of social support network and perceived social support on the subjective well-being of mothers of children with autism spectrum disorder. *Frontiers in Psychology*, *13*, 835110. https://doi.org/10.3389/fpsyg.2022.835110

Bowling, A. (1991). Social support and social networks: Their relationship to the successful and unsuccessful survival of elderly people in the community: An analysis of concepts and a review of the evidence. *Family Practice*, *8*(1), 68–83. https://doi.org/10.1093/fampra/8.1.68

Bowling, A. (1994). Social networks and social support among older people and implications for emotional well-being and psychiatric morbidity. *International Review of Psychiatry*, *9*(4), 447–459. https://doi.org/10.3109/09540269409025242

Bowling, A. (1995). The most important things in life: Comparisons between older and younger population age groups by gender: Results from a national survey of the public's judgments. *International Journal of Health Sciences*, *6*(4), 169–175

Bowling, A. (1996). The effects of illness on quality of life: Findings from a survey of households in Great Britain. *Journal of Epidemiology and Community Health*, *50*(2), 149–155. https://doi.org/10.1136/jech.50.2.149

Bowling, A., & Grundy, E. (1998). Longitudinal studies of social networks and mortality in later life. *Reviews in Clinical Gerontology, 8*, 353-361.DOI:10.1017/S095925989800848X

Bowling, A., & Windsor, J. (2001). Towards the good life: A population survey of dimensions of quality of life. *Journal of Happiness Studies, 2*, 55-81. http://dx.doi.org/10.1023/A:1011564713657

Bowling, A., Gabriel, Z., Dykes, J., Marriott-Dowding, L., Fleissig, A., Evans, O., Banister, D., & Sutton, S. (2003). Let's ask them: A national survey of definitions of quality of life and its enhancement among people aged 65 and over. *International Journal of Aging and Human Development, 56*(4), 269–306. https://doi.org/10.2190/BF8G-5J8L-YTRF-640

Bromley, J., Hare, D. J., Davison, K., & Emerson, E. (2004). Mothers supporting children with autistic spectrum disorders: Social support, mental health status and satisfaction with services. *Autism: The International Journal of Research and Practice, 8*(4), 409–423. https://doi.org/10.1177/1362361304047224

Browne, J., McHugh, E., & Holmes, A. (1984). *The quality of life of the elderly: An exploration of the ideographic approach*. Journal of Gerontology, 39(5), 545–550. https://doi.org/10.1093/geronj/39.5.545

Brown, R. B. (2006). *Doing your dissertation in business and management: The reality of research and writing*. Sage Publications.

Bujnowska, N. M., Rodríguez, C., García, T., Areces, D., & Marsh, N. V. (2021). Coping with stress in parents of children with developmental disabilities. *International Journal of Clinical and Health Psychology, 21*(3). https://doi.org/10.1016/j.ijchp.2021.100254

Butler, L. D., & Nolen-Hoeksema, S. (1994). Gender differences in coping with stress. *Journal of Personality and Social Psychology, 67*(6), 1067–1078. https://doi.org/10.1037/0022-3514.67.6.1067

Cagalj D., Buljevac, M., & Leutar, Z. (2018). Being a mother of a child with Prader-Willi syndrome: Experiences of accessing and using formal support in Croatia. *Scandinavian Journal of Disability Research, 20*(1), 228–238. http://doi.org/10.16993/ sjdr.13

Calman, K. C. (1984). Quality of life in cancer patients: A hypothesis. *Journal of Medical Ethics, 10*(3), 124-127. https://doi.org/10.1136/jme.10.3.124

Caplan, G. (1974). *Support systems and community mental health*. Behavioral Publications.

Cappe, E., Poirier, N., Sankey, C., Belzil, A., & Dionne, C. (2018). Quality of life of French-Canadian parents raising a child with autism spectrum disorder and effects of psychosocial factors. *Quality of Life Research, 27*(4), 955–967. https://doi.org/10.1007/s11136-017-1757-4

Carver, C. S., Pozo, C., Harris, S. D., Noriega, V., Scheier, M. F., Robinson, D. S., Ketcham, A. S., Moffat, F. L., Jr., & Clark, K. C. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology, 65*(2), 375–390. https://doi.org/10.1037/0022-3514.65.2.375

Cassel, J. (1976). The contribution of the social environment to host resistance: The fourth wade Hampton frost lecture. *American Journal of Epidemiology, 104* (2), 107–123. https://doi.org/10.1093/oxford journals. aje. a112281

Cauda-Laufer, N. (2017). *Raising a child with a disability: Coping mechanisms and support needs* (Doctoral dissertation). PCOM Psychology Dissertations. https://digitalcommons.pcom.edu/psychology_dissertations/432

Chakraborty, B., Rao, A., Shenoy, R., Davda, L., & Suprabha, B. S. (2019). Stress-mediated quality of life outcomes in parents of disabled children: A case-control study. *Journal of the Indian Society of Pedodontics and Preventive Dentistry, 37*(3), 237–244. https://doi.org/10.4103/JISPPD.JISPPD_266_18

Chang, E. C. (1996). Cultural differences in optimism, pessimism, and coping: Predictors of subsequent adjustment in Asian American and Caucasian American college students. *Journal of Counseling Psychology, 43*(1), 113–123. https://doi.org/10.1037/0022-0167.43.1.113

Christodoulou, P., Christodoulou, F., Stergiou, A., & Christopoulos, K. (2020). Quality of Life of parents of children with disabilities. *European Journal of Education and Pedagogy*. *1*(1). http://dx.doi.org/10.24018/ejedu.2020.1.1.1

Cohen, L., & Manion, L. (2007). *Research methods in education* (6th ed.). Routledge.

Cohen, L., Manion, L., & Morrison, K. (2013). *Research methods in education* (7th ed.). Routledge.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https:// doi.org/10.1037/0033-2909.98.2.310

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin, 127*(1), 87–127. https://doi.org/10.1037/0033-2909.127.1.87

Cooper, H., Arber, S., Fee, L., & Ginn, J. (1999). *The influence of social support and social capital on health*. Health Education Authority.

Crnkovic, I., Buzov, P., Rezan, R., & Racz, A. (2018). Evaluation of the quality of life for parents and caregivers of adults with intellectual disabilities in the local community. *Ann Physiother Clin, 1*(2), 1007. https://doi.org/10.1016/j.apc.2018.05.002

Cullen, F. T., Wright, J. P., & Chamlin, M. B. (1999). Social support and social reform: A progressive crime control agenda. *Crime & Delinquency, 45*(2), 188–207. https://doi.org/10.1177/0011128799045002002

Cuzzocrea, F., Murdaca, A. M., Costa, S., Filippello, P., & Larcan, R. (2015). Parental stress, coping strategies, and social support in families of children with a disability. *Child Care in Practice.* https://doi.org/10.1080/13575279.2015.1064357

Dabrowska, A. J., & Pisuła, E. (2010). Parenting stress and coping styles in mothers and fathers of preschool children with autism and Down syndrome. *Journal of Intellectual Disability Research, 54*(3), 266–280. https://doi.org/10.1111/j.1365-2788.2010.01294.x

Dada, H., Bastable, K., & Bastable, S. (2020). The role of social support in participation perspectives of caregivers of children with intellectual disabilities in India and South Africa. *Journal of Environmental Research and Public Health, 17*(18), 6644. https://doi.org/10.3390/ijerph17186644

Dardas, L. A., & Ahmad, M. M. (2014). Quality of life among parents of children with autistic disorder: A sample from the Arab World. *Research in Developmental Disabilities*, *35*(2), 278–287. https://doi.org/10.1016/j.ridd. 2013.10.029

Dardas, L. A., & Ahmad, M. M. (2015). Coping strategies as mediators and moderators between stress and quality of life among parents of children with autistic disorder. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *31*(1), 5–12. https://doi.org/10.1002/smi.2513

Dehghan, L., Dalvand, H., Feizi, A., Samadi, S. A., & Hosseini, S. A. (2016). Quality of life in mothers of children with cerebral palsy: The role of children's gross motor function. *Journal of Child Health Care: for Professionals Working with Children in the Hospital and Community*, *20*(1), 17–26. https://doi.org/10.1177/1367493514540816

Demaray, M. K., Malecki, C. K., Davidson, L. M., Hodgson, K. K., & Rebus, P. J. (2005). Definition of social support. *UKEssays*. Retrieved from https://www.ukessays.com/essays/psychology/definition-of-social-support-psychology-essay.php?vref=1

Demure, P., Smith, R., & Jones, A. (2005). *Perceived social support and its role in mental health*. Journal of Social Psychology, 54(2), 123-134. https://doi.org/10.1037/0022-3514.54.2.123

Dertli, S., Aydin Yilmaz, A. S., & Gunay, U. (2024). Care burden, perceived social support, coping attitudes and life satisfaction of mothers with children with cerebral palsy. *Child: Care, Health and Development, 50*(4), e13297. https://doi.org/10.1111/cch.13297

Dey, M., Paz Castro, R., Haug, S., & Schaub, M. P. (2019). Quality of life of parents of mentally ill children: A systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences, 28*(5), 563–577. https://doi.org/ 10.1017/ S2045796018000409

Dezaki, M. L., Harouni, G. H., Ahmadi, S., Vameghi, M., Sajjadi, H., & Ghafari, M. (2018). Health-related quality of life of mothers of children with intellectual disability. *Iranian Rehabilitation Journal, 16*(4), 361–370. https://doi.org/10.32598/irj.16.4.361

Dezaki, A., Khoshnood, M., & Rahimi, A. (2018). Health-related quality of life of mothers of children with intellectual disabilities in Tehran, Iran: A descriptive study. *Journal of Intellectual Disability Research, 62*(4), 275-283. https://doi.org/10.1111/jir.12485

Dillon, D. (2014). Parents' experiences of living with an adolescent diagnosed with an autism spectrum disorder. *Educational & Child Psychology, 31*(4), 72–81. http://irep.ntu.ac.uk/id/eprint/3551

Dukmak, S. (2009). Parent adaptation to and parenting satisfaction with children with intellectual disability in the United Arab Emirates. *Journal of Intellectual & Developmental Disability, 34*(4), 324–328. http://dx.doi.org/10.3109/ 13668250903286190

Dunst, C. J., Trivette, C. M., & Cross, A. H. (1986). Mediating influences of social support: Personal, family, and child outcomes. *American Journal on Intellectual and Developmental Disabilities, 90*(4), 403–417.

Durban, J. M., Rodriguez-Pabayos, A., Alontaga, J., Dolorfino-Arreza, G., & Salazar, C. (2012). Coping strategies of parents of children with developmental delay: A quantitative analysis. *Asian Journal of Social Science & Humanities, 1*(4), 177–195.

Duvdevany, I., & Abboud, S. (2003). Stress, social support, and well-being of Arab mothers of children with intellectual disability who are served by welfare services in northern Israel. *Journal of Intellectual Disability Research, 47*(4-5), 264–272. https://doi.org/10.1046/j.1365-2788.2003.00488.x

Ekas, N. V., Lickenbrock, D. M., & Whitman, T. L. (2010). Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*(10), 1274–1284. https://doi.org/10.1007/s10803-010-0986-y

Elkazaz, H.R., Mohamed, M.F., Mousad, H., & Ebied, A.E. (2021). The impact of an educational program on stress and coping strategies among mothers caring for Down syndrome children. *Egyptian Journal of Health Care, 12*(2), 1658-1669. https://doi.org/10.21608/ejhc.2021.221375

El-Zraigat, I., & Al-Dhafairi, F. (2017). Coping strategies with the psychological stress among parents of children with intellectual disabilities and slow learners in light of selected variables in the State of Kuwait. *British Journal of Education, Society & Behavioural Science, 19*(3), 1-13. https://doi.org/10.9734/BJESBS/2017/31637

Endler, N. S., & Parker, J. D. A. (1990). *Coping inventory for stressful situations (CISS) manual* (2nd ed.). Multi-Health Systems.

Fante, C., De Luca Picione, R., Dioni, B., Manari, T., Raffin, C., Capelli, F., Franceschini, C., Lenzo, V., & Musetti, A. (2024). Parental quality of life and impact of multidisciplinary intervention for children with autism spectrum disorders: A qualitative study. *Journal of Autism and Developmental Disorders*. Advance online publication. https://doi.org/10.1007/s10803-023-06225-x

Felce, D., & Perry, J. (1995). Quality of life: Its definition and measurement. *Research in Developmental Disabilities*, *16*(1), 51–74. https://doi.org/10.1016/0891-4222 (94)00028-8

Flax, M.J. (1972). *A study in comparative urban indicators: Conditions in 18 large metropolitan areas.* The Urban Institute.

Folkman, S., & Lazarus, R. S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Folkman, S., & Lazarus, R. S. (1988a). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *54*(3), 466–475. https://doi.org/10.1037/ 0022-3514.54.3.466

Folkman, S., & Lazarus, R. S. (1988b). *Ways of coping questionnaire: Research edition*. Consulting Psychologists Press.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745–774. https://doi.org/10.1146/ annurev.psych.55.090902.141456

Garratt, A. M., & Ruta, D. A. (1999). The Patient Generated Index. In C. R. B. Joyce, C. A. O'Boyle, & H. McGee (Eds.), *Individual quality of life: Approaches to conceptualization and assessment* (pp. XX-XX). Harwood Academic Publishers.

Garrett, H. E. (2004). *Statistics in psychology and education* (11th ed.). Prentice Hall.

George-Levi, S., & Laslo-Roth, R. (2021). The relationship between sense of entitlement and life satisfaction among parents of children with developmental disabilities: The moderating role of social support. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*. Advanced online publication. https://doi.org/10.1007/s12144-021-01436-w

Glidden, L. M., & Natcher, A. L. (2009). Coping strategy use, personality, and adjustment of parents rearing children with developmental disabilities. *Journal of Intellectual Disability Research, 53*(12), 998–1013.

https://doi.org/10.1111/j.1365-2788.2009.01217.x

Glidden, L. M., Billings, F. J., & Jobe, B. M. (2006). Personality, coping style and well-being of parents rearing children with developmental disabilities. *Journal of Intellectual Disability Research, 50*(12), 949–962. https://doi.org/10.1111/j.1365-2788.2006.00929.x

Glinac, A., Matovic, L., Delalic, A., & Mesalic, L. (2017). Quality of life in mothers of children with cerebral palsy. *Acta Clinica Croatica*, *56*(2), 299–307. https://doi.org/10.20471/acc.2017.56.02.14

Global QOL. (2015). *Quality of life and genetic potential: Defining the parameters*. Global QOL Journal, 7(2), 45-56. https://doi.org/10.1234/gqol.2015.007

Gona, J. K., Newton, C. R., Rimba, K. K., Mapenzi, R., Kihara, M., Vijver, F. V., & Abubakar, A. (2016). Challenges and coping strategies of parents of children with autism on the Kenyan coast. *Rural and Remote Health, 16*(2), 3517.

Grundy, E., & Bowling, A. (1999). Enhancing the quality of extended life years: Identification of the oldest old with a very good and very poor quality of life. *Aging & Mental Health, 3*(3), 199–212. https://doi.org/10.1080/13607869956154

Guilford, J. P. (1954). *Psychometric methods*. McGraw-Hill.

Ha, J. H., Greenberg, J. S., & Seltzer, M. M. (2011). Parenting a child with a disability: The role of social support for African American parents. *Families in Society: The Journal of Contemporary Human Services, 92*(4), 405–411. https://doi.org/10.1606/1044-3894.4150

Habib, H. A., Asmat, A., & Naseem, S. (2016). Parental satisfaction with life and perceived social support of parents of children with intellectual disability. *International Journal of Innovation and Scientific Research, 20*, 398–402. http://www.ijisr.issr-journals.org/

Hall, H. R., & Graff, J. C. (2011). The relationships among adaptive behaviors of children with autism, family support, parenting stress, and coping. *Issues in Comprehensive Pediatric Nursing*, *34*(1), 4–25. https://doi.org/10.3109/01460862.2011.555270

Halstead, E. J., Griffith, G. M., & Hastings, R. P. (2017). Social support, coping, and positive perceptions as potential protective factors for the well-being of mothers of children with intellectual and developmental disabilities. *International Journal of Developmental Disabilities, 64*(4-5), 288–296. https://doi.org/10.1080/20473869.2017.1329192

Hammer, M. (1981). Social supports, social networks, and schizophrenia. *Schizophrenia Bulletin, 7*(1), 45–57. https://doi.org/10.1093/schbul/7.1.45

Hassanein, E. E. A., Adawi, T. R. T., Al-Attiyah, A. A., & Elsayad, W. A. M. (2022). The relative contribution of resilience and social support to family quality of life of a sample of mothers of children with autism spectrum disorder in Qatar. *Dirasat: Educational Sciences, 49*(4), 119–140. https://doi.org/10.35516/edu.v49i4.3327

Hassanein, E. E. A., Adawi, T. R., & Johnson, E. S. (2021). Social support, resilience, and quality of life for families with children with intellectual disabilities. *Research in Developmental Disabilities, 112*, 103910. https://doi.org/10.1016/j.ridd.2021.103910

Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism: The International Journal of Research and Practice,* 9(4), 377–391. https://doi.org/10.1177/1362361305056078

Hayat, I., & Zafar, M. (2015). Relationship between psychological well-being and coping strategies among parents with Down syndrome children. *International Journal of Humanities and Social Science, 7*(1), 2220–8488. http://www.ijhssnet.com

Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629–642. https://doi.org/10.1007/s10803-012-1604-y

Heszen-Niejodek, I. (1997). Coping style and its role in coping with stressful encounters. *European Psychologist, 2*(4), 342–351. https://doi.org/10.1027/1016-9040.2.4.342

Hohlfeld, A., Harty, M., & Engel, M. E. (2018). Parents of children with disabilities: A systematic review of parenting interventions and self-efficacy. *African Journal of Disability, 7*, Article 437. https://doi.org/10.4102/ajod.v7i0.437

Homey, L. (1990). *Coping strategies and personality: A theoretical framework*. Journal of Personality and Social Psychology, 58(3), 475-485. https://doi.org/10.1037/0022-3514.58.3.475

House, J. S. (1981). *Work stress and social support*. Addison-Wesley.

Hussain, A., & Juyal, I. (2007). Stress appraisal and coping strategies among parents of physically challenged children. *Journal of the Indian Academy of Applied Psychology, 33*(2), 179–182.

Isa, S. N., Ishak, I., Rahman, A. A., Saat, N. Z., Din, N. C., Lubis, S. H., & Ismail, M. F. (2017). Perceived stress and coping styles among Malay caregivers of children with learning disabilities in Kelantan. *The Malaysian Journal of Medical Sciences: MJMS, 24*(1), 81–93. https://doi.org/10.21315/ mjms.2017.24.1.9

Ishida, S., Okuno, H., Igarashi, H., et al. (2022). Insufficient social support for fathers of children with developmental disorders. *Humanities & Social Sciences Communications, 9*(1), 14. https://doi.org/10.1057/s41599-021-01024-0

Jackson C. W. (2011). Family supports and resources for parents of children who are deaf or hard of hearing. *American Annals of the Deaf*, *156*(4), 343–362. https://doi.org/10.1353/aad.2011.0038

Jacob, U., Jace, P., & Bolanle, O. (2021). Quality of life of mothers of children with intellectual disability: Do social support, maternal stress and socio-economic status play a role? *Engagement Jurnal Pengabdian Kepada Masyarakat, 5*(1). https://doi.org/10.29062/engagement.v5i1.643

John, J., & Gandhimathi, M. (2020). Quality of life among the mothers of mentally challenged children at special schools. *International Journal of Research in Paediatric Nursing, 2*(2), 92–95. https://doi.org/10.33545/26641291.2020.v2.i2b.43

John, J., & Gandhimathi, M. (2020). Stress and coping among the mothers of mentally challenged children in selected special schools. *International Journal of Advance Research in Nursing, 3*(2), 184-188. https://doi.org/10.33545/nursing.2020.v3.i2.C.121

Jones, J. B. (2018). *Family quality of life for parents of children with autism: The role of social support and unsupportive social interactions* (Electronic Theses and Dissertations No. 7528). University of Windsor. https://scholar.uwindsor.ca/etd/7528

Kazmi, S. F., Perveen, S., Karamat, S., & Asima, M. K. (2014). Depression and quality of life of parents of disabled children. *Annals of Pakistan Institute of Medical Sciences, 10*(3), 125–127. https://www.researchgate.net/publication/311820011

Karrit, M., & Coetzee, B. J. (2024). Challenges, coping strategies, and sources of support available to South African parents with children with autism spectrum disorder during the COVID-19 lockdown: A qualitative study. *South African Journal of Psychology, 54*(3), 223-245. https://doi.org/10.1177/00812463241295491

Kerenhappachu, M. S., & Sridevi, G. (2014). Caregiver's burden and perceived social support in mothers of children with mental retardation. *International Journal of Scientific and Research Publications, 4*(4), 1-7. www.ijsrp.org

Khan, M. A., Zahid, R., & Ahmed, M. (2022). Locus of control, perceived social support, and quality of life between mothers of children with autism spectrum disorder and mainstream children. *Pakistan Journal of Social and Clinical Psychology, 20*(2), 41–47. https://www.researchgate.net/publication/369977335

Khan, M. F., & Humtsoe, M. K. (2016). Quality of life of mothers having children with autistic spectrum disorders and learning disabilities. *Journal of Physical Education Research, 3*(1), 38-46. www.joper.org

Khoshakhlagh, M. M., Marashian, F. S., & Jayervand, H. (2022). Comparing the effectiveness of positive psychotherapy and pivotal response treatment in family satisfaction in mothers of children with autism. *Women's Health Bulletin*, *9*(1), 1-8. https://doi.org/10.30476/WHB.2022.93640.1155

Kothari, C. R. (2013). *Research methodology: Methods and techniques* (2nd ed.). New Age International (P) Limited.

Kotzampopoulou, I. (2015). *Quality of life in families having children with disabilities: The parents' perspective* (Master's thesis). University of Oslo. http://www.duo.uio.no/

Kousha, M., Attar, H. A., & Shoar, Z. (2016). Anxiety, depression, and quality of life in Iranian mothers of children with autism spectrum disorder. *Journal of Child Health Care, 20*(3), 405–414. https://doi.org/10.1177/1367493515598644

Krupinski, J. (1980). Health and quality of life. *Social Science & Medicine. Medical Psychology & Medical Sociology,* 14(3), 203–211. https://doi.org/ 10.1016/0160-7979(80)90085-5

Kumar, P., Yadav, J., Panday, R., Rathee, S., Sharma, A. K., & Gupta, S. (2021). Quality of life and family burden between parents of children with intellectual

disability in Mathura, Uttar Pradesh (UP). *Journal of Psychosocial Wellbeing, 2*(2), 42–50. DOI: http://dx.doi.org/10.55242/JPSW.2021.2207

Kumar, P., Rathee, S., & Singh, A. R. (2021). Quality of life and family burden of parents with intellectual disability in North Bihar, India. *National Journal of Professional Social Work, 22*(1), 49–55. https://doi.org/10.51333/njpsw.2021.v22.i1.292

Kumar, G. V. (2008). Psychological stress and coping strategies of the parents of mentally challenged children. *Journal of the Indian Academy of Applied Psychology, 34*(2), 227–231.

Kumar, R. (2016). A study on family support and emotional expressivity among the parents of adults. *International Journal in Management and Social Science,* 4(12). http://www.ijmr.net.in

Kumar,N., Ranjan, L.K.,& Panday ,R.(2019) Coping and social support among parents of children with intellectual disability. *Journal of Disability Management and Rehabilitation,5*(2),72-77. http://jdmronline.org/index.php/jdmr/article/view/22

Lakhani, A., Ali, T. S., Ashraf, D., & Roy, D. K. (2025). Exploring informal social support experiences and coping strategies in families raising a child with an intellectual disability. *The Family Journal, 33*(1), 150-171. https://doi.org/10.1177/10664807241283045

Larson, R. (1978). Thirty years of research on the subjective well-being of older Americans. *Journal of Gerontology, 33*(1), 109–125. https://doi.org/10.1093/geronj/33.1.109

Lazarus, R. S. (1966). *Psychological stress and the coping process.* McGraw-Hill.

Lazarus, R. S. (1991). *Emotion and adaptation.* Oxford University Press.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

Lazarus, R. S., & Launier, R. (1978). Stress-related transactions between person and environment. In L. A. Pervin & M. Lewis (Eds.), *Perspectives in Interactional Psychology* (pp. 287–327). Plenum Press.

Lehman, A. (1988). A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning, 11,* 51-62. https://doi.org/10.1016/0149-7189(88)90033-X

Lei, X., & Kantor, J. (2021). Social support and family functioning in Chinese families of children with autism spectrum disorder. *International Journal of Environmental Research and Public Health, 18*(7), 3504. https://doi.org/10.3390/ijerph18073504

Lester, N., Smart, L., & Baum, A. (1994). Measuring coping flexibility. *Psychology & Health, 9*(6), 409–424. https://doi.org/10.1080/08870449408407468

Letovancova, K., & Slana, M. (2022). Factors influencing the quality of life of parents raising a child with a disability. *Kontakt, 24*(3), 215–223. https://doi.org/10.32725/kont.2022.019

Leung, C. Y. S., & Tsang, W. P. C. (2003). Quality of life of parents who have children with disabilities. *Hong Kong Journal of Occupational Therapy, 13,*19–24. https://doi.org/10.1016/S1569-1861(09)70019-1

Levin, G.A., & Huesmann, L. R. (1980). An 'incremental exchange' perspective on the pair relationship. In K. J. Gergen, M. S. Greenberg, & R. H. Willis (Eds.), *Social Exchange* (pp. 129–156). Springer. https://doi.org/10.1007/978-1-4613-3087-5_8

Lin, C. R., Tsai, Y. F., & Chang, H. L. (2008). Coping mechanisms of parents of children recently diagnosed with autism in Taiwan: A qualitative study. *Journal of Clinical Nursing, 17*(19), 2733–2740. https://doi.org/10.1111/j.1365-2702.2008.02456.x

Lopes, V., Clifford, T., Minnes, P., & Ouellette-Kuntz, H. (2008). Parental stress and coping in families of children with and without developmental delays. *Journal on Developmental Disabilities, 14*(2), 99-104.

Lu, M. H., Wang, G. H., Lei, H., Shi, M. L., Zhu, R., & Jiang, F. (2018). Social support as a mediator and moderator of the relationship between parenting stress and life satisfaction among the Chinese parents of children with ASD. *Journal of Autism and Developmental Disorders, 48(*4), 1181–1188. https://doi.org/10.1007/s10803-017-3448-y

Lu, M. L., Yang, G., Skora, E., Wang, G., Cai, Y., Sun, Q., & Li, W. (2015). Self-esteem, social support, and life satisfaction in Chinese parents of children with autism spectrum disorder. *Journal of Research in Autism Spectrum Disorder, 17,* 70-77. DOI: 10.1016/j.rasd.2015.05.003

Lu, M., Chen, J., He, W., Pang, F., & Zou, Y. (2021). Association between perceived social support of parents and emotional/behavioral problems in children with ASD: A chain mediation model. *Research in Developmental Disabilities, 113*, 103933. https://doi.org/10.1016/j.ridd.2021.103933

Lu, M., Wang, R., Lin, H., Pang, F., & Chen, X. (2021). Perceived social support and life satisfaction of Chinese parents of children with autism spectrum disorder: Loneliness as a mediator and moderator. *Research in Autism Spectrum Disorders, 87,* 101829. https://doi.org/10.1016/j.rasd.2021.101829

Mackintosh, V. H., Myers, B. J., & Goin-Kochel, R. P. (2005). Sources of information and support used by parents of children with autism spectrum disorders. *Journal on Developmental Disabilities, 12*(1), 41–51. https://www.researchgate.net/publication/263965939

Mahmutovic, et al. (2020). Quality of life of mothers who have children with developmental disabilities. *Journal of Health Sciences, 10*(3). https://doi.org/10.17532/jhsci.2020.969

Majumdar, R., & Jain, S. (2020). Comparison of quality of life of caregivers of children with and without disabilities. *Journal of Clinical and Diagnostic Research, 14*(3). https://doi.org/10.7860/JCDR/2020/43442.13602

Malhotra, S., Khand, & Bhatia, W. (2012). Quality of life of parents having children with developmental disabilities. *Journal of Department of Psychology*, *15*(1), 171-176. http://imsear.searo.who.int/handle/123456789/159602

Marsack, C. N., & Samuel, P. S. (2017). Mediating effects of social support on quality of life for parents of adults with autism. *Journal of Autism and Developmental Disorders*, *47*(8), 2378–2389. https://doi.org/10.1007/s10803-017-3157-6

Martinez, V. C., & Turnage, D. (2022). Social Support and parenting stress in Hispanic parents of children with autism spectrum disorder. *Issues in Mental Health Nursing*, *43*(11), 1030–1040. https://doi.org/10.1080/01612840.2022.2100949

Maslow, A. (1954). *Motivation and personality.* Harper.

Mathew, T. (1982). *Item analysis table: A correlational method*.

Matthews, D. B. (1988). *A study of the effects of a stress management programme on affective and cognitive measures of middle school children* (Unpublished master's thesis). South Carolina State College. (As cited in Credit & Garcia, 1999).

McAuliffe, T., Cordier, R., Vaz, S., Thomas, Y., & Falkmer, T. (2017). Quality of life, coping styles, stress levels, and time use in mothers of children with autism spectrum disorders: Comparing single versus coupled households. *Journal of Autism and Developmental Disorders, 47(10), 3189–3203. https://doi.org/10.1007/s10803-017-3240-z*

McCombes, S. (2020). *Literature review: A guide to writing a comprehensive review of the literature*. Scribbr. https://www.scribbr.com/academic-essay/literature-review/

McIntire, S. A., & Hiller, W. D. (2007). *Psychological testing: An introduction* (2nd ed.). Pearson.

McIntyre, L. L., & Brown, M. (2018). Examining the utilization and usefulness of social support for mothers with young children with autism spectrum disorder. *Journal of Intellectual & Developmental Disability*, *43*(1), 93–101. https://doi.org/10.3109/13668250.2016.1262534

McStay, R. L., Trembath, D., & Dissanayake, C. (2014). Stress and family quality of life in parents of children with autism spectrum disorder: parent gender and the Double ABCX model. *Journal of Autism and Developmental Disorders, 44*(12), 3101–3118. https://doi.org/10.1007/s10803-014-2178-7

Mearal, B. F., & Cavkaytar, A. (2012). A study on social support perception of parents who have children with autism. *International Journal on New Trends in Education and Their Implications, 3*(3), 1309–6249. http://www.ijonte.org

Mehindiratta, S.& Dixit, P. (2024). Coping ability of parents with mentally challenged children in relation to stress. *International Journal of Creative Research Thoughts*, *12*(3), 1–8. https://www.ijcrt.org

Michalos, A. C. (1986). Job satisfaction, marital satisfaction, and the quality of life: A review and a preview. In F. M. Andrews (Ed.), *Research on the quality of life* (pp. 57–83). University of Michigan, Survey Research Center.

Misura, K. A., & Memisevic, H. (2017). Quality of life of parents of children with intellectual disabilities in Croatia. *Journal of Educational and Social Research, 7(2), 243. https://doi.org/10.5901/jesr.2017.v7n2p43*

Mohammed, S. S., Abdelwahab, M. S., Zaky, N. A., & Abdelazeim, F. H. (2024). Impact of mother's care burden, fatigue, and child's functional level on quality of life in spastic cerebral palsy. *Physiotherapy Research International: The Journal for Researchers and Clinicians in Physical Therapy*, *29*(1), e2067. https://doi.org/10.1002/pri.2067

Moos, R. H., & Mitchell, R. E. (1982). Social network resources and adaptation: A conceptual framework. In T. A. Wills (Ed.), *Basic processes in helping relationships* (pp. XX-XX). Academic Press.

Morrison, C. R., & Others. (1991, August). *Academic coping styles, self-concept, and stress* [Paper presentation]. *Annual Convention of the American Psychological Association,* 99th, San Francisco, CA. ERIC Document Reproduction Service No. ED 340951.

Msangi, B. M. (2017). *Availability and use of social support among parents of school children with disabilities in Dar es Salaam Region* (Doctoral dissertation). Open University of Tanzania. Retrieved from https://core.ac.uk/download /pdf/161286188.pdf

Musetti, A., Zagaria, A., Pezzi, M., Fante, C., Dioni, B., Raffin, C., Manari, T., Lenzo, V., & De Luca Picione, R. (2024). Parental quality of life, child adjustment and adult attachment in parents of children and adolescents with Autism Spectrum Disorder. *Research in developmental disabilities, 146,* 104684. https://doi.org/10.1016/j.ridd.2024.104684

Norris, V. K., Stephens, M. A., & Kinney, J. M. (1990). The impact of family interactions on recovery from stroke: Help or hindrance? *The Gerontologist, 30*(4), 535–542. https://doi.org/10.1093/geront/30.4.535

Ntre, V., Papanikolaou, K., Amanaki, E., Triantafyllou, K., Tzavara, C., & Kolaitis, G. (2022). Coping strategies in mothers of children with autism spectrum disorder and their relation to maternal stress and depression. *Psychiatriki, 33*(3),210–218. https://doi.org/10.22365/jpsych.2022.068

Nurhidayah, I., Alhusniati, F.A., Rafiyah, I., & Hidayati, N. O. (2020). Social support for parents of children with intellectual disability. *Indian Journal of Public Health Research & Development, 11*(3), 754-758. https://doi.org/10.37506/ijphrd.v11i3.2387

Obeid, R., & Daou, N. (2015). The effects of coping style, social support, and behavioral problems on the well-being of mothers of children with autism spectrum disorders in Lebanon. *Research in Autism Spectrum Disorders, 10,* 59–70. https://doi.org/10.1016/j.rasd.2015.01.003

O'Boyle, C. A. (1997). Measuring the quality of later life. *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences, 352*(1363), 1871–1879. https://doi.org/10.1098/rstb.1997.0160

Oh, H., & Lee, E.-K. O. (2009). Caregiver burden and social support among mothers raising children with developmental disabilities in South Korea. *International Journal of Disability, Development, and Education, 56*(2), 149–167. https://doi.org/10.1080/10349120902868624

Olsson, M. B., & Hwang, C. P. (2001). Is the quality of life of parents of children with intellectual disabilities influenced by their children's behavior problems? *Journal of Intellectual Disability Research, 45*(6), 529-536. https://doi.org/10.1046/j.1365-2788.2001.00347.x

Ozbay, F., Fitterling, H., Charney, D., & Southwick, S. (2008). Social support and resilience to stress across the lifespan: A neurobiologic framework. *Current Psychiatry Reports, 10*(4), 304–310. https://doi.org/10.1007/s11920-008-0049-7

Ozyazıcıoglu, N., & Buran, G. (2014). Social support and anxiety levels of parents with disabled children. *Rehabilitation Nursing, 39*(5). https://doi.org/10.1002/rnj.137

Panday, R., & Fatima, N. (2016). Quality of life among parents of mentally challenged children. *International Journal of Indian Psychology, 3*(3), 11. https://doi.org/18.01.205/20160303

Pandey, D., & Dubey, P. (2019). Mediating effect of social support on stress among parents of children with intellectual disability. *Indian Journal of Public Health Research and Development, 10*(2), 164-169. https://doi.org/xxxx

Pathak, A., & Biswal, R. (2023). Quality of Life of parents of children with developmental disabilities: A marginalized community in India. *Research Square*,https://doi.org/10.21203/rs.3.rs-3707619/v1

Pejovic-Milovancevic, M., Stankovic, M., Mitkovic-Voncina, M., Rudic, N., Grujicic, R., Herrera, A. S., Stojanovic, A., Nedovic, B., Shih, A., Mandic-Maravic, V., & Daniels, A. (2018). Perceptions on support, challenges and needs among parents of children with autism: The Serbian experience. *Psychiatria Danubina*, *30*(Suppl 6), 354–364.

Pepperell, T. A., Paynter, J., & Gilmore, L. (2018). Social support and coping strategies of parents raising a child with autism spectrum disorder. *Early Child Development and Care*, *188*(11), 1392–1404. https://doi.org/10.1080/03004430.2016.1261338

Perumal, V., Veeraraghavan, V., & Lekhra, S. (2014). Quality of life in families of children with autism spectrum disorder in India. *Journal of Pharmacy Research, 8*(6), 791–797. Retrieved from https://www.jpronline.info

Pettugani, S., & Devi, S. M. (2008). Stress and coping among parents of children with learning disabilities. *Journal of Community Guidance & Research, 25*(3), 333-339. https://www.researchgate.net/publication/325286221

Picci, R. L., Oliva, F., Trivelli, F., Carezana, C., Zuffranieri, M., Ostacoli, L., Furlan, P. M., & Lala, R. (2015). Emotional burden and coping strategies of parents of children with rare diseases. *Journal of Child and Family Studies, 24*, 514–522. https://doi.org/10.1007/s10826-013-9864-5

Pine, A., & Aronson, E. (1988). *Career burnout and cures*. The Free Press.

Porter, L. W., & Stone, R. W. (1995). The effects of coping strategies and social support on work-related stress in men and women. *Journal of Applied Psychology, 80*(2), 113–127. https://doi.org/10.1037/0021-9010.80.2.113

Pozo, P., Sarriá, E., & Brioso, A. (2014). Family quality of life and psychological well-being in parents of children with autism spectrum disorders: A double ABCX model. *Journal of Intellectual Disability Research,58*(5), 442–458. https://doi.org/10.1111/jir.12042

Predescu, E., & Sipos, R. (2013). Cognitive coping strategies, emotional distress and quality of life in mothers of children with ASD and ADHD—A comparative study in a Romanian population sample. *Open Journal of Psychiatry, 3*, 11-17. https://doi.org/10.4236/ojpsych.2013.32A003

Ptacek, J. T., Smith, R. E., & Zanas, J. (1994). Gender differences in coping with stress: A meta-analysis of social support and emotion regulation. *Journal of Personality and Social Psychology, 66*(1), 16–27. https://doi.org/10.1037/0022-3514.66.1.16

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community.* Simon & Schuster. http://bowlingalone.com/

Raju, S., Hepsibah, P. E. V., & Niharika, M. K. (2023). Quality of life in parents of children with autism spectrum disorder: Emphasizing challenges in the Indian context. *International Journal of Developmental Disabilities, 69*(3), 371–378. https://doi.org/10.1080/20473869.2023.2173832

Reis, H. T. (1984). Social interaction and well-being. In S. Duck (Ed.), *Personal relationships* (Vol. 5, pp. 21–45). Academic Press.

Rimmerman, A., & Muraver, M. (2001). Experiencing undesired daily life events, instrumental functioning, social support, and well-being of Israeli elderly women: Comparison between caregivers and non-caregivers for adult children with mental retardation. *Journal of Women & Aging, 13*(2), 57–69. https://doi.org/10.1300/J074v13n02_05

Robinson, S., & Weiss, J. A. (2020). Examining the relationship between social support and stress for parents of individuals with autism. *Research in Autism Spectrum Disorders, 74*, 101535. https://doi.org/10.1016/j.rasd.2020.101535

Rodrigues, S. A., Fontanella, B., de Avó, L., Germano, C., & Melo, D. G. (2019). A qualitative study about quality of life in Brazilian families with children who have severe or profound intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 32*(2), 413–426. https://doi.org/10.1111/jar.12539

Rogerson, R. J. (1995). Environmental and health-related quality of life: Conceptual and methodological similarities. *Social Science & Medicine (1982), 41*(10), 1373–1382. https://doi.org/10.1016/0277-9536(95)00122-n

Rogerson. R., Morris, A., Findlay, A., & Paddision, R. (1989). *Quality of life in Britain's Intermediate Cities.* Department of Geography, Quality of Life Group, University of Glasgow.

Romeo, D. M., Cioni, M., Distefano, A., Battaglia, L. R., Costanzo, L., Ricci, D., De Sanctis, R., Romeo, M. G., Mazzone, D., & Mercuri, E. (2010). Quality of life in parents of children with cerebral palsy: Is it influenced by the child's behaviour? *Neuropediatrics, 41*(3), 121–126. https://doi.org/10.1055/s-0030-1262841

Rouhani, A., & Alamdarloo, H. G. (2022). Social support in parents of children with neurodevelopmental disorders. *International Journal of Developmental Disabilities, 70*(5), 879–886. https://doi.org/10.1080/20473869.2022.2154923

Rushda, T. K. (2021). The level of social support perceived by the parents of children with intellectual disabilities in Kozhikode District of Kerala, India. *Ilkogretim Online - Elementary Education Online, 20*(4), 1156-1163. https://doi.org/10.17051/ilkonline.2021.04.129

Sajjad, S., Asad, S., Gul, A., & Ghauri, A. A. (2022). Quiet ego, perceived social support, and subjective well-being in mothers having children diagnosed with autism spectrum disorder. *Research in Autism Spectrum Disorders, 97*, 102006. https://doi.org/10.1016/j.rasd.2022.102006

Salami, S., & Alhalal, E. (2024). Gender differences in predictors of quality of life for parents of children with autism spectrum disorder in Saudi Arabia. *Journal of Pediatric Nursing, 77*, e117–e124. https://doi.org/10.1016/j.pedn.2024.03.039

Salas, B.L., Rodriguez, V. Y., Urbieta, C.T., & Cuadrado, E. (2017). The role of coping strategies and self-efficacy as predictors of life satisfaction in a sample of parents of children with autism spectrum disorder. *Psicothema, 29*(1), 55–60. https://doi.org/10.7334/ psicothema 2016.96.

Salehi, F., Raji, P., Mahmoodian, M., Dadgar, H., & Baghestani, A. R. (2017). Quality of life of mothers of children with autism spectrum disorders and its relationship with severity of the disorder and child's occupational performance. *Journal of Modern Rehabilitation, 11*(3), 167–174.

Samadi, S. A. (2020). Parental coping styles of individuals with autism spectrum disorders: A report from Iran. *International Journal of Pediatrics and Adolescent Medicine*,7(1),*61-68.* https://doi.org/ 10.5772/intechopen.92700

Savari, K., Naseri, M., & Savari, Y. (2023). Evaluating the role of perceived stress, social support, and resilience in predicting the quality of life among the parents of disabled children. *International Journal of Disability, Development and Education, 70*(5), 644–658. https://doi.org/10.1080/1034912X.2021.1901862

Schaie, K. W., Wahl, H. W., Mollenkopf, H., & Oswald, F. (Eds.). (2003). *Aging independently: Living arrangements and mobility.* Springer Publishing Co.

Scheffé, H. (1957). *The analysis of variance*. Wiley.

Scheier, M. F., & Carver, C. S. (1988). *Perspectives on personality*. Allyn & Bacon.

Scheier, M. F., Weintraub, J. K., & Carver, C. S. (1986). Coping with stress: Divergent strategies of optimists and pessimists. *Journal of Personality and Social Psychology, 51*(6), 1257–1264. https://doi.org/10.1037/0022-3514.51.6.1257

Scherer, N., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PLOS ONE, 14*(7), e0219888. https://doi.org/10.1371/journal.pone.0219888

Schwarzer, R., & Knoll, N. (2003). Positive coping: Mastering demands and searching for meaning. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 393–409). American Psychological Association. https://doi.org/10.xxxx/xxxxx

Sells, S. B. (1970). On the nature of stress. In J. E. McGrath (Ed.), *Social and psychological factors in stress* (pp. 134-139). New York: Holt, Rinehart & Winston.

Selvakumar, N., & Panicker, A. S. (2020). Stress and coping styles in mothers of children with autism spectrum disorder. *Indian Journal of Psychological Medicine, 42*(3), 225–232. https://doi.org/10.4103/IJPSYM.IJPSYM_333_19

Seymour, M., Giallo, R., & Wood, C. E. (2020). Perceptions of social support: Comparisons between fathers of children with autism spectrum disorder and fathers of children without developmental disabilities. *Journal of Intellectual Disability Research,64*(6), 414–425. https://doi.org/10.1111/jir.12704

Sharma, S., & Nasreen, N. (2014). *Manual for Quality of Life Scale (QOLS-SSNN)*. National Psychological Corporation. http://www.npcindia.com

Sharma, S., & Subedi, J. (2022). Stress and coping among caregivers of differently able children. *Journal of Nepal Health Research Council*, *20*(1), 186–193. https://doi.org/10.33314/jnhrc.v20i01.4069

Shekhawat, B. S., Agarwal, S., & Jain, S. (2017). Quality of life of caregivers of early-onset psychosis and mentally retarded children: A comparative study. *Industrial Psychiatry Journal, 26(*2), 146–150. https://doi.org/10.4103/ipj.ipj_21_16

Shepherd, D., Goedeke, S., Landon, J., & Meads, J. (2020). The types and functions of social supports used by parents caring for a child with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 50*(4), 1337–1352. https://doi.org/10.1007/s10803-019-04359-5

Shin, J. Y. (2002). Social support for families of children with mental retardation: Comparison between Korea and the United States. *Mental Retardation, 40*(2), 103118. https://doi.org/10.1352/00476765(2002)040<0103:SSFFOC>2.0.CO;2

Shrestha, A., Adhikari, R., & Pokhrel, G. (2022). Parental stress and coping mechanisms in rearing children with intellectual disability: A study conducted in Kathmandu. *BJHS, 7*(3.19), 1851-1856. https://doi.org/10.3126/bjhs.v7i3.52636

Shu, B. (2009). Quality of life of family caregivers of children with autism: The mother's perspective. *The International Journal of Research and Practice, 13*(1), 81–91. https://doi.org/10.1177/1362361307098517

Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues,40*(4), 11–36. https://doi.org/10.1111/j.1540-4560.1984.tb01105.x

Singh, K., Kumar, P., Kumar, R., & Chakarborti, S. (2016). Quality of life among parents of children with intellectual disability. *Journal of Disability Management and Rehabilitation, 2*(1), 13-17. http://jdmronline.org/index.php/jdmr/article/view/17

Singh, S., & Lohumi, S. (2023). Coping strategies of parents of children with intellectual disabilities. *International Journal of Indian Psychology, 11*(1), 565–569. https://doi.org/10.25215/1101.059

Somasekhar, N. (2017). Perceived stress and coping strategies of parents with autism and intellectual disability children. *International Journal of Indian Psychology, 4*(4), 89–95. DOI:10.25215/0404.091

Souza, R. D., Ahmed, A., & Salma, B. U. (2019). A study on the prevalence of perceived stress and coping strategies in parents of intellectually disabled children. *MedPulse – International Journal of Psychology, 12*(1), 22-26. https://medpulse.in/Psychology/html_12_1_5.php

Sreekeerthi, D., & Kumar, P. (2017). A comparative study of quality of life in caregivers of mental retardation and normal children. *Scholars Journal of Applied Medical Sciences, 5*(9D), 3793-3798. https://doi.org/10.21276/sjams.2017.5.9.56

Su, H., Cuskelly, M., Gilmore, L., & Sullivan, K. (2018). Perceptions of support in Chinese mothers of a child with intellectual disability. *Journal of Developmental and Physical Disabilities, 30,* 509–525. https://doi.org/10.1007/s10882-018-9599-8

Swierczynska, J.C., & Pawłowska, B. (2022). Coping with stress of mothers of children with disorders belonging to autism spectrum. *Current Problems of Psychiatry, 23*, 1 - 12. DOI:10.2478/cpp-2022-0001

Takuri, B. S. (2017). Stress and coping mechanisms among the parents of children with intellectual disabilities. *Journal of Advanced Academic Research, 1*(2), 56–63. https://doi.org/10.3126/jaar.v1i2.16589

Thoits, P. A. (1983). Dimensions of life events that influence psychological distress: An evaluation and synthesis of the literature. *Journal of Health and Social Behavior, 24*(4), 312–326. https://doi.org/10.2307/2136402

Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review, 48*(2), 174–187. https://doi.org/10.2307/2095103

Thoits, P. A. (1985). *Social support and psychological well-being: The role of social agencies in coping with stress*. *Journal of Health and Social Behavior, 26*(3), 276–296. https://doi.org/10.2307/2136493

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 53–79. https://doi.org/10.2307/2626957

Turnage, D., & Conner, N. (2022). Quality of life of parents of children with autism spectrum disorder: An integrative literature review. *Journal for Specialists in Pediatric Nursing, e12391*. Advance Online Publication. https://doi.org/10.1111/jspn.12391

Turner, R. J. (1983). Direct, indirect, and moderating effects of social support on psychological distress and assorted conditions. In H. B. Kaplan (Ed.),

Psychological stress: Trends in theory and research (pp. 105–155). Academic Press.

Upadhyaya, G. R., & Havalappanavar, N. B. (2008). Coping in parents of children with intellectual disabilities. *Journal of the Indian Academy of Applied Psychology, 34*(2), 221–225.

Upretii, & Singh. (2016). Coping strategies for perceived stress among parents of mentally challenged children across their gender. *International Journal of Humanities and Social Sciences*, *4*(6), 2319–3948. https://www.iaset.us

Vasilopoulou, E., & Nisbet, J. (2016). The quality of life of parents of children with autism spectrum disorder: A systematic review. *Research in Autism Spectrum Disorders*, 23, 36–49. https://doi.org/10.1016/j.rasd.2015.11.008

Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2019). Coping strategies of parents of children with autism spectrum disorder: A systematic review. *European Child & Adolescent Psychiatry, 28(*6), 747–758.https://doi.org/10.1007/s00787-018-1183-3

Vernhet, C., Michelon, C., Dellapiazza, F., Rattaz, C., Geoffray, M. M., Roeyers, H., Picot, M. C., Baghdadli, A., & ELENA study group. (2022). Perceptions of parents of the impact of autism spectrum disorder on their quality of life and correlates: Comparison between mothers and fathers. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 31(5), 1499–1508. https://doi.org/10.1007/s11136-021-03045-3

Volgyesi-Molnar, M., Gyori, M., Eapen, V., Borsos, Z., Havasi, A., Jakab, Z., Janoch, L., Nemeth, V., Oszi, T., Szekeres, A., & Stefanik, K. (2024). Quality of life in Hungarian parents of autistic individuals. *Journal of Autism and Developmental Disorders*, Advance online publication. https://doi.org/10.1007/s10803-024-06243-3

Wang, P., Michaels, C. A., & Day, M. S. (2011). Stresses and coping strategies of Chinese families with children with autism and other developmental

disabilities. *Journal of Autism and Developmental Disorders, 41(*6), 783–795. https://doi.org/10.1007/s10803-010-1099-3

Wang, R., Liu, Q., & Zhang, W. (2022). Coping, social support, and family quality of life for caregivers of individuals with autism: Meta-analytic structural equation modeling. *Personality and Individual Differences, 186(*Part B), Article 111351. https://doi.org/10.1016/j.paid.2021.111351

Wani, A. B., Tariq, A., Khan, A., & Ali, I. (2022). The challenges and coping strategies of single mothers caring for children with special needs: Experiences from Kashmir, India. *Asian Social Work and Policy Review, 17*(4). https://doi.org/10.1111/aswp.12265

Weiss, M. J. (2002). *Parental stress and coping in families of children with mental retardation: A review of the literature*. *Journal of Intellectual Disability Research, 46*(3), 225–235. https://doi.org/10.1046/j.1365-2788.2002.00397.x

WHOQOL Group. (1993). *Measuring quality of life: The development of the World Health Organization quality of life instrument (WHOQOL)*. World Health Organization.

Wills, T. A. (1985). Supportive functions of interpersonal relationships. In S. Cohen & S. L. Syme (Eds.), *Social Support and Health* (pp. 61-82). Academic Press.

Wills, T. A. (1991). Social support and interpersonal relationships. In M. S. Clark (Ed.), *Prosocial Behavior* (pp. 265–289). Sage.

Wills, T. A., & Langner, T. S. (1980). Socioeconomic status and stress. In I. L. Kutash & L. B. Schlesinger (Eds.), *Handbook on stress and anxiety* (pp. 159-173). Jossey-Bass.

Woodman, A. C., & Hauser, C. P. (2013). The role of coping strategies in predicting change in parenting efficacy and depressive symptoms among mothers of adolescents with developmental disabilities. *Journal of Intellectual Disability Research, 57*(6), 513-530. http://dx.doi.org/10.1111/j.1365-2788.2012.01555.x.

World Health Organization. (1995). The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science & Medicine, 41*(10), 1403–1409. https://doi.org/10.1016/0277-9536(95)00112-k

Xia, C., Sun, M., Li, X., Lu, C., Gao, X., Lu, J., & Chen, G. (2020). Health-related quality of life and related factors among primary caregivers of children with disabilities in Shanghai, China: A cross-sectional study. *International Journal of Environmental Research and Public Health, 17*(24), 9299. https://doi.org/10.3390/ijerph17249299

Xiang, Y. T., Luk, E. S., & Lai, K. Y. (2009). Quality of life in parents of children with attention-deficit-hyperactivity disorder in Hong Kong. *The Australian and New Zealand Journal of Psychiatry, 43*(8), 731–738. https://doi.org/10.1080/00048670903001968

Yamada, A., Kato, M., Suzuki, M., Suzuki, M., Watanabe, N., Akechi, T., & Furukawa, T. A. (2012). Quality of life of parents raising children with pervasive developmental disorders. *BMC Psychiatry, 12*(1), 119. https://doi.org/10.1186/1471-244X-12-119

Yan, T., Hou, Y., & Deng, M. (2022). Direct, indirect, and buffering effects of social support on parental involvement among Chinese parents of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 52*(7), 2911–2923. https://doi.org/10.1007/s10803-021-05170-x

Yıldırım, M., Dirik, G., & Yorulmaz, E. (2024). The role of life satisfaction, quiet ego, and perceived social support in posttraumatic growth of mothers of Turkish children diagnosed with autism spectrum disorder. *International Journal of Developmental Disabilities.* https://doi.org/10.1080/20473869.2024.2366064

Yildirim, M., Yayan, E. H., Dağ, Y. S., Sülün, A., & Akyay, A. (2022). The relationship between the care burden and quality of life of parents who have children with haematological problems and their perceived social support. *Journal of Pediatric Nursing, 63,* e107–e112. https://doi.org/10.1016/j.pedn.2021.10.004

Yoong, A., & Koritsas, S. (2012). The impact of caring for adults with intellectual disability on the quality of life of parents. *Journal of Intellectual Disability Research, 56(*6), 609–619. https://doi.org/10.1111/j.1365-2788.2011.01501.x

Zhao, M., Fu, W., & Ai, J. (2021). The mediating role of social support in the relationship between parenting stress and resilience among Chinese parents of children with disability. *Journal of Autism and Developmental Disorders, 51*(10), 3412–3422. https://doi.org/10.1007/s10803-020-04806-8

APPENDICES

Appendix A

CENTRE FOR RESEARCH AND DEVELOPMENT
N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)
ATTOOR, KANNIYAKUMARI DISTRICT

QUALITY OF LIFE SCALE

Sharma & Nasreen (2014)

INSTRUCTIONS

On the following pages, there are 42 statements related to Quality of Life. Kindly read each statement carefully and decide your response on three points **Always, Seldom,** and **Never,** and put a ✓ mark in the appropriate box which is nearer to your response.

Eg. If you feel '**Always**'with the item, mark (✓) in column A. If you feel '**Seldom**' with the item, mark (✓) in column B. If you feel '**Never**' with the item, mark (✓)in column Band give your responses in separate response sheet. While answering, kindly see that no item is omitted. Your responses will be kept confidential and will be used for research purposes only

1. I am satisfied with my present life.
2. I am being cared by people around me.
3. I help people in my neighborhood whenever they need me.
4. I feel delighted on visiting my friends and neighbors.
5. I am satisfied with my present job/household duties.
6. I am satisfied with my achievements in job or in my life.
7. I have achieved maximum goals in my life.
8. I am clear about my life goals and I am effectively making them a reality.
9. My spiritual and religious beliefs give me satisfaction.

10. My fear of God is the guide to my life's success.
11. I feel myself fortunate when I help people.
12. I feel guilt of doing wrong deeds.
13. I feel myself elevated and appreciated in the society.
14. I enjoy my life and feel delighted in living.
15. Even smaller things in my life are a matter of joy.
16. My home and my family are sources of joy.
17. I wish to attain success in all spheres of life.
18. I believe in the proverb that every cloud has a silver lining.
19. I am always hopeful for every betterment in my life.
20. I don't have a sound sleep.
21. I don't like to talk to anybody when I am in stress.
22. I need something in the form of medicine or treatment for stress reduction.
23. I adopt mechanisms such as yoga, long walk, meditation to reduce tension.
24. I easily get upset when neglected / humiliated by others.
25. I don't recover easily after doing hard work.
26. I am depressed for no apparent reason.
27. I am constantly in a state of fatigue.
28. I am able to adjust well in new situations.
29. I think and act independently without being interfered by others.
30. I don't have quarrels with others.

31. I feel myself to be emotionally secure.

32. I have a sound health.

33. I am conscious of my health and body care.

34. I never leave any of my ailments uncared or unattended.

35. I find my appearance quite presentable.

36. I have enough energy to do daily routine work.

37. I can take decisions on my own.

38. I complete the work assigned to me whole heartedly and in tune.

39. I am satisfied with what I am.

40. I celebrate special events of my life.

41. I welcome suggestions from other people to improve myself.

42. I am hopeful of society's welfare and betterment also.

CENTRE FOR RESEARCH AND DEVELOPMENT

ATTOOR, KANNIYAKUMARI DISTRICT (AUTONOMOUS)

QUALITY OF LIFE SCALE

Sharma & Nasreen (2014)

(Tamil version)

அறிவுறுத்தல்கள்

பின்வரும் பக்கங்களில் வாழ்க்கைத்தரம் தொடர்பான அறிக்கைகள் உள்ளன. தயவு செய்து ஒவ்வொரு அறிக்கையையும் கவனமாகப் படித்து, உங்கள் பதிலை எப்போதும், எப்போதாவது மற்றும் ஒருபோதும் என்ற மூன்றுபுள்ளிகளில் முடிவு செய்து, உங்கள் பதிலுக்கு அருகில் உள்ள பொருத்தமான பெட்டியில் (✓) குறியை இடவும்.

(எ.கா) உருப்படியுடன் 'எப்போதும்' என நீங்கள் உணர்ந்தால், A நெடுவரிசையில் (✓) குறிக்கவும். உருப்படியுடன் 'அபூர்வமாக' என்று நீங்கள் உணர்ந்தால், நெடுவரிசை B இல் (✓) குறிக்கவும். உருப்படியுடன் 'ஒருபோதும்' என்று நீங்கள் உணர்ந்தால், குறி (✓) C நெடுவரிசையில் உங்கள் பதில்களை தனிபதில் தாளில் கொடுக்கவும். பதிலளிக்கும் போது, எந்த உருப்படியும் தவிர்க்கப்படவில்லை என்பதை தயவு செய்து பார்க்கவும். உங்கள் பதில்கள் ரகசியமாக வைக்கப்படும் மற்றும் ஆராய்ச்சி நோக்கங்களுக்காக மட்டும் பயன்படுத்தப்படும்.

1. எனது தற்போதைய வாழ்க்கையில் நான் திருப்தி அடைகிறேன்.
2. என்னைச் சுற்றியுள்ள மக்களால் நான் கவனிக்கப்படுகிறேன்.
3. எனது அக்கம் பக்கத்தில் உள்ளவர்களுக்கு அவர்கள் தேவைப்படும் போதெல்லாம் நான் உதவுகிறேன்.
4. எனது நண்பர்களையும், அக்கம் பக்கத்தில் உள்ளவர்களையும் சந்திப்பதில் நான் மகிழ்ச்சியடைகிறேன்.
5. எனது தற்போதைய வேலையில் / வீட்டுக் கடமைகளில் நான் திருப்தி அடைகிறேன்.

6. என்னுடைய வேலையிலோ அல்லது வாழ்க்கையிலோ நான் அடைந்த சாதனைகளில் திருப்தி அடைகிறேன்.

7. நான் என் வாழ்க்கையில் அதிகபட்ச இலக்குகளை அடைந்திருக்கிறேன்.

8. எனது வாழ்க்கை இலக்குகளைப் பற்றி நான் தெளிவாக இருந்து, அவற்றை திறம்பட செயல்படுகிறேன்.

9. எனது ஆன்மீக மற்றும் மதநம்பிக்கைகள் எனக்குத் திருப்தி அளிக்கிறது.

10. கடவுள் மீதான எனது பயமே என் வாழ்க்கையின் வெற்றிக்கு வழிகாட்டியாகும்.

11. நான் மக்களுக்கு உதவும்போது என்னை அதிர்ஷடசாலியாக உணர்கிறேன.

12. தவறான செயல்களைச் செய்வதில் எனக்கு குற்ற உணர்வு இருக்கிறது.

13. நான் சமுதாயத்தில் உயர்ந்தவனாகவும் பாராட்டப்பட்டவனாகவும் உணர்கிறேன்.

14. நான் வாழ்க்கையை அனுபவித்து வாழ்வதில் மகிழ்ச்சியடைகிறேன்.

15. என் வாழ்க்கையில் சிறிய விஷயங்கள் கூட மகிழ்ச்சியைத் தருகிறது.

16. எனது வீடும் எனது குடும்பமும் மகிழ்ச்சியின் ஆதாரங்கள்.

17. வாழ்க்கையின் அனைத்துத் நிலைகளிலும் வெற்றியை அடைய விரும்புகிறேன்.

18. ‘‘ஒவ்வொரு மேகத்திலும் வெள்ளிகோடு உள்ளது’’ என்ற பழமொழியை நான் நம்புகிறேன்.

19. எனது வாழ்க்கையில் ஒவ்வொரு முன்னேற்றத்திற்கும் நான் எப்போதும் எதிர்பார்ப்புடன் இருப்பேன்.

20. எனக்கு நல்ல தூக்கம் இல்லை.

21. நான் மனஅழுத்தத்தில் இருக்கும்போது யாரிடமும் பேசவிரும்புவதில்லை.

22. மன அழுத்தத்தைக் குறைப்பதற்கு எனக்கு மருந்து அல்லது சிகிச்சை தேவைப்படுகிறது.

23. பதற்றத்தைக் குறைக்க யோகா, நீண்டப் நடைபயிற்சி, தியானம் போன்ற வழிமுறைகளை நான் கடைபிடிக்கிறேன்.

24. மற்றவர்களால் புறக்கணிக்கப்படும்போதும்/ அவமானப்படுத்தப்படும போதும் நான் எளிதில் வருத்தப்படுவேன்.

25. கடின உழைப்புக்குப் பிறகு நான் எளிதாக மீள்வதில்லை.

26. எந்தவொரு வெளிப்படையான காரணமுமின்றி நான் மனச்சோர்வடைகிறேன்.

27. நான் தொடர்ந்து சோர்வாக இருக்கிறேன்.

28. புதிய சூழ்நிலைகளில் என்னால் நன்றாக ஒத்துப்போக முடிகிறது.

29. மற்றவர்கள் தலையிடாமல் நான் சுதந்திரமாக சிந்திதது செயல்படுகிறேன்.

30. எனக்கு மற்றவர்களுடன் சண்டை இல்லை.

31. நான் உணர்பூர்வமாக பாதுகாப்பாக இருப்பதாக உணர்கிறேன்.

32. எனக்கு நல்ல ஆரோக்கியம் உள்ளது.

33. எனது உடல்நலம் மற்றும் உடல்பராமரிப்புக் குறித்து நான் விழிப்புடன் இருக்கிறேன்.

34. எனது எந்தவொரு வியாதியையும் நான் ஒருபோதும் கவனிக்காமலோ அல்லது அக்கறையின்றி விட்டுவிடுவதில்லை.

35. எனது தோற்றத்தை மிகவும் அழகாகக் காண்கிறேன்.

36. தினசரி வேலைகளைச் செய்வதற்கான ஆற்றல் எனக்கு உள்ளது.

37. என்னால் சொந்தமாக முடிவுகளை எடுக்க முடியும்.

38. எனக்கு ஒதுக்கப்பட்ட வேலையை முழுமனதுடனும், இசைவுடனும் முடிக்கிறேன்.

39. நான் நானாக இருப்பதில் திருப்தி அடைகிறேன்.

40. எனது வாழ்க்கையின் சிறப்பு நிகழ்வுகளை நான் கொண்டாடுகிறேன்.

41. என்னை மேம்படுத்திக்கொள்ள மற்றவர்களின் ஆலோசனைகளை வரவேற்கிறேன்.

42. சமுதாயத்தின் நலன் மற்றும் முன்னேற்றம் குறித்து நான் நம்பிக்கையுடன் இருக்கிறேன்.

SCORING KEY

QUALITY OF LIFE SCALE (QLS)

QOLS is a scale to measure the Quality of Life for parents of mentally challenged children. The scale consists of eleven dimensions namely, life satisfaction, goals and motivation, spirituality, happiness, hopes and wishes, stress reduction, frustration depression/ anxiety, adjustment, physical well-being and self-care, effectiveness/efficiency myself, and personal development / personal evolution. The scale has 42 items. For each item, there are five responses such as 'Always', 'Seldom', and 'Never'. The most appropriate answer should be marked with a (√) mark in the appropriate column. The scores for positive items are 3, 2, 1, and for negative items 1, 2, 3. The maximum score on the social support scale is 126 and the minimum score is 42. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the response sheet.

Distribution of items in Quality of Life Scale

Dimensions of Quality of Life	**Items**		**Total number of items**
	Positive items	**Negative items**	
Life satisfaction	1,2,3,4	----	4
Goals and motivation	5,6,7,8	-----	4
Spirituality	9,10,11,12	------	4
Happiness	13,14,15,16	-------	4
Hopes and wishes	17,18,19	------	3
Stress reduction	-----	20,21,22,23	4
Frustration depression/ anxiety	-------	24,25,26,27	4

Adjustment	28,29,30,31	-------	4
Physical well- being and self care	32,33,34,35	------	4
Effectiveness / efficiency of myself	36,37,38	-------	3
Personal development / personal evolution	39,40,41,42	--------	4

Appendix B

CENTRE FOR RESEARCH AND DEVELOPMENT

N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)

ATTOOR, KANNIYAKUMARI DISTRICT

SOCIAL SUPPORT SCALE

Vijila and Sreelatha (2021)

Draft form

Directions

Given below are some statements about the social support received by you. Please indicate your responses to each of them by marking a tick mark (√)in the column which indicates your feelings best.

Eg. If you feel 'Always True' with the item, mark (√) in column A.If you feel 'Very True' with the item, mark (√) in column B.If you feel 'Somewhat True' with the item, mark (√) in column C.If you feel 'Occasionally True' with the item, mark (√) in column D.If you feel 'Not at all True'with the item, mark (√) in column E and Give your responses in separate response sheet provided. While answering, kindly see that no item is omitted.

1. There are people with whom I can share my worries and sorrows.
2. People avoid me due to my child's impairment.
3. My relatives give me good advice in crises.
4. I don't get help and advice from my family members.
5. My friends offer me help when I need it.
6. I am unable to manage my financial conditions.
7. I have been getting help and advice from my neighbors.

8. I avoid bringing my child to social functions.
9. My friends share positive aspects of child caring through face book.
10. My family is not willing to help me to make decisions regarding my child's training.
11. My relatives support me financially for meeting the expenses of my child.
12. There is no one to help me to take my child to the doctor when needed.
13. I can freely talk about the problems of my child with my family.
14. I feel sad when others criticized me for the impairment of my child.
15. Social media gives me information about health and education of disabled children.
16. I didn't gain information by reading books related to child's problems.
17. My friends put time and energy in helping my child.
18. My partner shares the responsibilities of children.
19. I get along best with my family's help.
20. I lose the support of my relatives and relatives most of the time.
21. My family members help me by providing health tips related to my child.
22. My partner is not willing to share ideas regarding child's problems.
23. My children get medical assistance from government.
24. I didn't get financial support from family members.
25. My relative really tries to support me.
26. My neighbourse and relatives make cruel remarks about me and my child.
27. Special school authorities provide guidance regarding my child's health.

28. There is no one to give me advice during crisis.
29. My friends take care of things which I could not manage myself.
30. I didn't receive any help from my family members in performing the daily duties of my child.
31. I am happy with my child's experience at special school.
32. My family stress increases as my child grows up.
33. Doctors provide facts about my child's condition during the treatment process.
34. I always seek a second opinion from my friends in taking an important decision about my child.
35. My family help me to do household chores.
36. My children do not receive any financial assistance from the government.
37. When I feel depressed, there is always someone to comfort me.
38. As I am overburdened, I am unable to engage in other activities.
39. Caregivers of the special school always provide me a listening ear.
40. Social workers do not provide any information regarding the rearing of mentally challenged children.
41. School provides free transportation facility to my child.
42. Health workers do not offer help in caring my child.

CENTRE FOR RESEARCH AND DEVELOPMENT

N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)

ATTOOR, KANNIYAKUMARI DISTRICT

SOCIAL SUPPORT SCALE

Vijila and Sreelatha (2021)

(Draft form - Tamil version)

திசைகள்

நீங்கள் பெற்ற சமூக ஆதரவைப் பற்றிய சில இலக்குகள் கீழே கொடுக்கப்பட்டுள்ளன. தயவு கூர்ந்து உங்களுடைய பதிவை நன்கு உணர்ந்து ஒவ்வொரு கூற்றிற்கும் (✓) இம்மாதிரி குறியீடை கட்டகத்தில் போடவும்.

(எ.கா) நீங்கள் ஒரு கூற்றினை 'முற்றிலும் உண்மை' என உணர்ந்தால் கட்டகம் A-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை 'மிகவும் உண்மை' என உணர்ந்தால் கட்டகம் B-யில் (✓) இம்மாதிரி குறியீடு போடவும். நீங்கள் ஒரு கூற்றினை அவ்வப்போது உண்மை என உணர்ந்தால் கட்டகம் D-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை முற்றிலும் உண்மையில்லை என உணர்ந்தால் கட்டகம் E-யில் (✓) குறியீடு போடவும். தாங்கள் பதிலளிக்கும்போது எந்தக் கூற்றினையும் விடுபடாமல் பார்த்துக் கொள்ளவும்.

1. என் கவலைகளையும் துக்கங்களையும் பகிர்ந்து கொள்ளக் கூடியவர்கள் இருக்கிறார்கள்.
2. எனது குழந்தையின் குறைபாடு காரணமாக மக்கள் என்னைத் தவிர்க்கிறார்கள்.
3. நெருக்கடிகளில் எனது உறவினர்கள் நல்ல ஆலோசனைகளை வழங்குகிறார்கள்.
4. எனது குடும்ப உறுப்பினர்களிடமிருந்து எனக்கு உதவியும், ஆலோசனையும் கிடைப்பதில்லை.

5. எனக்குத் தேவைப்படும்போது நண்பர்கள் எனக்கு உதவி செய்கிறார்கள்.

6. எனது நிதிநிலைமைகளை என்னால் நிர்வகிக்க முடியவில்லை.

7. எனது அண்டைவீட்டாரிடமிருந்து உதவியும், ஆலோசனையும் பெற்று வருகிறேன்.

8. சமூக நிகழ்ச்சிகளுக்கு எனது குழந்தையை அழைத்து வருவதை நான் தவிர்க்கிறேன்.

9. எனது நண்பர்கள் குழந்தை பராமரிப்பின் நேர்மறையான கருத்துக்களை முகநூல் மூலம் பகிர்ந்து கொள்கிறார்கள்.

10. எனது குழந்தையின் பயிற்சி தொடர்பாக முடிவுகளை எடுக்க எனது குடும்பத்தினர் எனக்கு உதவ தயாராக இல்லை.

11. எனது குழந்தையின் செலவுகளுக்கு எனது உறவினர்கள் நிதியுதவி செய்கின்றனர்.

12. தேவைப்படும் போது என் குழந்தையை மருத்துவரிடம் அழைத்துச் செல்ல எனக்கு உதவ யாரும் இல்லை.

13. எனது குழந்தைகளின் பிரச்சனைகளை எனது குடும்பத்தினருடன் நான் சுதந்திரமாகப் பேச முடியும்.

14. என் குழந்தையின் குறைபாடுக்காக மற்றவர்கள் என்னை விமர்சிக்கும் போது நான் வருத்தப்படுகிறேன்.

15. மாற்றுத்திறனுடைய குழந்தைகளின் உடல்நலம் மற்றும் கல்வி பற்றிய தகவல்களை சமூக ஊடகங்கள் எனக்கு வழங்குகின்றன.

16. குழந்தையின் பிரச்சனைகள் தொடர்பான புத்தகங்களைப் படிப்பதன் மூலம் நான் தகவல்களைப் பெறவில்லை.

17. எனது நண்பர்கள் என் குழந்தைக்கு உதவுவதற்காக நேரத்தையும், சக்தியையும் செலவிடுகிறார்கள்.

18. எனது பங்குதாரர் குழந்தைகளின் பொறுப்புகளைப் பகிர்ந்து கொள்கிறார்.

19. எனது குடும்பத்தினரின் உதவியால் நான் நன்றாகப் பழகுகிறேன்.
20. எனது உறவினர்கள் மற்றம் உறவினர்களின் ஆதரவை நான் பெரும்பாலும் இழக்கிறேன்.
21. எனது குழந்தையின் சுகாதாரம் தொடர்பான உதவிக் குறிப்புகளை வழங்குவதன் மூலம் எனது குடும்ப உறுப்பினர்கள் எனக்கு உதவுகிறார்கள்.
22. எனது பங்குதாரர் குழந்தையின் பிரச்சனைகள் தொடர்பான கருத்துக்களைப் பகிர்ந்து கொள்ளத் தயாராக இல்லை.
23. என் குழந்தைக்கு அரசு மருத்துவ உதவி கிடைக்கும்.
24. குடும்ப உறுப்பினர்களிடமிருந்து எனக்கு நிதி உதவி கிடைக்கவிலலை.
25. என் உறவினர்கள் என்னை ஆதரிக்க முயற்சி செய்கிறார்கள்.
26. என் பக்கத்து வீட்டுக்காரர் மற்றும் உறவினர்கள் என்னைப் பற்றியும் என் குழந்தையைப் பற்றியும் கொடூரமான கருத்துக்களைக் கூறுகின்றனர்.
27. எனது குழந்தையின் உடல்நிலை குறித்து சிறப்புப்பள்ளி அதிகாரிகள் வழிகாட்டுதலை வழங்குகிறார்கள்.
28. நெருக்கடியின் போது எனக்கு அறிவுரை கூற யாரும் இல்லை.
29. என்னால் நிர்வகிக்க முடியாத விஷயங்களை என் நண்பர்கள் கவனித்துக் கொள்கிறார்கள்.
30. எனது குழந்தையின் அன்றாடக் கடமைகளைச் செய்வதில் எனது குடும்ப உறுப்பினர்களிடமிருந்து எனக்கு எந்த உதவியும் கிடைக்கவில்லை.
31. சிறப்புப் பள்ளியில் எனது குழந்தைக்கு கிடைக்கும் அனுபவத்தில் நான் மகிழ்ச்சியடைகிறேன்.
32. என் குழந்தையின் வளர்ச்சிக்கு ஏற்ப என் குடும்ப மனஅழுத்தம் அதிகரிக்கிறது.

33. சிகிச்சையின் போது எனது குழந்தையின் நிலை குறித்த உண்மைகளை மருத்துவர்கள் வழங்குகிறார்கள்.

34. எனது குழந்தையைப் பற்றிய முக்கியமான முடிவுகளை எடுப்பதில் நான் எப்போதும் எனது நண்பர்களிடமிருந்து இரண்டாவது கருத்தைத் தேடுவேன்.

35. வீட்டு வேலைகளைச் செய்ய என் குடும்பத்தினர் உதவுகிறார்கள்.

36. எனது குழந்தைக்கு அரசிடம் இருந்து எந்தவித நிதி உதவியும் கிடைப்பதில்லை.

37. நான் மனச்சோர்வடைந்தால், என்னை ஆறுதல்படுத்த எப்போதும் எவராவது ஒருவர் இருப்பார்.

38. எனக்கு அதிக சுமை இருப்பதால், என்னால் மற்ற வேலைகளில் ஈடுபட முடியவில்லை.

39. சிறப்புப் பள்ளியின் பராமரிப்பாளர்கள் எப்போதும் என் பேச்சிற்கு செவி கொடுக்கிறார்கள்.

40. மனநலம் குன்றி குழந்தைகளை பராமரிப்பது குறித்து சமூக சேவகர்கள் எந்தத் தகவலையும் வழங்குவதில்லை.

41. இலவசப் போக்குவரத்து வசதியை எனது குழந்தைக்கு பள்ளி வழங்குகிறது.

42. சுகாதாரப் பணியாளர்கள் எனது குழந்தையைப் பராமரிக்க உதவுவதில்லை.

CENTRE FOR RESEARCH AND DEVELOPMENT

N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)

ATTOOR, KANNIYAKUMARI DISTRICT

SOCIAL SUPPORT SCALE

Vijila and Sreelatha (2021)

(Final Scale)

Directions

Given below are some about the social support received by you. Please indicate your responses to each of them by marking a tick mark (√) in the column which indicates your feelings best.

Eg.If you feel 'Always True' with the item mark (√) in column A.If you feel 'Very True' with the item, mark (√) in column B.If you feel 'Somewhat True' with the item, Mark (√) in column C.If you feel 'Occasionally True' with the item, mark (√) in column D.If you feel 'Not at all True' with the item (√) in column E and Give your responses in separate response sheet provided. While answering, kindly see that no item is omitted.

1. People avoid me due to my child's impairment.
2. My relatives give me good advice in crises.
3. I don't get help and advice from my family members.
4. My friends offer me help when I need it.
5. I am unable to manage my financial conditions.
6. I avoid bringing my child social functions.
7. My friends share positive aspects of child caring through face book.
8. My family is not willing to help me make decisions regarding my child's training.
9. My relatives support me financially for meeting the expenses of my child.

10. There is no one to help me to take my child to the doctor when needed.
11. I can freely talk about the problems of my child with my family.
12. I feel sad when others criticized me for the impairment of my child.
13. Social media gives me information about health and education of disabled children.
14. My friends put tome and energy in helping my child.
15. I get along best with my family's help.
16. I lose the support of my relatives and relatives most of the time.
17. My family members help me by providing tips related to my child.
18. My partner is not willing to share ideas regarding child's problems.
19. My child gets medical assistance from government.
20. I didn't get financial support from family members.
21. My relative really tries to support me.
22. Special school authorities provide guidance regarding my child's health.
23. There is no one to give me advice during crisis.
24. My friends take care of things which I could not manage my self.
25. My family stress increases as my child grows up.
26. Doctors provide facts about my child's condition during the treatment process.
27. I always seek a second opinion from my friends in taking an important decision about my child.
28. When I feed depressed there is always someone to comfort me.
29. As I am overburdened, I am unable to engage in other activities.

30. Caregivers of the special school always me a listening ear.
31. Social workers do not provide any information regarding the rearing of mentally challenged children.
32. School provides free transportation facility to my child.
33. Health workers do not offer help in caring my child.

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(Final Scale)

(Final Form -Tamil version)

திசைகள்

நீங்கள் பெற்ற சமூக ஆதரவைப் பற்றிய சில இலக்குகள் கீழே கொடுக்கப்பட்டுள்ளன. தயவு கூர்ந்து உங்களுடைய பதிவை நன்கு உணர்ந்து ஒவ்வொரு கூற்றிற்கும் (✓) இம்மாதிரி குறியீடை கட்டகத்தில் போடவும்.

(எ.கா) நீங்கள் ஒரு கூற்றினை 'முற்றிலும் உண்மை' என உணர்ந்தால் கட்டகம் A-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை 'மிகவும் உண்மை' என உணர்ந்தால் கட்டகம் B-யில் (✓) இம்மாதிரி குறியீடு போடவும். நீங்கள் ஒரு கூற்றினை அவ்வப்போது உண்மை என உணர்ந்தால் கட்டகம் D-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை முற்றிலும் உண்மையில்லை என உணர்ந்தால் கட்டகம் E-யில் (✓) குறியீடு போடவும். தாங்கள் பதிலளிக்கும்போது எந்தக் கூற்றினையும் விடுபடாமல் பார்த்துக் கொள்ளவும்.

1. எனது குழந்தையின் குறைபாடு காரணமாக மக்கள் என்னைத் தவிர்க்கிறார்கள்.

2. நெருக்கடிகளில் எனது உறவினர்கள் நல்ல ஆலோசனைகளை வழங்குகிறார்கள்.

3. எனது குடும்ப உறுப்பினர்களிடமிருந்து எனக்கு உதவியும், ஆலோசனையும் கிடைப்பதில்லை.

4. எனக்குத் தேவைப்படும்போது நண்பர்கள் எனக்கு உதவி செய்கிறார்கள்.

5. எனது நிதிநிலைமைகளை என்னால் நிர்வகிக்க முடியவில்லை.

6. சமூக நிகழ்ச்சிகளுக்கு எனது குழந்தையை அழைத்து வருவதை நான் தவிர்க்கிறேன்.

7. எனது நண்பர்கள் குழந்தை பராமரிப்பின் நேர்மறையான கருத்துக்களை முகநூல் மூலம் பகிர்ந்து கொள்கிறார்கள்.

8. எனது குழந்தையின் பயிற்சி தொடர்பாக முடிவுகளை எடுக்க எனது குடும்பத்தினர் எனக்கு உதவ தயாராக இல்லை.

9. எனது குழந்தையின் செலவுகளுக்கு எனது உறவினர்கள் நிதியுதவி செய்கின்றனர்.

10. தேவைப்படும் போது என் குழந்தையை மருத்துவரிடம் அழைத்துச் செல்ல எனக்கு உதவ யாரும் இல்லை.

11. எனது குழந்தைகளின் பிரச்சனைகளை எனது குடும்பத்தினருடன் நான் சுதந்திரமாகப் பேச முடியும். ‘

12. என் குழந்தையின் குறைபாடுக்காக மற்றவர்கள் என்னை விமர்சிக்கும் போது நான் வருத்தப்படுகிறேன்.

13. மாற்றுத்திறனுடைய குழந்தைகளின் உடல்நலம் மற்றும் கல்வி பற்றிய தகவல்களை சமூக ஊடகங்கள் எனக்கு வழங்குகின்றன.

14. எனது நண்பர்கள் என் குழந்தைக்கு உதவுவதற்காக நேரத்தையும், சக்தியையும் செலவிடுகிறார்கள்.

15. எனது குடும்பத்தினரின் உதவியால் நான் நன்றாகப் பழகுகிறேன்.

16. எனது உறவினர்கள் மற்றம் உறவினர்களின் ஆதரவை நான் பெரும்பாலும் இழக்கிறேன்.

17. எனது குழந்தையின் சுகாதாரம் தொடர்பான உதவிக் குறிப்புகளை வழங்குவதன் மூலம் எனது குடும்ப உறுப்பினர்கள் எனக்கு உதவுகிறார்கள்.

18. எனது பங்குதாரர் குழந்தையின் பிரச்சனைகள் தொடர்பான கருத்துக்களைப் பகிர்ந்து கொள்ளத் தயாராக இல்லை.

19. என் குழந்தைக்கு அரசு மருத்துவ உதவி கிடைக்கும்.

20. குடும்ப உறுப்பினர்களிடமிருந்து எனக்கு நிதி உதவி கிடைக்கவிலலை.

21. என் உறவினர்கள் என்னை ஆதரிக்க முயற்சி செய்கிறார்கள்.

22. எனது குழந்தையின் உடல்நிலை குறித்து சிறப்புப்பள்ளி அதிகாரிகள் வழிகாட்டுதலை வழங்குகிறார்கள்.

23. நெருக்கடியின் போது எனக்கு அறிவுரை கூற யாரும் இல்லை.

24. என்னால் நிர்வகிக்க முடியாத விஷயங்களை என் நண்பர்கள் கவனித்துக் கொள்கிறார்கள்.

25. என் குழந்தையின் வளர்ச்சிக்கு ஏற்ப என் குடும்ப மனஅழுத்தம் அதிகரிக்கிறது.

26. சிகிச்சையின் போது எனது குழந்தையின் நிலை குறித்த உண்மைகளை மருத்துவர்கள் வழங்குகிறார்கள்.

27. எனது குழந்தையைப் பற்றிய முக்கியமான முடிவுகளை எடுப்பதில் நான் எப்போதும் எனது நண்பர்களிடமிருந்து இரண்டாவது கருத்தைத் தேடுவேன்.

28. நான் மனச்சோர்வடைந்தால், என்னை ஆறுதல்படுத்த எப்போதும் எவராவது ஒருவர் இருப்பார்.

29. எனக்கு அதிக சுமை இருப்பதால், என்னால் மற்ற வேலைகளில் ஈடுபட முடியவில்லை.

30. சிறப்புப் பள்ளியின் பராமரிப்பாளர்கள் எப்போதும் என் பேச்சிற்கு செவி கொடுக்கிறார்கள்.

31. மனநலம் குன்றி குழந்தைகளை பராமரிப்பது குறித்து சமூக சேவகர்கள் எந்தத் தகவலையும் வழங்குவதில்லை.

32. இலவசப் போக்குவரத்து வசதியை எனது குழந்தைக்கு பள்ளி வழங்குகிறது.

33. சுகாதாரப் பணியாளர்கள் எனது குழந்தையைப் பராமரிக்க உதவுவதில்லை.

RESPONSE SHEET

SOCIAL SUPPORT SCALE

(Final Form)

Item number	Always True	Very True	Somewhat True	Occasionally True	Not at all True	Score
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						

SCORING KEY

SOCIAL SUPPORT SCALE

(Final Form)

Item number	Always True (A)	Very True (B)	Somewhat True (C)	Occasionally True(D)	Not at all True (E)
1	1	2	3	4	5
2	5	4	3	2	1
3	1	2	3	4	5
4	5	4	3	2	1
5	1	2	3	4	5
6	1	2	3	4	5
7	5	4	3	2	1
8	1	2	3	4	5
9	5	4	3	2	1
10	1	2	3	4	5
11	5	4	3	2	1
12	1	2	3	4	5
13	5	4	3	2	1
14	5	4	3	2	1
15	5	4	3	2	1

16	1	2	3	4	5
17	5	4	3	2	1
18	1	2	3	4	5
19	5	4	3	2	1
20	1	2	3	4	5
21	5	4	3	2	1
22	5	4	3	2	1
23	1	2	3	4	5
24	5	4	3	2	1
25	1	2	3	4	5
26	5	4	3	2	1
27	1	2	3	4	5
28	5	4	3	2	1
29	1	2	3	4	5
30	5	4	3	2	1
31	1	2	3	4	5
32	5	4	3	2	1
33	1	2	3	4	5

SCORING KEY

SOCIAL SUPPORT SCALE (SSS)

SSS is a scale to measure the social support of parents of mentally challenged children. The scale consists of three dimensions namely, Emotional support, Instrumental support, and Informational support. The scale has 33 items. For each item, there are five responses such as 'Always True', 'Very True', 'Somewhat True', 'Occasionally True', and 'Not at all True'. The most appropriate answer should be marked with a √ mark in the appropriate column. The scores for positive items are 5,4,3,2,1 and for negative items 1,2,3,4,5. The maximum score of the social support scale is 165 and the minimum score is 33. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the response sheet.

Distribution of items in Social support Scale

Dimensions of Social support	**Items**		**Total number of items**
	Positive items	Negative items	
Emotional support	11,15,21,28	1,6,12,16,25,29	10
Instrumental support	4,9,14,19,24,32	5,10,20,33	10
Informational support	2,7,13,17,22,26, ,30	3,8,18,23,27,31	13

Appendix C

CENTRE FOR RESEARCH AND DEVELOPMENT
N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)
ATTOOR, KANNIYAKUMARI DISTRICT
STRESS COPING ABILITY SCALE
(Sreelatha 2019)

Directions

The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation by putting a tick mark (√) in the column that indicates your feelings best.

Eg. If you feel 'Always True' with the item, mark (√) in column A. If you feel 'Somewhat True' with the item, mark (√) in column B., If you feel 'RarelyTrue'with the item, mark (√) in column C, if you feel 'Not at all True' with the item, mark (√) in column D and give your responses in separate response sheet. While answering, kindly see that no items are omitted. Your responses will be kept confidential and will be used for research purposes only.

1. I take my stress out on other people.
2. I tend to remain pretty calm even under stress.
3. I engage in some type of physical exercise to make me feel better.
4. I take alcohol / cigarette / drugs, in order to reduce tension.
5. I tried to keep my feelings to myself.
6. When I face problems in family, I share my difficulties with my friends.
7. If I am in trouble, I face the problem and try to solve it.
8. When I am frustrated, I shift my anger on someone weaken them me.

9. There’s no point in getting upset about things I cannot change.
10. I get involved in a hobby that helps me unwind and enjoy myself.
11. I tried to make myself feel bitter by over eating.
12. I can face embracing situations.
13. I talked to someone to find out more about the situations.
14. I change my approach so that the situations will turn out all right.
15. When something get wrong, I got angry with people.
16. When something bad happens to me, I went on as if nothing had happened.
17. When things are not going well. I go to shopping, buy something and make me feel good.
18. I take medicine to sleep better.
19. I usually remain calm when there is a crisis.
20. I discuss with people who have similar experiences what they did.
21. I try to analyse the problem for better understanding.
22. I blame the person who caused the problem.
23. In stressful situations, I wait passively for things to develop rather than to take charge.
24. I involved in religious activities to escape from stress.
25. I think to commit suicide, when I am in trouble.
26. I cannot control myself when I lose my temper.
27. I try to get advice from someone about what do.

28. When stressed by a complex situation, I focus my attention on those aspects of the situations that I can manage.

29. I have become so mad that I have broken things.

30. I deny or ignore problems in the hope that they will go away.

31. When I become frustrated, I pursue a relaxing activity.

32. I depend on tranquilizers to keep me calm.

33. I am not worried about the failure of my attempt.

34. I need sympathy and understanding from others.

35. I can think logically and understanding from others.

CENTRE FOR RESEARCH AND DEVELOPMENT

N.V.K.S.D. COLLEGE OF EDUCATION (AUTONOMOUS)

ATTOOR, KANNIYAKUMARI DISTRICT

STRESS COPING ABILITY SCALE

(Sreelatha 2019)

(Tamil version)

வழிமுறைகள்

பின்வரும் அறிக்கைகள் பல்வேறு சூழ்நிலைகளில் நீங்கள் எதிர்கொள்ளும் எதிர்வினைகளைக் கையாளுகின்றன. உங்கள் உணர்வுகளை சிறப்பாகக் குறிக்கும் நெடுவரிசையில் ஒரு டிக் குறியை (✓) இடுவதன் மூலம், சூழ்நிலைகளைப் பற்றி நீங்கள் எப்படி உணருகிறீர்கள் என்பதைப் பொறுத்து இந்த அறிக்கைகள் ஒவ்வொன்றும் எவ்வளவு உண்மை என்பதைக் குறிப்பிடவும்.

(எ.கா) நீங்கள் ஒரு கூற்றினை 'முற்றிலும் உண்மை' என உணர்ந்தால் கட்டகம் A-யில் (✓) இம்மாதிரி குறியீடு போடவும். நீங்கள் ஒரு கூற்றினை 'சில நேரங்களில் உண்மை' என உணர்ந்தால் கட்டகம் B-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை அரிதாக உண்மை என உணர்ந்தால் கட்டகம் C-யில் (✓) இம்மாதிரி குறியீடு போடவும் நீங்கள் ஒரு கூற்றினை முற்றிலும் உண்மையில்லை என உணர்ந்தால் கட்டகம் D-யில் (✓) இம்மாதிரி குறியீடு போடவும். தாங்கள் பதிலளிக்கும்போது எந்தக் கூற்றினையும் விடுபடாமல் பார்த்துக் கொள்ளவும். உங்கள் பதில்கள் ரகசியமாக வைக்கப்படும் மற்றும் ஆராய்ச்சி நோக்கங்களுக்காக மட்டுமே பயன்படுத்தப்படும்.

1. நான் என் மனஅழுத்தத்தை மற்றவர்களுக்கு எடுத்துச் சொல்கிறேன்.
2. மன அழுத்தத்தில் கூட நான் மிகவும் அமைதியாக காணப்படுவேன்.
3. என்னை நன்றாக உணர சில வகையான உடல் பயிற்சிகளில் ஈடுபடுகிறேன்.

4. பதற்றத்தைக் குறைப்பதற்காக நான் மது / சிகரெட் / மருந்துகளை எடுத்துக் கொள்கிறேன்.

5. என் உணர்வுகளை என்னிடமே வைத்துக் கொள்ள முயற்சித்தேன்.

6. குடும்பத்தில் பிரச்சனைகளைச் சந்திக்கும் போது, எனது கஷ்டங்களை எனது நண்பர்களிடம் பகிர்ந்து கொள்கிறேன்.

7. நான் சிக்கலில் இருக்கும்போது, அந்தச் சிக்கலை எதிர்கொண்டு தீர்க்க முயற்சிக்கிறேன்.

8. நான் விரக்தியில் இருக்கும்போது, யாரோ ஒருவர் மீது நான் கோபப்படுவது என்னைப் பலவீனப்படுத்துகிறது.

9. என்னால் மாற்றமுடியாத விஷயங்களைப் பற்றி வருத்தப்படுவதில் அர்த்தமில்லை.

10. ஒரு பொழுதுபோக்கில் நான் ஈடுபடுகிறேன், அது என்னை ஓய்வெடுக்கவும் ரசிக்கவும் உதவுகிறது.

11. நான் அதிகமாகச் சாப்பிடுவதன் மூலம் கசப்பாக உணர முயற்சித்தேன்.

12. தழுவும் சூழ்நிலைகளை என்னால் எதிர்கொள்ள முடியும்.

13. நிலைமையைப் பற்றி மேலும் அறிய நான் ஒருவரிடம் பேசினேன்.

14. சூழ்நிலைகள் சரியாகிவிடும் என்பதற்காக எனது அணுகுமுறையை மாற்றுகிறேன்.

15. ஏதாவது தவறு நடந்தால், நான் மற்றவர்கள் மீது கோபமடைவேன்.

16. எனக்கு ஏதாவது கெட்டது நடந்தால், நான் எதுவும் நடக்காதது போல் செல்வேன்.

17. எல்லாம் சரியாக நடக்காத போது, நான் கடையில் சென்று ஏதாவது வாங்கி என்னை நன்றாக உணர வைக்கிறேன்.

18. நன்றாகத் தூங்குவதற்கு மருந்து எடுத்துகொள்கிறேன்.

19. நெருக்கடி ஏற்படும்போது நான் பொதுவாக அமைதியாக இருப்பேன்.

20. இதை போன்ற அனுபவங்களைக் கொண்டவர்களுடன் அவர்கள் என்ன செய்தார்கள் என்று நான் விவாதிக்கிறேன்.

21. சிக்கலை நன்றாகப் புரிந்து கொள்வதற்கு நான் பகுப்பாய்வு செய்ய முயற்சிக்கிறேன்.

22. பிரச்சனையை ஏற்படுத்தியவரை நான் குற்றம் சாட்டுகிறேன்.

23. மன அழுத்தம் நிறைந்த சூழ்நிலைகளில் பொறுப்பை ஏற்பதற்குப் பதிலாக விஷயங்களை வளர்ச்சியடைவதற்காக நான் செயலற்ற நிலையில் காத்திருக்கிறேன்.

24. மனஅழுத்தத்தில் இருந்து தப்பிக்க மத நடவடிக்கைகளில் ஈடுபட்டேன்.

25. நான் பிரச்சனையில் இருக்கும் போது தற்கொலை செய்து கொள்ள நினைக்கிறேன்.

26. பொறுமை இழக்கும் போது நான் என்னைக் கட்டுப்படுத்த முடியாது.

27. என்ன செய்வது என்பது பற்றி ஒருவரிடமிருந்து ஆலோசனையைப் பெற முயற்சிக்கிறேன்.

28. ஒரு சிக்கலை சூழ்நிலையால் அழுத்தமாக இருக்கும்போது, என்னால் நிர்வகிக்கக் கூடிய சூழ்நிலைகளின் அந்த அம்சங்களின் எனது கவனத்தைச் செலுத்துகிறேன்.

29. நான் பொருள்களை உடைத்ததால், பைத்தியம் போல் ஆகிவிடுவேன்.

30. பிரச்சனைகள் போய்விடும் என்ற நம்பிக்கையில் நான் மறுக்கிறேன் அல்லது புறக்கணிக்கிறேன்.

31. நான் விரக்தியடையும்போது, நிதானமாக இருப்பதற்கான செயல்பாட்டைத் தொடர்கிறேன்.

32. நான் அமைதியாக இருக்க அமையாக்கிகளை சார்ந்துருக்கிறேன்.

33. எனது முயற்சியின் தோல்வி குறித்து நான் கவலைப்படவில்லை.

34. எனக்கு மற்றவர்களிடமிருந்து அனுதாபமும் புரிதலும் தேவைப்படுகிறது.

35. நான் சுயமாகச் சிந்திப்பதற்கும் புரிந்து கொள்வதற்கும் பிறரிடமிருந்து கற்றுக்கொண்டேன்.

RESPONSE SHEET

STRESS COPING ABILITY SCALE

Item number	Always True	Somewhat True	Rarely True	Not at all True	Score
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

SCORING KEY

STRESS COPING ABILITY SCALE

Item number	Always True(A)	Somewhat True(B)	Rarely True(C)	Not at all True(D)
1	1	2	3	4
2	4	3	2	1
3	4	3	2	1
4	1	2	3	4
5	4	3	2	1
6	4	3	2	1
7	4	3	2	1
8	1	2	3	4
9	4	3	2	1
10	4	3	2	1
11	1	2	3	4
12	4	3	2	1
13	4	3	2	1
14	4	3	2	1
15	1	2	3	4
16	4	3	2	1

17	4	3	2	1
18	1	2	3	4
19	4	3	2	1
20	4	3	2	1
21	4	3	2	1
22	1	2	3	4
23	4	3	2	1
24	4	3	2	1
25	1	2	3	4
26	1	2	3	4
27	4	3	2	1
28	4	3	2	1
29	1	2	3	4
30	4	3	2	1
31	4	3	2	1
32	1	2	3	4
33	4	3	2	1
34	4	3	2	1
35	4	3	2	1

SCORING MANUAL

STRESS COPING ABILITY SCALE (SCAS)

SCAS is scale to measure the stress coping ability parents of mentally challenged children. The scale consists of seven dimensions namely, confrontive coping, distancing, escape – avoidance, self destruction, self-controlling and seeking social support. The scale has 35 items. For each item, there are four responses such as 'Always True', 'Somewhat True', 'Rarely True' and 'Not at all True'. The most appropriate answer should be marked with a √ mark in the appropriate column. The scores for positive items are 4,3,2,1 and for negative items 1,2,3,4. The maximum score of social support scale is 140 and minimum score is 35. No time limit was imposed for completing the test items and therefore parents were given ample time to respond to the response sheet.

SCORING KEY

STRESS COPING ABILITY SCALE (SCA)

Distribution of items in Stress coping ability Scale

Dimensions of Stress coping ability	**Items**		**Total number of items**
	Positive items	**Negative items**	
Confrontive coping	-----	1,8,15,22,29	5
Distancing	2,9,16,23,30	------	5
Escape –avoidance	3,10,17,24,31	------	5
Self distruction	-----	4,11,18,25,32	5
Self-controlling	5,12,19,33	26	5
Seeking social support	6,13,20,27,34	----	5
Planful problem solving	7,14,21,28,35	---	5

Appendix D

PERSONAL INFORMATION SCHEDULE

1.	Name	:	
2.	Gender	:	Male/Female
3.	Age	:	25-35/36-45/46-55
4.	Religion	:	Hindu/Christian/Muslim
5.	Community	:	BC/MBC/SC/ST
6.	Locality	:	Rural / Urban
7.	Educational Qualification:		Below SSLC /HSC /Degree / Postgraduate /Professional Qualification
8.	Occupation of Parents		
	Father	:	Casual Labourer/Government Employee/ Private Sector Employee / Business
	Mother	:	Home Maker/ Casual Labourer/ government Employee/ Private Sector Employee/ Business
9.	Monthly Income	:	Below Rs.10000 /Rs.10000 - Rs.25000/ Above Rs.25000

Appendix E

LIST OF EXPERTS

CONTENT VALIDITY

1. Dr.R. Mukundan

   Former Principal

   N.V.K.S.D. College of Education, Attoor

   Kanyakumari District

2. Dr. (Mrs). V.S. Mini Kumari

   Associate Professor N.V.K.S.D. College of Education, Attoor

   Kanyakumari District

3. Sr Marimma Thomas

   Principal, Nambikkaialayam Special School, Kazhuvanthittai

   Kanyakumari District

4. Sr. Lins

   Principal, Jothynilayam Special School, Pallam Karungal. Kanyakumari District

5. Dr. K. Gireesh Kumar

   Associate Professor

   N.V.K.S.D. College of Education, Attoor, Kanyakumari District

6. Dr. P.S. Prasad

   Associate Professor

N.V.K.S.D. College of Education, Attoor

Kanyakumari District

7. Mrs. V. Selin pappa

N.V.K.S. Matriculation Hr. Sec. School, Attoor

Kanyakumari District

8. Mr. J. Jabanesh Demartin

Sacred Heart Convent Matriculation Hr. Sec. School, Kazhuvanthittai.

Kanyakumari District

Appendix F

LIST OF SCHOOLS SELECTED FOR THE STUDY

KANYAKUMARI DISTRICT

1. Nambikkaialyam School for Mentally Challenged, Kazhuvanthittai.
2. Hom-Special School for the Mentally Challenged, Kuzhithuari.
3. Karunalayam Special School, Kulluvilai.
4. Shanthinilayam School for the Mentally Challenged, Paruthivilai.
5. Assisi Vidyalaya School for the Differently Abled, Chenamcode.
6. Aseer Vidyalaya School, Thettiyode.
7. Avila Special School, Kanyakumari.
8. Jyothi Nilayam School for Mentally Challenged, Palapallam.
9. Karun iIlam Special School, Nithiravilai.

TIRUNELVELI DISTRICT

1. SCAD Special School for the Cerebral palsy, Autism and Multiple Disabilities SCAD Nagar, Cheranmahadevi.
2. Angel Special School for the Mentally Challenged, Mannarpuram.
3. Mother Scholastica Mentally Challenged Residential School, Anaikkarai.
4. St. Anne's Special School, Palayamkottai.
5. Diya Trust of India, Aautism Centre, Tirunelveli.

THOOTHUKUDI DISTRICT

1. Dymphna Special School, Kovilpillaivilai.

2. St. Raphael's Intellectually Disabled School and Home, Sawyerpuram

3. Holy Cross Pearls Special School Ettayapuram Road, Jothinagar.

PUBLICATIONS

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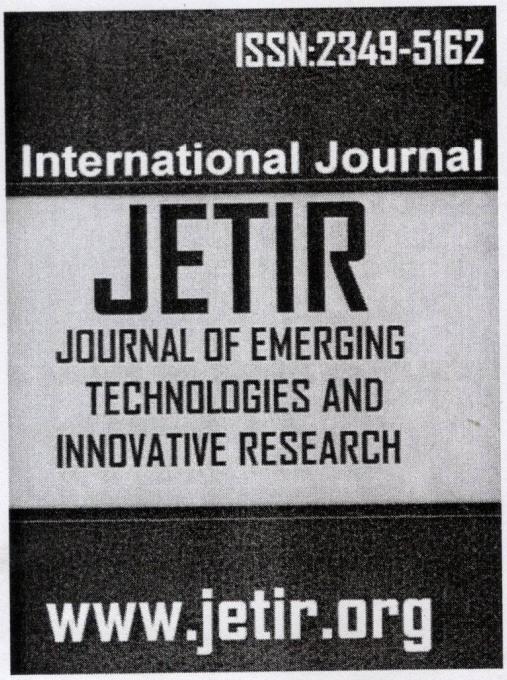

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Quality of Life of Parents of Mentally Challenged Children

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Short Profile

S. Vijila is a Research scholar at N.V.K .S. D. College of Education (Autonomous), Attoor, Kanniyakumari District, Tamil Nadu, India. She has completed M.A., M.Ed., M.Phil.

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Abstract

In this study, an attempt has been made to study the Quality of Life of parents of mentally challenged children. 'Quality of Lifescale '(Sharma &Nasreen, 2014) was used to collect data from a sample of 180 parents of mentally challenged children studying in various special schools in Kanniyakumari district. Normative survey method was used. Analysis of the resultsrevealed that gender wise significant difference is noted in the Quality of Life of parents of mentally challenged children. Nosignificant difference is noted in the Quality of Life of parents of mentally challenged children based on locality.

Keywords: Parents, Mentally Challenged Children, Gender, Quality of Life.

Introduction

Quality of Life is defined as 'individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.' (WHOQOL Group, 1995).

The parents influence the development, socialization and well-being of their children and children in turn affect the well-being of their parents (Floyd, Kenta, 1993). Birth of every child is most gratifying experience in a couple's life. Child brings along with him a major change in social, interpersonal, emotional, economical, psychological and physical state of parents. Every parent has their expectations and dreams for their children.

Parents having mentally challenged childrenexperience a variety of stressors and stress reactions related to the child's disability. Parents of mentally challenged children have to play in important role in fulfilling tasks that parents of children without such conditions are not confronted with, such as initiating and supporting the child's professional help-seeking (Logan and King, 2001; Sayal, 2006) or providing elevated and continuous levels of informal care (Chan, 2011). Furthermore, parents might experience negative emotions, such as worries and anxiety about whether someone else will assume the caregiving role for their child if they were no longer capable or around to do so (Corcoran et al., 2015; Klages et al., 2016).In turn all these may affect the Quality of Life of parents of mentally challenged children.

Need and Significance of the study

Presence of a mentally challenged child in a family affects the parent'sas well as all the other members of the family. Parents commit a long-term care for these children round the clock of the child. This has a significant impact on the Quality of Life of parents ofmentally challenged children. Parents who have mentally challenged children are often reported to have physical and psychological distress related to caring of their children and affect their Quality of Life. Thephysical and psychological problems of parents are vast. Based on the functionallevel of the mentally challenged children, the problems of parents may differ. They overcome bitter experience and various unfocused aspects in the process of bringing up the mentally challenged children.

Quality of life is generally taken as the standard of living or a realistic attitude of comfortable living state with the close relationship to the ones. So a detailed study on the Quality of Life of parents of mentally challenged children becomes need of the hour.

The researcher having experiences of dealing with the mentally challenged children and their parents, have direct experiences with their living conditions. Hence a study on the Quality of Life of parents mentally challenged children is conducted. Moreover it is hoped that the outcome of the study will help to understand the implication of Quality of Life and to frame suitable steps to enhance the Quality of Life.

Objectives

1. To study the level of Quality of Life of parents mentally challenged children(Total sample and sub samples.)

2. Tofind out whether there is any significant difference in the Quality of Life of parents of mentally challenged children with regard to the background variablesgender and locality,

Hypotheses

1. There exists significant difference in the mean scores of Quality of Life of fathers and mothers of mentally challenged children .

2. There exists significant difference in the mean scores of Quality of Life parents of mentally challenged children belonging to rural and urban locality.

Methodology

The investigator adopted normative survey method for the study. Data was collected from a sample of 180 parents of mentally challenged children studying in different (children's age range between 5-years) special schools of kanniyakumari district in TamilNadu state using random sampling technique. Quality of Life Scale (Sharma& Nasreen, 2014) was used to collect data. For illiterate parents, interview was conducted. Quality of Life Scale included 42 statements in the eleven dimensions namely Life Satisfaction, Goals and Motivation, Spirituality, Happiness, Hopes and Wishes, Stress Reduction, Frustration, Hopes and Self-care, Effectiveness, Efficiency of myself, and personal evolution .Reliability of the scale is0.821. Construct validity was also established. The data were analysed using percentage, and t test.

Results and Discussion

Table 1

Different levels of Quality of Life of parents of mentally challenged children

Category	Count	percent
Low	20	11.11
Medium	130	72.22
High	30	16.67

From the table, it is clear that majority of parents of mentally challenged children possess moderate level of Quality of Life (72.22% moderate, 11.11% low and 16.67%high) .This result is in agreement with the findings of Crnkovic et al. (2018) which indicated that majority of parents of mentally challenged children have moderate level of Quality of Life.

Table 2

Gender wise comparison of Quality of Life of parents of mentally challenged children.

Category	Mean Value	SD	N	t	P
Male	95.65	10.73	132	**	4.667
				0.000	
Female	88. 27	8.84	48		

Note ** indicates significant difference at 0.01 level.

The calculated t value (t-4.667, p< 0.01) is significant at 0.01 level. It indicated that gender wise differences existed in the Quality of Life of parents of mentally challenged children. Mean values showed that mothers' of mentally challenged children passes lower Quality of Life than fathers. This

result is in agreement with the findings of Kazmi et al., (2014),Misuraet al.,(2017),Nerlinet al. (2013),Kumar et al.,(2013) which also indicates gender differences in the Quality of Life of parents of mentally challenged children.

Table 3

Locality wise comparison of Quality of Life of parents of mentally challenged children.

Category	Mean	S.D	N	T	P
Rural	93.81	10.72	151	0.364	0.716
Urban	93.00	11.03	29		

From the above table it is clear that the calculated t value (t-0.364; p> 0.05) is not significant at any level. It indicated that there is no locality wise differences existed in the Quality of Life of parents of mentally challenged children. This result is in agreement with the findings ofOguzturk (2008)which indicates locality differences in the Quality of Lifeof parents of mentally challenged children.

Discussion and Conclusions

The study revealed that nearly three fourth of parents of mentally challenged children had moderate level of Quality of Life. The compromised Quality of Life of parents of mentally challenged children needs to be considered and addressed by health professionals who are in contact with them. Gender exerts an important role in the Quality of Life of parents of mentally challenged children and mothers possess lower Quality of Life compared to fathers. Parents of mentally challenged children should be given individual and group support to cope with the everydaychallenges. As the mothers are more vulnerable in this sense, more social support should be given to them. Individual counselling to be given to the parents to equip them with the competencies for dealing with their children. Better child care and child treatment opportunities to be given to them which in turn will improve their Quality of Life.

References

Chan, S. C. (2011). Global perspective of burden of family caregivers for persons with schizophrenia. *Archives of Psychiatric Nursing*, *25*(5), 339–349.https://doi.org/10.1016/j.apnu.2011.03.008.

Corcoran, J., Berry, A., & Hill, S. (2015) .The lived experience of US parents of children with autism spectrum disorders: a systematic review and meta-synthesis. *Journal of Intellectual Disabilities 19*(4), 356–366.https://doi.org/10.1177/1744629515577876

Creswell, J.W. (2009*). Research design qualitative, quantitative and mixed methods approaches* (3rded.).Sage Publications.

Crnkovic, I., Buzov, P., Robert, R., & Aleksandar, R. (2018). Evaluation of the quality of life for parents and caregivers of adults with intellectual disabilities in the local community. *Department of Physiotherapy, University of Applied Health Sciences Zagreb, Croatia.1* (1), 1007,Remedy publication LLC.

Dutt, S. (2007). *Educational psychology*. New Central Book Agency.

Dyer, C. (2012).*Research in Psychology. A Practical Guide to methods and statistics.*New Blackwell Publishing.

Kaila, H.L. (2015). *Introduction to psychology* (2nded.).AITBS Publishers.

Kazmi, S, F., Perveen,S., Karamat,S.,Asima, M. K. (2014). Depression and Quality of Life of Parents of Disabled Children. *Ann. Pak. Inst. Med. Sci. 10*(3): 125-127.

Klages, D., Usher, K., & Jackson, D. (2016) .Canaries in the mine. Parents of adult children with schizophrenia: an integrative review of the literature. *International Journal of Mental Health Nursing. 26*(1), 5–19.DOI: 10.1111/inm.12290.

Kumar, N., Santhosh, C. D.,& Joseph, P.(2013).Quality of Life of parents of an individual with autism, ADHD, Cerebral Palsy & Mental Challenged in India. *Indian Journal of Health and wellbeing4*,765-771.

Koul, L. (2008).*Methodology of Educational Research.* Vikas Publishing House.

Kothari, C.R., & Garg, G. (2019).*Research methodology: Methods and techniques* (4thed.). New Age International.

Logan, D. E., & King, C. A. (2001). Parental facilitation of adolescent mental health services utilization: a conceptual and empirical review. *Clinical Psychology: Science and Practice 8*(3), 319–333. https://doi.org/10.1093/clipsy.8.3.319

Manishaben Jaiswal, "CYBERCRIME CATEGORIES AND PREVENTION", International Journal of Creative Research Thoughts (IJCRT), ISSN:2320-2882, Volume.7, Issue 1, pp.526-536, February 2019, Available at: http://www.ijcrt.org/papers/IJCRT1134229.pdf

Misura, A. K. &Memisevic, H. (2017) .Quality of Life of Parents of Children with Intellectual Disabilities in Croatia. *Journal of Educational and Social Research 7*(2), 43-48. DOI: 10.5901/jesr.2017.v7n2p43.

Manishaben Jaiswal, "ANDROID THE MOBILE OPERATING SYSTEM AND ARCHITECTURE", International Journal of Creative Research Thoughts (IJCRT), ISSN:2320-2882, Volume.6, Issue 1, pp.514-525, January 2018, Available at: http://www.ijcrt.org/papers/IJCRT1134228.pdf

Norlin, D., &Broberg, M. (2012) .Parents of children with and without intellectual disability: couple relationship and individual well-being. *Journal of Intellectual Disability Research,57* (6). Doi: 10.1111/j.1365-2788.2012.01564.x.

Oguzturk, O. (2008).Differences in quality of life in rural and urban populations.*Journal of Clinical and investigative medicine. Medecine Clinique et experimental 31*(6):E346-50. DOI: 10.25011/cim.v31i6.4920.

Pestalozzi, H. (2018). *Psychology and Education*. Sarup Publishers.

Rout, G.K. (2019). *Adolescence education.* APH Publishing.

Reddy, G.V.S. (2017). *Research Methodology in Education.* Pearl Books.

Ravilochanan, P. (2018).*Research Methodology*.Margham Publications.

Sayal, K. (2006). Annotation: pathways to care for children with mental health problems. *Journal of Child Psychology and Psychiatry*.*47*(7), 649–659.

DOI: 10.1111/j.1469-7610.2005.01543.x

Santrock, J.W. (2006). *Adolescence* (11th ed.). Tata McGraw-Hill.

Sharma, R.P. (2013). *Educational psychology concepts and theories*. Kanishka Publishers.

Shukla, S. (2017).A Study of Life Satisfaction of Parents of Mentally Challenged and Normal Children, International. *Journal of Research in all subjects in multi Languages*, 5(12), 2321-2853.

Savari, K., Naseri, M., &Savari, Y. (2021). Evaluating the Role of Perceived Stress, Social Support, and Resilience in Predicting the Quality of Life among the Parents of Disabled Children. *International Journal of Disability, Development and Education*, https://doi.org/10.1080/1034912X.2021.1901862

Sabu, S. (2019). *Educational Psychology*.APH Publishing Corporations.

Tank, H.B. (2018).*A Hand Book Research Methodology*. Authors Press.

The WHOQOL Group. (1995). The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. Social Science & Medicine, *41*(10), 1403-1409.

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Stress coping ability of parents of mentally challenged children

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Keywords: Parents, Mentally Challenged Children, Stress Coping Ability

ABSTRACT

In this study, an attempt has been made to study the stress coping ability of parents of mentally challenged children. Data was collected from a sample of 200 parents of mentally challenged children studying in various special schools in Kanniyakumari district. Normative survey method was used. The results showed that moderate levels of stress coping ability of parents of mentally challenged children. Also, significant gender, and locality, wise difference are noted in the stress coping ability of parents of mentally challenged children.

REFERENCES

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Stress coping ability of parents of mentally challenged children

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Abstract---In this study, an attempt has been made to study the stress coping ability of parents of mentally challenged children. Data was collected from a sample of 200 parents of mentally challenged children studying in various special schools in Kanniyakumari district. Normative survey method was used. The results showed that moderate levels of stress coping ability of parents of mentally challenged children. Also, significant gender, and locality, wise difference are noted in the stress coping ability of parents of mentally challenged children.

Keywords---parents, mentally challenged children, stress coping ability.

Need and Significance of the study

Parents of children with disabilities experience high levels of stress, which would force them to adopt various strategies to cope up with stress in their daily life. Many studies examined the primary role of coping strategies used by parents to handle these stresses, and the type of disability and related restrictions and limitations in child and family life, parents' characteristics, and cultural differences may interfere with their preference of strategies they used to cope. Lopes, et al, (2008), Dillon,(2014) described that stress experienced by parents of challenged children had unique types of stresses, and they are facing challenges daily due to the inability to act or do any effort to handle developmental and behavioral challenges in their children.

Parents who experience higher levels of stress respond differently with their children, and they react differently to their child's problematic behavior (Hayes &

Watson 2013). In the process of reducing stress, those parents might use certain coping strategies knowingly or unknowingly. Stress coping ability level of parents of mentally challenged children has received research attention.

Parents of disabled children have continuous changes in their lifestyle and arrangements to face constant changes with child's growth. This need would be doubled for parents of children with mentally challenged children. Increasing demands of raising mentally challenged children with all the expected developmental and functional deficiencies, put families and parents in particular in confrontation with resultant stresses, (Woodman, & Hauser, (2013). The negative psychological effects of having a mentally challenged child emerged in the results of many studies such as (Picci, et al., 2015; Woodman, & Hauser, 2013; Wang, Michaels, & Day, 2011, Dukmak, 2009) which all indicated low self-esteem, and high levels of stress. Low mental health and depression is noted in families of mentally challenged children, especially when compared to families of normal children, (Lopes, et al., (2008), Mount & Dillon, (2014). Parents of mentally challenged children experience mental conflicts and they have to face different challenges in their life. They feel like they are unable to handle or control the developmental tasks and behavior of their children. The investigator being the care taker of a home for mentally challenged children, daily experiences the stress of parents. Hence, the investigator made an attempt to study the stress coping ability of parents of mentally challenged children.

Objectives

- To study the level of the stress coping ability of parents of mentally challenged children (Total sample and sub samples.)
- To find out whether there is any significant difference in the stress coping ability of parents of mentally challenged children with regard to the background variables Gender, and Locality

Hypotheses

- There exists no significant difference in the mean scores of stress coping ability of fathers and mothers of mentally challenged children.
- There exists no significant difference in the mean scores of stress coping ability of rural and urban parents of mentally challenged children.

Methodology

The investigator adopted normative survey method for the study. Data was collected from a sample of 200 parents of mentally challenged children studying in different special schools of kanniyakumeri district in TamilNadu state using random sampling technique. Stress Coping Ability scale (Sreelatha 2018) was used to collect data. For illiterate parents, interview was conducted. Stress Coping scale includes 35 statements in the eight dimensions namely Confronted coping, Distancing, Self-controlling, Seeking social support, Accepting Responsibility, Escape –Avoidance, Planful problem solving ,and Positive Reappraisal. Validity and reliability of the tool were established. Percentage, t test and ANOVA were used for the analysis of the data.

Results and Discussion

Percentage wise Distribution of Parents of Mentally Challenged Children under Different Levels of Stress Coping Ability.

Table 1
Different levels of Stress Coping Ability of Parents of Mentally Challenged Children

Category	Count	percent
Low	36	18.00
Moderate	119	59.50
High	45	22.50

From table 1 it is clear that nearly 60% of parents of mentally challenged children possess moderate level of stress coping ability (59.50% moderate, 18.00% low and 22.50%high) .This result is in agreement with the findings of John and Gandhimathi (2020). Gender wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Table 2
Gender wise of differences in the Stress Coping Ability of Parents of Mentally Challenged Children

Category	Mean value	SD	N	t	P
Male	95.24	8.02	144		
Female	91.88	7.93	56	2.682**	0.008

Note ** indicates significant difference at 0.01 level.

Results in table 2 shows that, the calculated t value (t-2.682., p< 0.01) is significant at 0.01 level. Hence the null hypothesis 'there exists no significant difference in the mean scores of stress coping ability of fathers and mothers of mentally challenged children' is rejected. It shows that there existed significant difference in the stress coping ability of fathers and mothers of mentally challenged children.This result is in agreement with the findings of Mubarak, et al., (2014)., Kumar, (2008),Irum and Mahwish (2015)., Bawalsah ,.(2016),which also indicates gender differences in the stress coping ability of parents of mentally challenged children. These differences may be attributable to many reasons such as difference in sample, tools, statistical techniques etc. Mean values shows that stress coping ability of fathers of mentally challenged children is higher than that of mothers. Locality wise Comparison of Stress Coping Ability of Parents of Mentally Challenged Children.

Table 3
Locality wise differences in the Stress Coping Ability of Parents of Mentally Challenged Children

Category	Mean	SD	N	t	P
Rural	93.08	8.34	118		
Urban	96.06	*7.49*	82	2.641**	0.009

Note ** indicates significant difference at 0.01 level.

Results in table 3 shows that the calculated t value (t-2.641; P< 0.01) is significant at 0.01 level. Hence the null hypothesis there exists no significant difference in the mean scores of stress coping ability of parents of mentally challenged children belonging to rural and urban area is rejected. It shows that there existed significant difference in the stress coping ability of rural and urban parents of mentally challenged children. Mean values showed that urban parents are having higher stress coping ability compared to rural parents of mentally challenged children.

Discussion and Conclusions

Stress coping ability is considered as one of the inevitable part of everyone's life. The result of the present study revealed that nearby 60% of parents of mentally challenged children had moderate level of stress coping ability. So their stress coping ability should be improved. For that health professionals and counselors can provide strategies to improve the mental health of parents. Also social support interms of informational, instrumental and emotional can be given to these parents, which inturrn may improve the stress coping ability of parents of mentally challenged children. The results revealed that mothers of mentally challenged children have low stress coping ability compared to fathers and rural parents possess low stress coping ability then urban parents. So family counseling programmers can be arranged for them.

References

Bawalsah ,J., A.(2016).Stress and Coping Strategies in Parents of Children with Physical, Mental, and Hearing Disabilities in Jordan. *International Journal of Education, 8*(1), 1 http://dx.doi.org/10.5296/ije.v8i1.8811

Dillon, D. (2014). Parents' experiences of living with an adolescent diagnosed with an autism spectrum disorder. *Educational & Child Psychology, 31*(4), 72-81. http://irep.ntu.ac.uk/id/eprint/3551

Dukmak, S. (2009). Parent adaptation to and parenting satisfaction with children with intellectual disability in the United Arab Emirates. *Journal of Intellectual & Developmental Disability, 34(4),* 324–328. http://dx.doi.org/10.3109/13668250903286190

Hayes, S. A., & Watson, S.L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of autism and developmental disorders, 43*(3), 629-642. http://dx.doi.org/10.1007/s10803-012-1604-y.

http://dx.doi.org/10.1007/s10803-010-1099-3

Irum, H., & Mahwish, Z. (2015).Relationship between Psychological Well-Being and Coping Strategies among Parents with Down syndrome children. Department of Applied Psychology NUML Islamabad Pakistan, *International Journal of Humanities and Social Science, 5(1)* 7. http://dx.doi.org/10.1007/s10803-012-1604-y.

John, J., & Gandhimathi, M. (2020). Stress and coping among the mothers of mentally challenged children in selected special schools. *International Journal of Advance Research in Nursing,* (3), 2184-188. https://doi.org/10.33545/nursing.2020.v3.i2.C.121

Kumar, (2008). Psychological stress and coping strategies of the parents of mentally challenged children. *Journal of the Indian Academy of Applied Psychology, 34*(2), 19-4247. http://www.jiaap.org.in/BackVolumeJuly2008.aspx

Lopes, V., Clifford, T., Minnes, P., & Ouellette-Kuntz, H. (2008). Parental stress and coping in families of children with and without developmental delays. *Journal on Developmental Disabilities, 14*(2), 99-104.

Mubarak, S., A., and Lisa, A.P. (2014) .Sources of Stress among Parents of Children with Intellectual Disabilities: A Preliminary Investigation in Saudi Arabia, *Journal of Special Education Apprenticeship,* (3) 1. https://scholarworks.lib.csusb.edu/josea/vol3/iss1/3

Picci, R. L., Oliva, F., Trivelli, F., Carezana, C., Zuffranieri, M., Ostacoli, L., Furlan, P. M., & Lala, R. (2015). Emotional Burden and Coping Strategies of Parents of Children with Rare Diseases. *Journal of Child and Family Studies,* 24, 514–522. http://dx.doi.org/10.1007/s10826-013-9864-5

Thakuri, B.S. (2014) .Stress and Coping Mechanism among the Parents of Intellectual Disable Children. *Journal of Advanced Academic Research, 1*(11), 2362-1311. www.phdcentre.edu.np.

Wang, P., Michaels, C. A., & Day, M. S. (2011). Stresses and Coping Strategies of Chinese Families with Children with Autism and Other Developmental Disabilities. *Journal of Autism & Developmental Disorders,* (41), 783–795.

Woodman, A. C., & Hauser, C. P. (2013). The role of coping strategies in predicting change in parenting efficacy and depressive symptoms among mothers of adolescents with developmental disabilities. *Journal of Intellectual Disability Research, 57*(6), 513-530. http://dx.doi.org/10.1111/j.1365-2788.2012.01555.x

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