

**A COMPARATIVE STUDY OF MARITAL SATISFACTION AMONG PARENTS OF
CHILDREN WITH AND WITHOUT INTELLECTUAL DISABILITY IN ASSAM**

A Dissertation Submitted

To

Sikkim University



In Partial Fulfilment of the Requirement for the

Master of Philosophy

By

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The work embodied in the dissertation entitled 'A Comparative Study of Marital Satisfaction among Parents of Children With and Without Intellectual Disability in Assam' was conducted at the Department of Psychology under School of Human Sciences, Sikkim University, in partial fulfilment of the required for the award of M.Phil. degree of Sikkim University. The work has not been submitted in part or full to this or any other university or institution, for any degree or diploma.

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CERTIFICATE

This is to certify that the dissertation entitled 'A Comparative Study of Marital Satisfaction among Parents of Children With and Without Intellectual Disability in Assam' submitted by Ms Purnima Konwar (Roll No. 18MPPS03 and Reg. No.18/M.Phil./PSY/03) in partial fulfilment of the requirement for the award of M.Phil. degree in Psychology of Sikkim University has not been previously submitted for the award of any degree/diploma of this or any other University and it is her original work. She has been working under my supervision.

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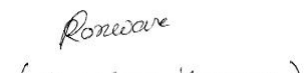
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ABSTRACT

The purpose of the current mixed-method study was to explore marital satisfaction, parental stress, ways of coping, and perceived social support of parents raising children with Intellectual disability and without Intellectual disability. The participants were hundred-twenty-five parents, 61 of them had a child with an intellectual disability and 64 had a child without Intellectual disability from Assam. Ten of the parents participated in the semi-structured interviews using the interview schedule prepared to assess marital satisfaction, stress, coping and perceived social support. This present study reported that parental stress is positively correlated with marital satisfaction. Parents of children with intellectual disability were found to grow strongest, closer and more united. Parents also reported that after having a child with ID brought them close to each other, more attached to their family members. The parents of children with ID didn't differ significantly than parents of children without ID on parental stress and ways of coping. Parents of children with ID were found to adopt some specific coping styles. Such as- spiritual beliefs, supports, perceived sameness, engaged in productive works/activate or engaged our own mind with good activities. Parents of children with ID perceived lower social support in comparison to parents of children without ID on significant others component. Parents of children with ID and without ID didn't differ for parents significant difference with child's gender and age and marital satisfaction, parental stress. The results showed that marital satisfaction differed for parents of younger and older children of Without ID. There was no significant difference in parental stress in parents of younger and older. Regarding perceived social support, parents of children without ID group did not

differ significantly across child gender and age. When their children grow older, their requirement increases, so during this period also parents seek social support from their spouse, family and friends.

Keywords: Intellectual disability, parents, marital satisfaction, parental stress, perceived social support, coping styles

INTRODUCTION

1.1 Background of the study

The moment a child born with an intellectual disability is an emotional shock for parents, which involves a stressful series of events for both children and their families (Ryan&Smith, 1989), which results of having less marital satisfaction among parents of children with intellectual disability (Rodrigue et al., 1990). In this modern competence world, where achievement is the main goal, becomes difficult for parents and their family to accept a child with an intellectual disability (Kumar, 2015). In general, there are totally different views of parents of children with an intellectual disability and without an intellectual disability. Although in the group of parents of children with intellectual disability have two different views. These groups of parents are either seem to be as unbelievably strong to fight with their disable children to others or try to avoid social gathering and try not to involve in any societal activities.

It has been observed that the prevalence of children with intellectual disability has increased in recent years(Bourke et al., 2016). As per Census 2011, 1.2 million population suffer from intellectual disability in India. Especially in Assam total 26374 persons effect from intellectual disability (Males= 14864, Females= 11510) (Disabled Persons in India: A statistical profile, 2016). There is no specific data available for intellectually disabled children in Assam. It was estimated that total 3% of population issuffered by intellectual disability (Borah, 2002). Most of the intellectually disabled children can learn an excellent deal and as adults may have partially or maybe fully independent lives. Few intellectually disabled do menial jobs, some only worked in

houses and some in war-house (Bhatia, 2006). Some studies explain that earlier intellectually disabled contributed their little amount of services to their society, the amount of contribution goes increases day-by-day with the help of different habilitation practices (Bauman, 2004).

Intellectual disability is a type of condition in which different mental capabilities e.g. intelligence, talking, word vocabulary and cleverness do not develop adequately.

People with intellectually disabled may also have different physical problems like seeing, hearing, or speaking and seizures. Some intellectually disabled can recognize that other people of same age category had no such problem and couple of may become frustrated, withdrawn or anxious. Children and teens with intellectual disabilities may be victims of bullying in school and social settings. Additionally adults might not have the language skills needed to speak about their feelings, and their depression could also be shown by new problems in their behaviour, eating, and sleeping (American Academy of Child and Adolescent Psychiatry, 2018).

Parenting a child with an intellectual disability is not really an easy task. Parents get impacted in many ways- physically, mentally, emotionally. Even their social life get affected which also affects their leisure activities (Kumar, 2015). After a thorough review of the literature, it was found that there are limited resources available in the field of intellectual disability, especially in the Indian context. Numbers of studies have been conducted in the western countries that looked into the various psychological aspects related to intellectual disability and their family. However, Indian studies on intellectual disability in relation to marital satisfaction are fewer in number compared to the western researches. In the present study, determinants of marital satisfaction such as parental stress, coping, perceived social support and marital satisfaction is studied using both qualitative and quantitative approaches which provide with an in-depth and also

scientific understanding. Thus, the mixed-method approach helps in the comprehensive understanding of the phenomena, strengthening the present body of available resources. Majority of studies have focused on the experience of mothers, while undermining the possible effects on the male parent of children with intellectual disability, who is additionally burdened with the financial needs of his family.

1.2 Intellectual Disability

According to ICD-10 (International Classification of Diseases-10) – ID (intellectual disability) means a significantly reduced ability to know new or complex information and to seek out and apply new skills (impaired intelligence), which also results in reduced ability to cope independently. It starts before adulthood but features an enduring effect on development. Individual with intellectual disability as someone having substantial, sub-average intellectual and adaptive behavioural functioning with onset before 18 years of age and limitations in at least two of these areas such as- communication, social activities or skills, community use, self-direction, safety, academic activities, work activities, home living styles, and leisure time activities (AAMR, 2002; Bauman, 2004). ID (Intellectual disability) is a type of disability that differs person to person (Ahuja & Reddy, 2007). Intellectual disability is of four types, namely- Mild, Moderate, Severe and Profound intellectual disability, however, ICD-11 added provisional subtype along with the earlier subtypes of mild, moderate, severe, and profound DID (Girimaji & Pradeep, 2018).

DID involve impairments of general mental abilities, adaptive functioning in three different domains, which determine how well an individual, copes with normal everyday activities. These domains are- (a) The conceptual domain: This domain includes skills in language, knowledge, reading, writing, math, reasoning and memory; (b) The social

domain: this domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities; and (c) The practical domain: this domain centres on self-management in areas for example-their personal care, their career or job-related responsibilities; financial management, recreation, organizing school and different types of work tasks (APA, 2013).

The new term 'intellectual disability' (ID) replaced the word mental retardation (Salvador et al., 2011). However, ICD-11 has changed the term 'Mental Retardation' (MR) to 'Disorders of Intellectual Development' (DID), with the suggestion of an expert committee constituted by the WHO in 2011. ICD-11 defines DID (Disorders of intellectual development) are a group of etiologically diverse conditions originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean based on standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators (Salvador et al., 2011; Girimaji & Pradeep, 2018; ICD-11 MMS, 2018). There are a few reasons behind using the term 'intellectual disability' instead of 'mental retardation'. Intellectual disability reflects the change construct of disability described by AAIDD and WHO and aligns better with current professional practices that focus on functional behaviour and contextual factors. Most importantly it is less offensive to persons with disability and more consistent with international terminology (Shree & Shukla, 2016).

Most of the intellectually disabled children can learn an abundance deal and as adults may have a limited or maybe fully independent life. Few mentally retarded disabled do

menial jobs, some only worked in houses and some in war-house (Bhatia, 2006). This is a type of condition in which different mental capabilities e.g. intelligence, talking, word vocabulary and cleverness do not develop adequately. Individuals with intellectual disabilities may also have different physical problems such as seizures, seeing, hearing, or speaking. Some children with intellectual disabilities recognize that they are behind others of their own age and some may become frustrated, withdrawn or anxious. Children and teens with intellectual disabilities may be victims of bullying in school and social settings and young aged individuals may not have the proper skills in the area of language and which is needed to talk about their feelings, and their symptoms of depression may be shown by new problems in their behaviour, habits of eating, and ways of sleeping etc. (American Academy of Child & Adolescent Psychiatry, 2018). An intellectually disabled can experience the same range of emotional and mental needs as the general population.

1.2.1 Causes of Intellectual Disability

Intellectual disability is not caused by ‘evil eye’ and not even by ‘karma’ (Singh & Kumar, 2012). There are some known and unknown factors which cause intellectual disability. Intellectual disability is influenced by genetic, environmental, and psychosocial factors; previously, the development of mild retardation was often attributed to severe psychosocial deprivation (Sadock & Sadock, 2008). The well-known cause of ID is an injury to the child’s brain, which can happen- a) During Pregnancy, b) During Delivery and c) After birth (Singh & Kumar, 2012).

- a) During pregnancy- if the pregnant woman does not get proper nutrition, she has viral infections, diabetes, high fever with fits, has an accident, if during the first three months of pregnancy she gets exposed to x-ray and most importantly if the pregnant woman takes alcohol and drugs which are harmful to the body, will increase the chance of giving a birth with intellectual disability.
- b) During delivery- difficulty in childbirth is also an important cause of having a child with an intellectual disability. During delivery of the child is found to take the wrong position, big size of the child's head, a lot of bleeding in the mother, injury to the baby's head due to wrong use of instruments, premature delivery and bleeding inside the baby's head- if any of these signs are present, childbirth may be difficult.
- c) After birth- if a baby does not cry after birth, it is also a sign of difficult childbirth.

Intellectual disability mainly occurs due to biological and socio-psychological factors (Carr et al. 2007, Lakhan, 2015; Bhatia, 2006). Biological factors: These are- genetic factors, infection, intoxication, trauma, metabolic and endocrine disorders and tumours.

- i. Genetic factors: Intellectual disability may be established by genetic factors operative at the time of conception in two ways- either through the transmission of some defective genes in the chromosomes of one or both parents, or on account of chromosomal aberrations. Intellectual disability attributable to a dominant gene is very rare because the persons affected are generally incapable of reproduction.
- ii. Infection: Intellectual disability can also be the result of many infectious diseases such as- syphilis, encephalitis which can damage brain tissues and the nervous system resulting in severe mental retardation. And if the mother suffers from one or the other of these infectious diseases she may transmit the infection to the developing fetus.
- iii. Intoxications: It is also a cause of intellectual disability. There is a number of toxic agents such as- carbon monoxide, mercury, lead and various immunological agents

like an anti-tetanus serum or the use of smallpox, and typhoid vaccines may result in brain damage during development after birth. Heavy use of tobacco, alcohol, etc. by pregnant women may disturb the internal biochemical balance causing damage to the CNS (central nervous system) of the fetus which may result in severe intellectual disability at the later stage.

- iv. Trauma: Intellectual disability may be caused by physical damage to the brain in the form of injuries prior to birth, at the time of delivery, or following birth. Physical damage to the brain may be- pre-natal injuries, abnormal delivery and birth injuries, premature birth, accidental brain injuries and anoxia etc.
- v. Tumours: Intellectual disability may be caused by brain damage associated with brain tumours and other new growths.
- vi. Metabolic and endocrine disorders: Intellectual disability may also be caused by various disturbances in metabolism in which body cells are built up and broken down, and by which energy is made available for their functioning. Several metabolic disorders involving endocrine imbalances may also result in various degree of intellectual disability.

Socio-psychological Factors:

- i. Socio-cultural environment: Socio-cultural environment has the main role in the causation of intellectual disability. If a child denied the satisfaction of their psychological and social needs, there is a high chance to become oversensitive to psychological stress. Lack of adequate mothering and parental care are the early childhood deprivation, which results in a retarded rate of development.
- ii. Maternal mental or physical illness: Severe maternal or physical illness is also a risk factor of intellectual disability.

Age of mother, mental disability in a parent and marriage among blood relatives are also some sensitive factors of birth of a child with intellectual disability. Some studies reported that the major social, environmental and biological determinates of Intellectual Disability are poverty, poor nutrition, lack of awareness regarding preventive measures, illiteracy, poor healthcare facilities and lack of access to health care services(Lakhan, 2015). There are some studies where the researchers found that lack of family support, experienced trauma during pregnancy were also considered as risk factors for intellectual disability (Edwardraj et al., 2010).

1.2.2 History of Intellectual Disability

Intellectual disability was found in Egypt (1500 B.C.), in an Egyptian medical text (the therapeutic papyri of Thebes), where it was clearly explained that brain damage is the main cause of disabilities of the mind and body. John Locke was the first to distinguish between mental retardation and mental illness. Locke (1689), in 'An Essay Concerning Human Understanding' - explained that 'an individual was born without innate ideas and described the mind as a blank slate' (Ahuja, 2007).

In British India first description of intellectually disabled child was found in the writings of Green in the year of 1856-57, who was a 14-years old jungle boy found in a jungle near Nogaon in Assam and he was admitted to Dacca Lunatic Asylum on 26th February, 1842. In India first Asylum for intellectually disable was established in Madras (1841). The first school for intellectually disable was established in the year of 1933-34 at Jhargram in West Bengal. Later in 1936-37, this BodhaNaniketan institution was later shifted to Belghoria near Kolkata.

In 1600 years ago, the first scientific thinking was developed to train the intellectually disabled children in India. During that time Bishnu Sharma, an eighty years old scholar introduced 'Panchatantra' a world's first special education text (Goswami, 2013). In the nineteenth century, people with intellectual disabilities were even more drastically marginalized than they are now treated as less than human, by passed in the imagination of community or of citizenship, seen as metaphors for lack and less or as figures for entire groups, or considered tragically inferior or curiously/ terrifyingly alien (Daily, Ardinger & Holmes, 2000).

Howe, in the US and the UK wrote about this condition through which he was trying to understand it in a better way. The descriptions, Howe and other doctors give of their patients the impression is of people with what they today considered to have a severe degree of intellectual disability. Society had a different attitude towards intellectually disabled before, which have changed today. In the nineteenth century maximum people were engaged in the agricultural field, so most people worked on the land. Therefore fewer people would have had difficulty coping as a result of low intellectual ability and people who were called as idiots would be the same as those who later on labelled as intellectually disabled (Whitaker, 2013).

Children with intellectual disability have to face lots of problems but it doesn't limit to the child only. It also creates numbers of difficulties to the parents of children with intellectual disability. In this context, parenting children with intellectual disability requires a strong marital relationship between their parents. Parents of children with intellectual disability must face lots of difficulties and they have to survive along with a large amount of parental burden, parental and most importantly with marital dissatisfaction. Families with intellectually disabled children have more problematic

family functioning, less marital satisfaction, more caregiver burden, and a lower sense of coherence (Krenawi et al., 2011). Even the parents or caregivers of those children experience various psychological and emotional, social and economic challenges (Ambikile & Outwater, 2012). In the study of Angold and colleagues (1998) on perceived parental burden and service use for child and adolescent psychiatric disorders found that substantial levels of parental burden resulted from child psychiatric disorders and were a major reason for specialist mental health service use. A child with an ID (intellectual disability) in a family, their socioeconomic status, and the child's birth order and other societal and different cultural factors, for example- availability of disability services, the timing of child's diagnosis, and awareness in public about the disabilities affects the marriage quality of parents of children with ID (Hartley et al., 2011). Earlier families started valuing those with the vocational ability and started neglecting members who were not able to work. The individual who had low intelligence were left out and were labelled as feeble-minded, degrading and stigmatizing (Chavan & Rozatkar, 2014). With this above-mentioned evidence, it is clearly got to know that parents of children with intellectually disabled have to suffer lots of problems as well as the child itself suffers from the problem.

1.3 Marital Satisfaction

Marital Satisfaction is the main key to happiness in a marital relationship. It is defined as a mental state that reflects the perceived benefits and costs of marriage to a particular person. There are four important factors, which contribute to marital satisfaction. These are- a stable relationship with the spouse, spousal support, partnership with the spouse, and stable family finances (Wong & Goodwin, 2009). Having a child with an intellectual disability can influence the relationship between parents and his or her overall family relationships. There are some important factors which have direct or indirect effects on the marital relationship. These are- income, the involvement of individual, religious beliefs of a particular person, type and severity of intellectual disability, and most importantly the availability of social services (Huang, Ososkie & Hsu, 2011).

Expectations, socio-economic status, sexual self-efficacy, cost and benefits of a marriage are also a factor that affects marital satisfaction (Huang, Ososkie & Hsu, 2011).

Expectations, socio-economic status, sexual self-efficacy- these are also some factors which also affects marital satisfaction (Taghani et al., 2019).

Marital satisfaction is the result of wives and husband's mutual understanding, harmony and compatibility in all aspects of life that in turn supports the family's and parents' health. Most importantly the relations are interconnected within the family (Norlin & Broberg, 2013). Parents have a strong role in families; basically those parents who have children with disabilities take an initiating role in their families as a tradition (Essex & Hong, 2005).

According to attachment theory, the attachment system activity covers from a person's childhood until his or her marital relationship. Marital satisfaction and secure attachment have a positive correlation and accordingly there is a negative correlation between

insecure attachment styles and marital satisfaction. As a maritally satisfied couple those who have children with or without intellectual disability adopt a lifestyle based on cooperation in their each and every good or bad situation and most importantly in their shared goals of life. Couples along with their intellectually disabled child they have to adopt new skills and a lifestyle according to their child's needs and care. Along with these- there is a need for a healthier lifestyle and a more satisfying sexual relationship in married couples (Mohammadi, Samavi & Ghazavi, 2016). Marital Satisfaction is the main outcome of couples understanding, harmony and compatibility in their all aspects of life which directly or indirectly give supports to their families to gain good mental health (Shirawi, 2018). Marital Satisfaction is related to parenting stress (Robinson & Neece, 2015). Robinson and Neece (2015) found that low marital satisfaction is found to have a linked in families, those who have children with intellectual disability. It is related to parenting stress, parents with lower marital satisfaction are found to have higher parenting stress. Parents of children of this group reported to have less marital satisfaction and less parental skills (Rodrigue et al. 1990) and they had a more problematic family functioning (Krenawi et al., 2011). The most stressful experience for the parents of children with an intellectual disability is while handling their child's emotions and behaviours, which have a direct impact on their marital relationship (Ki & Joanne, 2014).

Dealing with a child's intellectual disability creates so much stress to the parents which again lead to an unstable marital relationship (Karadeniz et al., 2015). Parents of children with ID were found to have lower marital satisfaction while comparing with other parents those who have normal children (Karadeniz et al., 2015). When it comes about the gender of parents, studies reported that mothers of children with intellectual disability have a lower level of marital satisfaction in comparison to mothers of normal children

(Katkic, Marovic & Kovacic, 2017). But some studies found no significant difference between family groups in their marital adjustment (Karadeniz, 2015). Mothers have reported more overall positive marital adjustment in compare to fathers (Payne & Stoneman, 2006).

Difficulties in time management and sharing responsibilities among both mothers and fathers with disabled children lead to marital dissatisfaction (Ki & Joanne, 2014). Studies reported that there are some families with disabled children experience marital dissatisfaction and sometimes divorce too. Again there are some studies that are evidence to describe that parents explain their negative and positive both effects in their marital relationship after having a child with intellectual disability (Sobsey, 2004).

Parents those who have a child with intellectual disability not only influence their marital relationship in negative or positive directions, it also influences in mixed directions (positive and negative both) (Huang, Ososkie & Hsu, 2011). Marital satisfaction is interrelated to parenting stress. Parents with lower marital satisfaction reported higher parenting stress (Robinson & Neece, 2015). Marital satisfaction and parents stress level has an impact on a child's development. There are some studies that are evidence of having lower levels of marital satisfaction and high levels of separation and divorce (Wieland & Baker, 2010).

1.4 Parental Stress

The birth of a child with intellectual disability reports of having a high level of stress within their parents' relationship and also to their family system (Sobsey, 2004).

Parenting stress is a distinct type of stress that arises when a parent's perception of the demands of parenting outstrip his/her resources (Coulacoglou & Saklofske, 2017). It is an experience of distress or discomfort that results from demands associated with the role

of parenting (D'Antonio & Shin, 2009). According to family system theory- a family is a system where everything is organized, complex, and interrelated, which impacts individual development. In a family all individuals are dependent on each other. If anything happens with anyone of them it affects the whole family, it doesn't limit to the person who is suffering. Caring for a child with an intellectual disability is stressful for many parents. The family systems theory explains why a child with an intellectual disability does not just affect the child only, but it has an impact on each and every member of the family. Intellectual disability of the child has an impact on the organizations of the family, they need to adopt new roles and belief system and use to with several changes in their family. Additionally they need to be more careful with their activities, adopt new coping strategies to cope with their day-to-day difficulties along with their intellectually disabled child (Rothbaum, Rosen, Ujiie & Uchida, 2002; Wang, 2016).

Lack of marital satisfaction of parents of children with an intellectual disability helps in gaining stress. Parents with children with disabilities experience intensified parenting stress. Parents of children with ID often face a higher levels of stress in their daily life in comparison to other parents (Baker, 2003; Neece & Baker, 2008). They are likely to experience significantly higher levels of parenting stress in comparison to the parents of non-disabled children (Rodrigue, Morgan & Geffken., 1990; Ilias, Ponnusamy & Normah, 2008).

According to Abidin's Models of Parenting Stress- increased parenting stress leads to negative parenting (Abidin, 1992). Accordingly, higher parenting stress leads to lower marital satisfaction (Robinson & Neece, 2015). The level of parenting stress also depends on the severity of the child's disability (Hassall et al. 2005). Parental stress in

mothers of intellectually disabled children is linked with the child's level of behavioural difficulties (Hassall et al. 2005). Wilton and Renaut (1980) had conducted a study to find out the levels of stress in intellectually handicapped families of pre-school children and non-handicapped pre-school children. The mothers of children with intellectually handicapped were reported to experience higher levels of stress in comparison to non-handicapped children. Parents of children with intellectual disability were found to be experienced a greater level of stress which is related to their children in comparison to parents of children without intellectual disability (Dyson, 1997). Parents of intellectually disabled child reported having a high level of parenting stress, which is directly related to their child (Rodriguez & Murphy, 1997).

Behavioural problems of children with intellectual disability were found to be significantly related to parental stress (Ritzema & Sladeczek, 2011). The negative definition of the situation was the most important predictor. Especially in mothers, the negative definition was found to be associated with the behavioural problems of the child and when it comes about fathers, it was reported to connect with the experienced social acceptance of the child.

The negative coping strategies had a significant role in the prediction of parental stress (Saloviita & colleagues, 2003). Studies reported having a contribution to the gender of the disabled child in parental stress. As girl children were found to be associated with higher stress, which was related to the failure of the child to meet the parent's expectation. The female sex of the child was not able to satisfy the parents in their parenting role (Gupta, Mehrotra & Mehrotra, 2012). When it comes to the gender of the parents, mothers were found to have higher levels of stress in comparison to fathers. But it comes to financial stress parents were found to have equal levels of stress. Studies on

this area also reported that there was no single parent who had very high stress and most of them were reported mild to moderate stress (Upadhyaya&Havalappanavar, 2008).

1.5 Social Support

Social support refers to the experience of being valued, respected, cared about and loved by others who are present in one's life. It may come from different sources such as- family, friends, teachers, community, or any social groups to which one is affiliated. Social support can come in the form of tangible assistance provided by others. In the form of perceived social support that assesses individuals' confidence in the availability of adequate support when needed. The perceived social supports, especially family supports are most protective for psychological issues. According to the stress-buffering model- perceived social support has a protective role for psychological problems by decreasing perception of situations as a threat and increasing the belief that resources are available. Social support is related to the use of coping strategies. Some studies suggested that social support reduce adaptation difficulties (Roohafza et al., 2014).

Parents with an intellectual disability experienced poorer socio-economic status (Llewellyn & Hindmarsh, 2015). Parents of children or adults with ID required to support(formally or informally), advice and information about how to access services and understanding the diagnosis, and social care workers provide mentioned support to them. And the absence of support to parents of children with ID was found to have negative experiences for both groups (parents and their children) (Barretto, 2017). Most of the parents with intellectually disabled children receive support from their own close familymembers andalso from their other family members and additionally from their friends and the local community. Most of them were reported to get social support from their life partners and parents (Jovanova & Radojichikj, 2013).

The satisfaction which is a person's personal evaluation of self is related to the support that they perceive from others. There is a positive relationship between life satisfaction and perceived social support in the parents of children with cognitive deficits. The fathers of disabled children were less satisfied with their life as compared to the fathers of children without disability. Along with this, social support is mainly managing stressful life circumstances (Habib et al., 2016). Supports are available for parents from their families, neighbours, and friends, which helped to minimize stress and the negative effects of it. And which can also have positive effects on the parent's level of distress.

1.6 Coping Styles

Coping styles are cognitive efforts in order to manage stress and specific demands of the individual. Coping could have a buffering effect on psychological problems (Roohafza et al., 2014). In Lazarus and Folkman's (1984) language, coping styles are constantly changing behavioural and cognitive efforts to manage some specific external and internal demands which are appraised as taxing or exceeding the resources of the individual (Judge, 1998). The coping strategies are classified into two types. One is problem-focused and another one is emotion-focused coping. Problem-focused coping is cognitive and behavioural efforts to alter a stressful situation. These forms of coping include active problem-solving, seeking social support and aggressive interpersonal efforts to alter the stressful situation. On the other hand emotion-focused coping is to reduce the distress produced by a stressful situation. These forms of coping include controlling one's feelings, detaching from the problematic situation, wishful thinking for example-wishing the problem would go away, and blaming oneself for the situation (Upadhyaya & Havalapanavar, 2008; Judge, 1998). Parents of children with an intellectual disability need to adopt coping skills in their day-to-day life to maintain their parental and marital

adjustment. Parents were found to be successful in coping with the situation. Similarly, some of the parents reported having major problems as they had poor coping capacities in comparison to those who were able to cope with the situation (Taanila et al. 2001). Most of the couples experience an average to above marital adjustment those that have successfully used problem-focused coping. Gender wise mothers were found to be used more problem-focused coping strategies in comparison to their fathers (Stoneman & Payne, 2006; Essex, Seltzer & Krauss, 1999). Fathers or husbands who employed more problem-focused coping were found to be more positive about their marriages. As fathers or husbands employed more problem-focused coping, mothers or wives were reported to have a higher marital adjustment (Stoneman & Payne, 2006). As caring and individual with ID is stressful for parents for that they seek social support from family and professional services, from the union of spouses, and look for information among others were the most strategies used (Santos & Martins, 2016). Mother's during parenting a child with intellectual disability were found to use different coping skills. Such as- self-controlling skills, seeking social support and coping skills of escape-avoidance and on the other hand fathers were reported to use more confrontive coping along with planful problem-solving to deal with stress (Khan & Alam, 2016). Along with these, parents of children with ID were reported to have belief in their child's capabilities. As some studies reported, parents were found to being realistic and accept his or her disability. Parents were reported to use coping strategies rather than focusing on negative feelings (Khan & Alam, 2016; Kishore, 2011).

1.7 Objectives of the study

- 1.** To assess the relationship between marital satisfaction, parental stress, perceived social support and coping styles in parents of children with intellectual disability and without intellectual disability.
- 2.** To compare marital satisfaction, parental stress, perceived social support and coping styles among parents of children with intellectual disability and without intellectual disability.
- 3.** To examine marital satisfaction, parental stress, perceived social support and coping styles among parents of children with intellectual disability and without intellectual disability across child gender and age.

1.8 Hypotheses

H₁: There will be a significant relationship among marital satisfaction, parental stress, perceived social support and coping styles in parents of children with intellectual disability and without intellectual disability.

H₂: There will be a significant difference between parents of children with intellectual disability and without intellectual disability with regard to marital satisfaction, parental stress, perceived social support and coping styles.

H₃: There will be a significant difference between parents of girls and parents of boys with regard to marital satisfaction, parental stress, perceived social support and coping styles.

H₄: There will be a significant difference between parents of younger and older with regard to marital satisfaction, parental stress, perceived social support and coping styles.

1.9 Organization of the Dissertation

This dissertation is organized into six chapters. Chapter 1 sets out the background of the study. This chapter provides a detailed description of the variables used in the study.

Chapter 2 explores the various literature on several themes relating to marital satisfaction, stress, coping and perceived social support in parents of children with and without intellectual disability. Chapter 3, 4 and 5 provides methodology, results, and discussion respectively. Finally, Chapter 6 describes the summary, conclusion, limitations and recommendation for future research and implications of the study.

REVIEW OF LITERATURE

2.1 Introduction

This chapter contains the different studies on intellectual disability in regard to marital satisfaction, parental stress, perceived social support and ways of coping. Section 2.2 deals with the studies conducted on the marital satisfaction of parents of children with intellectual disability. Section 2.3 discusses the studies conducted on the parental stress experienced by the parents of intellectually disabled children. Section 2.4 focuses on the studies that look into the perceived social support. Further section 2.5 deals with different coping styles used by the parents of children with intellectually disabled.

2.2 Marital Satisfaction

In the literature, parents of children with intellectually disabled have been reported less marital satisfaction and less parental skills (Rodrigue et al., 1990). Krenawi and colleagues (2011) studied the impact of intellectual disability, care-giver burden, family functioning, marital quality, and sense of coherence in families of children with intellectual disability. They observed that families with intellectually disabled children had more problematic family functioning; less marital satisfaction, more caregiver burden, and the number of intellectually disabled children were large in the family. These findings have implications for family-centred care, for the educational, health, and social services that support familial structures, and in public education and community programs. Chetwynd (1985) conducted a study on mothercaring for an intellectually handicapped child in the family to examine the factors which really contributes to stress.

The researcher selected 91 mothers as a sample in this study. This study reported a high level of marital breakdown among mothers of intellectually handicapped children. Rodriguez and Murphy (1997) conducted a study on parenting stress and abuse potential in mothers of children with intellectual disability. Results showed that parents of those children have a high level of parenting stress which is directly related to the child with a disability and also results in less marital satisfaction.

Kersh and his colleagues (2006) conducted a study on parents of children with developmental disabilities and to see the contribution of marital quality to the well-being of both parents (mothers and fathers). For both parents, the greater marital quality was found to predict lower parenting stress and fewer depressive symptoms above and beyond characteristics of the child, socioeconomic status and social support. In relation to parenting efficacy and marital quality were reported to add significant unique variance only for mothers but not for fathers.

In 2011, Huang, Ososkie and Hsu had conducted a study to find out the factors which affect marital relationships of parents raising children with mental retardation. Their study found that there were some fathers of children with disability who take care of their child and put their efforts to improve their marital relationships. Again it was found that fathers those who didn't accept their child with disabilities were divorced with their partners. Their findings said that parents those who have a child with mental retardation not only influenced their marital relationship in negative or positive directions, it also influenced in mixed directions (positive and negative both).

Payne and Stoneman (2006), in their study on families of young children with disabilities to see their marital adjustment. Their study also reported that most of the couples were reported to experiencing average to above marital adjustment. In 1991, Floyd and Zmich

conducted a study on marriage and their parenting partnership of parent's perceptions and interactions of parents with mentally retarded and typically developing children. The parents of school-aged children (ages 6-18) with mild and moderate mental retardation (n = 38) and a comparable group of parents of typically developing children (n = 34) were selected as the sample size in the study. The study reported that parents of intellectually disabled children exhibited more negative spousal communication behaviours such as put-downs, blaming, and denying responsibility than parents of children without intellectual disability used to do. Their study also found on a self-reported measure of marital adjustment that there were no differences between two groups of parents.

Shirawi (2018) had done a comparative study on marital satisfaction of mothers raising a child with an intellectual disability versus a child with autism disorder. Result of this study showed that social support is the most important factor in marital satisfaction of mothers of Intellectual disability. The seventy percent of the sample of this study were found to have high marital satisfaction and on the other hand, the thirty percent of the sample didn't have marital satisfaction, they were separated or divorced and some of them were without any source of support.

A study conducted by Kwok, Leung and Wong (2014) on marital satisfaction of mothers of children with intellectual disability. They selected mothers of intellectually disabled children to examine the relationship between perceived stigma, perceived care-giving burden, and marital satisfaction. Perceived stigma and perceived care-giving burden were found to be a significant predictor of mothers' marital satisfaction in this study.

Karadeniz and colleagues (2015) had conducted a study on marital satisfaction among parents of children with developmental disabilities. Through this study, they wanted to compare the marital adjustment among parents of developmentally disabled and without

developmentally disabled children. Results found a lower level of satisfaction in the marital relationship among parents of children with developmental disabilities in compare to parents without developmentally disabled children. Their result showed that there is no significant difference between family groups in their marital adjustment.

Sobsey (2004) had conducted a study on marital stability and marital satisfaction in families of children with disabilities. This study explained that there were many parents of children with disabilities which report positive effects and many others recognize that having a child with a disability has little to do with the quality of their marital relationship. In compare to the general population there was a small increase in divorce among parents of children with disabilities.

Geetha (2005) had conducted a study to compare between parents of mentally retarded and normal children. They selected 200 parents of mentally retarded and 200 parents of normal children for this study. This study revealed that marital adjustment didn't show any significant negative or positive relationships with other variables in the parents of children with mental retardation and in parents of children with normal children. Across gender they didn't find any difference between these two groups.

Norlin and Broberg (2013) had conducted a study on parents of children with and without intellectual disability. Through this study they aimed to make links between couple relationship factors and individual well-being. Parents having children with intellectual disability found to be cooperative and supportive of each other, which helped them to maintain good marital quality and romantic relationship. Even after having a child with disability parents stayed together to overcome their challenges, which indicates a strong marital bond among mothers and fathers of an adult child with mental retardation (Essex, 2002).

Tsibidaki (2013) conducted a study on marital relationship in Greek families children with a severe disability. They examine the marital relationship, roles, boundaries in families raising a child with a severe disability and this study compared families with severe and without disabled children. In this study they selected a total of 120 couples. They collected data by using the Marital Happiness Scale and semi-structured interviews. This study reported the same characteristics among parents of a child with and without a disability. The result showed that there were no differences in a marital relationship in both the group. The divorce rate increases in families of children without disability in compare to those families with disability.

Katkic, Morovic and Kovacic (2017) had conducted a comparative study between mothers of children with and without a developmental disability. In this study they selected 71 mothers of children with and without a developmental disability. Mothers of children aged 1 to 13 years were selected for this study. Throughout the study they found that marital satisfaction was found to be high on parents of children with developmental disabilities.

Ki and Joanne (2014) had done a study on stress and marital satisfaction of parents of disabled children. Through this study they wanted to find out the sources of parenting stress, sharing of child care responsibilities, and marital satisfaction of parents of disabled children. Total seventy-two parents completed the survey. Results of this study explained that high marital satisfaction was found among parents of children with disabilities. Studies reported that parents having children with disabilities may not necessarily result in marital distress.

Hartley, Barker, Seltzer and Greenberg (2012) on marital satisfaction of parents of adult children with autism. Parents those who have a close relationship with their adolescent

son or daughter with autism were reported to have a higher level of marital satisfaction. Robinson and Neece (2015) studied marital satisfaction and parental stress among parents of young children with developmental delays. This study found that marital satisfaction was significantly related to parenting stress and along with that parents with lower marital satisfaction were reported to have higher parenting stress.

2.3 Parental Stress

Jovanova and Radojichikj (2013) had done a study on parents of children with ID (intellectual disability) to examine the stress level they experience and the support they receive from others. Parents of children with this group found the most stressful situation. Dyson (1997) had conducted a study on parents of school-age children with intellectual disability. Dyson compared this group of people with and without disabilities to see their parental stress, family functioning and social support. Parents of disabled children were found to experience a higher level of stress in comparison to parents without disabled children. Parents of intellectually disabled child reported having a high level of parenting stress, which is directly related to their child (Rodriguez & Murphy, 1997). Ritzema and Sladeczek (2011) had studied parents of children with developmental disabilities over time. According to their study, child behaviour problems were found to be significantly related to parent stress. Saloviita and colleagues (2003) conducted another study on explaining the stress level of parents (fathers and mothers) caring for an intellectually disabled child disability, a double ABCX Model. Throughout this study, they found that the negative definition of the situation was the most important predictor. Among mothers, the negative definition was found to be associated with the behavioural problems of the child and among fathers, the negative definition was reported to be connected with the experienced social acceptance of the child. In their study, negative coping strategies had a significant role in the prediction of parental stress.

A study was done by Cooke (2010) on parents of intellectually disabled children to examine their hope, optimism, stress, and social support. They found that parenting stress was related to negative parenting behaviours such that higher levels of parenting stress which were related to lower levels of negative parenting behaviours.

Gupta, Mehrotra and Mehrotra (2012) had conducted a study on parental stress in raising a child with disabilities in India. Through this study they wanted to determine parenting stress and its determinants among parents of children with disability. They selected 66 parents of children with disabilities. Results of this study showed that parents of those children who engaged in more prestigious occupations were reported to have more stress in comparison to parents who were engaged in less prestigious occupations irrespective of their income.

Another study was conducted by Valand (2017) on psychological well being, life satisfaction and stress among parents of intellectually disabled and normal children. This study showed a similar level of education and the types of parents' total personal stress. Male and female parents were also found to have a similar level of total personal stress. Their results also showed that female parents of below 12th pass of ID children have better total psychological well-being in compare to male parents of below 12th pass of ID children. Male parents of above 12th pass of intellectually disabled children have better total psychological well-being in compare to male parents of below 12th pass of ID children. Male parents of above 12th pass of intellectually disabled children have better total psychological well-being in compare to male parents of below 12th pass of intellectually disabled children.

Ki and colleague (2014) had done a study on parents with children with disabilities. The researchers wanted to examine the associations among different sources of parenting stress, child care responsibilities, and marital satisfaction of parents of disabled children.

The results of this study reported that parents were reported to experience a high level of stress in handling their children's emotions and behaviours. The results also reported that the stress of time allocation and the amount of sharing of child care responsibilities were found to be significant predictors for marital satisfaction.

Pandey and Dubey (2019) conducted a study on social support on parents of children with intellectual disability. Their main aim of this study was to identify the effect of social support on the stress level of parents of intellectually disabled children. Parents of intellectually disabled children had to become more responsible as they have to take care and give more attention to their child and which directly lead to more stressful conditions for parents of those children. Their study also reported social support is found to be significantly related to stress.

Chetwynd (1985) conducted a study on mothers caring for an intellectually handicapped child in the family to examine the factors which really contributes to stress. The researcher selected 91 mothers as a sample in this study. This study reported a high level of stress among mothers of intellectually handicapped children in compare to non-intellectually handicapped children.

An another study by Wilton and Renaut (1986) on stress levels in families with intellectually handicapped pre-school children and families with non-handicapped pre-school children. In this study, they included a total of 84 mothers as a sample, where 42 mothers of children with moderately retarded and 42 mothers of children with non-handicapped pre-school children. The mothers of children with intellectually handicapped reported experiencing higher levels of stress in comparison to non-handicapped children.

Katkic, Morovic and Kovacic (2017) had conducted a comparative study on mothers of children with and without developmental disabilities. They aimed to examine the

parenting stress and sense of competence of mothers of children from both the group. In this study they selected 71 (33 with disabilities and 38 without disabilities) mothers of children with and without a developmental disability. Mothers of children aged 13 and below 13 years were selected for this study. Throughout the study they did not find parental stress among parents of young children with a developmental disability. This study also reported that parents of children without a developmental disability have a high level of parental stress.

Gatab and Maleki (2013) had done a comparative study on the degree of parental stress between mentally retarded and normal children. The main objective of this study was to compare the extent of mental stress between mentally retarded and normal children's parents. A total of 240 parents of children with and without mentally retarded were selected for this study. Results of this reported that parental stress increased along with their mentally retarded child's age. And they didn't find any relationship between parental stress and gender of the mentally retarded child. Another study was conducted by Gaekwad (1993), done comparison between 52 mothers of mentally retarded and mothers of non-handicapped children (26 mothers of mentally retarded and 26 mothers of non-handicapped children). This study reported that parental stress had found to be more on parents of older children with mentally retarded.

Beckman (1983) in his study reported that there were no significant differences in mother's stress of boys and girls. Every parent of children with disability worried more about their child's future. Al-Qaisy (2012) had conducted a study on mother's stress in families of children with a mental handicap. Through this study they wanted to determine the intensity of stress experienced by the mothers of children with mentally handicapped. For this study total 235 mothers of children with handicap were selected.

This results reported a severe level of stress among mothers. And the stress of mother's did not differ with sex and age of the mentally handicapped children. Mother's stress had nothing to do with the sex of the child with a mental handicap.

Beckman (1991) had conducted a comparative study on both fathers and mothers of disabled and non-disabled young children. The researcher aimed to find out the perceptions of both parents on the effect of young children with and without disabilities. They selected 108 parents of young children with and without disabilities. The study reported that mothers were found to be more stressful than fathers. Parents of disabled children were found to be reported more stress and more care-giving burden requirements in this study.

Hassall, Rose and McDonald (2005) had conducted a study on a group of mothers of intellectually disabled children. This study wanted to find out the relationships between parental stress and cognitions, characteristics of the child, family support and parenting stress. Result of this study reported that mothers with a more internal locus of control and greater self-esteem found to experience lower levels of parenting stress.

Kumar, Ranjan, Panday and Kiran (2018) had conducted a study on parenting stress among mentally retarded children with normal control. Through this study they wanted to assess the parental stress among parents of children with and without mental retardation. They selected total eighty parents of children from both the group. Results showed that a high level of parenting stress was found among parents of a child with mental retardation in compare to parents of a normal child.

Osborne, McHugh, Saunders and Reed (2008) conducted a study on parents of sixty-five children. Throughout the study they explained that earlier diagnosis is associated with

greater stress, which does not systematically decline once a diagnosis has been received; while a later diagnosis is related to decreased stress.

Upadhyaya and Havalappanavar (2008) did a study on stress in parents of the mentally challenged. They assessed 628 fathers and mothers with mentally challenged children. Results reported higher stress among mothers in compare to fathers. Lower-income of the family was found to be associated with a higher level of stress. Results of this study also showed parents even after having a child with mentally challenged they were not found to have a high level of stress.

Storr (2014) had conducted a study on parental experiences of caring for a child with intellectual disabilities. Through this study they identified that parenting a child with an intellectual disability is not always a negative role; it is a role that parents find both rewarding and empowering.

2.4 Perceived Social Support

Jovanova and Radojichikj (2013) examined support received from others by the parents of children with intellectual disability. Results showed that they received strong support from their parents and partners. Cooke (2010) conducted a study on the parent of intellectually disabled children. Through this study the researcher wanted to examine hope, level of stress, optimism and social support in parents intellectually disabled children. It was found that social support, hope, and parenting stress predicted positive parenting behaviours in care-givers of children with intellectual deficits.

Another study was conducted by Seltzer and colleagues (2001) parents of a child with a disability. Results of this study found to have fewer social contacts with friends. Their child's functional limitations probably placed restrictions on the range of social activities

in which they could participate. Parents of children with developmental disabilities were just as likely as those who did not have a child with a disability to belong to social organizations, visit with relatives, and have a friend in whom to confide.

Habib (2016) had conducted a study to investigate the relationship between satisfaction with life and perceived social support of parents of intellectually disabled children.

Findings of this study reported that satisfaction which is a person's personal evaluation of self is related to the support that they perceive from others. Results also showed that positive relationship between life satisfaction and perceived social support in the parents of children with cognitive deficits. Results also showed that the fathers of disabled children were less satisfied with their life as compared to the fathers of children without disability. Along with this social support is mainly managing stressful life circumstances. Supports are available for parents from their families, neighbours, and friends, which helped to minimize stress and the negative effects of it. And which can also have positive effects on the parent's level of distress.

Wang (2016) had done a study on social support and parental stress among parents of young children with autism spectrum disorder: an international comparison of US and China. The main aim of their study was to examine the association between different social supports (perceived, received, informal, and formal social support) and level of parental stress of young children those were suspected or diagnosed with ASD of US and China. The findings of this study showed that in both the group parents' stress levels were found to be decreased when their perceived social supports were increased. Results also reported that the U.S. and Chinese parents showed different patterns of association between parental stress and the four types of social support such as- perceived, received, informal, and formal support.

Another study was conducted by Hassall, Rose, and McDonald (2005) to investigate the relationships between child characteristics, family support, parental cognitions, and parenting stress. They found a strong correlation between family support and parenting stress which was mediated by the parental locus of control. Results also indicated that mothers with greater levels of social support experienced lower levels of social support and experience lower levels of parenting stress.

Barretto (2017) had conducted a study on supports for parents of children with an intellectual disability. Through this study Barretto wanted to see social care workers view and their role in providing support to parents of children or adults with an Intellectual Disability, by using individual semi-structured interview method. It was found that parents of children or adults with ID required to support (formally or informally), advice and information about how to access services and understanding the diagnosis, and social care workers provide mentioned support to them. Results also reported an absence of support to parents of children with ID was found to have negative experiences for both groups (parents and their children).

Another study was done on parents of adolescents with severe intellectual disabilities to know about their different social and professional support (White & Hastings, 2004). A total of 33 parents of adolescent children with moderate-profound intellectual disabilities. Result of this study showed that parents were found to take help and support from their spouse, extended family and their friends etc.

Llewellyn and Hindmarsh (2015) had conducted a study on parents with intellectual disability in a population context. Through this paper, they reviewed about parents and parenting with intellectual disability. This study reported that parents with an intellectual

disability experienced social support interventions that social participation has a good role in better mental health in the parent.

Sahay, Prakash, Khaique and Kumar (2013) had done a study on parents of intellectually disabled children. And to define needs and expectations were the main aim of this study. A total of forty-five parents of children with intellectual disability were part of this study. Results of this study reported that the needs of parents of intellectually disabled children differed person to person. Less number of the parents were found to express the need for family support, social support and explaining to others. The result of this study indicated that the average number of parents expressed the needs of professional services, childcare and community services. And the result of this study also showed that most of the parents were found to express the need for information and mainly financial support.

Habib, Asmat and Naseem (2016) conducted a study on parental satisfaction with life and perceived social support of parents of children with intellectual disability. The study found a significant positive relationship between life satisfaction and perceived social support in parents of children with intellectual disability. Fathers of children with ID were found to be less satisfied in comparison to the fathers of normal children. Results also explained that social support plays an important role to manage stressful circumstances in a parent's life. Results also suggested that supports from parents' family, friends and neighbour were found to have a positive effect in minimizing stress and negative effects.

Meral and Cavkayter (2012) had conducted a study on parents of an autistic child. For this study they had collected data from 672 parents. They examined the social support perception of parents with autistic children. The results of this study showed that the

gender of the child was not found to have a significant relationship with perceived social support.

A study was conducted by Hermansyah, Saleh and Permatasari (2017) on the correlation between gratitude and perceived social support in parents of children with intellectual disability. Through this study they wanted to examine the relationship between gratitude and perceived social support in parents of children with intellectual disability. By using a random sampling method they selected a total of 40 parents as participants in this study. Those parents were educated and children with moderate or severe intellectual disability were included. Most parents reported having low to moderate level social support and gratitude. Results of this study indicate that most were less aware of the support systems and assistance provided by family, friends and significant others. In this study gratitude was found to be correlated with perceived social support.

Duvdevany and Abboud (2003) had done a study on mothers of children with intellectual disability, served by welfare services in northern Israel. Throughout this study they wanted to examine the influence of a social support system on the stress level and the sense of personal well-being of mothers of young children (special needs). They selected total hundred mothers of young children with intellectual disabilities. The results of this study showed that the informal support resources were reported to an experienced lower level of stress by mothers of intellectually disabled children. They didn't find any relationship between formal supports for example- the welfare services, and the level of stress or personal well-being. Results also showed that mothers those who were educated from urban areas were found to used the formal services in comparison to mothers educated rural mothers.

Deris (2006) had done a study on social supports among parents of children recently diagnosed with autism: comparison between mothers and fathers. The main aim of this study was to find out the forms of social support, those were parents (mothers and fathers) of children recently diagnosed with autism. In this study twenty families recently diagnosed with autism were take participate. Mothers were found to prefer emotional types of supports for example find someone to talk about their problems, about their feelings and attitudes. On the other hand fathers were found to preferred instrumental types of supports for example- financial assistance, services, information and goods etc.

A study was conducted on social support and psychological well-being among parents of intellectually challenged children by Bodla, Saima and Ammara (2012). In this present study they wanted to examine the relationship between psychological wellbeing and social support among parents of intellectually challenged children. For this study thirty parents of intellectually challenged children was taken. The result of this study indicated that social support, psychological wellbeing of the parents (male and female) of intellectually challenged children was found to be affected. The result showed that female parent's reported to get poor social support in comparison to male parents.

Hadadian (2010) had conducted a study on stress and social support in fathers and mothers of young children with and without disabilities. For this study they selected thirty families. Results showed a significant negative correlation between a mother's stress and support from the community. Result also found significant negative correlations between families' stress and support received from friends and relatives.

Baileyand colleagues (1999) done a study on needs and supports reported by Latino families of young children with developmental disabilities. They interviewed total two-hundred couples of young children with a developmental disability. This study showed

that couples were seeking supports from family and family sources than seeking supports from friends or informal sources.

Shin (2002) conducted a study on social support for families of children with mental retardation. This was a comparative study between Korea and the United States. In this study the professional and informal supports available for families of children with MR were examined in Korea and the United States. Forty Korean and thirty-eight American mothers were taken part in this study. Results of this study showed that American mothers were found to be receiving more professional and informal support in comparison to Korean mothers. The lack of informal support and perceived quality of support leads Korean mothers to experience more stress.

Lunsky and Benson (2001) had done a study on the association between perceived social support and strain, and positive and negative outcome for adults with mild intellectual disability. The aim of this study was to examine the respective relationships between perceived social support and strain and depressive symptoms, somatic complaints and quality of life in individuals with mild intellectual disability. Results of this study found that lack of perceived social support can lead to an impoverished lifestyle. Lack of perceived social support also indicates less contact with community members.

2.5 Coping Styles

Heiman (2002) studied parents of children with disabilities, and perspectives of parents of children with an intellectual disability, physical disability, and learning disability were examined in this study. Total of thirty-two parents was interviewed about their past and present, and to know their modes of coping. The results of this study reported that most parents had to make different changes in their social life and found to express high

levels of dissatisfaction, along with a high level of frustration. Some of them tried to maintain their routine life. And the majority were found to express the need for a great belief in the child and future of the child, an optimistic outlook of parents, a realistic view and acceptance of the disability of their child.

In another study Taanila and colleagues (2002) wanted to explore the skills of coping of parents with physically and/or intellectually disabled children. They wanted to explore the coping strategies which were used by families with intellectually disabled children, and they tried to find out the difference between the families' different coping capacities (e.g. with good and poor coping capacities). It was found that half of the families were successful in coping with the situation, on the other hand, half of the families had major problems. Most importantly they identified different high and low coping families which were found to differ from each other. Those were- initial experiences of parents, personal characteristics, social support, effects of the child's disability on family life and acting in everyday life.

Jones and colleagues (2004) conducted a study on family adaptation, coping and resources in parents of developmentally disabled children and their child's behavioural problems. They found the strongest predictors of parental stress were- 'family coping style' and 'parental internal locus of control'. There were some parents found who believed that their lives were not controlled by their child's disability and they were found to cope by focusing on cooperation between family, family integration and were optimistic, was tended to show a lower level of stress.

A study was conducted on coping strategies of parents of children in relation to child's level of intellectual disability (Upreti & Singh, 2017) revealed that parents having children with severe intellectual disability were found to have expectations in lower level

and reported of having high level of negative attitudes towards child management and rearing practices as compared to parents with mildly and moderately disabled children. Throughout the study, researchers observed that parents of children with mild intellectual disability were coped up in a better way as compared to moderate and profound.

Another study titled, stress, appraisal, and coping in mothers of disabled and non-disabled children (Miller et al., 1992) examined the difference between groups in responses to stressful parenting events. This study was also wanted to find out the influences of different coping strategies and cognitive appraisals. Mothers of disabled children were reported higher levels of depressive symptomatology. Results also showed that emotion-focused coping was found to be related to increased psychological distress in mothers of children with disability. And problem-focused coping was found to be associated with decreased distress. They also reported that relationships were found to be significant even after controlling for differences in the type of parenting stressor.

Similarly, a study was done on mothers of intellectually disabled children, to find out the differences in perceived disability impact and different coping skills used by mothers of intellectually disabled children compared to parents of children with multiple disabilities. Two groups of mothers were assessed for disability impact and coping. The result showed that group differences for disability impact were found to be present in specific domains but not overall. Result of this study found that positive coping did not rule out negative coping strategies (Kishore, 2011).

Another study by Santos and Martins (2016) on coping strategies adopted by parents of children with intellectual disabilities. They investigated the coping strategies used by parents of children with intellectual disabilities (ID). It was found to be stressful for the family to care for a person with an ID. Seeking social support in family and professional

services, the union of spouses, and search for information, among others were the main strategies used. Social support was found to be strongly associated with the strengthening of family unity.

Similarly, Jones and Passey (2004) had conducted a study on parents of children with developmental disabilities and behavioural problems. Main aim of this study was to find out different family adaptation, various coping skills and resources in parents of developmentally disabled children. Results of this study indicated that family coping style and parental internal locus of control were found to be the strong predictors of parental stress. Donovan (2016) conducted a study to examine the stress of family and different ways of coping with parents of handicapped children. They selected a total of 72 mothers of adolescents with autistic or mentally retarded to investigate perceptions of family stress. They also found that mothers of adolescents with mental retardation relied more on professional help and community resources. Dabrowska and Pisula (2010) reported regarding ways of coping that there was no significant difference between parents of pre-school children with down syndrome and typically developing children.

Taanila, Syrjala, Kokkonen and Jarvelin (2002) had done a study on parents with physically disabled children and children with intellectual disability. The main aim of this study was to draw a clear picture of families with physically and intellectually disabled children to know about their coping strategies. They used the interview method on parents of a total of 8 children, between the age group of 8 to 10 years. Throughout this study information and acceptance, good family co-operation and social support were reported to relate to the coping strategies, which were used by parents of children with physically and/ or intellectually disabled.

Payne and Stoneman (2006) reported that mothers were found to be reported more overall positive marital adjustment in compare to fathers. Child's gender-wise there was no difference in problem-focused coping. Fathers or husbands who employed more problem-focused coping were found to be more positive about their marriages. At the time when fathers or husbands were reported to use problem-focused coping that time mothers or wives were reported higher in marital adjustment.

Gupta, Mehrotra and Mehrotra (2012) had done a study on parental stress in raising a child with disabilities in India. Result of this study reported that parents of children with disabilities were found to be used most common religious coping skill to cope with their difficulties faced in rearing a child disability.

Schilling, Gilchrist and Schinke (1984) had conducted a study on families of developmentally disabled children, to find out the coping strategies and social support systems. Results of this study reported that personal coping and social supports were found to be closely inter-linked to helping resources for parents of children with developmentally disabled. Parents reported to encounter difficulties in caring for their disabled child. Parents were reported to use new skills to tap personal and social resources. The study also reported that coping and social supports were found to be teachable helping strategies for parents of children with developmentally disabled.

Khan and Alam (2016) had conducted a study on coping trends of parents having children with developmental disabilities: a literature review. Throughout this study they aimed to highlight the various coping strategies which were used by parents to deal with children's disabilities. Parents of children with intellectual disability found to have belief in their child's capabilities. They reported to being realistic and tried to accept the child's disability. They found to accept their responsibilities towards their child and were found to use coping strategies rather than focusing on negative feelings. Mothers of children

with intellectual disability also reported to use of different self-controlling skills, they were found to seeking social support and escape-avoidance coping strategies and fathers were reported to use more confrontive coping along with planful problem-solving to deal with stress.

Beighton (2017) had done a qualitative study on parents of children with an intellectual disability to find out whether they were able to find out positive aspects of parenting or they were only coping. A total of 14 mothers and 5 fathers participated in this study. Parents were found to some coping strategies while parenting a child with an intellectual disability. Such as- increased personal strength, changed priorities, increased spirituality or religiosity and faith.

Kumar (2008) had conducted a study on the parents of mentally challenged children and their psychological stress and coping strategies. In this study they didn't find any impact of gender over psychological stress and coping scores except educational level. Results showed that parents with higher education level reported having lesser psychological stress.

Glidden, Billings and Jobe (2006) conducted a study on the rearing of children with developmental disabilities and their personality, coping skills and well-being of parents. In this study they wanted to explore parental personality and whether children with a developmental disability were adopted or born into the families and their influence on the coping strategies used by parents. For this study they selected 97 parents who had a child with DD as participants. Results showed that higher levels of escape-avoidance were associated with lower levels of subjective well-being. Mothers and fathers of children with DD were reported to use more problem-focused coping in compare to emotion-focused coping strategies.

Another study was done on coping strategies in families of intellectually disabled children or adults across gender, family composition and the life span (Grant & Whittell, 2001). Results showed that gender-wise families were found to use different coping strategy in their day to day lives. Similarly, they were reported to use different coping skills according to their life stage and family structure.

METHODOLOGY

This chapter consists of six sections. The first section 3.1 dealt with the different research designs used in the social sciences along with the research design of the present study. Section 3.2 discussed the details about the participants as well as inclusion and exclusion criteria. The next section 3.3 provided the ethical concerns adopted in the present study. Section 3.4 introduced the various data collection tools used to collect data in detail. Section 3.5 briefed the data collection procedure and 3.6 section described the data analysis techniques used to analyze the quantitative as well as qualitative data.

3.1 Research Design

Generally, the research design is a detailed plan of investigation. In a simple language it is a blueprint of the detailed procedures of testing the hypothesis and analyzing the obtained data. The main purpose of the research design is to provide a maximum amount of information relevant to the problem under investigation at a minimum cost. Research design mainly answers the research questions as objectively, validly and economically as it is possible and also it acts as a control mechanism. There are different types of research designs- between-groups design and within-groups design (based upon the criterion of the number of groups used in the experiment). The between-groups design has been used more recently than the within-groups design.

As per the need of the study, the research design was correlational. Correlational research basically involves collecting data to determine whether and to what degree a relationship exists between two or more quantifiable variables. The purpose of using correlational design in this study to determine relations among variables. The present study aimed at examining the relationship between marital satisfaction, parental stress, and ways of coping

To collect the data, a mixed-method approach was adopted. The reason behind adopting the mixed-method approach was to provide a more comprehensive picture of the problem under study. It also helps answer questions that cannot be answered by qualitative or quantitative approaches alone. This method encourages researchers to collaborate across the sometimes-adversarial relationship between quantitative and qualitative researchers. This method is practical because individuals tend to solve problems using both numbers and words. This research method has been called “multitrait/multimethod research” (Creswell et al., 2003). Mixed method research involves merging, integrating, linking, or embedding the two ‘strands’ quantitative and qualitative data. The quantitative data includes closed-end information that undergoes statistical analysis and results in a numerical representation. Qualitative data, on the other hand, is more subjective and open-ended. It allows for the “voice” of the participants to be heard and interpretation of observations. This research method includes collecting, analyzing and interpreting data using both quantitative and qualitative methods in a single study or series of studies in order to investigate a phenomenon or attempt to answer a research question. The basic assumption is that the uses of both quantitative and qualitative methods, in combination, provide a better understanding of the research problem and questions than either method by itself. They need to be

“mixed” in some way so that together they form a more complete picture of the problem than they do when standing alone (Creswell et al., 2003).

In the present study, the quantitative data were collected using different questionnaires, which measured marital satisfaction, parental stress, perceived social support and ways of coping. Qualitative data was collected through in-depth interviews with the parents of children with differently able intellectuals and without intellectual disability. As Gardner defined- an interview is a two-person conversation, initiated by the interviewer for the specific purpose of obtaining research-relevant information and focused by him on the content specified by the research objectives of description and explanation (Ahuja, 2016). There are different types of interviews which are different from one another in terms of structure, the interviewer’s role, the number of respondents involved in the interview. These are- structured v/s unstructured standardised v/s unstandardised, individual v/s group, self- administered v/s other-administered, unique v/s panel, hard v/s soft, personal v/s non-personal and other types (focused, telephone, computer). This study adopted a semi-structured interview method, which is somewhere between the structured and the unstructured interview. In the unstructured interview, there are no specifications in the wording of the questions or the order of the questions. The interviewer forms questions as and when required. The structure of these interviews is flexible, being presented in the form of a guide. On the other hand, the structured interview is based on the structured interview-guide which is little different from the questionnaire. In this type of interview method the interviewer prepares in advance some specific and definite questions for the interviewee. The main purpose is to reduce the interviewer’s bias to the minimum and achieve the highest degree of informality in the procedure.

3.2 Participants

As per the need of the study, purposive sampling was used to select the participants by keeping the objectives of the study in mind. By using this sampling method, it was tried to choose those persons who had some appropriate and relevant characteristic required of the sample members and those who were easily available.

Sixty-one parents of children with intellectual disability (With ID) and sixty-four parents of typically developing children (Without ID) participated in this study. The total number of participants included 125. Participants in the present study were the parents (mother and father) of children with intellectual disability and without intellectual disability. Children with intellectual disability, who are already diagnosed by the psychiatrist or clinical psychologist as per the ICD-10 diagnostic criteria were included.

Criteria for Inclusion/ Exclusion

Inclusion criteria

1. Children who were diagnosed with intellectual disability by the psychiatrist or clinical psychologist were included.
2. Parents who have at least one child diagnosed with an intellectual disability were included.
3. Children of both the groups living with their parents in Assam were part of the study.

Exclusion Criteria

1. Children without an intellectual disability group having any kind of physical and psychological problems were excluded.

3.3 Ethical concerns

Following ethical guidelines were followed during data collection:

- i. Informed consent: The purpose, importance and procedure of the study were described in detail to all the participants. This study was carried out considering all the ethical issues. Each participant in this study was given informed consent. This was written clearly and understandable manner to the participants.
- ii. Ensuring confidentiality: It was ensured that the information collected about the participants was kept confidential.
- iii. No risk of harm to the participant: This study ensured not to harm any respondent physically or mentally.

3.4 Tools used

The present study included four major variables marital satisfaction, stress, coping, and perceived social support. Following tools were used in the present study:

3.4.1 Demographic Data

Detailed information about the participants' background was taken. For example; participant's marital status, gender, age, education qualification, annual income, occupation (self & spouse), number of children (with and without ID) along with child's age, gender, year of diagnosis, the severity of the disorder, education etc.

3.4.2 ENRICH Marital Satisfaction Scale

Marital satisfaction of participants was measured by the ENRICH Marital Satisfaction Scale (Fowers & Olson 1993), which consists of 10 items assessing ten dimensions of marital satisfaction. These dimensions are personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religious orientation. Cronbach's alpha revealed internal reliability of .75 in the present study.

3.4.3 Parental Stress Scale

The 18-item self-report Parental Stress Scale (Berry & Jones, 1995) was used to measure sources of stress in participants. It measures the levels of stress experienced by parents and considers positive (emotional benefits, self-enrichment, and personal development) and negative (demands on resources, opportunity costs, and restrictions) aspects of parenting. Higher levels of parental stress related to- lower levels of parental sensitivity to the child, poorer child behaviour and lower quality of the parent-child relationship. Respondents were asked to agree or disagree with items in terms of their typical relationship with their child or children. Parents were asked to rate on a 5-point scale from (1) 'strongly disagree', (2) 'disagree', (3) 'undecided', to (4) 'agree', (5) 'strongly agree'. Higher scores on the scale indicate greater stress. This scale is intended to be used for the assessment of parental stress for both mothers and fathers and for parents of children with and without clinical problems.

The PSS (Parenting Stress Scale) is not a single unidimensional scale; it consists of two separate unidimensional subscales measuring parental stress (PS) and lack of parental satisfaction (LPS) (Pontoppidan, Nielsen & Kristensen., 2018). The scale had Cronbach's alpha of .68.

3.4.4 Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet & Farley (1988). It is a 12-item self-report instrument designed to assess perceived social support from family, friends, and significant others. Specifically, each revised MSPSS subscale is made up of four items, and the response options are respecified to be scored from 1 (very strongly disagree) to 7 (very strongly agree) (Osman et al., 2014). The reliability of the total scale in the present study was .81.

3.4.5 Ways of Coping Questionnaire (WCQ)

The Ways of Coping Questionnaire was used in this study to measure the coping skills of the parents of children with intellectually disabled. WCQ was designed by Lazarus and Folkman (1985). This questionnaire deals with 66 items. The subjects responded on a 4-point Likert Scale (0 = doesn't apply and/or used; 1= somewhat used, 2= used quite a bit and 3= used a great deal). In this scale there were eight subscales which deal with different coping styles (confrontive coping, distancing, and self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal). This instrument measures the coping process. This scale had Cronbach's alpha of .83 in the present study.

3.4.6 Semi-Structured Interview Schedule

To collect qualitative data, a semi-structured interview schedule was prepared for the parents of the children with intellectual disability and without intellectual disability. Interview questions helped to understand the marital satisfaction among parents of children with intellectual disability and without intellectual disability. To fulfil the purpose of the present study total ten parents of children with intellectual disability were interviewed in the detail.

3.5 Procedure

The study collected data from hundred-twenty-five families in the cities of Assam. The researcher contacted parents of children with ID through special schools for children with intellectual disabilities, in which they were enrolled. These special schools (under NGO's) in Assam were *Aashadeep*, *Shishu Sarathi* and *PASS*. Parents of children without ID were contacted through *Kendriya Vidyalayas*. All participants were visited for the

assessment in their homes and asked to complete a series of questionnaires. Permission was sought from the authorities of special schools and KV school principals. After taking consent from the respondents, they were briefed about the purpose of the study. Data was collected on the individual basis at participants' respective home as per their availability. Regarding questionnaires, respondents were given instructions and took 15-20 minutes to fill the questionnaires. Interviews held individually and took around 35-40 minutes. The interview was taken in Hindi and the local language. The interviews were audio-taped, transcribed, and translated into the English language.

3.6 Data Analysis

As the study used both quantitative and qualitative data, quantitative data was analyzed using SPSS. To examine the relationship between parental stress, coping, perceived social support and marital satisfaction. Pearson Correlation was computed. To examine the difference between groups such as With ID and Without ID regarding parental stress, coping, perceived social support and marital satisfaction t-test was computed. Also, to study the difference between parents having girls and boys groups and parents of younger and older children groups, t-test was computed. The qualitative data collected from semi-structured interview schedule was transcribed and translated into the English language. Interview transcripts were analyzed thematically by developing codes and identified various themes that emerged.

RESULTS AND INTERPRETATIONS

This chapter is divided into five sections. Section 4.1 deals with the sample profile of the participants of the present study. Section 4.2 discusses descriptive statistics for parental stress, ways of coping, perceived social support and marital satisfaction. Section 4.3 analyzes relationship among parental stress, ways of coping, perceived social support and marital satisfaction. Section 4.4 discusses the difference between parents of children With ID and parents of without ID on marital satisfaction, parental stress, coping and perceived social support. Section 4.5 analyzes the difference across child's age and gender regarding parental stress, ways of coping, perceived social support and marital satisfaction. This chapter mainly provides the analysis and interpretation of the data. Quantitative data were analysed using descriptive statistics, correlation and t-test, while qualitative data were thematically analysed.

4.1 Sample Profile

The total sample consisted of 125 parents of children with and without intellectual disability. Table 1 shows that the total number of respondents (parents) are 125, out of which 61 are from With Intellectual Disability group (With ID) and 64 parents were from Without Intellectual Group (Without ID). Respondent's sex-wise data shows that out of total 125 respondents (parents), 32 (52.5%) are males and 29 (47.5%) was females belonging to With ID and 34 (53.1%) males and 30 (46.9%) females belonged to the Without ID. Respondent's age-wise data shows that out of total 125 respondents (parents), 29 (47.5%) are under ≤ 43 and 32 (52.5%) are 44 and above belonged to With

ID and 35 (54.7%) were under ≤ 43 and 29 (45.3%) were under 44+ belonged to Without ID. According to the child gender, out of 125, 61 (48.8%) are boys and 64 are girls (51.2%). In With ID group, out of 61 30 (49.2%) are boys and 31 (50.8%) were girls, while 31 (48.4%) are boys and 33 (51.6%) are girls from Without ID group. As per the childage, out of 125, 61 (48.8%) are younger and 64 are older (51.2%). In With ID group, out of 61, 31(50.8%) areyounger and 30 (49.2%) are older, while 42 (65.6%) areyounger and 22 (34.4%) areolder from Without ID group.The mean age of the respondents was 43.43 (SD=7.37).

Table 1 *Demographic profile of respondents (n=125)*

Variable	With Intellectual Disability		Without Intellectual Disability		
	N	%	N	%	
Sex of parent	Male	32	52.5	34	53.1
	Female	29	47.5	30	46.9
	Total	61	48.8	64	51.2
Age of respondent	≤ 43.00	29	47.5	35	54.7
	44.00+	32	52.5	29	45.3
	Total	61	48.8	64	51.2
Child Gender	Boy	30	49.2	31	48.4
	Girl	31	50.8	33	51.6
	Total	61	48.8	64	51.2
ChildAge	Younger	31	50.8	42	65.6
	Older	30	49.2	22	34.4
	Total	61	48.8	64	51.2

4.2 Descriptive Statistics for Parental Stress, Ways of Coping, Perceived Social Support and Marital Satisfaction of parents of children with intellectual disability (with ID) and without intellectual disability (without ID) groups

In the present study parental stress, coping, perceived social support and marital satisfaction are the variables. To measure parental stress, the parental stress scale was used, which has two positive and negative dimensions. Ways of Coping Scale was used to measure coping styles that contain eight dimensions confrontative, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, and playful problem-solving and positive reappraisal. To measure social supports, a multidimensional scale of perceived social support scale was used, where family, friends, and significant others were the main dimensions or sources of social support. Marital Satisfaction was measured by using Marital Satisfaction Scale, which has ten dimensions personality issues, equalitarian roles, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and marriage, family and friends and religious orientation. Table 2 shows the descriptive statistics Mean, SD, Skewness and Kurtosis for the mentioned scales.

Table 2

Mean, SD, Skewness, Kurtosis for Parental Stress, Ways of Coping, Perceived Social Support and Marital Satisfaction Scales

Variables	Groups	Mean	SD	Skewness	Kurtosis
Parental Stress	With ID	34.40	3.89	-.278	-.595
	Without ID	33.46	4.70	-.472	-.475
Waysof Coping	With ID	168.63	18.35	-.431	-.892
	Without ID	158.90	19.17	.138	.283
Perceived Social Support	With ID	59.86	8.71	-.572	-.395
	Without ID	62.62	10.35	-.498	-.065
Marital Satisfaction	With ID	47.78	5.44	.512	.313
	Without ID	50.06	5.18	-.337	.543

In the above table Parental Stress Scale showed the Mean score is 34.40, SD is 3.89, Skewness is -.278 and Kurtosis is -.595 for the With ID group and in the Without ID group Mean score is 33.46, SD is 4.70, Skewness is -.472 and Kurtosis is -.475. In Ways of Coping scale (With ID), Mean score = 168.63, SD = 18.35, Skewness = -.431 and Kurtosis = -.892 and in the Without ID group Mean score is 158.90, SD is 19.17, Skewness is .138, Kurtosis is .283. In Perceived Social Support Scale (With ID), mean score is 59.86, SD is 8.71, Skewness is -.572 and Kurtosis is -.395 and in without ID group mean score is 62.62, SD is 10.35, Skewness is -.498, Kurtosis is -.065. And in the Marital Satisfaction Scale (With ID) mean score is 47.78, SD is 5.44, Skewness is .512

and Kurtosis is .313. In Without ID group mean score is 50.06, SD is 5.18, Skewness is -.337 and Kurtosis is .543. Above mention table showed that data is normally distributed.

4.3 Relationship among Parental Stress, Ways of Coping, Perceived Social Support, and Marital Satisfaction among parents of children with intellectual disability (with ID) and without intellectual disability (without ID)

Table 3

Pearson correlation among parental stress, coping, perceived social support and marital satisfaction

Variables	Group	Mean	SD	TMS S	MSS D1	MSS D2	MSS D3	MSS D4	MSS D5	MSS D6	MSS D7	MSS D8	MSS D9	MSS D10
TPSS	With ID	59.86	8.71	-.17	.05	.04	-.19	-.20	-.08	.09	-.02	.17	-.25	-.25*
	Without ID	62.62	10.35	.19	-.09	.15	-.06	.23	.03	.17	.11	-.14	-.09	.05
D1PSS	With ID	26.57	4.76	.34**	-.04	.37**	-.44**	.35**	.35**	.34**	.29*	-.09	-.15	-.01
	Without ID	26.20	5.78	-.04	.14	-.12	.04	.03	.09	-.05	-.17	.07	.11	-.22
D2PSS	With ID	34.40	3.89	-.17	.05	.04	-.19	-.20	-.08	.09	-.02	.17	-.25	-.25*
	Without ID	33.46	4.70	.30*	-.29*	.34**	-.14	.26*	-.08	.29*	.36**	-.27*	-.26*	.34**

TWOC	With ID	168.63	18.35	-.05	-.12	.05	.19	.06	-.13	.09	.18	-.35**	-.09	.20
	Without ID	158.90	19.17	.13	.01	.02	.09	.22	-.07	.12	.16	-.20	-.15	-.009
D1WOC	With ID	20.86	3.37	-.45**	-.45**	-.25	.25*	.006	-.36**	-.16	-.37**	-.39**	.02	.17
	Without ID	17.95	3.45	-.03	-.25*	-.10	-.04	.20	.12	.05	.15	-.11	-.18	-.23
D2 WOC	With ID	19.55	4.11	-.16	-.15	-.03	.33**	.19	-.33**	.02	.09	-.49**	-.19	.26*
	Without ID	19.71	3.81	.03	.22	.07	.22	.16	-.32**	.13	.03	-.22	-.13	.01
D3 WOC	With ID	19.80	3.34	.22	-.05	.19	-.02	.26*	.13	.29*	.37*	-.13	-.15	-.07
	Without ID	20.43	3.21	.005	.06	.01	.005	.13	-.24	.04	.16	-.26*	-.13	.07
D4 WOC	With ID	16.75	3.50	-.33**	-.12	-.27*	.35**	.09	-.32*	-.11	-.25*	-.37**	-.03	.25*
	Without	14.25	3.36	.11	.003	.08	-.06	-.004	.02	.10	.18	-.13	-.21	.008

ID														
D5 WOC	With ID	8.88	2.36	.08	-.05	.18	.12	-.14	.01	.01	.22	-.32*	.06	.36**
	Without ID	8.96	2.35	.04	-.20	.10	-.04	.17	-.04	.34**	.20	-.23	-.28*	.12
D6 WOC	With ID	33.93	5.04	.20	.10	.28*	.01	.12	.14	.23	.42**	-.10	.01	.07
	Without ID	32.07	6.38	.02	.11	-.26*	.31*	-.13	.05	-.10	-.18	.13	.26*	-.16
D7 WOC	With ID	22.08	2.84	.14	.15	.21	-.18	-.15	.13	.18	.39**	.12	-.02	-.02
	Without ID	20.07	3.24	.45**	-.008	.12	-.06	.27*	.13	.14	.31*	-.13	-.12	.17
D8 WOC	With ID	26.75	3.35	-.01	-.08	-.03	.10	.11	-.06	-.03	.02	-.14	-.14	.07
	Without ID	25.42	4.66	.10	-.02	.24*	-.06	.44**	-.13	.12	.20	-.27	-.28*	.10

TMPSS	With ID	59.86	8.71	-.16	-.06	-.31*	.42**	-.05	-.02	-.32**	-.33**	-.08	.21	-.04
	Without ID	62.62	10.35	.20	-.22	.34**	-.43**	.40**	.11	.03	.20	-.21	-.25*	.08
D1 MPSS	With ID	22.73	3.10	-.10	-.41**	-.13	.17	.17	-.10	-.10	-.11	-.10	.18	.13
	Without ID	23.06	3.74	.17	-.25*	.38**	-.49**	.44**	-.04	.19	.30*	-.33**	-.27*	.19
D2 MPSS	With ID	19.52	3.27	.10	-.18	-.10	.20	.10	.18	-.01	-.03	.01	.04	.07
	Without ID	18.82	4.64	.17	-.21	.17	-.24	.06	.25*	-.14	.18	-.08	-.06	-.07
D3 MPSS	With ID	17.60	5.82	-.20	.23	-.34**	-.43**	-.23	-.07	-.42**	-.41**	-.07	.19	-.18
	Without ID	20.73	5.64	.12	-.07	.22	-.25*	.36**	.03	.06	.01	-.10	-.22	.09

*p<.05; **p<.01

TMSS= Total Marital Satisfaction; MSSD1=Personality Issues; MSSD2= Equalitarian Roles; MSSD3= Communication; MSSD4= Conflict Resolution; MSS5= Financial Management; MSSD6= Leisure Activities; MSSD7= Sexual Relationship; MSS D8=Children and Marriage; MSS D9= Family and Friends and MSS D10= Religious Orientation; TPSS= Total Parental Stress Scale; PSS D1= Positive; PSS D2= Negative; TWOC= Total Ways of Coping; D1 WOC=confronting coping, D2 WOC=distancing, D3 WOC=self-controlling, D4 WOC= seeking social support, D5 WOC= accepting responsibility, D6 WOC=escape avoidance, D7 WOC= planful problem solving, and D8 WOC=positive reappraisal.

With regard to parents of children with intellectual disability, the above-mentioned table reveals the relationship of all the variables and all the dimensions of marital satisfaction. In this table, it is shown that total parental stress is negatively correlated with MSS15 (Religious orientation) at $-.25^*$ (.05 level). Dimension of Parental Stress, namely PS (Parental Stress) is significantly positively correlated with Marital Satisfaction ($.34^{**}$), MSS3 (Equalitarian roles) ($.37^{**}$), MSS7 (Conflict resolution) ($.35^{**}$), MSS8 (Financial management) ($.35^{**}$), MSS10 (Leisure activities) ($.34^{**}$) at .01 level, MSS11 (Sexual relationship) at $.29^*$ (.05 level). Another dimension of Parental Stress, Lack of parental satisfaction (LPS) is negatively significantly low correlated with MSS15 (Religious orientation) at $-.25^*$ (.05 level). Parents those who have lack of parental satisfaction were found to have a lower religious orientation.

Total ways of coping being negatively significantly correlated with MSS12 (Children and marriage) at $-.35^{**}$ (.01 level). Dimension 1 (Confrontive Coping) of ways of coping is negatively significantly correlated with Total Marital Satisfaction ($-.45^{**}$), MSS2 (Personality issues) ($-.45^{**}$), MSS8 (Financial management) ($-.36^{**}$), MSS11 (Sexual relationship) ($-.37^{**}$), MSS12 (Children and marriage) ($-.39^{**}$) at .01. Dimension 1 (Confrontive Coping) of ways of coping is positively correlated with MSS5 (communication) at $.25^*$ (.05 level). Dimension 2 (Distancing) of ways of coping is positively significantly correlated with MSS5 (Communication) at $.33^{**}$ (.01 level) and MSS15 (Religious orientation) at $.26^*$ (.05 level). Dimension 2 (Distancing) of ways of coping is negatively significantly correlated with MSS8 (Financial management) at $-.33^{**}$ (.01 level), MSS12 (Children and marriage) at 0.01 level ($-.49^{**}$). Dimension 3 (Self-controlling) of ways of coping is positively significantly correlated with MSS7 (Conflict

resolution) at .26* (.05 level), MSS10 (Leisure activities) at .29* (.05level) and MSS11 (Sexual Relationship) at .37** (.01level). Dimension 4 (Seeking social support) of ways of coping is negatively significantly correlated with Total Marital Satisfaction (-.33**), MSS12 (Children and marriage) (-.37**) at .01 level and MSS3(Equalitarian roles) (-.27*), MSS8 (Financial management)(-.32*), MSS11 (Sexual Relationship) (-.25*) at .05 level.

Dimension 4(Seeking social support) of ways of coping is positively significantly correlated with MSS5 (Communication) at .35** (.01 level) and MSS15 (Religious orientation) at .25* (.05 level). TD5 (Accepting responsibilities) Ways of coping is positively significantly correlated with MSS15 (Religious orientation) at .36** (.01level) and Dimension 5(Accepting responsibilities) of Ways of coping is negatively significantly correlated with MSS12 (Children and marriage) at -.32* (.05 level). Dimension 6(Escape avoidance) of Ways of Coping is significantly positively correlated with MSS3 (Equalitarian roles) at .28* (.05 level), MSS11 (Sexual Relationship) at .42** (.01level). Dimension 7(Planful problem solving) of Ways of coping is significantly positively correlated with MSS11 (Sexual Relationship) at .39** (.01 level). Total Perceived Social Support is significantly positively correlated with MSS5 (communication) at .42** (.01level). Total Perceived Social Support is significantly negatively correlated with MSS3 (Equalitarian roles) at -.31* (.05 level), MSS10 (Leisure activities) at -.32** (.01level) and MSS11 (Sexual Relationship) at -.33** (.01 level). Dimension 1(Family) of perceived social support is significantly negatively correlated with MSS2 (Personality issues) at -.41** (.01 level). Dimension 3 (Significant Others) of perceived social support is significantly negatively correlated with MSS3 (Equalitarian roles) at -.34** (.01 level), MSS5 (Communication) at -.43** (.01level),

MSS10 (Leisure activities) at $-.42^{**}$ (.01 level) and MSS11 (Sexual Relationship) at $-.41^{**}$ (.01 level).

In the group of without intellectual disability, dimension 2 of Parental Stress, namely Lack of parental satisfaction (LPS) is significantly positively correlated with Marital Satisfaction at $.30^*$ (.05 level), MSS3 (Equalitarian roles) at $.34^{**}$ (.01 level), MSS7 (Conflict resolution) at $.26^*$ (.05 level), MSS10 (Leisure activities) at $.29^*$ (.05 level), MSS11 (Sexual relationship) at $.36^{**}$ (.01 level) and MSS15 (Religious orientation) at $.34^{**}$ (.01 level).

Dimension 2, Lack of parental satisfaction is significantly negatively correlated with MSS2 (Personality issues) at $-.29^*$ (.05 level), MSS12 (Children and marriage) at $-.27^*$ (.05 level) and MSS14 (Family and friends) at $-.26^*$ (.05 level). Dimension 1 (Confrontive coping) of ways of coping is significantly negatively correlated with MSS2 (Personality issues) at $-.25^*$ (.05 level). Dimension 2 (Distancing) of ways of coping is significantly negatively correlated with MSS8 (Financial management) at $-.32^{**}$ (.01 level). Dimension 3 (Self-controlling) of ways of coping is significantly negatively correlated with MSS12 (Children and marriage) at $-.26^*$ (.05 level). Dimension 5 (Accepting responsibility) of Ways of coping is significantly positively correlated with MSS10 (Leisure activities) at $.34^{**}$ (.01 level). Dimension 5 (Accepting Responsibility) of Ways of coping is significantly negatively correlated with MSS14 (Family and friends) at $-.28^*$ (.05 level). Dimension 6 (Escape Avoidance) of Ways of coping is significantly negatively correlated with MSS3 (Equalitarian roles) at $-.26^*$ ($p < .05$). Dimension 6 (Escape Avoidance) of ways of coping is significantly positively correlated with MSS5 (Communication) at $.31^*$ (.05 level), MSS14 (Family & friends) at $.26^*$ (.05 level). Dimension 7 (Planful problem solving) of Ways of coping is significantly positively correlated with marital satisfaction at $.45^{**}$ (.01 level), MSS7 (Conflict

resolution) at .27* (.05level), MSS11 (Sexual relationship) at 31* (.05level).Dimension 8(Positive reappraisal) of Ways of Coping is significantly positively correlated with MSS3 at .24* (p<.05), MSS7 (Conflict resolution) at .44** (p<.01).Dimension 8(Positive reappraisal) of Ways of coping is significantly negatively correlated with MSS12 (Children and marriage) at -.27* (p<.05), MSS14 (Family and friends) at -.28* (p<.05).Perceived Social Support is significantly positively correlated with MSS3 (Equalitarian roles) at .34** (p<.01), MSS7 (Conflict resolution) at .40** (p<.01).Perceived Social Support is significantly negatively correlated with MSS14 (Family and friends) at -.25* (p<.05). TD1 (Family) Perceived Social Support is significantly positively correlated with MSS3 at .38** (p<.01), MSS7 (Conflict resolution) at .44** (p<.01), MSS11 (Sexual relationship) at .30* (p<.05). TD1 (Family) Perceived Social Support is significantly negatively correlated with MSS2 (Personality issues) at -.25*(p<.05), MSS5 (Communication) at -.49** (p<.01), MSS12 (Children and marriage) at -.33** (p<.01) and MSS14 (Family and friends) at -.27* (p<.05). TD2 (Friends) Perceived Social Support is significantly positively correlated with MSS8 (Financial management) at .25* (p<.05). TD3 (Significant others) Perceived Social Support is significantly positively correlated with MSS7 (Conflict resolution) at .39** (p<.01) and significantly negatively correlated with MSS5 (Communication) at -.25* (p<.05).

4.4 Marital Satisfaction, Parental Stress, Coping and Perceived Social Support in Parents of Children With ID and Parents of Children Without ID

4.4.1 Marital Satisfaction in Parents of Children With ID and Parents of Children Without ID

Table 4

Mean, SD and t-test for Parents of Children With ID and Parents of Children Without ID on Marital Satisfaction

Dimensions	Group	N	Mean	SD	t
Total MSS	With ID	61	47.78	5.44	-2.39*
	Without ID	64	50.06	5.18	
Personality Issues	With ID	61	2.72	1.05	1.21
	Without ID	64	2.45	1.37	
Equalitarian Roles	With ID	61	3.63	0.98	-3.29**
	Without ID	64	4.20	0.92	
Communication	With ID	61	3.19	1.44	4.18**
	Without ID	64	2.17	1.29	
Conflict Resolution	With ID	61	3.68	0.94	-2.88**
	Without ID	64	4.17	0.93	
Financial Management	With ID	61	2.54	1.25	1.49
	Without ID	64	2.20	1.27	

Leisure Activities	With ID	61	3.47	0.95	-3.13**
	Without ID	64	4.01	0.96	
Sexual Relationship	With ID	61	3.65	0.92	-.65
	Without ID	64	3.78	1.18	
Children and Marriage	With ID	61	2.14	1.13	.32
	Without ID	64	2.07	1.26	
Family and Friends	With ID	61	1.98	1.17	.49
	Without ID	64	1.87	1.25	
Religious Orientation	With ID	61	4.34	0.94	-.26
	Without ID	64	4.39	0.98	

* $p < .05$ ** $p < .01$

Table 4 shows that parents of children with ID and parents of children without ID significantly differed on total marital satisfaction ($t = -2.39, p < .05$), equalitarian roles ($t = -3.29, p < .01$), communication ($t = 4.18, p < .01$), conflict resolution ($t = -2.88, p < .01$) leisure activities ($t = -3.13, p < .01$). In other words, parents of children without ID group are higher

on total marital satisfaction (M=50.06, SD=5.18), equalitarian roles (M=4.20, SD=0.92), communication (M=3.19, SD=1.44), conflict resolution (M=3.68, SD=0.94), leisure activities (M=3.47, SD=0.95) than the parents of children with ID group total marital satisfaction (M=47.78, SD=5.44), equalitarian roles (M=3.63, SD=.98), communication (M=2.17, SD=1.29), conflict resolution (M=4.17, SD=0.93), leisure activities (M=4.01, SD=0.96).

4.4.2 Parental Stress in Parents of Children With ID and Parents of Children Without ID

Table 5

Mean, SD, and t-test for Parents of Children With ID and Parents of Children Without ID on Parental Stress

Dimensions	Group	N	Mean	SD	t
Total Parental Stress	With ID	61	59.86	8.71	1.60
	Without ID	64	62.62	10.35	
Positive	With ID	61	26.57	4.76	1.21
	Without ID	64	26.20	5.78	
Negative	With ID	61	34.40	3.89	.390
	Without ID	64	33.46	4.70	

* p < .05 **p < .01

Table 5 shows that the parents of children with ID and parents of children without ID did not differ significantly on parental stress.

4.4.3 Ways of Coping in Parents of Children With ID and Parents of Children Without ID

Table 6

Mean, SD, and t for Parents of Children With ID and Parents of Children Without ID on Ways of coping

Dimensions	Group	N	Mean	SD	t
Total WOC	With ID	61	168.63	18.35	2.89**
	Without ID	64	158.90	19.17	
Confrontive Coping	With ID	61	20.86	3.37	4.76**
	Without ID	64	17.95	3.45	
Distancing	With ID	61	19.55	4.11	-.22
	Without ID	64	19.71	3.81	
Self-controlling	With ID	61	19.80	3.34	-1.08
	Without ID	64	20.43	3.21	

Seeking Social Support	With ID	61	16.75	3.50	4.07**
	Without ID	64	14.25	3.36	
Accepting Responsibility	With ID	61	8.88	2.36	-.19
	Without ID	64	8.96	2.35	
Escape Avoidance	With ID	61	33.93	5.04	1.79
	Without ID	64	32.07	6.38	
Planful Problem-Solving	With ID	61	22.08	2.84	3.66**
	Without ID	64	20.07	3.24	
Positive Reappraisal	With ID	61	26.75	3.35	1.82
	Without ID	64	25.42	4.66	

* $p < .05$ ** $p < .01$

Table 6 shows that parents of children with ID and parents of children without ID group significantly differed on total ways of coping ($t=2.89$, $p<.01$), confrontive coping ($t=4.76$, $p<.01$), seeking social support ($t=4.07$, $p<.01$), and planful problem solving ($t=3.66$, $p<.01$). In other words, parents of children with ID group are higher on total ways of coping ($M=168.63$, $SD=18.35$), confrontive coping ($M=20.86$, $SD=3.37$), seeking social support

(M=16.75, SD=3.50), and planful problem solving (M=22.08, SD=2.84) than parents of children without ID on total ways of coping (M=158.90, SD=19.17), confrontive coping (M=17.95, SD=3.45), seeking social support (M=14.25, SD=3.36), and planful problem solving (M=20.07, SD=3.24).

4.4.4 Perceived Social Support in Parents of Children With ID and Parents of Children

Without ID

Table 7

Mean, SD, and t-test for Parents of Children With ID and Parents of Children Without ID on Multidimensional Perceived Social Support (MPSS)

Dimensions	Group	N	Mean	SD	t
Total MPSS	With ID	61	59.86	8.71	-1.60
	Without ID	64	62.62	10.35	
Family	With ID	61	22.73	3.10	-.52
	Without ID	64	23.06	3.74	
Friends	With ID	61	19.52	3.27	0.96
	Without ID	64	18.82	4.64	

	With ID	61	17.60	5.82	
Significant Others					-3.05**
	Without ID	64	20.73	5.64	

* $p < .05$ ** $p < .01$

Table 7 shows that the parents of children with ID and parents of children without ID significantly differed on significant others dimension of perceived social support ($t=-3.05$, $p<.01$). In other words, parents of children with ID perceived lower social support ($M=17.60$, $SD=5.82$) than parents of children without ID ($M=20.73$, $SD=5.64$).

4.5 Marital Satisfaction, Parental Stress, Coping and Perceived Social Support in Parents of Children With ID and Parents of Children Without ID Across Child Gender and Age

4.5.1 Marital Satisfaction in Parents of Children With ID across Child Gender

Table 8

Mean, SD and t-test for Parents of Boys and Parents of Girls With ID on Marital

Satisfaction

Dimensions	Group	N	Mean	SD	t
Total MSS	Boy	30	49.23	6.02	2.10*
	Girl	31	46.38	4.47	

Personality Issues	Boy	30	2.76	1.10	
	Girl	31	2.67	1.01	.329
Equalitarian Roles	Boy	30	4.03	.80	
	Girl	31	3.25	.99	3.32**
Communication	Boy	30	2.96	1.47	
	Girl	31	3.41	1.40	-1.22
Conflict Resolution	Boy	30	3.73	.94	
	Girl	31	3.64	.95	.36
Financial Management	Boy	30	2.63	1.32	
	Girl	31	2.45	1.20	.56
Leisure Activities	Boy	30	3.70	1.02	
	Girl	31	3.25	.85	1.83
Sexual Relationship	Boy	30	3.93	.86	
	Girl	31	3.38	.91	2.38*

	Boy	30	1.90	.92	
Children and Marriage	Girl	31	2.38	1.28	-1.69
	Boy	30	1.90	1.18	
Family and Friends	Girl	31	2.06	1.18	-.54
	Boy	30	4.70	.53	
Religious Orientation	Girl	31	4.00	1.12	3.08**

* $p < .05$ ** $p < .01$

Table 8 shows the significant difference between parents having boys and parents having girls with ID group on total marital satisfaction ($t=2.10$, $p<.05$), equalitarian roles ($t=3.32$, $p<.01$), sexual relationship ($t=2.38$, $p<.05$), religious orientation ($t=3.08$, $p<.01$). In other words, parents having boys are high ($M=49.23$, $SD=6.02$) on total marital satisfaction than the parents having girl child ($M=46.38$, $SD=4.47$). Similarly, equalitarian roles ($M=4.03$, $SD=.80$) and ($M=3.25$, $SD=.99$), sexual relationship ($M=3.93$, $SD=0.86$) and ($M=3.38$, $SD=0.91$), religious orientation ($M=4.70$, $SD=0.53$) and ($M=4.00$, $SD=1.12$).

4.5.2 Marital Satisfaction in Parents of Children With ID across Child Age

Table 9

Mean, SD, and t-test results for Parents of Younger Children and Parents of Older Children With ID on Marital Satisfaction

Dimensions	Group	N	Mean	SD	t
TMSS	Younger	30	46.70	5.09	-1.59
	Older	31	48.90	5.64	
Personality Issues	Younger	30	2.67	.79	-.32
	Older	31	2.76	1.27	
Equalitarian Roles	Younger	30	3.54	.85	-.73
	Older	31	3.73	1.11	
Communication	Younger	30	3.22	1.30	.15
	Older	31	3.16	1.59	
	Younger	30	3.58	.92	

Table 9 shows that parents of younger children and parents of older children with ID did not differ significantly on total marital satisfaction ($t=-1.59, p>.05$), personality issues ($t=-.32, p>.05$) equalitarian roles ($t=-.73, p>.05$), communication ($t=.15, p>.05$), conflict resolution ($t=-.90, p>.05$), financial management ($t=0.24, p>.05$), leisure activities ($t=-.99, p>.05$), sexual relationship ($t=-.91, p>.05$), children and marriage ($t=.76, p>.05$) family and friends ($t=-1.20, p>.05$) and religious orientation ($t=-1.27, p>.05$) with ID on marital satisfaction.

4.5.3 Parental Stress in Parents of Children With ID across Child Gender

Table 10

Mean, SD and t-test for Parents of Boys and Parents of Girls in With ID Group on Parental Stress

Dimensions	Group	N	Mean	SD	t
Total	Boy	30	61.40	5.86	.56
	Girl	31	60.58	5.51	
Positive	Boy	30	27.00	4.94	.32
	Girl	31	26.16	4.63	
Negative	Boy	30	34.40	3.95	.00
	Girl	31	34.41	3.89	

* $p < .05$ ** $p < .01$

Table 10 shows that parents of boys and parents of girls with ID group did not differ significantly on total parental stress ($t=0.56, p>.05$), positive ($t=0.32, p>.05$), and negative dimension of parental stress ($t=0.00, p>.05$).

4.5.4 Parental Stress in Parents of Children With ID across Child Age

Table 11

Mean, SD and t-test for Parents of Younger Children and Parents of Older Children in With ID group on Parental Stress

Dimensions	Group	N	Mean	SD	t
Total PSS	Younger	30	61.68	5.28	.92
	Older	31	60.34	5.98	
Positive	Younger	30	26.51	4.31	.12
	Older	31	26.63	5.26	
Negative	Younger	30	35.00	3.48	1.19
	Older	31	33.80	4.24	

* $p < .05$ ** $p < .01$

Table 11 shows that that the parents of younger children and parents of older children in with ID group did not differ significantly on total parental stress ($t=0.92, p>.05$), positive ($t=0.12, p>.05$), and the negative dimension of parental stress ($t=1.19, p>.05$).

4.5.5 Ways of Coping in Parents of Children With ID across Child Gender

Table 12

Mean, SD and t-test for Parents of Boys and Parents of Girls With ID Group on Ways of Coping

Dimensions	Group	N	Mean	SD	t
Total WOC	Boy	30	167.83	20.30	-1.38
	Girl	31	169.41	16.55	
Confrontive Coping	Boy	30	20.26	3.49	-.04
	Girl	31	21.45	3.20	
Distancing	Boy	30	19.53	4.12	-.61
	Girl	31	19.58	4.16	
Self-controlling	Boy	30	19.53	3.56	-.62
	Girl	31	20.06	3.14	
Seeking Social Support	Boy	30	16.46	3.64	.91
	Girl	31	17.03	3.40	
	Boy	30	9.16	2.50	

Accepting Responsibility					.40
	Girl	31	8.61	2.21	
	Boy	30	34.20	4.79	
Escape Avoidance					.58
	Girl	31	33.67	5.35	
	Boy	30	22.30	2.86	
Planful Problem Solving					-.88
	Girl	31	21.87	2.84	
	Boy	30	26.36	4.08	
Positive Reappraisal					-.33
	Girl	31	27.12	2.45	

* $p < .05$ ** $p < .01$

Table 12 shows that the parents of boys and parents of girls With ID group did not differ significantly on total ways of coping ($t = -1.38, p > .05$), confronting coping ($t = -0.04, p > .05$), distancing ($t = -.61, p > .05$), self-controlling ($t = -.62, p > .05$), seeking social support ($t = 0.91, p > .05$), accepting responsibility ($t = 0.40, p > .05$), escape avoidance ($t = 0.58, p > .05$), planful problem solving ($t = -0.88, p > .05$), and positive reappraisal ($t = -0.33, p > .05$).

4.5.6 Ways of Coping in Parents of Children With ID across Child Age

Table 13

Mean, SD, and t-test results for Parents of Younger Children and Parents of Older Children With ID on Ways of Coping

Dimensions	Group	N	Mean	SD	t
TWOC	younger	30	166.90	17.91	-.74
	older	31	170.43	18.93	
Confrontive Coping	younger	30	20.80	3.72	-.14
	older	31	20.93	3.02	
Distancing	younger	30	19.32	4.51	-.45
	older	31	19.80	3.71	
Self-controlling	younger	30	19.51	2.74	-.67
	older	31	20.10	3.88	
Seeking Social Support	younger	30	16.35	3.70	-.90
	older	31	17.16	3.30	
	younger	30	8.96	2.41	

Accepting Responsibility					.27
	older	31	8.80	2.34	
	younger	30	33.70	4.77	
Escape Avoidance					-.35
	older	31	34.16	5.38	
	younger	30	21.77	2.99	
Planful Problem Solving					-.85
	older	31	22.40	2.68	
	younger	30	26.45	3.19	
Positive Reappraisal					-.71
	older	31	27.06	3.54	

* p < .05 **p < .01

Table 13 shows that parents of younger and parents of older children did not differ significantly on total ways of coping ($t=-.74, p>.05$), confronting coping ($t=-.14, p>.05$), distancing ($t=-.45, p>.05$), self-controlling ($t=-.67, p>.05$), seeking social support ($t=-0.90, p>.05$), accepting responsibility ($t=0.27, p>.05$), escape avoidance ($t=-.35, p>.05$), planful problem solving ($t=-0.85, p>.05$), and positive reappraisal ($t=-.71, p>.05$).

4.5.7 Perceived Social Supporting Parents of Children With ID across Child Gender

Table 14

Mean, SD And t-test For Parents of Boys and Parents of Girls In With ID Group on Perceived Social Support

Dimensions	Group	N	Mean	SD	t
TMPSS	Boy	30	59.23	9.45	-.01
	Girl	31	60.48	8.05	
Family	Boy	30	22.73	3.55	-.36
	Girl	31	22.74	2.65	
Friends	Boy	30	19.36	3.72	-.62
	Girl	31	19.67	2.82	
Significant Others	Boy	30	17.13	6.08	-.55
	Girl	31	18.06	5.60	

* p < .05 **p < .01

Table 14 shows that the parents of boys and parents of girls in With ID group did not differ significantly on total perceived social support ($t=-.01, p>.05$), family ($t=-.36, p>.05$), friends ($t=-0.62, p>.05$), and significant others ($t=-0.55, p>.05$).

4.5.8 Perceived Social Support in Parents of Children With ID across Child Age

Table 15

Mean, SD and t-test for Parents of Younger Children and Older Children With ID on Perceived Social Support

Dimensions	Group	N	Mean	SD	t
TMPSS	Younger	30	60.22	8.66	.32
	Older	31	59.50	8.90	
Family	Younger	30	22.64	2.95	-.23
	Older	31	22.83	3.30	
Friends	Younger	30	19.32	3.13	-.48
	Older	31	19.73	3.45	
Significant Others	Younger	30	18.25	4.71	.88
	Older	31	16.93	6.79	

* $p < .05$ ** $p < .01$

Table 15 shows that the parents of younger children and parents of older children in With ID group did not differ significantly on total perceived social support ($t=0.32, p>.05$), family ($t=-0.23, p>.05$), friends ($t=-0.48, p>.05$), and significant others ($t=0.88, p>.05$).

4.5.10 Marital Satisfaction in Parents of Children Without ID across Child Gender

Table 16

Mean, SD and t-test for Parents of Boys and Parents of Girls Without ID Group on Marital Satisfaction

Dimensions	Group	N	Mean	SD	t
Total MSS	Boy	31	50.67	5.31	.91
	Girl	33	49.48	5.07	
Personality Issues	Boy	31	2.38	1.43	-.36
	Girl	33	2.51	1.34	
Equalitarian Roles	Boy	31	4.25	.81	.45
	Girl	33	4.15	1.03	
Communication	Boy	31	1.87	.99	-1.84
	Girl	33	2.45	1.48	
	Boy	31	4.25	.85	

Conflict Resolution					.71
	Girl	33	4.09	1.01	
	Boy	31	2.32	1.30	
Financial Management					.72
	Girl	33	2.09	1.25	
	Boy	31	3.90	1.13	
Leisure Activities					-.89
	Girl	33	4.12	.78	
	Boy	31	3.67	1.24	
Sexual Relationship					-.67
	Girl	33	3.87	1.13	
	Boy	31	2.32	1.32	
Children and Marriage					1.51
	Girl	33	1.84	1.17	
	Boy	31	2.16	1.36	
Family and Friends					1.80
	Girl	33	1.60	1.08	
	Boy	31	4.45	.85	
Religious Orientation					.47
	Girl	33	4.33	1.10	

* p < .05 **p < .01

Table 16 shows that the parents of boys and parents of girls without id group did not differ significantly on total marital satisfaction ($t=.91, p>.05$), personality issues ($t=-.36, p>.05$) equalitarian roles ($t=.45, p>.05$), communication ($t=-1.84, p>.05$), conflict resolution ($t=0.71, p>.05$), financial management ($t=0.72, p>.05$), leisure activities ($t=-.89, p>.05$), sexual relationship ($t=-.67, p>.05$), children and marriage ($t=1.51, p>.05$) family and friends ($t=1.80, p>.05$) and religious orientation ($t=0.47, p>.05$).

4.5.11 Marital Satisfaction in Parents of Children Without ID across Child Age

Table 17

Mean, SD and t-test for Parents of Younger Children and Older Children Without ID on Marital Satisfaction

Dimensions	Group	N	Mean	SD	t
TMSS	younger	42	51.28	5.39	2.73**
	older	22	47.72	3.89	
Personality Issues	younger	42	2.30	1.37	-1.15
	older	22	2.72	1.38	
Equalitarian Roles	younger	42	4.21	1.00	.13
	older	22	4.18	.79	
	younger	42	2.16	1.24	

Communication						-04
	older	22	2.18	1.40		
	younger	42	4.28	.94		
Conflict Resolution	older	22	3.95	.89		1.35
	younger	42	2.42	1.32		
Financial Management	older	22	1.77	1.06		2.00*
	younger	42	4.23	.79		
Leisure Activities	older	22	3.59	1.14		2.66**
	younger	42	4.00	1.01		
Sexual Relationship	older	22	3.36	1.39		1.20
	younger	42	2.04	1.22		
Children and Marriage	older	22	2.13	1.35		-.26
	younger	42	1.78	1.17		
Family and Friends	older	22	2.04	1.39		-.78
Religious Orientation	younger	42	4.52	.89		

				1.50
	older	22	4.13	1.12

* p < .05 **p < .01

Table 17 shows that there was a significant difference between parents of younger and older children Without ID group total marital satisfaction ($t=2.73$, $p<.01$), financial management ($t=2.00$, $p<.05$), and leisure activities ($t=2.66$, $p<.01$). In other words, parents of younger children are higher on total marital satisfaction ($M=51.18$, $SD=5.39$) than the parents of older children ($M=47.72$, $SD=3.89$), financial management ($M=2.42$, $SD=1.32$) and ($M=1.77$, $SD=1.06$), and leisure activities ($M=4.23$, $SD=.79$) and ($M=3.59$, $SD= 1.14$) respectively.

4.5.12 Parental Stress in Parents of Children Without ID across Child Gender

Table 18

Mean, SD and t-test for Parents of Boys and Parents of Girls Without ID Group on Parental Stress

Dimensions	Group	N	Mean	SD	t
TPSS	Boy	31	59.77	5.49	.13
	Girl	33	59.57	6.47	
Positive	Boy	31	26.45	5.34	.33
	Girl	33	25.96	6.24	

	Boy	31	33.32	4.68	
Negative	Girl	33	33.60	4.78	-0.23

* p < .05 **p < .01

Table 18 shows that parents of boys and parents of girls without id group did not differ significantly on total parental stress (t=0.13, p>.05), positive (t=0.33, p>.05), and the negative dimension of parental stress (t=-0.23, p>.05)

4.5.13 Parental Stress in Parents of Children Without ID across Child Age

Table 19

Mean, SD and t-test for Parents of Younger Children and Older Children Without ID on Parental Stress

Dimensions	Group	N	Mean	SD	t
TPSS	Younger	42	60.33	5.90	1.22
	Older	22	58.40	6.04	
Positive	Younger	42	26.57	5.98	.70
	Older	22	25.50	5.44	
Negative	Younger	42	33.76	4.56	.68

	Older	22	32.90	5.02
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* p < .05 **p < .01

Above mentioned Table 19 shows that the parents of younger children and parents of older children without ID group did not differ significantly on total parental stress ($t=1.22, p>.05$), positive ($t=0.70, p>.05$), and the negative dimension of parental stress ($t=0.68, p>.05$).

4.5.13 Ways of Coping in Parents of Children Without ID across Child Gender

Table 20

Mean, SD and t-test for Parents of Boys and Parents of Girls Without ID Group on Ways of Coping

Dimensions	Group	N	Mean	SD	t
TWOC	Boy	42	158.22	18.83	-.27
	Girl	22	159.54	19.37	
Confrontive Coping	Boy	42	18.35	3.58	.68
	Girl	22	17.18	3.14	
Distancing	Boy	42	19.69	3.92	-.67
	Girl	22	19.77	3.70	
Self-controlling	Boy	42	20.40	2.75	-.12
	Girl	22	20.40	2.75	

	Girl	22	20.50	4.02	
	Boy	42	14.78	3.38	
Seeking Social Support					-1.09
	Girl	22	13.22	3.13	
	Boy	42	9.52	2.21	
Accepting Responsibility					-1.10
	Girl	22	7.90	2.30	
	Boy	42	31.54	6.81	
Escape Avoidance					-1.13
	Girl	22	33.09	5.46	
	Boy	42	20.38	3.10	
Planful Problem Solving					.12
	Girl	22	19.50	3.48	
	Boy	42	26.07	4.45	
Positive Reappraisal					-.05
	Girl	22	24.18	4.89	

Table 20 shows that parents of boys and parents of girls in Without ID group on did not differ significantly on total ways of coping ($t=-.27, p>.05$), confronting coping ($t=.68, p>.05$), distancing ($t=-.67, p>.05$), self-controlling ($t=-.12, p>.05$), seeking social support

($t=-1.09$, $p>.05$), accepting responsibility ($t=-.10$, $p>.05$), escape avoidance ($t=-.13$, $p>.05$), planful problem solving ($t=.12$, $p>.05$), and positive reappraisal ($t=-.05$, $p>.05$).

4.5.14 Ways of Coping in Parents of Children Without ID across Child Age

Table 21

Mean, SD and t-test for Parents of Younger Children and Older Children Without ID on Ways of Coping

Dimensions	Group	N	Mean	SD	t
TWOC	Younger	42	160.76	19.70	1.07
	Older	22	155.36	17.96	
Confrontive Coping	Younger	42	18.35	3.58	1.29
	Older	22	17.18	3.14	
Distancing	Younger	42	19.69	3.92	-.08
	Older	22	19.77	3.70	
Self-controlling	Younger	42	20.40	2.75	-.11
	Older	22	20.50	4.02	
Seeking Social Support	Younger	42	14.78	3.38	1.79
	Older	22	13.22	3.13	

Accepting Responsibility	Younger	42	9.52	2.21	2.73*
	Older	22	7.90	2.30	
Escape Avoidance	Younger	42	31.54	6.81	-.91
	Older	22	33.09	5.46	
Planful Problem Solving	Younger	42	20.38	3.10	1.03
	Older	22	19.50	3.48	
Positive Reappraisal	Younger	42	26.07	4.45	1.55
	Older	22	24.18	4.89	

* $p < .05$ ** $p < .01$

Above mentioned Table 21 shows that the parents of younger children and parents of older children without ID group significantly differ on accepting responsibility dimension of ways of coping across child age ($t=2.73$, $p<.05$). In other words, parents of younger children ($M=9.52$, $SD=2.21$) are higher than the parents of older children ($M=7.90$, $SD=2.30$) on accepting the responsibility dimension of ways of coping.

4.5.15 Perceived Social Support in Parents of Children Without ID across Child Gender

Table 22

Mean, SD and t-test for Parents of Boys and Parents of Girls Without ID Group on Perceived Social Support

Dimensions	Group	N	Mean	SD	t
TMPSS	Boy	31	63.06	8.92	.32
	Girl	33	62.21	11.66	
Family	Boy	31	22.87	3.45	-.39
	Girl	33	23.24	4.03	
Friends	Boy	31	19.03	4.09	.33
	Girl	33	18.63	5.16	
Significant Others	Boy	31	21.16	4.66	.58
	Girl	33	20.33	6.47	

* $p < .05$ ** $p < .01$

Table 22 shows that the parents of boys and parents of girls in Without ID group did not differ significantly on total perceived social support ($t=.32$, $p>.05$), family ($t=-.39$, $p>.05$), friends ($t=0.33$, $p>.05$), and significant others ($t=0.58$, $p>.05$).

4.5.16 Perceived Social Support in Parents of Children Without ID across Child Age

Table 23

Mean, SD and t-test for Parents of Younger Children and Older Children Without ID on Perceived Social Support

Dimensions	Group	N	Mean	SD	t
Total Perceived Social Support	Younger	42	64.19	10.73	1.78
	Older	22	59.63	9.07	
Family	Younger	42	23.42	3.98	1.08
	Older	22	22.36	3.18	
Friends	Younger	42	19.26	4.71	1.03
	Older	22	18.00	4.49	
Significant Others	Younger	42	21.50	5.33	1.51
	Older	22	19.27	6.04	

* p < .05 **p < .01

Above mentioned Table 23 shows that the parents of younger children and parents of older children in Without ID group did not differ significantly on total perceived social support (t=1.78, p>.05), family (t=1.08, p>.05), friends (t=1.03, p>.05), and significant others (t=1.51, p>.05).

4.6 Qualitative Analysis

This section deals with the qualitative data collected through semi-structured interviews conducted with parents of children with intellectual disability. Interviews were conducted to understand their parental stress, marital satisfaction, social supports they perceived, ways of coping strategies they used to deal with their difficulties. Semi-structured interview scheduled allowed parents of children with intellectual disability to share and express their feelings, experiences and various issues related to their marital relationship while parenting a child with intellectual disability. The interview was begun with the general question:

“How has your life changed after becoming a mother/father?”

Interviews lasted from 30-35 minutes. For the group of with intellectual disability parents were contacted through the authority of special school or NGO's. In all, 10 interviews were recorded or noted and transcribed. Two interviews were failed to record clearly due to some technical difficulties but it was noted down appropriately. Interview transcripts were coded and after coding, transcripts were re-examined for proper thematic interpretation and categorized into different themes. Direct quotes were used in the result section. Analysis of the interview transcripts yielded five major themes. Themes were categorized into a total of seven sub-themes. Following were the major themes:

- i) Experiencing parental stress and marital satisfaction
 - (a) *Expressing Sadness*
 - (b) *Future-Oriented Stress/Worry About Future*
 - (c) *Cut off from social activities/Avoiding social activities*
- ii) Influence on personal and marital life

- (a) *Attitude towards life*
- iii) Knowledge/awareness of intellectual disability or condition
- iv) Conflict and satisfaction in the marital relationship
- v) Coping skills
- (a) *Increased Spiritual Beliefs*
- (b) *Support*
- (c) *Perceived Sameness*
- (d) *Engaged in productive works/Activate or engaged our own mind with good activities*

Experiencing parental stress and marital satisfaction

Interviews revealed that parents with an intellectual disability experienced parental stress in their day to day life. Interviews also reported that at the beginning parents were not even able to accept the reality of their child of having an intellectual disability. In today's modern scenario, where achievement is the main goal, it becomes difficult for parents and their family to accept a child with an intellectual disability. A child with an intellectual disability does not affect the child alone it also affects their parents and their family members. Parents also reported that it was very difficult for them to accept the truth that they have a child with an intellectual disability. For that, it was more problematic for them to manage their parental and marital relationship together. And lack of awareness and knowledge about the disability gain more problems to the parents of the child with intellectual disability.

A parent reported,

... It was not easy for me to accept the news that our child is not like another child, his mental capacity is not similar to another child. I literally scold my husband to do proper

checking... I never think badly about other people, my husband and I always help other people in their problems, in their difficulties... why this happens to us...

Another parent explained,

We were just shocked when we came to know about our child's disability, especially my husband. As my first child is normal so we didn't expect that thing. We were so happy to have him that he is going to complete our family. After knowing his disability, my dreams were shattered. Every parent has dreams from the day they planned to have a baby in their life. We also had the same. But see..! I am not complaining to God because of my child, maybe God never gives everything good or happiness to a person. Or maybe he is balancing good or happiness along with sadness.

A parent reported,

I feel unlucky... because I never thought of a child like him. But now, we are taking it as god gift and try my level best to take care of him. (Yahhh) I seriously feel unlucky when I see other parents with their child... if we too got a normal child, we could fulfil our dreams.

A mother described,

My mother came to our house for some days to make me feel good. And with her suggestion, I started to know more about my child problem. She helped me out to accept my child as it is. ...I don't know...but my maa used to says that whatever happens to happen for the good. Hmm God might have a better plan for us. I don't know.

Another parent explained,

To be a parent is not an easy task, it becomes tougher when you got to know that you have to parent of a child who has an intellectual disability. Along with all other responsibilities I have to give extra care to son. In some point, I think because of our child, we (my husband and I) become more close to each other. It is quite difficult to rearing a child with intellectual disability and household works together, which sometimes create lots of

argument among us. But we try to avoid fightings and unnecessary arguments because we never want to rear a child in an unhealthy environment. Although we have lots of tensions, stress and various workloads we try to manage a good marriage relationship, where I can find love and care everywhere. Family members also try to encourage us. Sometimes they come to our home to spend time together. Here also I will say that our son is the main hero who let our family members close to us.

Expressing Sadness

Parents during the interview expressed sadness emotion towards their child's condition. One mother expressed her feelings as follows:

I was literally speechless that time and I cried I don't know how long. But I remembered my husband was discussing with the doctor about our child's problem. It was very painful for me.

Another parent reported,

We were so excited to have a baby boy in our life, as we have a girl child. After having a baby boy we felt that now our family got completed. Everything was normal and we spent a very happy moment together. The saddest moment started when I noticed delays in his development. And we got a report from the doctor that our child was born as a mentally weak child.

Future-Oriented Stress/Worry About Future

Every parent is conscious of their child's future. But when it comes to the child with an intellectual disability the situations become different. In interviews, parents were found to be more conscious about their child, child's disability and were more worried about their child's future security. Parents were reported to be more conscious of their child's present

life and also about their future life. They feel worried that how their child will survive in this world without assistance. Most importantly, when they imagine their absence they get more worried about their child's present and future. As they are reported that they have to give more time and energy on their child somewhere they were found to give less attention to their own marital relationship.

A parent of a child stated,

...I have become more conscious about my child's future...although we have everything - money, propertyour child may not have to survive for that but how will he manage everything when we will be not there for him...

Another mother reported,

Our lifestyle got changed totally we were just worried about her that whether a child like her would be able to survive in this world or not especially a girl child. We never let her feel that she is not like another girl; we treat her as a normal child. As her father doesn't get ample time for her, I have to take care of her. I think the major problem was the start when she got her puberty after her 11th birthday. It was a really very difficult task for me to make her understandable about all this. I have to keep my eyes and all attention to her all the time. Now she is cooperating with me. That's why we feel relaxed as compare to earlier. We were just worried about her that whether a child like her would be able to survive in this world or not especially a girl child.

Cut off from social activities/Avoiding social activities

According to parents, they have often heard peoples talking about them in a very bad way, insults them by pointing out their child's disability. Discouraging and insulting comments helps to increase negativity and disappointments, while parents of children with intellectual

disability coping with difficult situations. Parents often blamed by their elder ones', relatives and neighbours for having a disabled child. Parents were explained that they maintained a gap and tried to cut off from social gathering to avoid or ignore.

A parent reported,

I found my relatives that they do not feel good when it comes to us introducing to other people. I think as we have been living a very simple life with our daughter. As they had to introduce our daughter in front of their friends they feel ashamed. I clearly remembered one day my own brother during a family function came to me and suggested me not to carry my daughter to any function. And he indirectly told me that he didn't feel good to let other people know about their disabled family member. I was speechless for a moment. After sometimes I just came back with my wife and daughter from their home without saying anything to others. That was our last family function which we attended. Now, I don't feel bad that we are not attending family parties or etc. It is better to avoid those people who don't know or understand how to behave or care for others during a sensitive situation this was the only thing I have realized after getting ignorance from others.

Another parent said,

...I think there are still some people who use to react without knowing the reasons behind a situation. Some of our neighbour not all use to taunt me and blamed me because of our child disability. They think that because of my carelessness we got a mentally weak child. As we are trying to give our child the best of the best care he deserves. We also try to handle all the difficult situations to come to us. That time those kinds of comments really made me feel very bad.

A mother of girl child reported,

...whenever I see other girls, the same age as our daughter I feel very sad. And it really hurts me when those girls use to laugh at my daughter and do not want to be with her. Only I can

feel that pain of mine. Gradually I started avoiding those social functions which made me and my child realized that she is not normal like other girls. My daughter also started feeling bad at their behaviour.

Influence on personal and marital life

Parents faced difficulties in their marital relationship as they have to manage their marital and parental relationship together. Parents were reported that lack of time creates lots of misunderstanding among parents, which directly or indirectly affects their marital relationship. Interviews showed that earlier they were not able to accept their child's disability and failed to manage their time properly and they faced lots of understanding in their relationship. Some of the parents also reported that they started comparing their personal and marital life with other families which also create lots of disturbances and marital dissatisfaction in their relationship. Communication problem was also there. As they reported they didn't get proper time for each other to share their thoughts and feelings. Later on, when they accepted their reality their life becomes quite easy or manageable.

Attitude towards life

Having a child with a disability sometimes proves that it increase a positive attitude towards life. As reported by parents having children with intellectual disability had a negative attitude towards their child's intellectual disability at the very beginning. When they started accepting reality and started knowing more about disability they were found to increase positive attitude towards their life. Parents reported that intellectual disability of their child gives the opportunity to fill the gap between the spouse and their family members.

One of the parents reported,

... I feel disturbed and we had to face lots of misunderstanding which affects our marital relationship. I started comparing our family with others...and I used to compare our marital relationship with others which only gave me tension and lots of negativity towards life...

Another parent reported,

..Earlier I didn't even try to give proper time to our marital relationship. So, most of the time misunderstandings were there. I don't know why but I just felt irritated at the point of time. Maybe because there was no one to share my feelings...

A parent explained,

Nowadays it seems that we are just ignoring each other's feelings, we are not giving time to our relationship ...we don't even get proper time to talk about our own feelings...

Another parent said-

...because of lots of official works my husband was not able to give time to me and our other family members. But after the birth of our child, I have noticed lots of changes on him. Like he somehow tries to manage his time for our child and gives importance to him and tries his best to make his child happy. He does not want to compromise with his child. He gives his time as much as he can to us.

A parent of a boy child explained,

It was not easy for us to accept the reality of becoming a parent of a disabled child. I think it's a big task to become the good parent of a child and when it comes to becoming the parent of a disabled child then, of course, it was not an easy task for us. I hope you can be able to understand what I am trying to say. Yah, after all this is our child and this is the reality it was upon us whether we accept it or not. It's true that it took a little amount of time to adjust or face the new situation. But slowly I don't know how but it became easier for us to face

every difficulty whichever come to our journey of life with a disabled child. Sometimes I realized that he is the only person of our family who helped us closer to our own family members even with my life partner. I feel thankful to God that he gives a very beautiful gift to our life. And I feel blessed that I am the father of this beautiful soul.

Knowledge/Awareness of Intellectual Disability or Condition

Parents described the sources specifically from where they were able to know about their child's condition. Such as- personal observation, other family members' observation, teachers' observation and after doctor's/psychiatrist's/psychologist's consultation. Lack of knowledge about the disability reported creating dissatisfaction in parent's marital relationship.

As parents reported,

...After noticing some days I talked to my husband and discussed with him but he didn't believe at that time. I cried a lot. And the next day we decided to meet the doctor who had done my delivery.

...With reference of our well-known doctor, we went to a psychologist, who conducted several testing and all. Yes, it is true that I had a doubt but I never thought of that can happen to my child.

As another parent reported,

Before consulting with a doctor as we already noticed some abnormal behaviours in our daughter... whenever my husband's noticed her behaviour he started scolding me. He used to blame our marriage 'Even after knowing about your uneducated family why did I get married to you, even after knowing that you are not worthy enough for me?' I can't tell you how I was feeling that time. But I tried to be strong enough in front of others because

somehow I realized that it was not my fault not even our uneducated family's fault. One day one of my cousins came to our home and I don't know why but I shared everything to him..and he talked to my husbandafter two-three days her father took us to a doctor...and hmm that's how we got know about daughter's disability.

Another mother explained,

One day our son's class teacher asked me to meet her after parents meeting. Accordingly, I went to her and started talking. She was simply asking about my son's study and etc. Between all these, she told me about his developmental delay. I was shocked at that time; I thought about what she is saying. She explained to me everything in a very calm way whatever she noticed on my child. His class teacher was the one who helped us to give proper treatment to our son. Because after her suggestion we went to do his regular checkup and doctors conducted so many tests on him...

Conflict and satisfaction in the marital relationship

Parents reported that they use to blame each other when they found difficulties in their day to day lives, which directly or indirectly creates misunderstandings and problems in their marital relationship. As parents reported, both parents together didn't get time to take care of their child. Mothers were found to have more involvement in their child's upbringing, as their spouse has to work outside. So, the parent who is service holder most of the time it seems that they found it difficult to manage their official and household works together. For that situation sometimes blaming game occurs among parents of children with intellectual disability.

A parent reported,

...Sometimes when he gets angry he used to blame me that because of my fault we had a child like her...

Another parent reported,

I don't know exactly whether we are sharing a good relationship or not. I personally feel that he does not give importance and value to me as earlier he used to give. Sometimes when he gets angry he used to shout on me without listening to my explanation. Although he ignores me he loves our daughter. He takes care of her. We are now trying to be happy with her. She is learning painting and simple steps of yoga in this school (special school).

Coping skills

Throughout the interviews, parents were reported to adopt some specific coping strategies to overcome their difficulties. Coping skills such as increasing spiritual beliefs, supports, perceived sameness, engaged in productive works were helped them to see their life in a better way.

Increased Spiritual Beliefs

Parents expressed the role of the spiritual beliefs in coping with their intellectually disabled children. Parents were reported to complain and surrendered to God through prayers. As one mother said,

I think believing in God is a source through which I could have a peaceful mind. Parenting a child as my son taught me many things. I realized one thing there is no who can do anything to you until you give a chance to the person. I found my relatives make fun of us and especially of my son. I never replied to anyone, never. Because somewhere I had that much belief were there on God that he will definitely show us the right path to us. With the grace of God, we have not faced financial difficulties. We use to help other needy people and also teach our son too.

A mother explained,

...as remembered till date I didn't hurt anyone. I tried to help others when they need and my husband is also helpful. We can't even think badly about other people. But why? why? God didn't give a normal child like others! What was our mistake?

A mother of the child stated,

God might have a better plan for us. We have full trust in God; he will show a path to us. My father-in-law always use to do Gita path and he makes sure that our child listens to his path...and we use to do prarthana (prayer) every evening especially for my child and for my family, which makes me feel good.

Another mother reported,

I know that our child would be able to fulfil our dreams. I feel good whenever I am with her. My dreams start with her and end with her...haa you can say she is the world for me. Sometimes we have those times of frustration, but still, she brings lots of happiness, joy and love(whatever its called....hmm) to us, by which we forget our frustrated life and tensions. I feel good spending time with her. We use to visit our nearby Shiva temple every Monday with her, feel relax and shanti by doing this every week.

Another parent reported,

This is quite embarrassing for me whenever my mother-in-law suggests me that 'why don't you visit our well-known faith-healer..' in today's 21st century when doctors are there mental health doctors are there who is suppose to go to these people who are going to do their jhara-phuka kind of things. I respect my mother-in-law but haan I can't ignore that we do arguments whenever she used to say this kind of things. I know she feels very disappointed because this kind of arguments but what can I do. Sometimes I feel sorry to her because I gave birth a child to this family, who is not like another child, but tell me...is this my fault...not naa.. this is not my fault not even my husband's fault. We do whatever we could do and we are doing whatever we can and we know we are doing best for our son's

improvement. His grandma loves him very much and she also takes care of him, which make us feel good and sometimes feel sad because she also expected a normal grandson as like others nothing else but I couldn't able to give her. Hmmm....still she has hope that he is going to be normal one ...for her grandson she uses to arrange puja-path at our home, as she has lots of beliefs on puja-path. We also do join her and help her in managing all these for her satisfaction and we also pray from our heart for our son's better life.

Support

As parent reported that before taking supports from other groups they tried their best to help each other and support each other. In some situations, they were reported to take help from their family members and friends also. Parents explained that they tried to solve their problems among themselves, among their family to find out their solutions. Although they reported that it is difficult for them to manage time to discuss their own problems and feelings but when it comes to their child they somehow try to manage their own time schedule for their child. They avoid taking a risk when their child has to suffer from any problem. They were reported to take help from their friends, other parents with similar problems. Most of the parents explained that they took treatment, help and suggestions from their family doctor and from the referred psychologist and psychiatrist from the beginning or diagnosis of their child's disability. Interviewed parents also reported taking supports from non-governmental organizations, which provide assistance to their intellectually disabled child. Some parents needed help from organizations where their child could learn yoga, using computers and other instruments. Some parents had believed on their child's ability that he or she could do or maybe better in some special activities and for that, they took help from teachers, instructors who worked in special schools and non-governmental organizations. Most importantly, there were some parents who reported to having a

supportive spouse which helped them in their marriage and parenting relationship to handle together in a better way.

A parent reported,

... We support each other, and try to find out some solutions among us only. Maybe I couldn't care and help my child without my husband's support. He uses to be with me in any kind of difficulties. He never let us feels of the need of another person or support in our life.

Another parent reported,

.... Whenever any difficulties come we try to solve it among us and sometimes we discuss it with other parents of the special school and my friends.

A father reported,

In our difficult times, there were some family members and friends who never left me alone. Their suggestions always helped me out in my problems. When God planned to give a chance to serve, care and love a differently-abled child, my wife and I totally was not prepared at all. But our well-wishers showed us the path. I will never forget our family doctor's valuable suggestions. With the help of him, we could able to give better treatment and services for our child from a psychiatrist and a special school.

Perceived Sameness

Perceived sameness is established because when the parents of children with intellectual disability have able to find out the other parents with the same kind of disability to whom they can share their feelings, thoughts and suggestions. Parents were found to be relieved when they find someone with whom they can compare their lives or relate their lives. They were also reported when they started meeting parents of children with a similar problem at special school. They started talking, gaining attachment, started sharing their day-to-day

activities, problems and also started talking about those solutions which they use to apply in their difficult situations.

A mother described,

...earlier I used to compare our situation with other parents with anormal child but not now. And that time only I felt humiliated and shame full to talk to other parentsNowadays I just try to make more friends and talk to them, and those who are going through this similar problem. For the first time when I got to know about this special school that time I didn't have connection or attachment with the parents, those who have a child with intellectual disability. We group of parents some time use to meet, go for picnics...

Another parent reported,

....I met another three mothers here, they are so nice. We use to discuss so many things....for example...hmmm...about our child's progress, cooperation and sometimes about our personal issues also. Now we are thinking of taking our children to sports and drama classes where there will be children like them only...

Engaged in productive works/Activate or engaged our own mind with good activities

While interviewing those parents with intellectually disabled child explained the importance of active our mind and engaging it with some productive works. As they reported it is very much important to make busy your mind to avoid the external source of sadness. Parents were reported that they tried to engage with many activities. They tried to find happiness among themselves by celebrating every small moment together to enjoy movies altogether and goes to the park in the holidays. Parents reported that they do not get proper time for each other which creates lots of problems in their marital relationship and to get over with these problems tried to manage their time to spend together with their child especially in

holidays. Although these problems were there, they tried to concentrate more on their parental role to make sure that their child does not feel that they are alone and they belong to damage family. They were found to ignore negative comments of others and tried to engage their mind in other productive activities and tried to adjust to the situation. Parents were reported to avoid other persons taunt and gossips. They were tried to busy with their own work and most importantly in the overall development of their child. Parents were found to be happy whenever they looked at their child's face and forget their every pain. Looking at their child's happy faces, parents felt relieved.

A parent reported,

I started doing gardening and whenever I get time I spend with my flowers...some vegetables are also there... these days my son is also used to go with me and he enjoys going there. As our society is full of good people along with bad people. I think it's good that until today I met both types of people in my life. Maybe that's the reason behind my positivity that I can take negative comments in a positive way. I think this is not a bad quality of mine and which helped me in my day to day life. And without wasting my time by replying or fighting and thinking more about those people with a bad mentality, I used to busy myself in other quality works.

Another mother stated,

He is everything for us. My day start and end with him. He has become active in comparison to earlier days. Now he can use a computer, where he use to draw and type one or two words with the assistance of his computer teacher. After coming from his school he uses to practice whatever he can do by himself. We feel happy by seeing all his activity. Even after so many difficulties, he brings joy to us. His father whenever he gets time he loves to spend with his son. Chocolate cake is my son's favourite, for him only I use to make a cake to see his happy face which makes me happy. We have a puppy, named Chunky he never let my son

alone if he cries Chunky try to make him feel good, shows his love and affection towards him. Even if we mistakenly scold my son, Chunky starts fighting with us...hmm as he wants to ask me why are you scolding my friend?... All these things keep my mind calm, positive and quiet active always.

Another parent reported,

We try to make our daily life busy with other activities. Like- celebrating each and every small moment together. We try to manage our time to enjoy our holidays with each other. We use to go to the park, sometimes we gotomovies.

A parent explained,

Our neighbours, my husbands' colleagues sometimes taunt him regarding our child's disability. He tries not to give importance to other people's gossips and all whatever he heard from others.

A mother reported,

...when I look at her small and cute face I just forget each and every pain of mine. I try to give more time and importance to our child. I used to do yoga in the morning and I always make sure that she also learns basic steps of yoga and practice every day.

Another parent shared,

I have joined in a Maria Montessori school after he became 5 years old, which helps me to understand my child's feelings and how to spend my times with him. As a mother, I make myself available to my child.

DISCUSSION

The present chapter aims to discuss results in light of the theoretical framework and literature discussed in previous chapters. It is divided into four sections. Section 5.1 deals with the relationship among marital satisfaction, parental stress, perceived social support and coping styles in parents of children with and without intellectual disability. Section 5.2 deals with the difference between parents of children with and without intellectual disability with regard to marital satisfaction, parental stress, perceived social support and coping styles. Section 5.3 deals with the difference between mother and father with regard to marital satisfaction, parental stress, perceived social support and coping styles. This section also deals with the difference between parents of children of childhood and adolescence with regard to marital satisfaction, parental stress, perceived social support and coping styles.

5.1 H₁: There will be a significant relationship among marital satisfaction, parental stress, perceived social support and coping styles in parents of children with intellectual disability and without intellectual disability

In the present study, one objective of the study was to assess the relationship between marital satisfaction, parental stress, perceived social support and coping styles in parents of children with and without intellectual disability. The dimension of parental stress, namely

PS parental stress is significantly positively correlated with marital satisfaction, equalitarian roles, conflict resolution, financial management, leisure activities and sexual relationship.

The result shows that parental stress was significantly positively correlated with marital satisfaction. It may be due to the child with an intellectual disability they tried to be more positively attached with their life partner to maintain their role as a parent. There are some studies that have proved that parents of children with and without intellectual disability had no statistical difference in regard to parental stress and marital relationship. Studies proved that even after having parental stress with intellectually disable child they have a strong marital relationship. Abbott and Meredith (1986), in their study mainly compared the marital and family strengths of parents of children with and without retardation. The researchers reported that they didn't find any statistical differences between parents of children with a retarded child and without a retarded child.

Parents reported in that parents compared with another child of the same age with their child and noticed- delayed developments are often made them more worried. The study has reported that parent of children with ID often become concerned about their child's disability. This indicates as educated parents they were able to seek early intervention. And also highlights the importance of better education to identify the signs of intellectual disability so that parents will be able to seek early intervention for their loved one. As parent-reported getting informed about the child's diagnosis from personal observation, other family members' observation, and teachers' observation and after doctors/psychiatrist's/psychologist's consultation was the saddest moment for them. Parents also reported that they have to invest more time and energy in their child and they get less

amount of time for themselves, which may result in stress among parents. In general, parents found to be busy with their child's educational progress or other co-curricular activities. But when it comes to children with intellectual disability parents need to engage more in their children's each and every activity, because of their new and extra responsibilities. This may result in parental stress. The finding of the study coincides with another study (Dervishaliaj, 2013). Parents also reported in this study that they feel more parental stress when they think of their child's future. They were reported to feel worried about their child's future whether they will be able to live independently or not in their absence. There are some parents with strong marriages and adequate personality strength through which they found to be able to adjust and handle whatever the problems come in raising a child with a disability. The study also reported that because of their problems or situation for their child with intellectual disability, families were found to grow stronger, closer and more united. Similarly, in interviews parents also revealed that after having a child with intellectual disability made them closer to each other, more attached with their family members. Floyd and Zmich (1991) conducted a study where they reported that parents of intellectually disabled children had more negative spousal communication behaviours such as- blaming partner, put-downs, and denying their responsibility than they did parents without intellectually disabled children. Their study also found on a self-reported measure of marital adjustment that there were no differences between two groups of parents. Sobsey (2004), in his study, explained that there were many parents of children with disabilities which report positive effects and many others recognize that having a child with a disability has little to do with the quality of their marital relationship. The study of Geetha (2005) revealed that marital adjustment didn't show any significant negative or positive

relationships with other variables in the parents of children with mental retardation and in parents of children with normal children.

Parental stress and financial management are positively significantly correlated. The main reason for the positive correlation between parental stress and financial management among parents may be due to the fact that parents having a child with intellectual disability have to more organize in financial works as they have to rear a disabled child. An intellectually disabled already creates stress in parents; again if they become financially unmanageable it may create difficulties in their parental and marital relationship. Similarly, the qualitative study reported that although both parents weren't able to take care of their child together, they divide their works. When it comes to financial support, the result of this study reported that the husband was found to give their full support to their wife and child. It may be because as they didn't want any difficulties in upbringing a child with intellectual disability, otherwise this may lead to difficulties in a parental and marital relationship. Parental stress is positively and significantly correlated with leisure activities. The main reason for the positive correlation between parental stress and leisure activities among parents may be due to the fact that although the parents had to deal with multiple stress related to their child with intellectual disability and multiple work roles as a parent, they are need of some amount of free time to spend together for leisure activities. The qualitative part of the present study reported that parents even they have to give more time or energy on their child, they try to make up their time for their leisure activities, they go for movie; spend time together at park so that they can manage their parental and marital role together in a good way. Parents

explained that if they have a bad marital relationship among them, it might affect their parental role or parental relationship.

Another dimension of Parental Stress, Lack of parental satisfaction (LPS) is negatively significantly correlated with Religious orientation. Parents those who have parental stress, lack of parental satisfaction were found to have lower religious orientation among parents of children with intellectual disability. It may due to having parental stress, parents of a child with an intellectual disability is decreasing interest towards religious orientation. Studies have found which are in line with these results. Research studies have shown that there is a significant negative correlation between religious orientations, psychological distress among parents of children with mentally retarded (Kawa & Shafi, 2015).

Ways of coping being negatively significantly correlated with the dimensions of Children and marriage. Payne and Stoneman (2006), in their study on families of disabled young children to examine those families' marital adjustment after having a child with a disability. Their study also reported that most of the couples were found to experiencing average to above marital adjustment. Fathers or husbands who employed more problem-focused coping were found to be more positive about their marriages. At the time when fathers or husbands were reported to use problem-focused coping that time mothers or wives were reported higher in marital adjustment. Parents of children with intellectual disability found to have belief in their child's capabilities. They reported to being realistic and tried to accept the child's disability. They found to accept their responsibilities towards their child. They were found to use coping strategies rather than focusing on negative feelings (Khan & Alam, 2016; Kishore, 2011). Mothers of children with intellectual disability also reported to use of

different skills of self-controlling, seeking various social support systems and different escape-avoidance coping strategies and fathers were reported to use more confrontive coping along with planful problem-solving to deal with stress (Khan & Alam.,2016). Seeking social support of ways of coping is negatively significantly correlated with Marital Satisfaction, Children and marriage and Equalitarian roles, financial management, Sexual Relationship. Parents coping strategies with the stressful situation describes how the child with a disability will get their services according to their needs (Khan & Alam, 2016). The result also showed a positive association between social support and marital satisfaction, “equalitarian roles” and “conflict resolution” had a positive relationship with perceived social support (Rostami et al., 2013). Ways of Coping was found to be significantly positively correlated with equalitarian roles; sexual relationship and planful problem-solving ways of coping are significantly positively correlated with a sexual relationship.

Perceived sameness, as a coping resource, possessed by parents of intellectually disabled children. Parents of ID (intellectually disabled) children were able to find out the other parents with a similar disability to whom they can share their feelings, thoughts and suggestions. Parents were found to be relieved when they find someone with whom they can compare their lives or relate their lives. They were also reported when they started meeting parents of children with a similar problem at special school. During interview those parents with intellectually disabled child explained the importance of activating our mind and engaging it with some productive works. As they reported it is very much important to make busy your mind to avoid the external source of sadness. Parents were found to use engaged in productive work, as a coping resource in the current study. Parents were reported that they

tried to engage with many activities. Parents were reported to avoid other persons taunt and gossips. As parents reported they were found to be happy whenever they looked at their child's face and forget their every pain. Looking at their child's happy faces, parents felt relieved, which provided them with the strength to cope with the challenges they faced in their marital relationship in parenting a child with intellectual disability.

Parents having children with intellectual disability found to be cooperative and supportive of each other, which helped them to maintain good marital quality and romantic relationship (Norlin & Broberg, 2013). In the present study and in some other studies also as we discussed above it was found that although they have parental stress, they were found to have a satisfying marital relationship. It may be a possible reason that their children with intellectually disabled were already diagnosed and accordingly they were found to be getting their proper treatment and care.

5.2 H₂: There will be a significant difference between parents of children with intellectual disability and without intellectual disability with regard to marital satisfaction, parental stress, perceived social support and coping styles

One of the objectives of this study was to compare between parents of children with and without an intellectual disability with regard to marital satisfaction, parental stress, perceived social support and coping styles. The results showed that the parents of children with intellectual disability found to be significantly higher on personality issues of marital satisfaction component than parents of children without intellectual disability.

The result showed that the parents of children with ID did not differ significantly than parents of children without ID on the stress level of parents and in different ways of coping. However, the parents of intellectually disabled were found higher on ways of coping component such as as-Confrontive Coping, Seeking Social Support, and Planful Problem Solving. There are some studies, where it was found that parents even after having a child with mentally challenged they were not found to have a high level of stress (Upadhyaya & Havalappanavar, 2008). In a qualitative study parents were also reported to adopt some specific coping strategies to overcome their difficulties. Coping skills such as increasing spiritual beliefs, supports, perceived sameness, engaged in productive works were helped them to see their life in a better way. Another study also reported that spiritual beliefs, faith, hope, and support were also found to be used as coping by parents during parenting children with intellectual disability (Oti-Boadi, 2017). Other studies also reported using various ways of coping by their parents of children with disabilities (Khan & Alam, 2016).

Both positive and negative coping strategies were found to be used by the parents of children with developmental disabilities. Positive coping strategies were like- tried to have believed in their child's capabilities, accepting the child disability, positive reinterpretation, growth of the child, planning, seeking social support etc. Along with positive coping strategies, parents were also found to develop negative ways of coping, such as- blaming self and others, worrying, withdrawing and feelings of helplessness, emotional regulation coping. Parents of children with intellectual disability found to be more concerned about their child abilities, instead of rejecting their child with a disability they were found to accept them as it is. Parents were found to give importance to their disabled child's abilities

and avoiding what the child can't do (Bawalsah, 2016). Less number of parents reported using avoidance strategy in the present study. The finding of the study coincides with another study (Cuzzocrea et al., 2016). Parents expressed the role of the spiritual beliefs in coping with their intellectually disabled children. Both types of parents were found in this current study- one those who complained God for giving a disabled child and another one who were thankful to God for giving a chance to care a child with ID. Both groups were found to believe in God. Parents were reported to get inner peace of after increased spiritual beliefs. Willingham (2014) identified that parenting a child with an intellectual disability is not always a negative role; it is a role that parents find both rewarding and empowering. The result found that the parents of children with ID perceived lower social support than parents of children without ID on significant others component. Lunskey and Benson (2001) also found a similar result in their study that lack of perceived social support can lead to an impoverished lifestyle. Lack of perceived social support also indicates less contact with community members. The presence of difficult social interactions may be upsetting subjectively for people with ID, but may not directly influence the quality of life indices such as independence at work or community involvement. On the other hand in qualitative study parent also reported that that before taking supports from other groups they tried their best to help each other and support each other. In some situations, they were reported to take help from their family members and friends also. Parents of children (child age <12) with ID reported to get support and encouragement from their friends, families those who faced similar problems (Troy, Connolly & Novak, 2007). Parents explained that they tried to solve their problems among themselves, among their family to find out their solutions. Both

the group reported getting familial support (Cuzzocrea, 2016). Although they reported that it is difficult for them to manage time to discuss about their own problems and feelings but when it comes to their child they somehow try to manage their own time schedule for their child. Parents tried to avail possible treatment facilities to their children and asked help and suggestions from doctors and from the referred psychologist and psychiatrist and family members from the beginning or diagnosis of their child's disability. Interviewed parents also reported taking supports from non-governmental organizations, which provide assistance to their intellectually disabled child. Some parents needed help from organizations where their child could learn yoga, using computers and other instruments. Some parents had believed on their child's ability that he or she could do or maybe better in some special activities and for that, they took help from teachers, instructors who worked in special schools and non-governmental organizations. Most importantly, there were some parents who reported to having a supportive spouse which helped them in their marriage and parenting relationship to handle together in a better way.

In interviews, parents were reported to maintain a distance from social activities which gives discouragement in their life. As parent explained discouraging and insulting comments helps to increase negativity and disappointments, in parenting a child with intellectual disability. Parents faced difficulties in their marital relationship as they have to manage their marital and parental relationship together. Parents were reported that lack of time creates lots of misunderstanding among parents, which directly or indirectly affects their marital relationship. Interviews showed that earlier they were not able to accept their child's disability and failed to manage their time properly and they faced lots of understanding in

their relationship. Some of the parents also reported that they started comparing their personal and marital life with other families which also create lots of disturbances and marital dissatisfaction in their relationship. Communication problem was also there. As they reported they didn't get proper time for each other to share their thoughts and feelings. Later on, when they accepted their reality their life becomes quite easy or manageable. Parents also reported that they use to blame each other when they found difficulties in their day to day lives, which directly or indirectly creates misunderstandings and problems in their marital relationship. As parents reported, both parents together didn't get time to take care of their child. Mothers were found to have more involvement in their child's upbringing, as their spouse has to work outside. So, the parent who is service holder most of the time it seems that they found it difficult to manage their official and household works together. For that situation sometimes blaming game occurs among parents of children with intellectual disability. Having a child with a disability sometimes increase a positive attitude towards life. As reported by parents having children with intellectual disability had a negative attitude towards their child's intellectual disability at the very beginning. When they started accepting reality and started knowing more about disability they were found to increase positive attitude towards their life. Parents reported that intellectual disability of their child gives the opportunity to fill the gap between the spouse and their family members.

5.3 H3: There will be a significant difference between parents of boys and girls with ID and without intellectual disability regarding parental stress, coping, perceived social support and marital satisfaction.

H4: There will be a significant difference between parents of younger and older with ID and without intellectual disability with regard to marital satisfaction, parental stress, perceived social support and coping styles.

5.3.1 Difference regarding parental stress, coping, perceived social support and marital satisfaction across child gender and age was studied in parents of Children With Intellectual Disability (WithID). The result showed that parents of children With ID did not differ for parents significant difference with child's gender and age and marital satisfaction. There were some studies where researchers reported that there were no gender differences in marital satisfaction among parents of children with and without a disability. Even after having a child with disability parents stayed together to overcome their challenges, which indicates a strong marital bond among mothers and fathers of an adult child with mental retardation (Essex, 2002). High marital satisfaction was found among parents of children with disabilities. Studies reported that parents having children with disabilities may not necessarily result in marital distress (Ki & Joanne, 2014).

Another study also reported parents having childhood children with developmental disabilities and without disabilities had no differences across gender between family groups in their marital adjustment (Karadeniz, 2015). Tsibidaki (2013) found the same characteristics among parents of a child with and without a disability. The result showed that

there were no differences in a marital relationship in both the group. The divorce rate increases in families of children without disability in comparison to with disability. The finding of the study is similar to another study, was conducted by Hartley, Barker, Seltzer and Greenberg (2012) on marital satisfaction of parents of adult children with autism. Parents those who have a close relationship with their adolescent son or daughter with autism were reported to have a higher level of marital satisfaction. Another study was conducted by Lai, Goh, Oei and Sung (2015) where, significant differences were observed in parent's and child's age, and in child's gender in compare between parents in the ASD and typical development groups, although these difference did not affect the interpretation of study results significantly. Marital satisfaction was found to be high on parents of children with developmental disabilities (Katkic, Morovic & Kovacic, 2017). There were some parents those explained in interviews that, instead of thinking negative side they gave more focused on the positive side of the situation as they have to maintain both parental and marital relationship. As some parent reported to found a ray of hope after noticing their child's ability not only their disability. The little achievement and improvement in their children were able to make the parents happy (Oti-Boadi, 2017).

There was no significant difference found on parental stress in parents of children With ID across the child's gender and age. The finding of the present study is similar to other studies conducted on parents having young children with intellectual disability and their parental stress. Parenting stress was not found in parents of young children with a developmental disability. It also reported that parents of children without a developmental disability have a high level of parental stress (Katkic, Morovic & Kovacic, 2017). The recurrent stress model of developmental delay (Wikler, 1986) proposes that, in the case of MR, stress for parents

recurs throughout childhood and into adulthood as the child faces new developmental challenges or fails to make normal gains. As the age of the child with disability increases, the number of support options decreases (Mancil, Boyd & Bedesem, 2009), which may also lead to parental stress among parents of children with intellectual disability.

Dabrowska and Pisula (2010) had found that regarding parental stress there was no significant difference among parents of children with Down syndrome and typically developing children of the pre-school level. Parental stress increased along with their mentally retarded child's age (Gatab & Maleki, 2013). Gaekwad (1993), in his study, reported that parental stress had found to be more on parents of older children with mentally retarded. There are some other studies also, where they didn't find the gender of the child make an impact on parenting stress (Pal & Choudhury, 1998; Upadhyaya & Havalappanavar, 2008). Gatab and Maleki (2013) had conducted a study on a comparative study on the degree of parental stress between mentally retarded and normal children, where the result reported that parental stress had no relation with the gender of the mentally retarded child. Another study was conducted by Al-Qaisy (2012) reported that parental stress had nothing to do with the sex of the child with mentally handicapped. Beckman (1983) in his study reported that there were no significant differences in mother's stress of boys and girls. Every parent of children with disability worried more about their child's future. Studies reported that parents need continued and available treatment services for their loved one. Hassall, Rose and McDonald (2005) had done a study on parenting stress in mothers of intellectually disabled children. The results of this study reported that mothers with a more internal locus of control and greater self-esteem found to experience lower levels of parenting stress. On the other hand, there are some other studies reported a high

level of parenting stress was found among parents of a child with mental retardation in compare to parents of the normal child (Kumar, Panday & Kiran, 2018). One study has not found any relationship between the child's characteristics and parental stress (Lecavalier et al. 2006). Other authors reported that earlier diagnosis is associated with greater stress, which does not systematically decline once a diagnosis has been received; while a later diagnosis is related to decreased stress (Osborne et al. 2008).

Parents of girls and boys With ID group did not differ significantly on ways of coping. The finding of the study coincides with another study (Taanila, Syrjala, Kokkonen & Jarvelin, 2002), which was done on parental coping skills of children with physical and intellectual disability of childhood age (8-10 years old). Throughout this study, they reported to have information and acceptance, good family co-operation and different social support systems were found to be related to the various coping skills, which were used by parents of children with physically and/ or intellectually disabled. Dabrowska and Pisula (2010) reported regarding ways of coping that there was no significant difference in parents of children with Down syndrome and typically developing children of the pre-school level. Another study reported to observe significant differences in parent's and child's age, and in child's gender, when comparing between parents in the ASD and typical development groups, although these differences did not affect the interpretation of study results significantly (Lai, Goh, Oei & Sung, 2015). Results also showed that parents of children With ID did not differ for parents significant difference with child's gender and age and perceived social support. The finding is found to be similar to other studies- Meral and Cavkayter (2012) also reported that the gender of the child was not found to have a significant relationship with perceived social support. Parents of children with a disability received just as much support as parents of

typically developing children. The difference was in the quality of the support received by the two groups of parents (Konstantareas & Homatidis, 1989). Other studies also reported that they didn't find any significant difference in social support among parents of disabled children and normal children. According to the adult parent's experience- social support was found to be reducing the level of distress experienced by the parents (Ben-Zur et al., 2005).

5.3.2 Difference regarding parental stress, coping, perceived social support and marital satisfaction across child gender and age was also explored in parents of children Without Intellectual Disability (Without ID).

The result showed that parents of children Without ID, marital satisfaction did not differ for parents of girls and boys. The finding of the study coincides with another study (Stoneman et al., 1989). Another study found that sex of the children does not have any effect on marital satisfaction particularly with the childless, a small number of couples with three or more children (Morgan et al., 1988). Also, the factors such as age at marriage are well known correlates than the sex composition of children. Therefore, all children contribute to increasing stability in a married couple, but sons promote greater stability than daughters because they elicit a greater investment and involvement from fathers (Morgan et al., 1989). Another possibility for no difference could be the small sample size.

The result showed that marital satisfaction differed for parents of younger and older children. In other words, parents of younger children scored higher on marital satisfaction than the parents of older children. Result also shows that these two groups significantly differed on financial management and leisure activities dimensions of marital satisfaction. The finding is similar to Rollins and Feldman (1970) study, where marital satisfaction

declines as families move through the child-rearing years. According to the developmental perspective of change, marital satisfaction might get disrupted due to child age and entering of new family members (Mattessich & Hill 1987; Rollins & Galligan 1978). Moreover, other studies have found that the child's transition from childhood to adolescence is a source of marital dissatisfaction during the middle adulthood of the family life cycle (Brown & Kidwell, 1983). During this parental midlife crisis, children also experience more independence, which may lead to a sense of under fulfilment and due to short period of time achieve goals may be heightened by seeing the development, potential, and relative freedom of adolescent children (Rollins, 1989). Thus, adjustment necessitated by the development of children may be necessitated. Regarding financial management, one possibility could be that as children grow, their needs also increase, so parents of older children might have difficulties in managing finance. Regarding leisure activities, Rollins and Galligan (1978) found that ageing of children alters the time devoted to housework, labour force participation, leisure and marital satisfaction. There was no significant difference found on parental stress in parents of girls and boys. The finding is similar to other studies in paternal involvement on the basis of child gender (e.g., Marsiglio, 1991; Palkovitz, 1984). One reason that this association remains unclear maybe that child gender influences fathering behaviour in combination with other child characteristics such as temperament (e.g., Buss, 1981). Also, Student's t-tests revealed no significant child gender differences in the three aspects of temperament for fathers. Endendijk (2016) found that there is a significant effect of time. Studies published in the 1970s and 1980s reported more autonomy-supportive strategies with boys than toward girls, but from 1990 onwards parents showed somewhat

more autonomy-supportive strategies with girls than toward boys. Therefore, in general, the differences between the parenting of boys versus girls are minimal.

Another finding also revealed no significant difference in parental stress in parents of younger and older. The finding coincides with the Lecavalier et al. (2006) study. In addition, one of the factors could be that the period of early childhood is a phase of family life that is likely to cause stress for parents. This is due to several challenges such as the reconciliation of work, couple, family and child care (Koeske & Koeske, 1990; Williford et al., 2007). During adolescence, other factors, such as the physical changes of puberty and pressures for autonomy, bring about different amounts of parental stress and feelings of well-being (Small, Eastman, & Corelius, 1988).

Parents of girls and parents of boys in without ID group did not differ significantly on ways of coping. One reason could be the parental knowledge and attitude. Behaviour modification theory (Ajzen & Fishbein, 1980; Fishbein et al., 2001) suggests that a person's attitude is a significant aspect in determining how he or she will use the knowledge and transform it into practice. In other words, if a person does not believe in or value knowledge, one is less likely to practice it. What parents learn through the practice of parenting can also be a source of knowledge and can shape parents' attitudes (Jones & Prinz, 2005). Parenting knowledge, attitudes, and practices are shaped not only by each other but also by several other contextual factors, including children's characteristics (e.g., gender, temperament); parents' own experiences (e.g., those from their own childhood) and circumstances; expectations learned from others, such as family, friends, and other social networks; and cultural systems (Endendijk, 2016). Parents who have knowledge about child development also are less

likely to have age-inappropriate expectations for their child, which affects the use of appropriate discipline and the nature and quality of parent-child interactions (Goodnow, 1988; Huang et al., 2005). Another possibility could be the region of the study. There is a general concept that women in Assam are more liberal, they are free from the various social constraints and social evils like dowry, purdah system etc. compared to those in states like Bihar, Rajasthan or the Northern and Southern belt of India. The mobility of women in Assam and in the North East, in general, is considered far higher than it is in the other parts of the country (Bordoloi, 2017).

Parents of younger and parents of older in without ID group significantly differ on accepting responsibility dimension of ways of coping. Stronger evidence of the role of knowledge of child development in supporting parenting outcomes comes from intervention research. Randomized controlled trial interventions have found that parents of young children showed increases in knowledge about children's development and practices pertaining to early childhood care and feeding (Alkon et al., 2014; Yousafzai et al., 2015). Since they are young and dependent on their parents for fulfilling their needs, parents took the responsibility more for younger children as compared to older.

Results also showed that regarding perceived social support, parents of children without ID group did not differ significantly across child gender and age. Baker (2007) argues that internalized gender norms have different manifestations depending on context and culture, gender norms are key to understanding the help-seeking behaviour of adolescents, and to the nature of social supports offered. Since Assam is a place where women in Assam are more liberal, they are free from the various social constraints etc., this could be the reason no

significant difference was found between parents of girls and parents of boys in children without ID. Regarding parents of younger and older children, studies have found that the network size and participation decline with age and increase with employment status and socioeconomic status (e.g., Thoits 1982; Turner & Marino 1994). In other words, this could be one of the reasons as parents grow old, their responsibilities towards family increases and as they gain experiences, their need for social support and participation decreases.

Regarding child age, one possibility could be that when children are young and parents do not have experience of handling new and first baby born initially, they seek social support. Also, when their children grow older, their requirement increases, so during this period also parents seek social support from their spouse, family and friends.

SUMMARY AND CONCLUSION

6.1 Summary

Birth of a child is a time of celebration for a family, it becomes a time for grieving the loss of the healthy child (Bauman, 2004). Many individuals with ID in India have not been formally identified and even among those who have been identified, the majorities are found to be excluded by the rest of society. Studies found that individuals with ID are not afforded the same opportunities as people without disabilities. There is clearly a lack of information regarding the number of individuals with ID within India. The present study is chiefly concerned with the study of parents of children with ID. Parenting a child with ID is not an easy task. They may get impacted physically, mentally and emotionally. Along with parenting a child with ID, they have a marital relationship too. The present study aimed to compare marital satisfaction among parents of children with and without intellectual disability. Sixty-one parents of children with intellectual disability (With ID) and sixty-four parents of typically developing children (Without ID) participated in this study. The total number of participants included 125. Participants in the present study were the parents (mother and father) of children with differently-abled intellectuals and without intellectual disability. To provide a more comprehensive picture of the problem under study a mixed-method approach was adopted to collect the data. Quantitative data was collected using the

different questionnaires on marital satisfaction, parental stress, ways of coping and perceived social support. For qualitative data, the semi-structured interview schedule was prepared. Different tools were used to measure marital satisfaction, parental stress, ways of coping and perceived social support among parents of children with and without intellectual disability. To measure marital satisfaction in parents of children with and without ID, ENRICH Marital Satisfaction Scale developed by Fowers and Olson (1993) was used. Parental Stress Scale (Berry & Jones, 1995) was used to measure sources of stress in participants. To measure perceived social support Multidimensional Scale of Perceived Social Support (MSPSS) was used. MSPSS was developed by Zimet et al. (1988). For identifying the different coping styles used by parents of children with and without ID, Ways of Coping Questionnaire was used, designed by Lazarus and Folkman (1985).

As the study used both quantitative and qualitative data, quantitative data was analyzed using SPSS. To examine the relationship parental stress, coping, perceived social support and marital satisfaction, Pearson Correlation was computed. To examine the difference between groups such as With ID and Without ID regarding parental stress, coping, perceived social support and marital satisfaction t-test was computed. Also, to study the difference between parents having girls and boys groups and parents of younger and older children groups, t-test was computed. The qualitative data collected from the semi-structured interview schedule. The current study reported that parents of intellectually disabled had a high level of marital satisfaction in comparison to the parents of without intellectual disability. Qualitative analysis of the present study didn't find any difference between parents of children with and without ID in marital satisfaction. In qualitative thematic

analysis parents reported to tried their best to help each other and support each other (both couple) and also reported to get support and encouragement from their friends, families those who faced similar problems. Parents of children with intellectual disability were found to grow strongest, closer and more united. Parents also reported that after having a child with ID brought them close to each other, more attached to their family members. Parents were found to use different ways of coping to deal with children with ID. Such as- spiritual beliefs, supports, perceived sameness, engaged in productive works/activate or engaged our own mind with good activities. Parents of children with ID and without ID didn't differ for parent's significant difference with child's gender and age and marital satisfaction, parental stress. Marital satisfaction found to differ for parents of younger and older children of Without ID. The present study didn't find any difference in parental stress in parents of younger and older. Regarding perceived social support, parents of children without ID group did not differ across child gender and age. When their children grow older, their requirement increases, so during this period also parents seek social support from their spouse, family and friends. Results also showed that parents of children with intellectual disability were found higher on ways of coping component such as as-Confrontive Coping, Seeking Social Support, and Planful Problem Solving. Qualitative thematic analysis showed that parents were reported to adopt some specific coping strategies to overcome their difficulties (increasing spiritual beliefs, supports, and perceived sameness, engaged in productive works).

6.2 Conclusion

This study highlighted the marital satisfaction, parental stress, ways of coping and perceived social support among parents of children with and without intellectual disability. The results reported no difference in parental stress and marital satisfaction among parents of children with and without intellectual disability. The current study didn't find any difference in marital satisfaction of parents of children with ID across gender and age. But there were some factors that contributed to the marital satisfaction and parental stress were lack of knowledge or awareness about the disability, blaming spouse, lack of time for own self, child's future concerns, avoiding social activity. These stressors have found to have an effect on the parent's marital satisfaction. The results showed that parents of children with ID perceived lower social support than parents of children without ID on significant others component. In qualitative thematic analysis parents reported to tried their best to help each other and support each other (both couple) and also reported to get support and encouragement from their friends, families those who faced similar problems. It was found to take social supports, suggestions and guidance from doctors, psychiatrist, psychologist, teachers, workers of NGO's or special school and from their friends and family members. Increased spiritual beliefs, perceived sameness and engaged in productive activities were found to be used as a coping strategy. Parents need to be aware of various coping skills to cope with their problems related to their intellectually disabled child. Some of the parents were able to identify their child's developmental delays from their personal knowledge but not all the parents. So, there is a need of awareness to the parents and other family members

of intellectual disability that they are able to identify the symptoms at an early age, this shall be beneficial to the parent, child and to their whole family.

6.3 Limitations and Recommendations for Future Research

A significant limitation in this study is that parents of children with intellectual disability who were receiving services are not represented in the present study. Also, this study focused on parents of children with intellectual disability who were attending special schools or receiving professional help, which might have had an influence on the parents' marital satisfaction, stress, ways of coping and perceived social support.

Findings of this study provide a suitable guide for future research into the marital satisfaction, parental stress, perceived social support and ways of coping of parents of children with intellectual disability and may lead to better understanding and improvement in their life with an intellectually disabled child. Future research may include gender differences between fathers and mothers or possibly how two parents may react differently in relation to different forms of intellectual disability. The relationships between these variables were only examined at one point of time, and therefore the stability of these relationships is unclear. Future longitudinal research should examine the likely complex reciprocal relationships that may exist between marital satisfaction and both parenting stress and child behaviour problems, as well as the stability of these relationships over time.

Further, this study is restricted by the very fact that the difference between educated parents and uneducated parents of children with intellectual disability. This might determine the differences in marital satisfaction, parental stress, perceived social

support and coping styles among parents of children with intellectual disability. As this study was done on those parents whose children were already under treatment. Future research may include parents of newly diagnosed children with intellectual disability.

6.4 Implications of the study

The findings of the present study are relevant for policymakers, practitioners, teachers and workers of a special school, counsellors and families of children with intellectual disability. Policies should ensure equality of access to care regardless of the specific diagnosis, age, or behavioural challenges of the child or the socio-economic status, geographic location, or awareness of respite care availability of the family (Doig et al., 2009; Oliver & Mossialos, 2004). Many parents are unaware of the options available. The findings of this study fill a gap in the literature regarding a pervasive and enduring need for families raising children with ID – respite care. The findings are important to the field because, unlike most research regarding families raising children with ID, perspectives of both mothers and fathers were assessed. Policymakers should consider establishing guidelines for providing respite care, as it affects the quality of family life for those who have a child diagnosed with ID.

This study would be helpful for general practitioners. Most people are found to be happy with their general practitioner and as family doctor also they become most reliable for those people. In the present study also it was found that parents were reported to take advice, health care suggestions and best referral for their intellectually disabled child's better treatment. There are very few people who use to go outside for their care and better service (Baikie, 1967; Wrigley et al., 2005). Practitioners need to be more conscious along with treatment and better advice for intellectually disabled child and their parents. The reason

behind is children use to live with their parents in every situation. Parents those who have children with intellectual disability they also need satisfaction in their marital relationship. It seems to be undermining while treating a child with disability.

Teachers and workers in special schools would be helpful from this study. Along with their intellectually disabled student they could also give suggestions and support to the parents of their students. Which directly or indirectly would be helpful for both the group (teachers and workers of special school and parents of children with ID) to handle this particular group of children.

The present study would be helpful for counsellors also. As counselling is valuable for children with an intellectual disability or any other mental health-related problem. Likewise it is also important for parents of children with those disabilities. Counsellors need to give their attention or importance on parents' mental status of also. They can give guidance to those parents if they find any difficulties in parenting and maintaining a marital relationship with a child with an intellectual disability.

The current study would be able to give a brief understanding of parents of children with intellectual disability to families of children with a similar disability. Through which they may find sameness among those parents who were already experienced in parenting a child with ID. Along with that parents would be able to know the importance and source of social support they can receive. And most importantly parents would help with the coping styles used by parents of children with ID. The present study would also helpful for those parents with normal children to know about those parents parenting their children with ID.

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APPENDIX I

Socio-demographic Details

Name: _____

Contact Number: _____

Marital Status:

i. Age: years

ii. Age of spouse: years

iii. Age of your child: years

iv. Sex: Male Female

v. Child's sex: Boy Girl Birth Order:

vi. Child's sibling:

vii. Age of child (Diagnosed disability)/ Age of child's diagnosis:

viii. Category of child's intellectual disability: Mild Moderate

Severe

ix. Type of Family: Nuclear / Joint family

x. Occupation:

xi. Spouse's Occupation:

xii. Education Qualification:

xiii. Spouse's Educational Qualification:

xiv. Yearly income:

xv. Expenditures on your child (Yearly):

APPENDIX II

ENRICH (Evaluation and Nurturing Relationship Issues, Communication and Happiness) Marital Satisfaction Scale

Please response according to the options given below-

1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree

1. My partner and I understand each other perfectly.
2. I am not pleased with the personality characteristics and personal habits of my partner.
3. I am very happy with how we handle role responsibilities in our marriage.
4. My partner completely understands and sympathizes with my every mood.
5. I am not happy about our communication and feel my partner does not understand me.
6. Our relationship is a perfect success.
7. I am very happy about how we make decisions and resolve conflicts.
8. I am unhappy about our financial position and the way we make financial decisions.
9. I have some needs that are not being met by our relationship.
10. I am very happy with how we manage our leisure activities and the time we spend together.
11. I am very pleased about how we express affection and relate sexually.
12. I am not satisfied with the way we each handle our responsibilities as parents.
13. I have never regretted my relationship with my partner, not even for a moment.
14. I am dissatisfied about our relationship with my parents, in-laws, and/or friends.
15. I feel very good about how we each practice our religious beliefs and values.

APPENDIX III

Parental Stress Scale (PSS)

Please response according to the options given below-

1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	It is difficult to balance different responsibilities because of my child(ren).	
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	
14	If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	
17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

APPENDIX IV

Multidimensional Scale of Perceived Social Support (MSPSS)

Please response according to the options given below-

Circle the “1” if you **Very Strongly Disagree** Circle the “2” if you **Strongly Disagree**

Circle the “3” if you **Mildly Disagree** Circle the “4” if you **Neutral**

Circle the “5” if you **Mildly Agree** Circle the “6” if you **Strongly Agree**

Circle the “7” if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7	SO
6.	My friends really try to help me	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joy	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri

APPENDIX V

Ways of Coping (WOC)

Read each item below and indicate, by using the following rating scale, to what extent you used it in the situation you have just described.

Not Used Used Somewhat Used Quite A Bit Used a Great Deal
 1 2 3 4

(1)	Just concentrated on what I had to do next – the next step.	
(2)	I tried to analyze the problem in order to understand it better.	
(3)	Turned to work or substitute activity to take my mind off things.	
(4)	I felt that time would make a difference – the only thing to do was to wait.	
(5)	Bargained or compromised to get something positive from the situation.	
(6)	I did something which I didn't think would work, but at least I was doing something.	
(7)	Tried to get the person responsible to change his or her mind.	
(8)	Talked to someone to find out more about the situation.	
(9)	Criticized or lectured myself.	
(10)	Tried not to burn my bridges, but leave things open somewhat.	
(11)	Hoped a miracle would happen.	
(12)	Went along with fate; sometimes I just have bad luck.	
(13)	Went on as if nothing had happened.	
(14)	I tried to keep my feelings to myself.	

(15)	Looked for the silver lining, so to speak; tried to look on the bright side of things.	
(16)	Slept more than usual	
(17)	I expressed anger to the person(s) who caused the problem.	
(18)	Accepted sympathy and understanding from someone.	
(19)	I told myself things that helped me to feel better.	
(20)	I was inspired to do something creative.	
(21)	Tried to forget the whole thing.	
(22)	I got professional help.	
(23)	Changed or grew as a person in a good way.	
(24)	I waited to see what would happen before doing anything.	
(25)	I apologized or did something to make up.	
(26)	I made a plan of action and followed it.	
(27)	I accepted the next best thing to what I wanted.	
(28)	I let my feelings out somehow.	
(29)	Realized I brought the problem on myself.	
(30)	I came out of the experience better than when I went in.	
(31)	Talked to someone who could do something concrete about the problem.	
(32)	Got away from it for a while; tried to rest or take a vacation.	
(33)	Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.	

(34)	Took a big chance or did something very risky.	
(35)	I tried not to act too hastily or follow my first hunch.	
(36)	Found new faith.	
(37)	Maintained my pride and kept a stiff upper lip.	
(38)	Rediscovered what is important in life.	
(39)	Changed something so things would turn out all right.	
(40)	Avoided being with people in general.	
(41)	Didn't let it get to me; refused to think too much about it.	
(42)	I asked a relative or friend I respected for advice.	
(43)	Kept others from knowing how bad things were.	
(44)	Made light of the situation; refused to get too serious about it.	
(45)	Talked to someone about how I was feeling.	
(46)	Stood my ground and fought for what I wanted.	
(47)	Took it out on other people.	
(48)	Drew on my past experiences; I was in a similar situation before.	
(49)	I knew what had to be done, so I doubled my efforts to make things work.	
(50)	Refused to believe that it had happened.	
(51)	I made a promise to myself that things would be different next time.	
(52)	Came up with a couple of different solutions to the problem.	

(53)	Accepted it, since nothing could be done.	
(54)	I tried to keep my feelings from interfering with other things too much.	
(55)	Wished that I could change what had happened or how I felt.	
(56)	I changed something about myself.	
(57)	I daydreamed or imagined a better time or place than the one I was in.	
(58)	Wished that the situation would go away or somehow be over with.	
(59)	Had fantasies or wishes about how things might turn out.	
(60)	I prayed.	
(61)	I prepared myself for the worst.	
(62)	I went over in my mind what I would say or do.	
(63)	I thought about how a person I admire would handle this situation and used that as a model.	
(64)	I tried to see things from the other person's point of view.	
(65)	I reminded myself how much worse things could be.	
(66)	I jogged or exercised.	

APPENDIX VI

Semi-Structured Interview Schedule

- i. How has your life changed after becoming a mother/father?
- ii. What was your reaction when you came to know about your child's disability?
- iii. How different do you feel your life has changed due to having a child with a disability?
- iv. How different do you feel about yourself as a parent as compared to other parents?
- v. What kind of relationship do you and your spouse share?
- vi. How was your married life before becoming parents?
- vii. How did your married life change after having a child?
- viii. What effect did your child's condition have on your marital life?
- ix. How do you spend your day with your child?
- x. What are the day-to-day difficulties you face in the child's upbringing?
- xi. How do you manage communication between all your children?
- xii. What kind of relationships do siblings share among them?
- xiii. What kind of problems or difficulties do you face due to your child's condition?
- xiv. How do you cope with such kind of situations?
- xv. What kind of relationship do your spouse and other family members share with your child?
- xvi. At times of difficulty, how does your spouse or other family members cope up with it?
- xvii. What kind of relationship do your spouse and other family members share with you?

- xviii. How do your spouse and other family members help you in your child's upbringing?
- xix. Apart from your spouse and your family members, what kind of help do you receive from other people in the upbringing of your child?
- xx How different do you feel as an individual for having a child with a disability?