

“A Study to Assess the Effectiveness of Parenting Skill Program on Child’s Mal Adaptive Behavior, among the Parents of Children with Intellectual Developmental Disability in Selected Special Schools of Karnal”

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ABSTRACT

Statement of problem: A study to assess the effectiveness of parenting skill program on child’s mal adaptive behavior, among the parents of children with intellectual developmental disability in selected special schools of karnal

Background: Caring for children with IDD is a challenging and demanding extra care and attention due to deficiency in their adaptive skills. Parenting skill program designed to empower parents to assist their children with IDD in strengthening their adaptive abilities

Objectives: To assess the effectiveness of Parenting Skill Program on child’s adaptive behavior, parental self-efficacy and mental well-being.

Methods: Quasi-experimental time series research design was adopted. Two special schools for children with IDD were randomly selected and assigned to experimental and control group. Total 160 parents of children with mild and moderate IDD were chosen by using a computerized- randomization table process and were allocated to experiment and control group. Structured interview was conducted and information regarding socio demographic variables and pretest data on parental self-efficacy and mental wellbeing and Vineland Social Maturity Scale (VSMS) was collected from participants in experiment and control group at 1st month. It was followed by twelve interactive sessions spread over 3-months, with weekly sessions for parents in the experimental group. Posttest data of child’s adaptive behavior, parental self- efficacy and mental well-being was collected at 6th, 9th, and 12th months from both groups.

Results: Results showed a significant increase in mean posttest score of adaptive behavior of children at 6th month 53.425 ± 8.95 , 9th month 52.850 ± 9.77 , 12th month 55.288 ± 8.87 , parental self- efficacy at 6th month 73.97 ± 7.46 , 9th month 81.60 ± 6.30 , 12th month 87.55 ± 6.66 and mental wellbeing at 6th month 46.54 ± 8.56 , 9th month 49.33 ± 8.57 12th month 53.53 ± 8.66 following the intervention in experimental group compared to Xxiv control group concluding that it was beneficial in improving parental self- efficacy and mental wellbeing and adaptive behavior of children (p 0.001).

Keywords: Parenting Skill Program, Intellectual Developmental Disability, Child’s Adaptive Behavior, Parental self-efficacy, Parental mental well-being.

INTRODUCTION

A study in Karnal Haryana, India, found that a Parenting Skill Program significantly improved children's adaptive behaviors and reduced maladaptive behaviors in children with Intellectual Developmental Disabilities (IDD), with results showing better scores over time compared to a control group. The program, involving 12 weekly sessions, led to increased child adaptive skills, better emotional regulation, and higher parent confidence, highlighting its role as an effective intervention for families of kids with IDD in special schools.

Study Details & Findings:

- **Participants:** Parents of children with IDD attending special schools in Karnal Haryana (likely near Karnal, as per the search).
- **Intervention:** A structured 12-session parenting skills program delivered over three months.
- **Method:** A pre-test/post-test design with experimental and control groups, assessing child adaptive behavior.
- **Key Results:**
 - **Improved Child Behavior:** The experimental group showed significant increases in their children's adaptive behavior scores at 6, 9, and 12 months post-intervention.
 - **No Change in Control:** the control group showed any significant changes in their children's behavior.
 - **Effectiveness:** The program effectively enhanced children's adaptive skills, managing maladaptive behaviors by empowering parents with better tools and strategies.

Why This Matters:

- **Parental Empowerment:** These programs boost parents' coping mechanisms, confidence, and emotional well-being, making them more effective in supporting their children.
- **Practical Intervention:** Parent training is a highly effective, practical approach for improving quality of life for both children with IDD and their families, especially in rehabilitation and education. This research supports that targeted parenting programs are crucial for fostering independence and reducing challenging behaviors in children with intellectual disabilities.

BACKGROUND OF THE STUDY

Developmental disorders are widespread among children and their occurrence has risen in recent times. According to World Health Organization report (WHO 7th March, 2023), approximately 1.3 billion people are suffering from some forms of disabilities. These disabilities affect one in six children, which constitutes 16% worldwide. In India, about 2.21% of the population is disabled in one way or another. According to NSS 76th round (National Sample Survey), (Government of India), the prevalence rate in rural areas was 2.3 percent, while in urban areas, it was 2.0 percent. The prevalence rate of disability among males was 2.4 percent, which was higher compared to females, who had a rate of 1.9 percent.² Based on the Statistical Profile (2021)-Persons with Disabilities in India, proportion of intellectual disabled person is estimated to be around 0.2%. The prevalence rate of intellectual disability in state of Uttar Pradesh and Delhi found to be 0.2 % and 0.1 % respectively.³ Therefore, it was noticed that India has a high rate of intellectual Developmental disability (IDD) as compared to other forms of disabilities. Among various mental problems, intellectual Developmental disability ranks third following anxiety and depressive disorders in terms of occurrence. ICD-11 introduced intellectual disabilities as disorders of intellectual and developmental disabilities (IDD) which appears during developmental window. Children with Intellectual developmental disability face many constraints in intellectual functioning as well as adaptive behavior. Intellectual disability is defined by Intelligent Quotient score approximately 70 or below 70. Adaptive skills refer to everyday life skills (such as bathing, dressing, grooming, feeding oneself), verbal proficiency, interpersonal abilities, physical coordination, and activity of daily living, academic skills (reading writing, learning), health and safety. Children with intellectual developmental disability are deficit in these skills. The increased incidence of these neuron developmental disorders in children, is ultimately increasing the parental care giver burden as well.^{8, 9, 10} Disabled children's parents' lives are more stressful than the parents of non-disabled children.^{11, 12} The intensity of stress encountered by the caregivers of children with IDD varies depending upon the alteration in the severity level of Intellectual Development Disability.

Caring for children having Intellectual Developmental Disability is one of the most challenging tasks for the

family and primary caregivers, since this type of disability impairs the family functioning which further causes the devastating effect on psychological and physical health of the family members.^{13,14} Some of the research studies also revealed that impaired pattern of family functioning of children with disabilities, is because of maladjustment, lack of security, love, emotional distress, feeling of guilt, poor decision-making strategies.

Need For the Study

Caring for children with IDD is a challenging, as they are very unique and special children who need more care, affection and concern which makes them the biggest responsibility of their parents. Children with IDD have deficiency in their adaptive skills viz. not able to communicate, socialize with others, not able to perform academic task, even not able to complete their everyday life skills such as how to brush the teeth, get dressed, groomed, fasten the laces of shoes etc. Parents often experience anxiety, depression and psychological distress because they are unable to cope up with the situations related to their special children. Additionally, they are subjected to stigma, discrimination and neglect or isolation by the society, due to which they are having very less expectations to raise their child in such environment. Hence, parents need to remold their expectations and confront enthusiastically all the challenges coming their way in rearing and caring of their child. Few studies concluded that the training programs are necessary for both parents and IDD children viz. Machalicek et al. (2015) found that the parents of children with ID were more prone to stress, anxiety and depression and they found that the various training techniques like behavioral parent technique (role play, modeling, shaping, feedback, practice), Triple P Program were effective for the parents of ID children.^{50,51}

Also, McIntyre Laura Lee (2008) observed that parent training program was very effective for children (2 to 5 Years) with developmental disability and also helpful in decreasing the inappropriate parent-child relation as well as behavioral problem in children.

Derks S et al (2022) emphasized the significance of engagement of activity-based games to enhance the adaptive and cognitive skills of children with ID and ASD.

Kirkpatrick et al. (2019) carried out an extensive literature review to evaluate the effectiveness of combined parenting and sleep intervention for ID and ASD children. The findings showed that out of eleven, nine studies observed a reduction in sleep problems among ID and autism spectrum disorder children.

Sun et al. (2022) conducted a comprehensive literature review to examine the behavioral skill training intervention for caregivers of individuals with IDD. They analyzed 17 research articles and found that both caregivers and individuals with IDD showed significant improvements following the intervention. Researcher seemed it is crucial to give this intervention to parents as they have the foremost influence on their child from early as well as in late life, despite the fact that their child is normal or a special child. Parenting skill training not only makes the parents confident in their capabilities but also, they will be able to teach and train their child in their daily life adaptive skills and also can modify inappropriate behavior of child enthusiastically. This training program inculcates the positive motivation, guidance and zeal in parents to bring the child on right or appropriate track and also improves the family interaction related to caring IDD child.

Aim Of the Study

To strengthen parenting skills, parental self-efficacy and mental wellbeing and thereby improving the child's adaptive behavior

Operational Definitions

Effectiveness

Effectiveness is the measure of how well an intervention achieves its goals, produces desired outcomes and brings about intended changes reliably and impact fully. In this study, effectiveness refers to the effect of implementing a parenting skill program on parents to improve behavior of their children and enhance their own parental self-efficacy and mental well-being as measured by Vineland Social Maturity Scale, Parenting Sense of Competency Scale, and the Warwick-Edinburgh Mental Well-being Scale.

Parenting Skill Program

It is a psycho educational training program consisting of 12-week sessions, each lasting 45 minutes. The program is based on the various behavioral techniques which helps the parents to develop necessary skills so that they would able to bring modification in their child's behavior confidently, improve their own self-efficacy and mental well-being. **Child's Adaptive Behavior**

It's the ability of the child with IDD to perform the everyday life skills independently such as self-help skills i.e. eating, dressing, communication, self-direction, occupation, socialization and locomotion and according to his/her age as reported by his/her parents. It is measured by Vineland Social Maturity Scale.

Parental self-efficacy

It refers to the parent's belief in their own ability to modifying their child's adaptive behavior measured by parenting sense of competency scale.

Parental Mental well-being

It refers to the state in which parents are able to realize their own potentials to manage their daily life stress, thereby living a happy and successful life with child having intellectual Developmental disability as measured by Warwick-Edinburgh Mental Well-being Scale.

Children with Intellectual Developmental Disability

It refers to those children who have impaired adaptive behavior and diagnosed with mild (50-90 IQ) or moderate (35-50 IQ) intellectual developmental disability on formal IQ assessment done by Clinical Psychologist which is obtained through school records.

Parents

It refers to mother and father who are having a child with mild or moderate intellectual developmental disability.

Special Schools-

Refers to schools which are registered under rehabilitation council of India and have special facility for educating children with intellectual developmental disabilities

Objective

Objectives of the study

1. To assess the effectiveness of parenting skill program on child's adaptive behavior, parental self-efficacy and parental mental well-being.
2. To determine the correlation between child's adaptive behavior and parental self-efficacy and mental well-being before intervention.

7. Hypothesis

H1-Adaptive behavior score of children in experimental group would be significantly better than the control group after implementation of parenting skill program.

H2-There would be significant improvement in parental self-efficacy score in experimental compared to control group after administration of parenting skill program.

H3-There would be a significant improvement in parental mental well-being score in experiment group compared to control group after implementation of parenting skill program.

H4-Parental self-efficacy and child's adaptive behavior would be correlated.

H5-Parental mental well-being and child's adaptive behavior would be correlated.

Assumptions:

The study assumes that

1. The sample will be true representation of target population.
2. Parents may not have the sufficient knowledge and skills in managing the behavior of children with IDD.
3. Parents of children with IDD will adhere to parenting skill program.

Limitations:

1. The selected Special Schools of karnal.
2. Child's adaptive behavior as reported by the parents.
3. The actual parenting behavior of parents of children with IDD at home was not observed by the researcher.
4. Responses given by parents regarding child's adaptive behavior were taken into consideration for data collection and analysis.

Conceptual Framework

Conceptual framework of the study

The conceptual framework of this study is according to Health Promotion Model (HPM) which was developed by Nola J. Pender in 1982 and was revised in the year 1996. Its aim was to teach the parenting skill program to parents having children with IDD and to develop necessary skills so that they will be able to bring modification in their own child's behavior confidently, improve their self- efficacy and mental well-being. The Health Promotion Model explains the multidimensional essence of the person as they interrelate with their surroundings to pursue wellbeing. The health promotion model acknowledges individual uniqueness and experiences as factors influencing behavior. It emphasizes the significance of specific factors, such as knowledge and motivation in shaping behavior, which can be influenced by nursing interventions. The desired outcome is improved health behavior across various aspects, including better health, enhanced cognitive abilities, and an improved quality of life throughout development. However, competing conditions and choices may hinder intentional health promotion efforts, impacting the final behavioral result.

REVIEW OF LITERATURE

World Health Organization (WHO 7th March, 2023) report stated that around 1.3 billion world population suffered from one or other type of disability. This disability affects one in six children, which accounts 16% worldwide.¹ In India, 2.21% of the population is disabled in some way.⁴ As per Statistical Profile: 2021, the proportion of intellectual disable person was approximately 0.2%. The prevalence rate of ID in state of Uttar Pradesh and Delhi was found to be 0.2 % and 0.1 % respectively India has a high rate of intellectual Developmental disability (IDD). Among mental problems, intellectual Developmental disability barely comes in third after anxiety and depressive disorders. To determine the pooled estimate of the prevalence rate of ID, a systematic analysis and meta-analysis was done by the Russell PS et al (2022) in India. International and national descriptive studies, cross sectional and epidemiological studies were searched. Out of 290 studies, 19 articles were included. Results of the study revealed that rate of proportion of intellectual disability were found to be almost 2% in India, which will increase the burden on the nation as well as on worldwide.

Pattack et al. (2021) analyzed the National Family Health Survey (NFHS)-5th report from 2019 to 2021 in order to estimate proportion rate of disability. The research study adopted a cross-sectional design and 28, 43,917 participants underwent screening using computer-assisted personal interviews. The participants were selected for research through a two-step sampling method. It was concluded that India has nearly 4.52% children living with disabilities and this disability rate was found four people per 100 people. The most prevalent kind of disability was locomotors (44.70%), present mostly in the age group of 0–14 years whereas intellectual disability rate was found to be 20.28%. Furthermore, Lakshadweep/UTs had the highest overall prevalence rate whereas Delhi, Mizoram, and Sikkim had the highest incidences of mental, locomotors and speech disabilities, respectively. Therefore, more emphasis should be given on programs, services related to disability should be provided to people free of cost who are in great need of it. prospective research done by Rain et al. (2018) to examine the prevalence, patterns of dysfunction, and severity of impairment within families with a child who has an intellectual disability and children who are typically developing. Study result showed that out of 62 families in the groups, 53% of families with special needs children and 19% of families with typically developing children experienced family dysfunction. Therefore, study concluded that family dysfunction was more common among families with a child having special needs. The patterns of dysfunction differed between families with special needs children and those with typically developing children.

A comprehensive literature review and meta-synthesis was carried out by Buckley et al. (2020) in a view to estimate prevalence of mental health problems among ID children and adolescents. Nineteen studies were involved, comprising 6151 children and adolescents. Findings of research showed major psychiatric disorders among ID children and adolescents were viz. Conduct Disorders 34%, attention deficit hyperactivity disorder (ADHD) 30% and anxiety disorder 21%. As per National Health Interview Survey conducted in USA among children of three to seventeen years between 2009 and 2016 reported by McGuire et al, the estimated prevalence of Intellectual Disability was found to be 11.1% followed by MSHL 6.4%, Cerebral Palsy 3.2%, blindness and hearing loss 1.6%.59

Challenges faced by the parents of children having Intellectual Developmental Disability

Ntshingila et al. (2021) conducted a qualitative study in Giyani from November 2018 to January 2019 to explore and document the perspectives of parents who had 22 children with intellectual disabilities. Participants were selected using purposive sampling, and information was gathered by in-depth conversation, notes taking and by observing the participants behavior towards their ID child. It was revealed that majority of parents of children with ID experienced variety of problems when it came to caring for them such as maximum parents reported psychological distress (such as future anxiety, depression, despair), lack of support from their family and community in handling and controlling the inappropriate behavior of their ID child. Furthermore, along with various caring challenges, some parents were having spiritual faith in God who will heal their problems. Additionally, the study suggested that there should be an integrated approach among family members and health care professionals in managing the inappropriate behavior of ID child. Researcher also identified the need of conducting the awareness program for the community people and parents with aim to improve the adaptive behavior of the ID child.

A multi phased study including qualitative and quantitative approach done by Sanchez et al. (2021), with aim to identify the constraints, coping methods used and experienced by inclusive education teachers while working with students having intellectual disabilities in Cebu City. Participants were selected through the judgmental sampling techniques and data was gathered from 13 inclusive education teachers by interview method. The study's finding showed that among 10 management constraints, only 3 were stressful for inclusive education teachers (Such as individualized Education Program, session plan, participating in children well-being), out of 10 support system constraints, only 2 were noticed stressful at some extent and out of 19 behavioral problems, 10 problems including child's temper tantrum behavior, throwing, withdrawal behavior, aggression etc. were triggering the stress among educators. Whereas caretaker and lecture room related problems were not be stressful for the inclusive education teachers. Additionally, majority of inclusive education teachers' previous experience, religious belief and personal and professional efficacy were found to be useful for handling the stressors. Hence, study result showed that managing the inappropriate behavior of the students were the most dominate issue and triggering the psychological distress for inclusive education teachers and these behavioral problems were managed by the healthy coping strategies through intellectual, interpersonal and bodily coping techniques. It

was suggested that special schools should design their educational system curriculum as well as special collaborative teaching approach in such a way that their inclusive education teachers can excel their practical competency in dealing with the intellectual disabilities student.

A correlation and cross-sectional research conducted by the Andria et al. (2021) to examine the self-efficacy of parents in two special centers located in Croatia. 107 parents with the age of 28 to 57 years and children with the age of 7 to 14 years participated in the study. There were three categories of parents selected such as parents without intellectual disability children, parents having children with mild level of ID, and children with moderate/severe ID. The result of the study showed that parental satisfaction had indirect relationship with child's intellectual disability, parent's occupation & perceived stress whereas parental education had direct relationship with parental satisfaction. Furthermore, parental self-efficacy had indirect relationship with perceived stress, and parents' educational level, but there was no relationship with child's intellectual disability. According to the results, sense of competency considered significant aspects in terms of reducing the behavioral challenges and more emphasis should be given on interventions and programs that would assist the parents in coping the problems pertaining to their child's intellectual disability.

A research study done by Maheswari et al. (2020) to compare the Parental Stress and QOL among both caregivers of ID Children in Erode, Tamil Nadu. The study recruited those 60 parents whose children were having intellectual disability and aged two to eighteen years. Findings of research highlighted that mothers were having more stress (18.15 ± 3.65) as compared to the fathers (13.47 ± 4.24) whereas QOL was more or less same in both parents (mother 52.53 ± 7.20 and fathers 55.68 ± 10.03). Study concluded that parental stress worsens the QOL of both parents. The study suggested that intervention will help to improve the parental mental well-being.

Gribanova et al. (2020) conducted descriptive research to identify mother's perspectives towards their special needs child. The study recruited twenty-eight mothers whose children attended the center for Therapeutic Pedagogy and Differential Education. It was reported that some of the mothers were happy with their bond with their children and hardly had any family conflicts over how to raise a child. Although mothers generally have good attitudes toward their children with special needs, they frequently have ambiguous or adverse opinions when comparing their children to others. They undervalue children's individual interests and activities and have unbiased demands for their children with special needs. Furthermore, majority of women rated their current interactions with their special needs child favorably; on the other hand they frequently rated their interactions poorly with special needs child in the past, which reflect the 25 prevalence of concerns, fears, and feelings of guilt for their special needs child. Additionally, at least 14% of mothers were having an unfavorable attitude towards their special needs children and they require specialized psychological and educational help for replacing unrealistic demands.

METHODOLOGY

The present research was conducted on parents of children with IDD. This chapter provides a comprehensive overview of the research study's methodology in detail.

Research Approach: In the context of this research, a quantitative research approach was considered to be appropriate.

Research Design: In the present study, Quasi-experimental Time Series Research Design was adopted.

Research Variables-The variables for the present study were as follows:

Independent Variable-Parenting Skill Program

Dependent Variables- Child's adaptive behavior, parental self-efficacy and mental well being.

Research Settings: The present study was conducted in karnal there are schools for special abled children among which two schools were selected by randomly by lottery method and were allocated to experimental and control group which are described below.

Special School had a total of 210 registered children of which 120 children were identified as mild and moderate level of intellectual developmental disability. Three major services are provided by this school for children with IDD. These are physiotherapy, orthopedic services and exercise, vocational, food and residential facility to intellectual developmental disability children. The school has a total of 12 staff members including Principal, five special educators, one yoga teacher, and two gym trainers, one occupational therapist, one vocational therapist and one psychologist.

Well-being special school had a total of 180 registered children of which 105 children were identified as mild and moderate level of IDD. Various facilities like physiotherapy, vocational therapy, play therapy, food and residential facilities were provided to children having special needs. The school has a total of 11 staff members including principal, six special educators, two gym trainers, one occupational therapist and one psychologist.

Population-

The population in this study was the parents of children with IDD (mild or moderate) who registered in selected special schools of karnal.

Sample-Parents of children having mild or moderate IDD and studying in special school and Well-being special school of karnal were sample in this study.

Sample Size-The sample size was 160 parents of children with IDD. Any one parent, mother or father of each child with IDD was enrolled in study groups.

Sample size Calculation: Sample size was calculated on the basis of previously published literature (Adibsereshki N et al 2016). The mean \pm SD was taken from the above stated article to achieve 80% power (β) at a 5% level of significance (α). Calculated sample size was 131. Considering chances of dropout, the researcher enrolled 160 parents having children with IDD, 80 in experimental and 80 in control groups.

Selection criteria of the participants:

The study participants were selected considering the following criteria:

Inclusion Criteria:

Parents who were:

1. Having children with mild or moderate level of IDD
2. Willing to participate in the study.
3. Available at the time of data collection.
4. Knowing Hindi language.

Exclusion Criteria:

1. Parents who were already attending any other parenting skill program in any other place.

Data collection tools

Following tools were used in the study:

Tool 1: Socio-demographic Performa

Tool 2: Vineland Social Maturity Scale

Tool 3: Parenting Sense of competency Scale (PSCS)

Tool 4: Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**Description of the tools:****Tool 1: Socio-demographic Performa (Appendix I)**

A) **Related to Child-** Age in years, gender, and relationship with parents, IQ score, level of intellectual disability, duration of attending special school.

B) **Related to Parents-** Father's age, mother's age, religion, area of living, family type, monthly family income, education and employment status of mother and father

Tool 2: Vineland Social Maturity Scale (VSMS) -Standardized tool

This tool was used to assess the adaptive behavior of children with intellectual developmental disability. It consisted of eight domains related to personal and social skills such as self-help general, self-direction, self-help dressing self-help eating, occupation, communication, socialization and locomotion, Total items in the tool were 89. Scores were given based on the performance of child for each item given in the scale. The scores were assigned as 1 for "able to do task", 0.5 for "able to do with assistance, 0 for "not able to do task". The obtained scores were then added to find out social age using the formula $SQ=SA/CA*100$. Where, SQ is social quotient, SA is social age and CA is chronological age.

Data Collection Process:

Before data gathering process, administrative permission was taken from administrative authority of special schools. Based on school record, researcher identified the children with mild or moderate level of ID. A special educator and researcher called parents via telephone to inform them. Prior to the data collection, the researcher introduced self to the parents and also described the goal and reason for conducting research which helped in establishing a good rapport with the parents. Subsequently, parents were informed that data collected from them will be used for study purpose only. Written informed consent was obtained from parents of children with IDD in experimental and control groups.

Data Analysis and Interpretation-

It was planned to use descriptive statistics viz. frequency, percentage, mean, standard deviation, mean difference and inferential statistics viz. Mann Whitney U test, Chi-square test, Fischer exact test and Friedman test for data analysis. Further, the correlation between the variables was calculated by using the two-tailed Spearman correlation formula.

Major Finding of The Study

The following were the key findings of study

1. Maximum number of children with IDD in experimental 50% (n=40) and in the control group 61.2% (n=49) fell within the age of five to eight years.
2. The maximum number of children with IDD in experimental group 63.7% (n=51) and in control group 66.2% (n=53) were males.
3. The maximum in both groups 57.5% (n=46) exhibited mild category of ID, maximum number of children with IDD attended the special schools since one to three years in experimental group 53.8% (n=43) whereas in control group 53.7% (n=43) attended the special schools since three to six years.
4. In both group, majority of parents in experimental group 85% (n=68) & in control group (80%) 64 were mothers, maximum number of fathers in experimental group 72.5% (n=58) and in the control group 80% (n=64) fell within the age range of 25 to 35 years, maximum number of mothers in experimental group 58% (n=47) and

in control group 60% (n=48) were between ages group 30 to 34 years, majority of parents in experimental group 86.2% (n=69) and in control group 91.2% (n=73) belonged to Hindu religion, majority of them in experimental group (n=76) 95% and in control group 91.2% (n=73) resided in urban area, majority of fathers in experimental group 50.4% (n=62) and in control group 83.75% (n=67) were employed in private sector job.

Comparison of level of adaptive behavior of children between groups

Results revealed that children with IDD in experimental group 35% (n=28) exhibited mild adaptive behavior at the baseline which increased to 75% (n=60) at 6th month and further increased to 77.5% (n=62) at 9th and 12th month, concluding the effectiveness of intervention.

Effectiveness of Parenting Skill Program on adaptive behavior of children

The results showed a significant increase in adaptive behavior score of children in the experimental group at 6th month, 9th month and 12th month compared to control group thereby concluding the effectiveness of the intervention.

Effectiveness of parenting skill program on domains of adaptive behavior of children

Domain wise analysis of child's adaptive behavior showed a significant increase in mean posttest scores of self-help dressing domain, self-help eating domain, occupation domain, self-help general domain, locomotion domain, communication domain and socialization domain at 6th, 9th and 12th month after intervention (p 0.001) in experimental group compared to control group revealing the effectiveness of the intervention in all domains except self-direction domain.

Effectiveness of Parenting Skill Program on parental self-efficacy

Results showed a significant increase in mean posttest score of parental self-efficacy at 6th, 9th and 12th month after intervention (p 0.001) in experimental group compared to control group concluding that parenting skill program was effective in improving the parental self-efficacy. In experimental group, there was an improvement in the mean posttest score of parental self-efficacy, at 6th, 9th and 12th month which was statistically significant within the group (F= 159.7, p 0.001) compared to control group (F= 6.47, p 0.09)

Effectiveness of Parenting Skill Program on parental mental well-being

Results showed a significant difference in mean posttest score of parental mental-being at 6th, 9th and 12th month after intervention (p 0.001) in experimental group compared to control group concluding that parenting skill program was effective in improving the parental mental-being. In experimental group, there was an improvement in the mean posttest score of parental mental-being, at 6th, 9th and 12th month which was statistically significant within the group (F= 218.9, p 0.001) compared to control group (F= 6.46, p 0.09)

RECOMMENDATIONS

Following research areas are recommended for future studies:

1. A similar study can be done on effectiveness of positive Parenting Skill intervention on other psychological aspects of parents of children with IDD.
2. The study can be done on larger sample size to validate the findings and make generalizations.
3. A comparative study may be carried out by comparing Parenting Skill Program with any other therapy for strengthening the parental self-efficacy and mental well-being.
4. Parenting Skill Program can be applied on different samples and different age groups.

5. A descriptive study can be done among caregivers to investigate various issues associated with inappropriate behavior exhibited by their children with ID.

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