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PARENTING STRESS, PSYCHOLOGICAL WELLBEING AND SOCIAL SUPPORT IN MOTHERS OF CHILDREN WITH MENTAL RETARDATION

Clinical Research

Swati Kumari* PhD. Scholar, Department of Psychiatric Social Work, RINPAS, Kanke Ranchi-834006. *Corresponding Author

Manisha Kiran Associate Professor and Head, Department of Psychiatric Social Work, RINPAS,Kanke Ranchi, 834006.

ABSTRACT

Background: Parenting of mentally retarded children is a long term commitment and is much more stressful than parenting for normal children. Even though parenting for mentally retarded children provides the parents with a meaningful role and important purpose, parents have a sense of worry and stress is one of the most common factors for parents.

Aim of the study: This study purposes is to assess and examine the parenting stress, psychological well-being and social support in mothers of children with mental retardation and mothers of children with normal control.

Methodology: The study was hospital based cross-sectional study. Purposive sampling methods was used for selecting the samples. The study was carried out from an out-patients department at Ranchi Institute of Neuro-Psychiatry and Allied Sciences in Ranchi for the mothers of children with mental retardation and area in proximity of RINPAS for normal control. Total number of 60 respondents (30 mothers of children with mental retardation and 30 mothers of children with normal control) were taken for this study. Subjects were evaluated using socio demographic datasheet, parenting stress inventory/ Short form (PSI/SF), Psychological general well-being index and social support questionnaire.

Result/Conclusion: Present study finding revealed that mothers of the children with mental retardation are having more "Parental stress in any domain, faced difficulties psychological wellbeing as compared to mothers of children with normal controls.

KEYWORDS

parenting stress, psychological well-being, social support, mental retardation and mothers.

INTRODUCTION

Mental retardation defines as area of sub average of intellectual functioning which originates during the stage of developmental period and is associated with impairment in adaptive performance (Heber, 1959 & 1961). According to the PWD Act, 1995, Mental retardation that means a "Condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence."

Mothers of children with mental retardation faces a lot of challenges in their day to day life, she suffers with stress as well as parenting stress, anxiety, depression, physical health problem and also face lack of family and social support. Parenting is the key process which helps in stimulating and supporting a child from infancy to adulthood in which the physical, emotional, social and intellectual development develops. Mothers of children with mental retardation are vulnerable to stress, because mothers of children spend more time in taking care of them rather than other children. In the literature, mothers of children with handicaps have generally reported more depressive symptoms than mothers of normally developing children (Breslau & Davis, 1986:; Wilton & Renaut, 1986).

Studies had shown that parents of these children had faced more level of stress, anxiety, depression, guilt, deprived social and marital adjustment, low level of satisfaction in their life, they do not have a good parents-child relationship as well as mental suffering and disappointment from their lives (Gray & Holden 1992; Abbeduto et al., 2004).

Psychological well-being is directly related to the emotional status of an individuals. It refers to just how people assess or evaluate their lives, these assessment were are in the form of cognition or in the form of effects (Bradburn, 1969). Having a child suffering from these disability can leads to a significant risk for parents especially effects on mother's on their physical, emotional and psychological well-being, a child suffering from disability brings so many challenge for their parents such as care, financial and social burden as well as how to treat with the conditions of these children, how to deal with child problematic behavior, and also social stigma is related with disability.

In India, there are so many surveys conducted such as systematic National Surveys has been channeled to delineate the prevalence of mental retardation. According NMHS (2016) Intellectual Disability (ID) screener positivity rates was 0.6%, it was greater amongst the younger age group, among males and those from urban metro areas The notion of social support has been used interchangeably with related terms on as "social bonds" (Henderson, 1978), "social network" (Mueller, 1980), "human companionship".

Social support is strongly related to parent's adaptation to stress, physical and psychological well-being, and positive attitudes toward the future of their children with mental retardation (Heller & Factor. 1993: Krauss, 1993; Stoneman & Crapps, 1988).

The root cause are related to the social flout and social stigma. For example the child behavior, abnormality, disability becomes entirely noticeable by Neighbor, Inhabitant and relatives. Which can may leads to isolation of the children even within the family, and the children may be get restricted from appearance when friends and relatives visits at their home or may be left back to home when parent go out (Kerenhappachu, 2014).

OBJECTIVES OF THE STUDY:

To measure the parenting stress, psychological well-being and social support in mothers of children with mental retardation and with normal controls and to examine the relationship among parenting stress, psychological well-being and social support in mothers of children with mental retardation.

METHODOLOGY:

The present study was cross sectional hospital based and single contact study, which was conducted with an Out Patient Department (OPD) at Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke, Ranchi. Purposive sampling technique was used for selecting samples. The data of Mothers of children with mental retardation were collected from RINPAS OPD and data of mothers of children with normal controls were collected from the nearby areas of kanke, Ranchi.

SAMPLE SIZE

The present study included total 60 mothers out of which 30 mothers of children with mental retardation diagnosed as per ICD-10 DCR (WHO, 1993) and 30 mothers of normal control children were taken for the study.

INCLUSION CRITERIA FOR MOTHERS OF CHILDREEN WITH MENTAL RETARDATION:

- Mothers whose children diagnosed with mental retardation as per ICD-10 DCR, WHO- 1993. (All categories of mental retardation mild, moderate, severe, profound).
- Age ranges of the children 6-14 years.
- Mentally retarded children of either sex.
- Mothers actively involved in the care of children about nearly more than 2 years.

- Age ranges of mothers between 25 to 45 years.
- Mothers who gave written informed consent.

EXCLUSION CRITERIA FOR MOTHERS OF CHILDREEN WITH MENTAL RETARDATION:

- The mothers who are not living with children from f last 2years.
- History of any major Physical or Psychiatric illness or other co-morbidity, Substance abuse/dependence.
- Learning disability.
- Conduct disorder.
- Age range of mother's <25 and >45.

INCLUSION CRITERIA FOR MOTHERS WITH CHILDREN OF NORMAL CONTROLS:

- Mothers actively involved in the care of children for more than 2 years.
- Normal children of either sex.
- Normal children's age range should be match with mental retardation children's.
- Age ranges of mothers are between 25 to 45 years
- Mother who gave written informed consent.

EXCLUSION CRITERIA FOR MOTHERS WITH CHILDREN OF NORMAL CONTROLS:

- History of any major Physical or Psychiatric illness or other co-morbidity, Substance abuse/dependence
- History of mental retardation in the families of children with normal controls.
- Mothers who did not give written informed consent.
- Age range of mother <25 and >45.

DESCRIPTION OF TOOLS APPLIED:

1. SOCIO-DEMOGRAPHIC & CLINICAL DATA SHEET-

Socio-demographic and clinical data sheet are semi-structured, self-prepared Performa especially drafted for this study. It contains information about mentally retarded children and mother's socio-demographic variables (like age, sex, religion, education, marital status, domicile and occupation and socio-economic status etc.) and clinical variables related to child.

2. THE PARENTING STRESS INDEX/SHORT FORM (PSI/SF) (Richard, 1995)-

The PSI/SF (total 36 item) was developed at the request of clinicians and researchers who regularly use the full-length PSI and indicated the need for a valid measure of stress in the parent-child system that could be administered in less than 10 minutes. Since the mother tongue of respondents was Hindi, the questionnaire was translated in Hindi.

3. PSYCHOLOGICAL GENERAL WELL-BEING INDEX-PGWB (Olivier Chassany et al., 2004)-

The original PGWBI consists of 22 self-administered items, rated on a 6-point scale, which assess the psychological and general well-being of respondents in six HR-QoL Domains: ▸

- Anxiety
- Depression
- Positive well-being
- Self-control
- General health and
- Vitality

Each item has six possible scores (from 0 to 5), referring to the last 4 weeks of the subject's if time. Each domain is defined by a minimum of 3 to a maximum of 5 items. The scores for all domains can be summarized into a global summary score, which reaches a theoretical maximum of 110 points, representing the best achievable level of well-being (Dupuy, 1990).

4. SOCIAL SUPPORT QUESTIONNAIRE: (Hindi Adaptation, Nehra & Kulhara, 1987)-

This scale measures perceive social support i.e. social support as perceived by the subject. It had total 18 items and 4 possible responses may be, 4=agree a lot, 3=agree quite a bit, 2=agree somewhat, 1=disagree. Some items were positively worded and scoring remaining same 1, 2, 3, 4 and some negatively worded, so the scoring was to be reversed for these items i.e. 4, 3, 2, 1. Score indicates the amount of Perceived social support. Higher score indicates more perceived social support and vice versa. It was a reliable and valid questionnaire. Test retests reliability after two weeks interval on 50 subjects was found to be 0.59**, significant at .01 level.

PROCEDURE:

Initially permission was taken from the authorities of the institute for conducting the present study entitled ***"Parenting Stress, Psychological Well-being and Social Support in Mothers of Children with Mental Retardation"***. Mothers of children with Mental retardation, who attended an out-patient department (OPD) at RINPAS during study period and sample for both the groups, selected as per the inclusion and exclusion criteria. After that the socio-demographic & clinical data sheet was applied for experimental and control groups. Then, after the others scales i.e. parenting stress, psychological well-being and social support questionnaires were administered in the mothers of children with mental retardation and normal control. A total 60 samples were selected as participants from both the groups. The questionnaires were then scored, the obtained data was tabulated, and was subjected to relevant statistical analysis and inferences were drawn out.

STATISTICAL ANALYSIS:

The data was entered into the profile scoring sheet initially and thereafter was entered into statistic software SPSS version 20 (Statistical Package for Social Sciences). Descriptive, parametric and non parametric tests were employed wherever appropriate. Descriptive statistics was carried out on the socio-demographic data. The socio-demographic characteristics of both the groups were initially described using number and percentages. Thereafter both groups were compared on socio-demographic variables stated using chi-square analysis. Scores obtained by participants of both the groups on various scales used in the study viz. Parenting stress inventory/ Short form (PSI/SF), Psychological general wellbeing index (PGWB), Social support questionnaire were described using mean and standard deviation. Chi square test was used for describing & comparing categorical variables and T-test was used for describing and comparing continues variables. The following correlation analyses were done using Pearson correlation method. Thereafter the scores of Social Support Questionnaire were correlated with dimensions of Psychological general wellbeing index (PGWB). Various subscales of, Parenting stress inventory/ Short form (PSI/SF) were correlated with scores of Social support questionnaire.

RESULT

Table-1: Comparison of Socio demographic variable of mother of children with mental retardation (Sample group) and normal controls

Variables		Samples (N=60)		df	X^2/ Fisher Exact Test	p
		Sample group N=30 (N %)	Normal controls N=30 (N %)			
Sex of the children	Male	23(76.0%)	17(56.7%)	1	2.700	0.100
	Female	07(23.30%)	13(43.3%)			
Religion	Hindu	23 (76.7%)	24 (70.0%)	-	0.849	0.794
	Islam	6 (20.0%)	4 (13.3%)			
	Christian	1 (3.3%)	2 (6.7%)			
Education of the mother	Primary	19 (63.3%)	7 (23.3%)	-	0.000**	0.005**
	Secondary	8 (26.7%)	9 (30.0%)			
	Higher Secondary	1 (3.3%)	8 (26.7%)			
	Graduation	1(3.3%)	2 (6.7%)			
	PG and above	1(3.3%)	4(13.3%)			
Occupation	Professional	0 (0%)	6 (20.0%)	-	66.058	0.000**
	Housewife	30(100%)	01 (3.3%)			
	Other	0(0%)	23(76.7%)			
Category	General	05 (16.7%)	07 (23.3%)	-	9.168	.030*
	OBC	19 (63.3%)	09 (30.0%)			
	SC	02 (6.7%)	02 (6.7%)			
	ST	4 (13.3%)	12 (40.0%)			
Family types	Joint	16(53.3%)	18(60.0%)	1	0.271	0.602
	Nuclear	14(46.7.0%)	12 (40.0%)			
Family Monthly income	Less than 5000	7(23.3%)	2(6.7%)	-	12.056	0.006**
	5000 to 10000	17(56.7%)	10(33.3%)			
	10000 to15000	5(16.7%)	9(30.0%)			
	Above 15000	1(3.3%)	9(30.0%)			

Domicile	**Rural**	24(80.0%)	1(3.3%)	-	40.175	0.000**
	Semi-urban	04(13.3%)	16(53.3%)			
	Urban	2(6.7%)	13(43.3%)			

**Significant level <0.01
*Significant level <0.05

Table- 1. shows the comparison of socio-demographic variables of mother of children with mental retardation and normal control group, which indicates that there is significant difference education(p=0.005**), occupation(p=0.000**),category (p=.030*), monthly income (p=0.006**) and domicile (p=0.000**). However result also indicated that there is a significant difference in both groups. However no significant difference has been found with regards to sex family type and religion in both the groups.

Table-1.2: The Comparison of socio demographic variables of mother of children with mental retardation and normal controls

Variables	Samples (N=60)		df	t	P
	Sample group N=30 (N %)	Normal controls N=30 (N %)			
Age of the mother	31.90 ± 4.46	33.20 ±4.79	58	-1.087	0.282
Age of the children	9.73 ± 2.49	9.73 ± 2.43	58	0.000	1.000

Table-1.2 shows the comparison of socio demographic variables of mothers having children with mental retardation and normal controls. This table indicates that there were no significant differences with regards to the age of the mother in control and normal groups. As well as the age of the children in the both groups.

Table-2: The Comparison of domains of parenting stress in mothers of children with mental retardation and normal controls.

Domains of parenting stress	Samples (N=60)		df	t	P
	Sample group N=30 (N %)	Normal controls N=30 (N %)			
Parental Distress	46.83±5.68	21.73 ±3.28	58	20.94	0.000**
Parent-child Dysfunctional Interaction	45.43 ± 4.28	22.00 ± 3.46	58	23.30	0.000**
Difficult Child	43.93 ± 6.14	21.90 ± 3.08	58	17.55	0.000**

**Significant level <0.01

Table-2 Shows the comparison of parenting stress in mothers of the children with mental retardation and normal control using independent t-test. Which indicated that there were significant difference found in the domains of Parental Distress (p=0.000**), Parent-child Dysfunctional Interaction (p=0.000**), Difficult Child (p=0.000**).

Table-3: The Comparison of social support in mother of children with mental retardation and normal controls.

Social support questionnaire	Samples (N=60)		df	t	p
	Sample group N=30 (N %)	Normal controls N=30 (N %)			
Social Support	40.93 ± 6.29	41.96 ±4.52	58	-0.73	0.468

**Significant level <0.01

Table- 3.Shows the comparison of social support in the mothers of children with mental retardation and normal control using t-test. Which revealed that there were no significant difference found in social support in the both groups.

Table-4: The Comparison of domains of Psychological wellbeing in mothers of children with mental retardation and normal controls

Domains of Psychological well being	Samples (N=60)		df	t	P
	Sample group N=30 (N %)	Normal controls N=30 (N %)			
Anxiety	18.70 ±3.48	8.90± 4.27	58	9.72	0.000**
Depression	12.43 ± 1.90	6.76 ± 2.64	58	9.51	0.000**
Self control	12.36 ± 2.17	6.76± 2.09	58	10.15	0.000**
General health	10.90 ± 1.68	10.90 ± 1.68	58	0.00	1.000
Vitality	10.93 ± 2.61	15.46± 2.04	58	-7.48	0.000**
Psychological well being	8.10 ± 2.27	15.76 ± 2.29	58	-12.96	0.000**

**Significant level <0.01

Table-4.shows the t-test applied in the mothers of children with mental retardation and normal control which indicates that there were significant difference found in the domains of Anxiety(p=0.000**) , Depression(p=0.000**), Self-control(p=0.000**), General health(p=1.000), Vitality(p=0.000**), Psychological well-being(p=0.000**).

Table-5: The Correlations among the domains of parenting stress, and the domains of Psychological well being in the mothers of the children with mental retardation

Domains of parenting stress	Domains of Psychological well being					
	Anxiety	Depression	Self - control	General health	Vitality	Psychological well being
Parental Distress	-.280	-.230	.212	-.092	-.038	-.185
Parent-Child Dysfunctional Interaction	-.152	-.067	-.036	-.146	-.216	-.231
Difficult Child	.084	.069	.030	-.011	.077	-.044

Table-5. Shows correlation among domains of parenting stress and psychological well-being of mothers of children with mental retardation which revealed that there were no significant relationship found among the mothers of parenting stress and psychological well being of mothers with children of mental retardation.

Table-6: Correlations between social support, and domains of Psychological well being in mothers of the children with mental retardation

Social support	Domains of Psychological well being					
	Anxiety	Depression	Self - control	General health	Vitality	Psychological well being
Social support	.483**	.316	.204	.259	.245	.366*

** significant at the 0.01 level
* significant at the 0.05 level

Table-6. Shows the correlation among social support and the domain of psychological well-being which indicated that there were positive correlation found between social support and the domains of Anxiety and Psychological well being of the psychological well-being stress in the mothers of children with mental retardation.

Table-7: The Correlations among domains of parenting stress, and social support of mothers of the children with mental retardation.

Domains of parenting stress	Social support
Parental Distress	-.374*
Parent-Child Dysfunctional Interaction	-.287
Difficult Child	-.121

* significant at the 0.05 level

Table-7. Shows the correlation among domains of parenting stress and social support of the mothers of children with mental retardation which indicates that there were negative correlation found in the domain of parenting distress and social support, however there were no significant correlation found in the domain of Parent-Child Dysfunctional Interaction and social support in the mothers of children with mental retardation.

DISCUSSION

The aim of the present study is to assess the parenting stress, psychological well-being and social support in mothers of children with mental retardation and compares to the mothers of children with normal controls. It is a challenge for the mothers of mentally retarded children to take adequate care of them which in turn results in stress, poor social support and poor psychological well-being. In similarly Gupta et al., (2012) use same scale to measure Parental Stress in his

study on "Parental stress in raising a child with disabilities in India". Some previous researcher also used the similar kind of measures in their studies (Donovan, 1988, Epstein et al., 2008). In the study as per socio demographic variables the results indicated that there were significant difference found in the various socio demographic data that in education , occupation of the mother , category, family monthly income and domicile in the mother of children with mental retardation as compared to mother of the children with normal controls. As we all know that Socio demographic factors play a vital role in distress and psychological well-being. It is well evident that socio demographic variables are importance factor which impact on distress, social support and psychological well-being. In the present study, it was found that most of the respondent had less educated, unemployed and low families income in the mother of children with mental retardation. Most of the mothers & patients came to this institute from rural areas due to which their education, income and occupation was lower than those Mother having healthy child.

The result indicated that the mothers of children with mental retardation was taking high parenting stress as compared to mother of children with normal control. Finding of the study reveals that the mothers of children with mental retardation having more Parental Distress**,** Parent-child Dysfunctional Interaction and Difficult Child as compared to mothers of children with normal control. Similarly, a study conducted by Salro et al., (1992) which states that parents of girls' with Rett;s syndrome reported more stress compared to normal control population group. The distress is high in the group of mothers with mental retardation because of the extra burden and care that such mothers have to provide to their disabled children compared to the normal controls.

The present study indicated that there was significant difference found in the domains of Anxiety, Depression, Self-control, Vitality, Psychological well-being. Pervious study done by Boromand et al.,(2014) found that there is a significant difference in psychological wellbeing between the parents of the mental retardation and normal children. In this study mothers with child with mental retardation have higher levels of anxiety in comparison to normal controls since they need to be extra vigilant and take more care of the mentally retarded child which was cause of additional concern and burden for them. They also have higher level of depression compared to normal controls which may be due to the fact that they have lower quality of life due to higher burden, impaired social life of the mother, lower academic performance of the child and lack of ability of the child to take his own care adequately compared to the mothers of normal controls. Self-control is higher in mothers of mentally retarded children due to their prolonged exposure to handle the challenges in managing the child with mental retardation which takes a lot of tolerance and patience in the part of the mother. The present research supported to the research conducted by Bumin et al., (2008) reported that mother with disabled children experience more anxious and depressed and surge of anxiety and depression deteriorate life quality. Another study done by Kuwari (2007), reported that Mothers of mentally disabled children have poorer psychological health than mothers of non-disabled children.

The present study revealed that there was no significant difference found in social support in the both groups. pervious literature clearly point out that there is a significant difference between the mother of children with mental retardation and those of the normal children with regards to the social support seeking and actually received support.

The present study indicated that there is no significant difference found between Parenting distress and Psychological well-being of mothers of the children with mental retardation. Because it might be Psychological well-being & social support which is considered as a potential mediator or buffer against stress and a more way to cope with traumatizing events and several neuro and psychiatric problems like mental retardation. Distress acts only as a resistance factor; that is, decreases support, or buffers, the adverse psychological impacts of exposure to negative life events and chronic difficulties, but support has no direct effects upon psychological symptoms when stressful circumstances are absent. The results of the present study inconsistent previous findings indicating that a significant and positive correlation was observed between Parenting distress and Psychological well-being (Hastings & Taunt, 2002).

There is a positive correlation between anxiety and psychological well-being with social support. This has been indicated that higher perceived social support the mother receives lower level of psychological distress and anxiety. This finding also supported by pervious finding conducted by Bodla & Saima (2012), it was found that posting correlation exists between psychological well-being and social support.

CONCLUSION

The present study was conducted to compare the parenting stress, psychological well-being and social support in mother of children with mental retardation and children with normal controls. In India, since fathers are less involved as compared to mothers who are primary care givers of children with mental retardation, consequently they are more vulnerable to psychological distress. There is a dearth of studies conducted in this field, thus, the purpose of the study was to explore and bridge the knowledge gap in the current literature and accordingly plan a therapeutic intervention. It can be concluded from the current study that mothers of children with mental retardation have higher psychological distress and low psychological well-being as compared to mothers of the control group. Thus, it would be beneficial to provide psycho education to the mother of children with mental retardation to prevent the stigma regarding their children's disability and encourage them to seek professional health support. Also, it would helpful to provide individual and family supportive psychotherapy to reduce the distress and promote positive well-being by teaching them stress and coping strategies.

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