Chapter - 2 - Review of Literature
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2.1. Introduction:-

A literature review is an account of what has been published on a topic by accredited scholars and researchers. In writing the literature review the purpose is to convey what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are.

As a piece of writing, the literature review is defined by a guiding concept (e.g. your research objective, the problem or issue you are discussing or your argumentative thesis). It is not just a descriptive list of the material available, or a set of summaries.

A literature review is more than the search for information, and goes beyond being a descriptive annotated bibliography.

It should give a theoretical base for the research and help to determine the nature of the research. Works which are irrelevant should be discarded and those which are peripheral should be looked at critically.

A literature review must do these things:

1. Be organized around and related directly to the thesis or research question you are developing.
2. Synthesize results into a summary of what is and is not known.
3. Identify areas of controversy in the literature.
4. Formulate questions that need further research.

A literature review goes beyond the search for information and includes the identification and articulation of relationships between the literature and your field of research. While the form of the literature review may vary with different types of studies, the basic purposes remain constant:
Provide a context for the research.

Justify the research.

Ensure the research hasn’t been done before (or that it is not just a “replication study”).

Show where the research fits into the existing body of knowledge.

Enable the researcher to learn from previous theory on the subject.

Illustrate how the subject has been studied previously.

Highlight flaws in previous research.

Outline gaps in previous research.

Show that the work is adding to the understanding and knowledge of the field.

Help refine, Refocus.

2.2. Meaning of the Review of Related Literature:

According to W.R. Borg, (1983) “The literature in any field forms the foundations upon which all future work will be built. If we fail to build the foundations of knowledge provided by the review of literature our work is likely to be shallow and naïve and will often duplicate work that has already been done better by someone else.”

According to John Best, (1986) “Practically all human knowledge can be found in books and libraries unlike other animals that must start anew with each generation, man builds upon the accumulated and recorded knowledge of the past. His constant adding of the vast store of knowledge makes possible progress in all areas of human Endeavour.”
2.3. Objective of the Review of Related Literature:

- To provide theories ideas, explanations or hypothesis which may prove useful in formulation of a new problem?
- To indicate whether the evidence already available solves the problem adequately without requiring further invention.
- To suggest the method procedures, sources of data and statistical techniques appropriate to the solution of the problem.
- To enable the researcher to improve his own investigation.
- To help in developing expertise and general scholarship of the investigator in the area investigated.
- To provide some insight regarding strong points and limitations of the previous studies.
- To locate comparative data and findings useful in the results.

The conclusions drawn in the research are significantly compared and may be used as the subjects of the study.

2.4. Importance of Review of Related Literature:

Educational research is considered as the foundation of education. The term review means to organize the knowledge of the specific area of research to evolve an edifice of knowledge to show that the proposed study would be an addition to this field.

In research methodology the term “literature” refers to the knowledge of a particular area of investigation of any discipline which includes theoretical practical and its research studies. The task of literature is highly creative and tedious because the researcher has to synthesize the available knowledge of the field in a unique way to provide the rational for his study.
The very words ‘review’ and ‘literature’ have quite different meanings in the historical approach. The historical much more than only review already published material. He seeks to discover and to integrate been report and considered.

It describes how proposed research is related to prior research in statistics. It shows the originality and relevance of the research problem. It demonstrates your preparedness to complete the research.

Review of literature is also important to highlight difference in opinions contest read or evidence, and the different explanations given for their conclusions and differences by different authors. In some cases, an analysis of these factors can help one understand May facets of a complex issue and at other times, such analysis can lead to a new possibility that can be researched upon in the current project. Thus review of literature is a very important part of one’s research.

Every piece of ongoing research needs to be connected with the work already done, to attain an overall relevance and purpose. The review of literature thus becomes a link between the research proposed and the studies already done. It tells the reader about aspects that have been already established or concluded by other authors, and also gives a chance to the reader to appreciate the evidence that has already been collected by previous research, and thus projects the current research work in the proper perspective.

“The related literature in any field forms the foundations upon which all the future works will be built.”

- Walter R. Borg and M. D. Gall
“Since effective research is based upon past knowledge this steps helps to eliminate the duplication of what has been done and provides useful hypotheses and helpful suggestions for significant investigation.”

- J. W. Best and J. V. Kahn (1986)

The importances are as follows:

- Review of related literature shows the correct direction so that it may prove helpful to the new researcher.
- It helps to clarify the subject so that there is no confusion in the mind of the researcher.
- With the help of it the unwanted efforts can be sustained and time and energy and money could be saved.
- It provides the researcher with helpful suggestions for significant investigation.
- It guides us for selection of research methods.
- So the review of related literature is fruitful phase of the educational research.

The review of the relevant researcher is presented here in a tabular form under various headings.

2.5. Study Related Psychological Well Being:-

(1) Marshall, Hegrenes, & Goldstein (1973) reported further insight into the problems, parents face as they try to manage their handicapped child’s development. They observed two groups of 20 mothers of the retarded children were more demanding and commanding and commanding in their verbal exchange with their children. They described the retarded children were more
demanding and commanding in their verbal exchange with their children. They described the retarded child as “limited mentally and socially, thus requiring greater external” control by the parent.

(2) Thomas & Guler Boyraz (2011) found that fathers of children with disabilities scored significantly higher on the self-acceptance dimension of psychological well-being compared with fathers of children without disabilities. After controlling for the demographic factors, family cohesion and paternal self-efficacy significantly and positively predicted well-being of fathers; the effects of these variables on well-being were the same for both groups of fathers.

(3) Seth (1979) compared the maternal attitudes of retarded children and normal children. The experimental group comprised of 30 mothers of mentally retarded children and the control group consisted of 30 mothers of normal children. The data was collected through case history callouts, interview schedules, psychological tests and Parental Attitude Scale. The findings of the study revealed that mothers of mentally retarded children evinced more severe and pathological attitudes than mothers of normal children. 87% of mothers reported inability to carry out household work because much of their time was spent in looking after the retarded child. 83% reported that their social life was hampered due to loss of prestige: feeling of shame, social stigma and difficulty is visiting others and entertaining guests. 80% of mothers harboured guilt feelings and attributed the child’s condition to their own sins. 73% had problems of interpersonal relationship as misunderstanding and bickering among family members and marital disharmony. 67% indicated negative effects of mentally retarded children on other siblings. The problem of
disciplining the child was found in 63%. 47% of mothers reported effects on the economic aspects of the family due to their retarded children.

(4) Veena (1985) results indicated that the nature and extent of disability of the disabled member affected the problems faced by the family and the family had to make more efforts to solve the problems as the extent of handicap increased.

(5) Narayanan (1978) found that children with mental retardation from rural and non nuclear families posed much less problems to their mothers and mothers of mentally retarded children Experienced more anxiety and depression. Further the presence of mentally retarded child is always hindered the social and routine activities of the family. Though the prevalence of mentally retarded children are high in rural areas, the awareness level about mental retardation is very much low.

(6) Sethi & Sitholey (1986) reported parental burden in the form of interfaces in their family routine or leisure and recreation, which even resulted in social, marital familial and emotional problems in the home settings of parents of children with mental handicap.

(7) Puri & Sen (1989) opined that the behavior of mentally handicapped child was disruptive to the smooth functioning of any group whether in the family or in the play-ground or in the class room and could prevent the child’s integration in such groups. The reaction of the group members to such disruption might be one of the rejections, exclusion, punishment or the disorganization of the group itself.

(8) Ramadevi (1991) in a study regarding the attitudes of rural children towards their mentally handicapped siblings indicated that majority of children favored their retarded sisters to their retarded brothers. This finding is
consistent irrespective of the sex, age, ordinal position and educational level of siblings of retarded children.

(9) Girimaji (1993) researched the family intervention in mental retardation and said home-based family care approach in mental retardation has gained world-wide recognition and lot of research focused in this area recently. Approaches to such family intervention include 1. Parent education, 2. Parent training, 3. Parent counseling, 4. Family social support networking and 5. Transactional intervention. Based on this research a family intervention model was developed at National Institute of Mental Health and Neuro Sciences in 1985. This model could be considered as great support to parents of children with mental handicap. The model has been evolved to meet the needs of sub-groups of families who needed intensive intervention for reasons such as presence of high degree of stress and/or poor coping skills in the family following the birth of mentally retarded person. However, the model seems to offer comprehensive care as it has been tailored to suit the needs of individual child and family.

(10) Peshwaria & Menon (1998) studied Indian families raising Mentally Retarded children. They felt parents and families are the highest strength in India but there are certain difficulties such as financial burden, no proper support, large size families’ misconceptions regarding mental handicap parental reliance on magical medical cures, and transportation problems in reaching available services.

(11) Kim et al., (2003) investigated changes over time in how mothers cope with the challenges of caring for an adult child with disabilities and the effects of changes in coping on maternal well-being. A sample of 246 aging mothers
of adults with intellectual disability and 74 mothers of adults with mental illness was drawn from two parallel longitudinal studies of later-life care giving. There was considerable variability at the individual level in the degree to which mothers changed over time in their use of problem-focused and emotion-focused coping strategies. For both groups, an increase in their use of emotion-focused coping led to declining levels of well-being. For the parents of adults with intellectual disability, an increase in their use of problem-focused coping resulted in a reduction in distress and an improvement in the quality of the relationship with their adult child. For the parents of adults with mental illness, an increase in the use of problem-focused coping had no effect on levels of distress, but led to an improved relationship with their adult child. The review of literature does provide a clear view of the various problems and difficult situations faced by the parents of mentally retarded children. Varieties of reactions are reported by the parents of a retarded child ranging from shocking reaction to acceptance. The impact of the retarded child on the family unit is an ongoing problem. As the child grows, new problems would arise for example, entering school, finding a job, sexual maturity, etc. Therefore there is a need for early intervention, active parental counseling and training of parents to handle the retarded child. Also, there is a need for research to explore and enhance positive feelings of parents and family members towards retarded children.

(12) Nia White & Hastings (2004) showed that parental well-being was associated with the child's adaptive and problem behaviors and with the child's autism diagnosis. Parents’ ratings of the helpfulness of informal sources of support (spouse, extended family, friends, etc.) was most reliably associated with parental well-being, and remained so after controlling for child
characteristics. Parents’ access of service and professional support was not associated with parental well-being, but there was some evidence that it was related to their child's needs, social burden than those of physically handicapped children. Same authors reported that mothers of female mentally handicapped children more often reported burden because of disruption in family leisure and effect on mental health. Majority of the mothers rated the overall burden as moderate to severe.

(13) Glidden & Natcher (2009) found that both mothers and fathers, combinations of personality factors and coping strategies were able to significantly predict outcome variables measured 6 years later. Personality, however, was a better predictor for mothers, whereas coping strategies predicted more variance for fathers. Distancing, especially, demonstrated mother–father differences. The relations among personality, coping and parental outcomes were consistent and stable over the 6-year interval. There were some differences between mothers and fathers, and also many similarities in the frequency of use of different coping strategies, and in the direction of influence of personality and coping strategy on outcome variables.

(14) Anette Hauskov Graungaard & John Sahl Andersen (2010) Findings were interpreted in a theoretical framework of Lazarus and Folkman’s studies on coping and Fredrickson’s broaden-and-build theory of positive emotions, as well as theories of positive illusions and benefit finding during severe adversity. The parents continually created and sustained their personal resources through positive cognitive reappraisals of their circumstances, the consequences of those circumstances and their coping possibilities. Nine main coping strategies were identified and used during the longitudinal study. Positive coping and emotion lead a maximum relaxation among the parents.
(15) Bostrom et al., (2010) Parents rated children with mixed Intellectual Disability/Developmental Delay as shyer and more impulsive, and less active and sociable when compared with Traditional Development children. Children with mixed Disability/Developmental Delay were also reported to have more negative and less positive impact on the family compared with the TD group. In subgroup analyses, children with Down Syndrome and cerebral palsy/motor impairment were described as having less negative impact on parents and were described as low in negative emotionality. Children with autism spectrum disorder (ASD), Disability/Developmental Delay no’s and other less common diagnoses had a similar pattern of temperament with high emotionality, shyness and impulsivity, and low activity and sociability. Parents of children with ASD and Disability/Developmental Delay reported the highest level of negative impact.

(16) Glidden et al., (2010) found that the disability status of the children did not predict ratings on three of the factors, but parents of children with disabilities were perceived as less negative on one factor than parents of typically developing children. Extraversion, occupational status, and subjective well-being related to the child also predicted some parenting behaviors. Parenting a child with intellectual or developmental disabilities did not result in identifiably adverse outcomes for either mothers or fathers as determined by both behavioural and self-report measures.

(17) Thomas & Guler Boyraz (2011) found that fathers of children with disabilities scored significantly higher on the self-acceptance dimension of psychological well-being compared with fathers of children without disabilities. After controlling for the demographic factors, family cohesion and paternal self-efficacy significantly and positively predicted well-being of
fathers; the effects of these variables on well-being were the same for both groups of fathers.

(18) Norlin & Broberg (2012) found that marital quality predicted concurrent well-being, and co-parenting quality predicted prospective well-being. Mothers of children with intellectual disability reported lower well-being than other parents.

2.6. Study related Life Satisfaction:

(1) Singh Dager (1982) results showed the structure of the family, educational level of parents, employment of mother, and others in the family influence behavior. It has been indicated that parents with low socio-economic status tend to solve their children’s emotional problems, in terms of somatic disturbance they are not conscious of their emotional and mental development as compared with parents of high socio-economic status.

(2) Balachandran (1985) results indicated that parents of children with handicaps scored substantially higher on stress scale than parents of children without handicaps on each of the measures. The two groups did not differ on any domain of the family social environment. The results provided strong evidence that family stress is related to the care of a child with special needs, in middle class families. The authors at the end commented that some of these problems are though common with normal children they are magnified many times throughout many more years when caring for a child with mental retardation. Additional help need to be provided to such families to avoid making families of children with handicaps into “handicapped families”.

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(3) Cagran et al., (2011) found that importance was rated highest, and Attainment and Opportunities were rated lowest, while Initiative and Satisfaction were evaluated lower than Importance but higher than Attainment and Opportunities. Among the domains of family life, Family Relations was evaluated the highest from the perspective of all five dimensions. The family members rated Importance high for all of the quality of family life domains, but it appears from the lower Opportunities scores that their opportunities are limited; this may result in fewer possibilities for attaining a better quality of life.

(4) Anne Toth (2000) found that expressing their own frustration, parents had spoken out about the special needs of their children and the desire to improve communication in the home, solve problems, and deal with issues of isolation related to being deaf in a hearing world. Parents with more stress-level measures had requested intervention, protection, and counseling. Study provided evidence of low self-esteem in children and high stress levels in parents. The support of other family members, teachers, peers, community services, and the use of counseling to resolve underlying mental health issues are equally important if change is to occur, among the children and parents of the deaf children.

(5) Emerson (2003) Families supporting a child with intellectual disability were significantly economically disadvantaged when compared with families supporting a child who did not have Intellectual disability when compared with mothers of sampled children who did not have intellectual disability, mothers of sampled children with intellectual disability reported that their Childs difficulties resulted in greater social and psychological impact having a child with intellectual disability marginally reduced the odds of mothers screening
positive for having mental health problems and among mothers of children with intellectual disability, mental health problems were associated with the child difficulties having a greater social impact having a boy, the child experiencing more than one potentially stressful life event poverty.

(6) Beck et al., (2004) found that mothers with high EE towards their child with ID were more satisfied with their parenting ability, and their children had more behavior problems. Analysis of differential maternal parenting, through comparisons of emotions expressions towards their two children, showed that mothers were more negative towards their child with ID for all domains of the FMSS except dissatisfaction.

(7) Donovan et al., (2005) findings suggested that occupational performance of mothers of children with disabilities is constrained by time, overlaid by difficult emotions, and involves a desire for increased social contact.

(8) Stubbe J. H. & Others (2005) Life satisfaction of 5668 subjects registered with The Netherlands Twin Registry (NTR) was measured with a Dutch version of the self-reported Satisfaction with Life Scale. An extended twin design was used to obtain correlations in life satisfaction scores for monozygotic twins, dizygotic twins and sibling pairs and to estimate the contribution of genes and environment to the variation in life satisfaction.

**Results:** No differences between males and females were found in the mean level of life satisfaction. Broad-sense heritability was 38%. Non-additive genetic factors explained all or most of the genetic influences. The remaining 62% of the variance in life satisfaction could be attributed to unique environmental factors, both persistent and transitory, plus measurement error. **Conclusions:** Individual differences in life satisfaction are determined in part by genetic factors that are largely or entirely non-additive in nature.
(9) Bryony Beresford et al., (2007) found that parents emphasized the need to be physically and emotionally healthy in order to properly look after their child. Lifting, sleep problems, and the chronic care and supervision needs of the child were some of the factors that threatened parents’ physical and emotional well-being. Accepting and adjusting to the child’s diagnosis was an on-going emotional task, with changes in the child’s condition and times of transition bringing such issues back to the surface. Watching the child suffer from ill-health or pain was emotionally distressing. Accessing and dealing with services was identified by many parents as stressful and distressing. Having to use a service that was inadequate or inappropriate was a source of anxiety and even despair.

(10) Cagran et al., (2011) found that importance was rated highest, and Attainment and Opportunities were rated lowest, while Initiative and Satisfaction were evaluated lower than Importance but higher than Attainment and Opportunities. Among the domains of family life, Family Relations was evaluated the highest from the perspective of all five dimensions. The family members rated Importance high for all of the quality of family life domains, but it appears from the lower Opportunities scores that their opportunities are limited; this may result in fewer possibilities for attaining a better quality of life.

(11) Jozefa Bragiel & Przemys Kaniok (2011) the results show that fathers' marital satisfaction is significantly correlated with their involvement with their child with disabilities in four of its five components defined for the purpose of this research: "interest in the child's life", "care", "education" and "rehabilitation". Marital satisfaction is less significantly correlated with the
fifth component of fathers' involvement with their child with disabilities, "active help in achieving independence by their children".

(12) Indra Bhushan Kumar & Amool R. Singh (2012) results found that significance differences were found between parents of mentally challenged and normal children. It may be concluded that the parents of children with mentally challenged showed that very high anxiety than normal. This may be due to the fact that the children affect the psychological life space of parents.

(13) Yoong & Koritsas (2012) results found that Caring had a positive impact on QOL by enabling participants to develop relationships and receive support, participate in leisure activities, achieve a sense of personal satisfaction and enable a more positive appraisal of their lives. Caring had a negative impact on participants' QOL by restricting their relationships, leisure activities and employment opportunities. Caring was also associated with financial insecurity, frustrations at the service system and fear of what the future held for their offspring. Caring for an adult with ID had both positive and negative effects on parents' QOL.

(14) Berg, A. I., the overall aim of the thesis was to examine within-individual and between-individual changes in life satisfaction in the oldest-old using different time metrics and to study life satisfaction within the context of psychosocial and health-related variables. Data were obtained from the Swedish OCTO-Twin Study of individuals aged 80 and older who were able to complete the Life Satisfaction Index-Z (LSI-Z). In Study I the association between life satisfaction and scales and questions regarding demographics, self-rated overall health and medically based health, functional capacity (instrumental and personal activities of daily living), cognitive function, depression, locus of control, and social network was investigated. Analyses
indicated that social network quality, self-rated overall health, sense of being in control of one’s life, widowhood, and depressive symptoms were associated with life satisfaction. A gender-specific pattern was found; self-rated overall health and depressive symptoms were related to life satisfaction in women, whereas widowhood was significantly associated with lower satisfaction among men. In Study II the associates identified in Study I; perceived quality of social network, self-rated overall health, depressive symptoms, locus of control, and widowhood, in addition to financial satisfaction and the personality traits neuroticism and extraversion, were investigated as predictors of change in life satisfaction across four measurements over a 6-year period. Growth curve analysis showed a fairly consistent significant linear decline in life satisfaction. Certain markers predicted decrease in life satisfaction; the loss of spouse, particularly in men, and higher levels of depressive symptoms.

Results suggest that life satisfaction is influenced by changes in psychosocial variables although there is an overall stability in level of life satisfaction in the oldest old. In Study III different time metrics were examined in the study of late life changes in life satisfaction. Findings of age-graded stability of life satisfaction, despite health-related losses distinctive of the oldest old, suggest that mortality-related processes could be more influential than chronological age. The study investigated changes in life satisfaction at 4 measurement occasions over a 6-year period using two competing parameterizations of time, chronological age and time-to-death. Growth curve analyses showed a linear decrease in both time-structures, but the time-to-death metric revealed a significantly better model fit. Notably, age, gender, SES, years to death, level or change in overall load of disease and self-rated health did not predict time-to-death related changes. Lower overall disease load was,
however, related to higher levels of life satisfaction. In individuals with higher disease load, an external locus of control was related to lower satisfaction with life. Among those who rated their health as poor, a higher level of neuroticism was related to lower life satisfaction. The results suggest that a time-to-death metric was superior to chronological age to predict change in life satisfaction. In Study IV the relationships between life satisfaction and 25 specific chronic diagnoses were investigated. Problems with sleep, urinary incontinence and stroke were significantly related to life satisfaction in both men and women. Among men, angina pectoris and eczema were related to lower life satisfaction, whereas among women peptic ulcer was related to lower life satisfaction. The results confirm previous findings of a weak relationship between medically based measures of health and life satisfaction. However, health care and future studies of health and life satisfaction need to recognize and address that the meaning and consequences of various diseases may differ among individuals and that gender differences should be considered in this context. Overall findings from the thesis demonstrate a homogenous decline in life satisfaction in the oldest-old. Despite health-related losses, social network and personal resources accounted for substantial inter-individual differences in life satisfaction. The thesis demonstrated the need to analyses associates of life satisfaction at the intra-individual level and within a broader context of psychosocial and health-related variables also in late life.

2.7. Study related Life Satisfaction:-

(1) **Smith, Oliver, and Innocenti (2001)** noted that although poor social skills in the child were a predictor of parent stress, family functioning was a much stronger predictor. The causal directions between stress and family functioning cannot be determined from these findings. Yet, these studies point to the need
for practitioners to pay attention to parental relationships and overall family functioning because these can be important risk factors for parental stress.

(2) Amy & Traci Golbach (2002) found that when children were 22 months, more mothers of deaf children reported pessimism about their children's achieving self-sufficiency and concerns about their children's communication abilities than did mothers of hearing children. When their children were 3 and 4 years old, mothers of deaf and hearing children did not differ in their reports of general parenting stress, as measured by the Parenting Stress Index (PSI). Likewise, mothers' ratings of satisfaction with social support were not affected by child deafness, nor did they change developmentally. Mothers of deaf and hearing children did differ in the types of support networks utilized. Mothers of deaf 22 month olds reported significantly larger professional support networks, while mothers of hearing children reported significantly larger general support networks across all child ages. Mothers' feelings of stress and satisfaction with social support were very stable across the 2 years examined. Most of the mothers of deaf children do not feel a high level of general parenting stress or dissatisfaction with their lives and support networks. However, mothers of deaf children are likely to feel stress in areas specific to deafness.

(3) Sandra Pipp et al., (2002) found that examination of potential predictors of maternal stress revealed that mothers who perceived their daily hassles as more intense also obtained higher stress ratings on all three subscales. Additional predictors of parental distress were frequency of hassles, social support, and annual family income. Increased stress on the Dysfunctional Parent-Child Interaction subscale was predicted by children who had disabilities in addition to hearing loss, more delayed language relative to their chronological age, and less severe degrees of hearing loss.
(4) Hastings (2002) revealed that child behavior problems and fathers’ mental health were associated with mothers’ stress. However, neither child behavior problems nor mothers’ mental health was associated with fathers’ stress. Anyhow stress in mothers of children with disabilities may be affected by the psychological health of other family members, whereas fathers’ stress is affected more by other factors. Kucuker (2006) found that no significant change in mothers stress scores while fathers stress scores decreased on a sub-dimension of the QRS-F named "child's characteristics. The depression levels of both parents decreased after the implementation of the program.

(5) Jin Shin & Kathleen (2003) found that cause of stress for the American mothers was specific to the individual variables. For Korean mothers, cultural values that carry social influence were more strongly associated with their attitudes towards the child and their experience of stress.

(6) Ricci & Hodapp (2003) found that both fathers and mothers rated their children with Down Syndrome as having more positive personality traits and less maladaptive behavior. Possibly because of these positive perceptions, fathers of children with Down Syndrome also reported less child-related stress, particularly in the areas of acceptability, adaptability and demanding. The two groups of fathers were very similarly involved in child rearing. The personality, age and maladaptive behaviors of the children related to stress levels in the fathers of children with Down Syndrome, while maladaptive behaviors, gender and the fathers’ education levels related to stress levels in the fathers of children with other types of Intellectual Disability.

(7) Saloviita et al., (2003) explored that 72% of the variance in maternal stress and 78% of the variance in paternal stress. The equations for mothers and fathers contained six and seven components. The single most important
predictor of parental stress was the negative definition of the situation. In mothers, the negative definition was associated with the behavioral problems of the child while, in fathers it was connected with the experienced social acceptance of the child.

(8) Saloviita, Italinna, & Leinonen (2003) explained the parental stress of fathers and mothers caring for a child with intellectual disability. They selected 20 variables based on the Double ABCX Model of adaptation on the basis of previous research to explain the parental stress of the mothers (n = 116) and fathers (n = 120) of children with an intellectual disability (age range = 1 – 10 years). Principal component analysis, rotated into varimax-criterion, was done separately for mothers and fathers. The solution containing eight factors was considered best for both groups. They accounted for more than 70% of the total variance of the original variables. These eight orthogonal components were then entered into a stepwise regression analysis that was done separately for mothers and fathers. Results showed the multiple regression equations obtained explained 72% of the variance in maternal stress and 78% of the variance in paternal stress. The equations for mothers and fathers contained six and seven components, respectively.

(9) Abbeduto et.al. (2004) found that diagnosis-specific differences in parenting stress disappeared when child behavior, parental coping style, maternal education, family income, age of the child, and number of children in the family were controlled.

(10) Keller and Honing (2004) Mothers and fathers may also differ in what contributes to their stress. Found that for fathers, acceptance of the child with the disability and family harmony reduced stress. While mothers were also affected by family harmony, lower socioeconomic status and greater care
demands predicted stress. These differences may represent important differences in the way practitioners should intervene with mothers versus fathers. Further research is needed to better understand what contributes to Jin Shin & Kathleen (2003) found that cause of stress for the American mothers was specific to the individual variables. For Korean mothers, cultural values that carry social influence were more strongly associated with their attitudes towards the child and their experience of stress.

(11) Hassall et al., (2005) the results demonstrate the potential importance of parental cognitions in influencing parental stress levels. Also found that most of the variance in parenting stress was explained by parental locus of control, parenting satisfaction and child behavior difficulties. Whilst there was also a strong correlation between family support and parenting stress, this was mediated by parental locus of control.

(12) Kersh, et al. (2006) found when controlling for marital quality, neither child functioning nor child behaviors were significant predictors of maternal and paternal depressive symptoms or parenting stress.

(13) Dhillon & Babu (2008) compared the levels of perceived by mothers and fathers of intellectually challenged persons. Stress levels were also compared across parents of intellectually challenged children, adolescents and young adults. A sample of 45 couples having a son or daughter with mild or moderate intellectual disability participated in the study. Out of these 15 couples were parents of children between the ages of 4 and 12 and 15 couples were parents of adolescents while the remaining 15 were parents of young adults. They were recruited from various organizations and special schools in New Delhi. Resources and Stress Short Form developed by Friedrich, Greenberg, & Crnic (1983) was used to access family’s perception of the stress and Family Burden
a semi structured interview schedule based on Pai & Kapur (1981) was used to access the burden placed on families. Results showed similar stress levels for mothers and fathers, although there were some gender differences in the sources of stress. Significant differences were found in stress scores across parents of children, adolescents and adults, with the lowest stress scores for the parents of adults and highest scores for the parents of children.

(14) Dabrowska & Pisula (2010) found that higher level of stress in parents of children with autism additionally, an interaction effect was revealed between child diagnostic group and parent’s gender for two scales of parenting stress: dependency and management and limits of family opportunities. Mothers of children with autism scored higher than fathers in parental stress; no such differences were found in the group of parents of children with Down syndrome and typically developing children. It was also found that parents of children with autism differed from parents of typically developing children in social diversion coping. Emotion-oriented coping was the predictor for parental stress in the samples of parents of children with autism and Down syndrome, and task oriented coping was the predictor of parental stress in the sample of parents of typically developing children.

(15) Marina Joseph & Dubey (2012) found that report of the parents about their adolescent children having some sort of problems: e.g. aggression, poor academic achievement, lack of assertiveness and confidence, delinquency, low self concept, hyper sensitivity, feelings of inhibition, attention deficit, conduct disorder, oppositional defiant disorder etc. The problem group of subjects was applied psychological intervention techniques including the family therapy. It was concluded that the subjects were benefitted with the intervention program.
if applied for a longer duration with the positive involvement of the family members.

(16) Nag et al., (2012) the results showed significant reduction of caregivers level of stress, change in use of coping strategies and more use of internal locus of control after the psycho educational intervention. Thus it may be assumed that with decline of stress, improvement of using coping strategies within the family and increase in the use of internal locus of control helped to improve the level of functioning of the primary caregivers of the mentally retarded individuals.

(17) Vidya Bhushan et al., (2012) found that female sex of the child was associated with higher stress related to failure of the child to meet parent’s expectations and to satisfy the parents in their parenting role. Parents engaged in more lucrative and prestigious occupations had more stress than parents engaged in less prestigious and lucrative occupations irrespective of their income. Many parents reported receiving little support from their extended families in taking care of their child. Religion was found to be a common coping resource used by the parents. Higher parenting stress in parents of girls raises the possibility of abuse and neglect. Little support from informal family resources underscores the need for developing formal resources for supporting the parents.

(18) Vinayak & Sekhon (2012) results revealed that the fathers perceived more positive stress while the mothers perceived more negative stress. The fathers reported a greater use of confronted coping and painful problem solving as their coping styles while mothers were found to be using more of self controlling seeking social support and escape avoidance coping strategies. Correlation analyses revealed interesting relationship between perceived stress
and coping strategies used by the parents and of stress perceived and coping strategies used by mothers with perception of maternal attitude by their children.

(19) Farmer Antoinette & Lee Sung Kyong (2011) found that the parenting stress undermines the sense of perceived mastery which, in turn, results in depression. Moreover, the results also indicate that parenting stress directly affects maternal depression and parent–child interaction. There was no support for the hypothesis that parenting stress undermines the sense of perceived mastery which, in turn, results in depression, which affects parent–child interaction.

(20) Woodman & Hauser-Cram (2012) found that mothers reported frequently using strategies of denial and planning but rarely using strategies of mental and behavioral disengagement to cope with recent stressful situations. Adolescent behavior problems were found to contribute to greater symptoms of depression and lower feelings of parenting efficacy as well as increases in depressive symptoms over time. Mothers of sons, but not daughters, reported increases in parenting efficacy across their child's adolescent period. Above and beyond adolescent factors, several coping strategies emerged as significant predictors of mothers' symptoms of depression and perceived parenting efficacy. Moreover, use of active coping or planning, positive reinterpretation or growth, and behavior or mental disengagement as coping strategies moderated the impact of adolescent behavior problems on maternal depressive symptoms.

(21) Guralnick, et al., (2008) results revealed that parenting support during the early childhood period (i.e. advice on problems specific to their child and assistance with child care responsibilities), irrespective of source, consistently
predicted most dimensions of parent stress assessed during the early elementary years and contributed unique variance. General support (i.e. primarily emotional support and validation) from various sources had other, less widespread effects on parental stress.

(22) Neecen & Baker (2008) found that child social skills accounted for unique variance in maternal parenting stress above and beyond child intellectual status and child behaviour problems. As the children matured, there was a significant interaction between child social skills and behavior problems in predicting parenting stress. When examining parenting stress, child social skills are an important variable to consider, especially in the context of child behavior problems.

2.8. Conclusion of the Chapter:-

The research gets maximum benefits and utilizes the previous findings, takes him from the designs and procedures of previous researcher, researcher of tries to add many beneficial things to the existing store of knowledge.

The researcher has explained about the review of the related literature. Researcher clarifies and states the definition, meaning, aims and objective, benefits of the review of the related literature.