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A Systematic Review on Stress and Coping Strategies in Parents of Intellectually Disabled Children

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ABSTRACT

Intellectual disability is a condition in which both intellectual performance and adaptive behaviour are impaired. This condition begins before the age of eighteen. When compared to peers of the same age, the child with intellectual disabilities has a considerable developmental delay and falls behind in cognitive, verbal, social, and occasionally motor capabilities.

Having an intellectually impaired child puts a lot of strain on the family and necessitates lifelong adaptations on the part of the parents and other family members; it can be challenging for parents to meet the intellectually disabled child's demands in terms of family functioning as a whole. Because of having an intellectually handicapped child in the family, the entire family is affected in many ways, including parents, brothers and sisters, and extended family members such as grandparents. The family's social life is disrupted; they may want to isolate themselves from others and engage in fewer recreational or leisure activities. Some families experience rejection or neglect from family members, friends, or relatives, causing interpersonal interactions to become strained and support to be lost.

Parents are the true well-wishers and guardians of their children's interests. They can assist in a variety of ways with their children's welfare, care, and treatment. A disabled child is not the duty of a single person, but rather the concern of everyone. The primary challenge is bringing together diverse people who can aid the impaired child, and this is where the parents play an important role.

Method: To find potential studies, researchers used databases such as Research Gate, Google Scholar, and Pub Med/Medline..

Results: The researchers used a variety of survey techniques. Various domains of coping methods were also studied. Parents of intellectually handicapped children have an important role in the development, promotion, and support of rehabilitation programmes for intellectually disabled people and their families. The presence of an ID child in a family unit has an impact on all other family members; nevertheless, knowledge of fundamental skills and procedures for dealing with such children greatly decreases the family's

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psychological and physical strain. A family with an ID child has various needs and problems. They are mostly interested in learning about their child's development and talents. Teaching proper behaviour and learning new skills, as well as family ties and parenting strategies The advantages of family-centered therapies are now more than ever being recognised. Parents and other family members are being encouraged to participate in the training and habilitation of mentally retarded individuals since such approaches result in beneficial outcomes for parents, families, and children. It aids in the development of children, the reduction of family stress, the increase of family coping, and the improvement of family connections. Evidence of a gap can be seen in the areas of various coping strategies and parent management training to improve the mental health of parents who have children with intellectual disabilities.

Conclusion: Interventions for strengthening families with intellectually impaired children should focus on satisfying the needs of the index child, parents, siblings, and extended family members, as well as recognising, promoting, and utilising the families' existing strengths. All family members must be included, and need-based family interventions must be provided. It also highlights the fact that families differ in terms of cohesion, adaption, and communication. This means that families differ in terms of the degree of emotional bonding among family members, the level of freedom each family member has, and the family's ability to cope with and change in the face of stress.

Keywords: Stress, coping strategies, Parents of intellectually disabled children.

I. INTRODUCTION

Intellectual disability is divided into four categories by the World Health Organization: mild, moderate, severe, and profound. In all nations and cultures, intellectual impairment has been seen. The prevalence of intellectual disability is estimated to be 30 per thousand people worldwide. According to the National Sample Survey Organization's 1991 survey report, India has approximately nine million intellectually impaired children under the age of 14. (RCI, 1996, P.6). Nearly 75% of those diagnosed with intellectual disability have mild intellectual disability, while the remaining 25% have I.Q. 50 or lower and are classed as moderately, severely, or profoundly retarded (NIMH, 1994, P.1). Children with developmental disabilities face significant limits in a variety of daily tasks (Dunst, 2007; Odom et al., 2007). Interventions are frequently aimed at improving the quality of life of children in order to reduce these restrictions (Chow, Lo, & Cummins, 2005). Material well-being, socio-emotional well-being, communication and influence, development (maximising potential and independence), and activities that allow people to enrich their life experience are all examples of quality of life

(Felce & Perry, 1995).[1] Different problems confront parents of children with developmental disabilities. They, for example, are more stressed than parents of children without developmental problems (Gupta, 2007). Furthermore, because their children have special psychological and physical demands, parents of children with developmental disabilities are occasionally confronted with unpleasant conditions (King et al., 2003; Suzuki, Kobayashi, Moriyama, Kaga, & Inagaki, 2013). Parents of children with autism spectrum disorder find it more difficult to raise their children than parents of usually developing children. They are also having difficulty locating a suitable school. [2]Furthermore, kids are frequently asked to participate in home exercise programmes, which can be difficult (Santoso, Ito, Ohshima, Hidaka, & Bontje, 2015; Schieve, Blumberg, Rice, Visser, & Boyle, 2007; Suzuki et al., 2013). Children with parents who can adapt successfully to such difficult situations have a higher quality of life than children with parents who are less capable of adapting (Cappe, Wolff, Bobet, & Adrien, 2011)[3].

Though parental stress is generally linked to the intensity of a child's behaviour, how parents view their circumstances and whether they utilise coping strategies (problem-focused, emotion-focused, evaluation, or perception-focused coping) to handle stress are also factors (Lopez, Clifford, Minnes, & Ouellette-Kuntz, 2008). Popular stress and coping theories that have recently gained traction among parents of children with intellectual disabilities emphasise the relevance of cognitive assessments in determining the stress level of the parents. This has an impact on their responses to the challenges that the youngsters bring (Hassall, Rose, & McDonald, 2005). [4]As a result, effective coping is determined by the parents' ability to adapt their cognitive and behavioural efforts in response to shifting demands, as well as how stressful they perceive the situation to be. 2014 (Thakuri). Raising a child with an intellectual handicap is stressful in part because it necessitates a lot of physical activity as well as dealing with emotional reactions to the child's condition. Parents cope to stress and obligations generated by the condition in different ways (Bonab, Motamedi, & Zare, 2017). In any community, family is the primary source of support for impaired children.[5]

Parenting a child with an intellectual disability is a difficult task. The psychological stress caused by the intellectually impaired child's impairment puts a lot of pressure on the parents. Even if both parents are stressed, it is often the mothers who require more assistance and support in their arduous duty. The literature from 2011 to 2015 confirmed that caring for a person with an intellectual handicap is stressful for the entire family. Parental stress causes changes in the family dynamic, therefore coping skills are utilised to help parents engage with their children with intellectual disabilities.[6] The primary tactics employed are seeking social

support in family and professional services, marriage, and information search, among others. Social assistance is proven to have a good impact on family unit strengthening in general. Wishful thinking, self-blame, distance, and social isolation, on the other hand, are negatively linked to family unity (Santos & Pereira-Martins, 2016).[7][8]

Self-blame leads to guilt feelings over time. Parental guilt can present itself in spiritual and theological conceptions of blame and punishment. This stressful phase is also marked by confusion. It's difficult to believe that you have no power to change what's going on. Information might get jumbled and confused in the middle of such trauma (Smith, 2003). Parents of intellectually handicapped children, due to their children's conditions and limits, as well as many economic demands, have a dissatisfied feeling about their own lives as a result of their disabled child, and so do not have a proper mental and psychological status. Although coping mechanisms are employed, not all of them are effective. Coping methods can be adaptive (i.e., lead to less distress) or maladaptive (i.e., lead to more distress) and can be implemented behaviorally (e.g., seeking emotional support) or cognitively (e.g., associating happy ideas with a stressful circumstance) (van der Veek, Kraaij, & Garnefski, 2009).[9][10] Dealing with difficult situations that are beyond one's control will, in the end, be one of life's greatest challenges. Because there is no way to reduce or eliminate the sources of stress, such situations necessitate tactics that adapt one's self to meet the situation (Somashekar, 2017).

According to data given by the US Centers for Disease Control and Prevention, the prevalence of developmental impairments among children aged 3 to 17 grew from 5.76 percent to 6.99 percent between 2014 and 2016. (Heasley, 2018). According to the Global Research on Developmental Disorders Collaborators (GRDDC), India, China, and Nigeria are the top three contributors to the global prevalence of developmental disabilities (Ifijeh, 2018). How can the parents cope with their lot in life in this situation? How may parents be assisted in effectively dealing with this situation?

II. OPERATIONAL DEFINITIONS

Stress

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes a person feel frustrated, angry, or nervous. Stress is body's reaction to a challenge or demand. In this study, stress refers to the response of the parents who have intellectually disabled children, in the midst of excessive challenges and struggles.

Coping

Coping refers to the way people face and deal with responsibilities, threatening situations, problems, or difficulties, especially successfully or in a calm or adequate manner. A situation may be threat for one person but not necessarily for the other. Since people become stressed for various reasons they need to choose different coping strategies. In this study, coping refers to the way in which parents of the intellectually disabled children deal with their situation.

Intellectual disability

The terms mental retardation and mentally retarded were coined in the middle of the twentieth century to replace harsh and unpleasant names like feeble-mindedness, idiocy, mental subnormality, and so on. Harris, J. C. (2013). By the end of the twentieth century, these words were largely seen as derogatory, politically wrong, and in need of change.

Most advocates and scholars in most English-speaking nations now use the term intellectual disability. ("Intellectual disability," n.d.) The term "mental retardation" was officially replaced in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) with "Intellectual Disability" or "intellectual developmental disorder," which was incorporated in the draught ICD-11. (n.d., CREA)

Intervention programme:

Coping strategies eclectically used after systematic planning and in consultation with the experts in the field, with the intention of reducing stress and enhancing coping in the parents of the intellectually disabled children.

(A) Objective

Identifying various research agendas related stress, coping strategies and mental wellbeing of parents having intellectually disabled children.

(B) Why Is It Important To Have This Review?

Different problems confront parents of children with developmental disabilities. They, for example, are more stressed than parents of children without developmental problems (Gupta, 2007). Furthermore, because their children have special psychological and physical demands, parents of children with developmental disabilities are occasionally confronted with unpleasant conditions (King et al., 2003; Suzuki, Kobayashi, Moriyama, Kaga, & Inagaki, 2013). Parents of children with autism spectrum disorder find it more difficult to raise their children than parents of usually developing children. They are also having difficulty locating a suitable school. Furthermore, kids are frequently asked to participate in home exercise programmes,

which can be difficult (Santoso, Ito, Ohshima, Hidaka, & Bontje, 2015; Schieve, Blumberg, Rice, Visser, & Boyle, 2007; Suzuki et al., 2013). Children with parents who can adapt successfully to such difficult situations have a higher quality of life than children with parents who are less capable of adapting (Cappe, Wolff, Bobet, & Adrien, 2011).[11]

(C) Methods Of Study

Parenting a child with an intellectual disability is a difficult task. For many people, stress is a common occurrence. Many studies have been conducted on the stress that people experience in their lives as a result of numerous demands from family, health, employment, and society. There have also been various studies on the stress experienced by parents of children with intellectual disabilities. The causes and effects of stress on parents have been extensively researched. Parents' coping mechanisms are also described in literature.. As a result, the researcher was interested in learning about the respondents' socio-demographic features, their economic condition, and their marital adjustment as parents of children with intellectual disabilities. A review methodology was devised, and potential studies were found using electronic databases such as PubMed, Ind-Med, Researchgate, Google Scholar, and Proquest. Language restrictions were applied to studies published in English between 2010 and 2020. The review comprised case control studies and descriptive studies. Studies on parents of children with intellectual disabilities and studies on the quality of life of parents of children with intellectual disabilities were considered. The papers featured were peer-reviewed investigations conducted in residences, schools, communities, organisations, and rehabilitative settings. The study's main goal was to discover the stress that parents of intellectually impaired children suffer, as well as coping mechanisms.

III. RELATED WORK BASED ANALYSIS

Webster, Majnemer, and Platt conducted a study titled "Child Health and Parental Stress in School-Age Children with a Preschool Diagnosis of Developmental Delay" (2008). The goal of this study was to look at child health and well-being as well as parental stress in a group of school-aged children who had been diagnosed with either global developmental delay or developmental language impairment before starting school.. The Child Health Questionnaire and Parenting Stress Index were used to assess 65 preschoolers with developmental delays at school age (mean SD age: 7.3 0.7 years), with a mean interval between assessments of 3.9 years. Almost all of the youngsters who completed the examination, sixty out of sixty two, showed developmental deficits across all domains. Children had the greatest mental health impairment on the Child Health Questionnaire (median zscore: -0.9), according to their

findings. The median psychosocial health score (40.7) on the Child Health Questionnaire was almost one standard deviation below established normal norms (P.001). More than 40% of parents scored above the 85th percentile on the Parenting Stress Index (clinically significant parenting stress). Multiple linear regression analysis was employed. The Child Health Questionnaire psychosocial health score ($r^2 = 0.49$, P.001) best predicted high levels of parenting stress. Poor psychosocial health was a prevalent comorbidity four years after a preschool-age diagnosis of developmental delay. Almost half of the parents had levels of parenting stress that were clinically severe. Majumdar, Pereira, and Fernandes (2005)[12] investigated stress and anxiety among parents of children with intellectual disabilities. It took place in a tertiary care psychiatry hospital's Child Guidance Clinic. A total of 180 people were included in the study. There were 60 parents of children with substantial to moderate intellectual disabilities in group A. There were 60 parents of children with mild to borderline intellectual disabilities in group B, and 60 parents of children with normal intelligence in group C. The control group was made up of these people. The Hamilton Anxiety Rating Scale and the Family Interview for Stress and Coping (FISC) in Mental Retardation were used to assess each parent (HARS). When compared to parents in groups B and C, parents in group A experienced much more stress and worry. The researchers discovered a link between anxiety levels and stresses.[13]

According to previous study, children's quality of life is heavily influenced by family support, health, and happiness (Burgess & Gutstein, 2007; Frain et al., 2007). When parents are able to adapt and deal with these difficulties, the quality of life of their children may improve (Cappe et al., 2011; Migerode et al., 2012; Suzuki et al., 2013). Suzuki et al. (2013) define resilience in parents of children with developmental disabilities as an adaptation process in the face of adversity involving both internal and external factors such as positive perceptions, skills, coping styles, efficacies, and social supports in the face of adversity involving their children's behaviour problems.[14]

According to previous research, the concept of parental resilience can be divided into three distinct but linked components. The first construct (Suzuki et al., 2015) is knowledge of the child's traits, which is concerned with how parents view their child's behaviour. Parents who have a better understanding of their child's behaviour are more likely to feel in control, which may reduce parental stress (Harrison & Sofronoff, 2002; Singer, Ethridge, & Aldana, 2007). The second factor is parents' perceived social support. Parents who feel higher amounts of social support are more emotionally well-adjusted and optimistic, whereas parents who experience low levels of support are more likely to suffer from sadness and anxiety.[15]

Smith, Greenberg, and Seltzer, 2012; Lickenbrock & Whitman, 2010). The fourth aspect of parental resilience is a good attitude toward parenting, which is defined as "joy and contentment in rearing the kid and acceptance of the parental role" (Suzuki et al., 2015, p. 8). Reframing coping methods and positive reframing of potentially traumatic and stressful circumstances are favourably connected with the mother's perceptions of the kid (Hastings & Taunt, 2002).[16]

Despite the fact that parental resilience plays a substantial effect in the quality of life of children with developmental disabilities, most studies have been undertaken in Western nations. This is a significant issue because perceived quality of life is culturally dependent (Neely-Barnes & Dia, 2008). Furthermore, results from previous studies in Western cultures may not be applicable to other cultures, such as Asian civilizations. Many individuals in Indonesia, for example, think that children's disabilities are caused by issues during pregnancy, and that developmental disabilities cannot and should not be changed because of karmic consequences (Riany, Cuskelly, & Meredith, 2016). Such cultural attitudes may create shame and impede families' ability to seek professional help (Kusumastuti, Pradanasari, & Ratnawati, 2014).[17]

As a result, parents are more inclined to shoulder the load alone (Kusumastuti et al., 2014). This also means they must educate other family members (such as grandparents) about their child's condition and accept the limits imposed by the disability (Santoso et al., 2015). Such cultural attitudes may impede children in Indonesia from enrolling in appropriate intervention programmes or participating in community activities (Kusumastuti et al., 2014; Riany, Cuskelly, & Meredith, 2016). This may have a negative impact on the children's quality of life. However, in non-Western cultures, research in this topic is still rare.

Studies carried out on stress which primary caregivers of children with intellectually deficit experience has been depicted in Table.

S. No	Author/s	Sample	Variables studied	Findings
1	Mille Miller, Gordon, Daniele and Diller (1992)	132 mothers (69 of disabled and 63 of non disabled children)	Stress, Cognitive appraisal, Coping	“The mothers of disabled children reported higher levels of depressive symptomatology. Emotion-focused coping was

				related to increased psychological distress in mothers of disabled children whereas problem focused coping was associated with decreased distress. Differential effectiveness of coping and appraisal were explained by certain factors”
2	Krauss (1993)	190 children and their parents	Stress	“There are differences in mothers’ and fathers’ perceptions or cognitive appraisals as they may perceive family cohesion and adaptability differently. Mothers reported having a significantly more cohesive and adaptable family as compared to the reports from the fathers”.
3	Dyson (1997)	62 Parents	Parental Stress, Family Functioning, Social Support	“Parents of children with disabilities experienced a disproportionately greater level of stress relating to their children than did those of children without disabilities. Fathers’ and mothers’ stress was associated with aspects of family functioning as perceived by themselves and their spouses”.

4	Ong et al (1998)	87 mothers with children having cerebral palsy, 87 controls	Parenting stress	“Mothers of children with cerebral palsy experienced higher levels of stress than controls, the impact of cerebral palsy per se on parenting stress was modified by other factors viz. increased care-giving demands, low education and ethnic background”. “Mothers of children with cerebral palsy experienced higher levels of stress than controls, the impact of cerebral palsy per se on parenting stress was modified by other factors viz. increased care-giving demands, low education and ethnic background”.
5	Walker (2000)	44 Parents	Parenting stress, Parent support, Parental role	“Fathers reported greater stress in the areas of attachment, while mothers reported more parent role restrictions. Negative relationships were found between parents’ perceived helpfulness of informal social support and parenting stress scores in both mothers and fathers. Mothers with younger children and lower SES were more likely to

				report greater parenting stress”.
6	Hedov, Annerén and Wikblad (2002)	334 parents (165 with down syndrome children, 169 with normal children)	Self-perceived stress, Sense of coherence, Gainful employment, Amount of time spent	“The Down syndrome (DS) parents did not spend more time on child care than the control parents, even though the DS parents experienced greater perceived stress and that were related to time-demanding areas”.
7	Hodapp, Ricci, Ly and Fidler (2003)	42 parents (27 mothers with down syndrome children and 15 mothers having children with learning disability)	Parenting Stress	“Mothers in the Down syndrome group reported lower child-related stress levels as related to their counterparts. Children's behavior problems were related to higher levels of overall and specific domains of child-related stress”.

According to the studies described above, parents of children with intellectual disability (ID) or other disabilities are more stressed than other parents. Caring for such a youngster might put main carers under a lot of stress. These children must require hospitalisation, medical support or care, or other services, and their parents must be stressed due to all of their issues, including financial limits. Furthermore, stress may have a negative impact on parents' marital satisfaction, parenting role, and child care responsibilities sharing. The majority of research show that parents, particularly moms who are the primary caretakers for these children,

experience substantial levels of stress.

Table 2 Studies pertaining to burden among primary caregivers having children with intellectual deficit

S. No	Author/s	Sample	Variables studied	Findings
1	Cook, Lefley, Pickett and Cohler (1994)	122 parents with children having mental illness	Caregiver burden	Suggested that “the type of burden varied with the age of the caregiver; older parents being troubled by cognitive dimensions of burden while younger parents were distressed by the offspring's behavior”.
2	2. Heller, Hsieh and Rowitz (1997) Caregiving burden	Parents with children and adults having ID	Caregiving burden	“Mothers spent more time providing care, offered more types of support, and perceived more caregiving burden as compared to fathers. For both parents out-of-home placement of adults, but not children, was associated with less caregiving burden”.
3	Altman, Cooper and Cunningham	7,956 families	Family burden, Health care	Revealed that “families with an ID child undergo heightened emotional and financial burden

	(1999		utilization and Expenditure Patterns	which can arise from caring for the person with one or more disabilities over the life course or at the end of life.
4	Seshadri, Verma and Pershad (2000)	95 parents with ID children	Family burden, Stress	“Direct relationship between the degree of perceived burden, social emotional burden, disruption of family routine and disturbance in family interactions for women with intellectually disabled children rather than men”
5	Magana, Schwartz, Rubert and Szapocznik (2006)	153 caregivers of adults with mental retardation	Family burden, Stress	“Maternal and paternal care burden and stress were compared and concluded that mothers spent more time providing care, support and perceived more care giving burden
6	Robinson, Weiss, Lunsky and Ouellette-Kuntz (2015)	212 adults with ID and DD and their parents	Parental burden, Support, Helplessness	Indicated that “informal support was negatively related to burden and individual sources varied in terms of how they were related to burden, but none acted as moderators
7	Yetersiz, Ebeveynlerde	467 parents of children with	Burden	“The parents obtained high scores on factors

	and Yüku (2017)	ID		like perceived inadequacy, time requirement, emotional burden but physical burden, emotional burden, economic burden, social burden and time requirement of family increased with the intellectual disability level of children
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On the basis of the preceding studies, it can be concluded that parents of children with intellectual disabilities (ID) experience increased levels of stress in almost every area, including financial stress, psychological stress, physical stress, and sleep disruption. Parents are additionally burdened since they must dedicate more time to the care of the ID child and do not receive help from family, friends, or society. According to the studies, "the amount of perceived burden, social as well as emotional strain, disruption of family routine, and disruption in family contacts" have a clear link.

IV. DISCUSSION AND NEW RELATED ISSUES

The study's first goal was to analyse and compare the stress levels of primary caregivers with children with mild, moderate, and severe intellectual disabilities, as well as healthy controls. The study's first hypothesis expected a significant difference in stress levels between primary carers of children with mild, moderate, and severe intellectual disabilities and healthy controls. The Caregiving Stress Appraisal Scale was employed in this study, which has two stress domains: social limitations and physical weariness, as well as a total score.

The study's second goal was to analyse and compare the burden of primary caregivers for children with mild, moderate, and severe intellectual disabilities, as well as healthy controls. In light of this, a second hypothesis was proposed, predicting a significant difference in burden between primary caregivers of children with mild, moderate, or severe intellectual disabilities and healthy controls. The 'Family Burden Interview Schedule' was used in this investigation. of which had six subscales of burden i.e. "financial burden, disruption of family activities, disruption of family leisure, disruption of family interaction, effect on physical health of others, effects on mental health of others" and gives the total score as well.

The third objective of the present study was to assess and compare the caregiving appraisal of primary caregivers with children having mild, moderate and severe intellectual disability and healthy controls. Keeping this into consideration the third hypothesis was proposed which stated that there would be significant difference in care giving appraisal among primary caregivers with children having mild, moderate and severe intellectual disability and healthy controls. In the current investigation 'Experience of Care giving Inventory (ECI)' was utilized which had ten dimensions of appraisal in which negative dimension measures "difficult behaviours, negative symptoms, stigma, problems with services, effects on family, loss, dependency and need for back up" and positive dimension measures "positive personal outcomes and good aspects of the relationship with the patient" but does not provide the total score.

The fourth objective of the present study was to assess and compare the coping of primary caregivers with children having mild, moderate and severe intellectual disability and healthy controls. Taking this into account, the fourth hypothesis was proposed which stated that there would be significant difference in coping among primary caregivers with children having mild, moderate and severe intellectual disability and healthy controls. In the current research 'Proactive Coping Inventory' was utilized which had seven subscales like "proactive coping, preventive coping, reflective coping, strategies planning, instrumental support-seeking, emotional support-seeking and avoidance coping" but it does not provide the total score.

Primary caregivers of children with mild ID, severe ID, and healthy controls make more attempts to help their children than primary carers of children with moderate ID. reduce the likelihood of subsequent stress They advocate for more defence and precautionary measures (saving resources for future needs). Yanos claims that (2001) Preventive coping is commonly used in the form of "seeking social support, Attending professional services, adhering to a drug regimen, exercising, and taking care of personal hygiene and getting enough sleep" Primary caregivers of children with mild ID are more prone to rely on social support and are occasionally held back.

To relieve stress, people engage in activities and hobbies. They have a proclivity towards identifying impending tensions and then attempting to eliminate the challenges as soon as possible smaller disappointments, such as job loss, financial hardship, or interpersonal conflict problems. Aspinwall and Taylor (1997) proposed, active preventative coping can be more adaptable, and active preventive coping can probably get rid of of crisis, which can help people feel more upbeat at the time. On the contrary, the primary caregivers with children having

moderate ID are more indulged in activities like taking care of personal hygiene of their children and doing activities of daily routine as compared to the caregivers of other groups. The present findings coincides with the results observed by Yanos and Rosario (2014) who concluded that respondents usually use preventive coping to abstain from stressful situations.

A thorough review of the literature turned up several research on parent training treatments for parents of children with intellectual disabilities. Only three studies met the inclusion criteria because the majority were not RCTs and several addressed outcomes that were not relevant to this review. The Feldman et al. (1992) study reveals that the intervention had a considerable benefit on the small sample recruited to the study, despite the fact that the only data given were mean percentage scores for each group, making it unable to dig further into the data. According to Keltner et al. (1995), the STARS programme may have resulted in some improvement in maternal–child interaction metrics when compared to the control group.. Because some crucial data was absent from the published text, a more thorough analysis was not possible. The biggest differences between the two groups in the Llewellyn et al. (2003) study were found in home safety measures, with perceiving threats and identifying safeguards being the most significant. The disease and symptom recognition subscale of the home safety measures, the life-threatening crises subscale, and the using medicines safely subscales of the health measures utilised all had small positive effects. The confidence intervals were uniformly wide, which could indicate that the small sample sizes reduced general confidence in the results. The study authors report that these results were statistically significant, although caution should always be applied in the interpretation of results from small sample sizes.

V. RESEARCH GAP

It has also been found that both parents perceive a balance of the PSYC family and the quality of life. Most parents and primary caregivers stated that social interests, such as family outings, relaxation therapies, and leisure time with their partners, other children, or friends, are not important to them. Researchers noticed these limitations, as well as cares' stress levels. Possible research agendas based on the research gap is Intellectual disability is a generalized disease that appears before adulthood, characterized by a significantly compromising cognitive operating operation. If children diagnose delays, their parents can experience the psychological movements that are experienced by suicide persons. On the other side, it forces residential activities to destroy the dynamics in the family [18][19].Consequently, the roles of the family member have to change. Implement skills and improvement focused on the family of programs to provide political and legislative processes. Secure delivery of well- organized parent's kits

and adaptation to obtain knowledge and accept interventions, give parents and children in a variety of positive results of behavior [20]. The upbringing of children is an imbalance in the characteristics of the family system that highlights the need for the psycho-education of parents [21].

There is some low-quality evidence that parent training interventions for parents with intellectual disabilities may support their parenting. It may also help to establish good parent-child relations. However, given the low quality of the evidence, the results should be interpreted with caution. Better-quality research is needed to evaluate the effectiveness of parent training interventions for parents with intellectual disabilities. These studies should include fathers and follow-up participants over a longer time period

VI. POSSIBLE RESEARCH AGENDAS BASED ON RESEARCH GAP

In such a case, the parents are frequently the most affected members of the family. Parents of disabled children are frequently subjected to higher levels of stress and emotional strain than typical mothers. Because they are alone with their children on a daily basis, parents are under a lot of stress [90][91]. Even when faced with severely stressful life situations, not all parents of children with impairments have difficulty adapting. Children and parents, on the other hand, are at risk of stress-related disorders when parents are overburdened by the demands of care giving, earning a living, and other responsibilities. Identifying the research gap, it is clear that no much importance laid on the significance of psycho-education and enhancing subjective well-being in the life of care-givers. Stress was found to have a negative relationship with family's living status; rather it's of great importance to see that certain amount of mindfulness meditation and relaxation therapies for enhancing mental health and subjective well-being introduced as a schedule in the life of caregivers along with the schedules of the childcare[22][23][24][25]. Family counseling and family therapies intermittently need to be installed as part of the child intervention. Implementing psycho-education and family intervention improve skills and proficiency to provide policy making and legislative processes.). Safe delivery of well-organized parent care kits and adaptation of family allows parents to gain knowledge and adopt interventions, giving beneficial results for both parents and children in a variety of behaviors. Examining the daily active Muscle relaxation techniques and mindfulness meditation of participants of intellectually disabled children, a high rate of active involvement of caregivers need to be studied along with socio-demographic links[26][27].

For both the mother and the primary caregiver, relaxation techniques and mindfulness meditation play a vital part in creating stimulation in all dimensions of health. It is the most

essential component in defining the elements of poor mental health in intellectually disabled people[28]. By using relaxation techniques and other entertainment activities, the caregiver can participate in social functioning and enrich the social domain, and subjective well-being will improve. Signs can develop in infancy or wait until a youngster is old enough to attend school. The effects and lack of mental health are always felt by parents and caregivers. Successful outcome assists in identifying the effectiveness of the services provided thus shall improve their family's quality of life. As we analyze the research gap, assessing the psycho education and mental health provide activities to Parents as well as primary caregivers of intellectually disabled children, at the very beginning of the diagnosis of the child while creating the therapy and treatment plan, for psychological and physical well being of the parents and primary care givers. Mental health refers to a person's overall sense of well-being, which is intertwined with their views of health and ability to perform. All aspects of community and social life that have a direct and quantifiable impact on physical and mental health on a larger scale are referred to as quality of life[29][30].

Psycho-education is a low-cost solution that teaches stress-coping skills such as goal setting, skill training, achieving satisfying goals, assertiveness, and communication. Early indications of intellectual disability, as well as possible predisposing and triggering variables, are the subject of psycho-education. Understanding their children's conditions will assist carers in complying and encouraging them to seek suitable management. It also encourages people to look at their own health beliefs and awareness of sickness, as well as to comprehend the complex interactions that exist between symptoms, personality, interpersonal factors, and the environment. It's a combination of feeling well and performing well. In terms of human conduct, psychological well-being could be a critical psychological element. It's a concept that incorporates a variety of well-rounded, balanced, and comprehensive life experiences.

The results of this review offer sufficient evidence in relation to the potential of parenting interventions designed for parents with intellectual disabilities to support and improve parenting knowledge and skills in some such parents. Interventions could be evaluated over a longer time period to determine the development of age-appropriate parenting skills and maintenance of acquired skills, to identify the most comprehensive support for parents with intellectual disabilities and their children.[31] However, the studies included are small, with risks of bias and some of the results equivocal, so relevance to local populations should always be assessed before implementing interventions based on this review with the included data as it stands.

VII. ANALYSIS OF RESEARCH AGENDA

The present paper highlights an outline based on the reviews, that the parents of disabled children are frequently subjected to higher level of stress and emotional strain compared to the other mothers. Past studies clarifies that not all parents of children with impairments have difficulty in adapting to their situation. It is understood that the children with impairments and their parents are at risk of stress related disorders because the parents are overburdened by demands of care living, and other economic and social responsibilities. The present authors finds that most of the studies are based on the problems parents are facing, and not much importance is laid on the importance of preventive and management aspect of the stress related factors. This is the research gap identified by the present authors. By understanding the results of past research, the author analyze that further research is needed in the area of management of stress related disorder among the parents of children with impairment. The present authors identify the need for introducing the child care schedule with effective mindfulness meditation and relaxation therapies, which will enhance the mental health and subjective well-being of the caregivers. It also shows the importance of family counseling and family therapy to be installed intermittently as a part of child intervention. Stimulation is created with the practice of relaxation and mindfulness meditation among the caregivers. Along with social functioning the view about their health will also improve. Psycho-education will help to enhance awareness of disability and their interaction with other factors like environment and the personality. This will help them to lead a well-balanced life.

VIII. IDEAL SOLUTIONS AND PRESENT STATUS

Parental distress has a negative impact on children's mental health, which needs to be researched more. The quality of life and the stress of family life are important factors of psychological well-being. In the realm of intellectual impairment, parents' subjective well-being has a substantial impact (ID).The majority of parents and primary caregivers reported being unable to engage in social, recreational, or leisure activities such as family outings, relaxation therapies, and family recreation time.

The results of this review offer some encouraging evidence in relation to the potential of parenting interventions designed for parents with intellectual disabilities to support and improve parenting knowledge and skills. However, the included studies are small and not of high quality with some risk of bias, and some of the results equivocal, so relevance to local populations should always be assessed before implementing interventions based on this review with the included data as it stands.

Much more evidence of effectiveness is needed in this area. The evidence base would benefit from larger possibly multicenter RCTs with more detailed inclusion information with which to assess generalizability. From the evidence at hand, it is not clear what elements of the interventions produce the effect, for example, the manner of delivery, whether home- or center-based, whether group or individual, and what frequency or duration might be optimal. As such, the evidence base would benefit from the conduct of process evaluations in order to unpack the different elements of effectiveness more specifically [32]

IX. SUGGESTIONS TO IMPLEMENT RESEARCH ACTIVITIES ACCORDING TO PROPOSAL

A set of research activities will be initiated by the present author in the form of intervention to the caregivers to enhance management techniques among the respondents. Effective training on relaxation techniques is proposed to be introduced to the caregivers to enhance management of emotional and psychological problems. This also will help in making suitable tailor made decisions about the children with intellectual impairment

X. LIMITATIONS

It is a well-acknowledged reality that mothers are primarily responsible for the childcare. One of the limitations of the current investigation was that there was over representation of female caregivers hence the results cannot be generalized on male caregivers. For enhancing the generalization of findings, some more research is needed which can include more male caregivers. Since the study sample consisted of a cross-section of primary caretakers having intellectually disabled children, some of whose pupil were diagnosed at birth and others in later life of childhood. This can reveal possible dissimilarities in caregivers' stress, burden, coping and mental health differently, additional research is required to investigate the unequal adaptive implications across different periods of time after child's birth. Although the present investigation utilized quantitative technique for analyzing the data for emphasizing statistical reliability, it is better to add qualitative data to get better understanding of such psycho- social variables related to caregivers of children with ID to validate the findings of this research

XI. CONCLUSIONS

Parents of handicapped children often experience higher levels of stress and emotional strain than other mothers. Because they are alone with their children on a daily basis, parents are under a lot of stress. Even when faced with severely stressful life situations, not all parents of children with impairments have difficulty adapting. Children and parents, on the other hand,

are at risk of stress-related disorders when parents are overburdened by the demands of care giving, earning a living, and other responsibilities. Many parents of cognitively challenged children suffer from undiagnosed psychological illness. Parents of children with a variety of disabilities face a variety of challenges. Parents of epileptic children express their thoughts toward their children more openly. It has been demonstrated that parents of children with intellectual disabilities suffer from much greater levels of anxiety and sadness. Family complacency is mediated by family functioning, which is linked to family mental health and use of relaxation techniques. Safe delivery of well-organized parent care kits and adaptation of family allows parents to gain knowledge and adopt interventions, giving beneficial results for both parents and children in a variety of behaviors. Relaxation techniques and mindfulness meditation plays a significant role in paving stimulation in all domains of health, for both the mother and primary caregiver. Poor coping, isolation, social malfunctioning as elements of parental distress that affect mental health and quality of life, which needs to be further studied and correlated. There occur different levels of intellectual disability in children. The consequences and lack of mental health are always felt by parents and caregivers. All aspects of community and social life that have a direct and quantitative impact on physical and mental health on a larger scale are referred to as quality of life..As a result, it's important to enroll, a family-centered approach, as well as schedules for psycho education and appropriate quality of life intervention for parents in conjunction with child care, is essential. There are a plenty of relaxation techniques such as Progressive muscle relaxation group therapy, breath exercise, mindfulness meditation and psycho education for developing well and quality of life.

This research focused on the efficacy of a behavioral training on mental retarded children parents with a low socio-cultural background. Effective parent training require three steps:

(1) the parents must learn adequate management skills and changes their behavior; (2) these changes must be implemented with the child; (3) changes must be generalized and persist. For this reason, at first, it was necessary to modify parents mistaken beliefs on mental retardation and on children behavioral problems. The empirical results showed a better parents consistency and cohesion. In fact, it was observed that, during the assessment phase, father and mother had a different perception of children behaviors and, consequently, they had different ways to answer to. Just after the second meeting, both fathers and mothers started to distinguish behaviour related by disability from other types and they were able to manage them choosing the same solution and method. In effective parent training, parenting skills must be generalized outside the training situation and persist after training. For this reason, during all training sessions, the parents had the opportunity to learn the techniques of behavior modification and

then, at home, to verify their efficacy on their children. The results proved the parent training efficacy.

XII. REFERENCE

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