A STUDY OF SUBJECTIVE WELL-BEING, SOCIAL SUPPORT, HOPE, STRESS AND COPING AMONG THE MOTHERS OF MENTALLY CHALLENGED CHILDREN (CAREGIVERS) AND NORMAL CHILDREN (NON-CAREGIVERS).

Kriti Saluja * and Tejinder Kaur**

ABSTRACT

The consequences of a mental disability does not only affect the child but also affects the family, and the community at large, in many ways. A caregiver/mother is one who provides basic care to a child who is mentally challenged. Researchers have shown that mothers of a mentally challenged child are often at increased risk for depression and illness. In the present investigation, a sample of 200 mothers was taken. Among them, 100 mothers had normal children (non-caregiving mothers) and 100 mothers were of mentally challenged children (caregiving mothers). Five tests namely Subjective Well-Being Scale, Multidimensional Scale of Perceived Social Support, Hope Scale, Caregiver’s Stress Test, Coping Response Inventory were administered to assess the mother’s (caregiving and non-caregiving) perceived subjective well-being, perceived social support, feeling of hope, stress and coping mechanisms. For analysis, mean, SD, standard error of difference and t-ratio were calculated. Significant differences was seen between the caregiving mothers and non-caregiving mothers. It was observed that non-caregiving mothers perceived higher subjective well-being and social support than caregiving mothers because of the fact that they were more satisfied by their role in the development of the child and received more support from friends, family and relatives than caregiving mothers. It was also observed that caregiving mothers

* Clinical Psychologist, India.
** Associate Professor, Department of Psychology, University of Rajasthan, Jaipur, Rajasthan, India.
perceived considerably more stress and hope in comparison to non-caregiving mothers because caregiving mothers were much more worried about the future of their child, they often got disappointed by the performance of their child. Hence, they (caregiving mothers) used more of coping strategies.

Key Words: Caregiving mothers, Non-caregiving mothers, Mentally challenged children, Subjective Well-being, Perceived social support, Feeling of hope, Stress and Coping.

It is a well-known fact that a mental disability leads to a wide range of social, psychological, emotional and physical problems in the life of an individual. The affects of the problem often not only affects the person himself but also affects the family and the community at large in many ways.

Childhood coupled with disability of any kind makes it much more difficult for the victim as well as the parents, as they are encountering a range of unpleasant reactions. Studies indicate that when parents identify disabilities in their children they usually encounter a range of mixed attitudes, emotional reactions and feelings toward their children. Parents may feel inadequate simply because they have a child who is not perfect. Parents progress through six emotional stages upon discovering their child’s exceptionality viz. disbelief, guilt, rejection, shame, denial and a feeling of helplessness (McDowell, 1976).

A caregiver/mother is one who provides basic care to a person who has a chronic medical condition. A chronic condition is an illness that lasts for a long period of time or is not curable. More time is required when the care receiver has multiple disabilities. Caring for a person with disabilities can be physically demanding, especially for older mothers, who make up half of all caregivers. One third of all mothers describe their own health as fair to poor. A major source of worry for the mothers is that they would not live as long as the person for whom they are caring.

Mothers often need help in caring for a disabled care receiver. Sometimes other family members or friends and neighbours are able to help, but many mothers do most or all of the care giving for a loved one alone. Research has shown that mothers often are at increased risk of depression and illness. This is especially true if they do not receive enough support from family, friends and the community.

Majumdar, Pereira and Fernandes (2005) studied the stress perceived by parents of intellectual disabilities and normal children. This study was conducted in the Child Guidance Clinic at the Institute of Psychiatry and Human Behaviour, Goa. The study sample, comprising 180 subjects, who were categorised as: Group A: 60 parents (30 mothers and 30 fathers) of profoundly to moderately mentally retarded children; Group B: 60 parents (30 mothers and 30 fathers) of mild to borderline mentally retarded children; Group C: 60 parents (30 mothers and 30 fathers) of children with normal intelligence, which served as the control
group. Parents in Group A had a significantly higher frequency of stressors and level of anxiety as compared to those in Groups B and C. A positive correlation was found between the level of anxiety and stressors. It was concluded that demographic variables had an impact on parents in groups A and B as compared to those in group C. Multifaceted factors had made these parents more vulnerable to stress than parents in the controlled group.

Lunsky (2008) studied the impact of stress and social support on the mental health of individuals with intellectual disabilities. People with Intellectual Disabilities (ID) are at increased risk for mental health problems than the general population. The reasons for this are both biological and social. Current treatment for mental health problems tends to be reactive in nature with less emphasis on how mental health problems can be prevented. A better understanding of the social contributors to mental health in individuals with ID should lead to the prevention of mental health problems in this particularly vulnerable population. Two promising areas, i.e. stress and social support were highlighted for further research.

Kneebone and Martin (2010) studied coping in caregivers of people with dementia. The research suggested that a general tendency towards problem solving and acceptance styles of coping was likely to be advantageous to caregivers of people with dementia.

Thus, the above studies indicate that there is a lot of difference between how life is perceived by caregivers and non-caregivers on many psychological variables which thus affect their lives tremendously.

**Objectives**

The following objective the present study was to compare subjective well-being, social support, hope, stress and coping among the caregiving and non-caregiving mothers.

**Hypotheses**

It was hypothesised that:

- There will be a significant difference between the level of subjective well-being and its dimensions between the caregiving mothers and non-caregiving mothers.
- There will be a significant difference between the level of social support and its dimensions between the caregiving mothers and non-caregiving mothers.
- There will be a significant difference between the level of hope between the caregiving mothers and non-caregiving mothers.
- There will be a significant difference between the level of stress and its dimensions between the caregiving mothers and non-caregiving mothers.
• There will be a significant difference between the level of coping and its dimensions among the caregiving mothers and non-caregiving mothers.

METHOD

Sample
The total sample of 200 mothers was selected on the availability basis. Among them 100 mothers had of normal children (non-caregiving mothers) and 100 mothers had mentally challenged children (caregiving mothers).

Tools
(i) Subjective Well-Being Scale (Hingar, Mathur and Bhardwaj, 2008) Consisted of 42 items measuring 7 dimensions, namely positive affect, negative affect, family life satisfaction, social support, financial security, health and energy and sense of accomplishment. A 5 point scale is used to seek the response, were a higher score indicated higher perceived well-being on the particular dimension of well-being. The scale has a content validity of 0.93.
(ii) Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet and Farley, 1988) Consisted of 12 items and responses were obtained on a 7 point scale to measure perceived social support from 3 sources (friends, family, and significant others).
(iii) Hope Scale (Claire, 2004) consisted of 8 items and responses were obtained on a 4 point scale.
(iv) Caregivers Stress Test (Lund and Wright, 1996) consisted of 24 items, each of which was rated by the respondents on a 4 point scale. It measured stress in terms of 5 different areas namely time dependency, development, physical health, social relationship and emotional health responses.
(v) Coping Response Inventory (Moos, 1993) - having 8 subscales wherein first four subscale measures approach coping and the rest four subscales measure avoidance coping, is used and scores are yielded in terms of 4 point scale.

Procedure
Rapport was established with the caregiver and non-caregiver mothers. Subjective Well-Being Scale, Multidimensional Scale of Perceived Social Support, Hope Scale, Caregiver’s Stress Test and Coping Response Inventory were administered and scoring was done according to the respective manuals.

RESULTS AND DISCUSSION
For analysis of the obtained data Mean, SD, SED, and ‘t’-ratio were calculated and interpretation was drawn.
Table 1: Mean, SD, t-ratio and Significance Level between Caregiving Mothers of Mentally Challenged (MC) and Non-caregiving Mothers of Normal Children (NC) in Subjective Well-being and its dimensions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Dimensions</th>
<th>Category</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>SED</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>21.96</td>
<td>4.15</td>
<td>.57</td>
<td>-2.42*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>23.34</td>
<td>3.92</td>
<td>.57</td>
<td>-2.98*</td>
</tr>
<tr>
<td>Subjective Well-being</td>
<td>Na</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>19.2</td>
<td>3.84</td>
<td>.52</td>
<td>-2.13*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>18.73</td>
<td>3.54</td>
<td>.52</td>
<td>-2.98*</td>
</tr>
<tr>
<td></td>
<td>FLS</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>21.41</td>
<td>5.12</td>
<td>.64</td>
<td>-2.13*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>22.78</td>
<td>3.88</td>
<td>.64</td>
<td>-2.13*</td>
</tr>
<tr>
<td></td>
<td>SS</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>23.33</td>
<td>13.81</td>
<td>1.42</td>
<td>-.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>23.98</td>
<td>3.61</td>
<td>.73</td>
<td>.649</td>
</tr>
<tr>
<td></td>
<td>FS</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>20.70</td>
<td>5.28</td>
<td>.64</td>
<td>-2.79*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>22.49</td>
<td>3.63</td>
<td>.64</td>
<td>-2.79*</td>
</tr>
<tr>
<td></td>
<td>HE</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>19.74</td>
<td>3.00</td>
<td>.49</td>
<td>-3.32*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>21.35</td>
<td>3.97</td>
<td>.73</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>20.51</td>
<td>4.55</td>
<td>.60</td>
<td>-2.79*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>22.20</td>
<td>3.99</td>
<td>.60</td>
<td>-2.79*</td>
</tr>
<tr>
<td></td>
<td>SWB</td>
<td>CAREGIVERS (MC)</td>
<td>100</td>
<td>144.81</td>
<td>20.78</td>
<td>2.60</td>
<td>-3.86*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONCAREGIVERS (NC)</td>
<td>100</td>
<td>154.87</td>
<td>15.71</td>
<td>.57</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*< 0.01, **< 0.05
Table 1 illustrates mean, SD, SED, ‘t’-ratio and level of significance among Caregiving Mothers of Mentally Challenged children (MC) (N=100) and Non-caregiving Mothers of Normal Children (NC) (N=100) on subjective well-being scale.

While observing the first dimension of subjective well-being i.e Positive Affect (PA), it may be observed that non-caregiving mothers were more positive towards life events in comparison to caregiving mothers. In the next dimension i.e. Negative Affect (NA), more negativity was observed in caregiving mothers in comparison to non-caregiving mothers. In Family Life Satisfaction (FLS) dimension of subjective well-being, non-caregiving mothers were found to have more family life support in comparison to caregiving mothers. It was found that in Financial Security (FS) dimension, non-caregiving mothers were perceived to have more financial security as compared to caregiving mothers. On the dimension Health and Energy (HE), it was observed that non-caregiving mothers perceived more health and energy in their lives as compared to caregiving mothers. It may be observed on the last dimension that Sense of Accomplishment (SA) was more in non-caregiving mothers in comparison to caregiving mothers.

Finally on observing the total scores of subjective well-being, where the $t$-ratio came out to be -3.86 which is significant at 0.01 level, It may be concluded that there was a significant difference between subjective well-being of caregiving and non-caregiving mothers showing that mothers of mentally challenged (caregiver) were less optimistic, had less family life satisfaction, social support, financial security, health and energy, and sense of accomplishment and perceived more negative effect in their lives.

Table 2 illustrates mean, SD, SED, ‘t’-ratio and level of significance between Caregiving Mothers (MC) and Non-caregiving Mothers (NC) in Social Support and its dimensions.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Dimensions</th>
<th>Category</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SED</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support</td>
<td>FRNDS</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>18.85</td>
<td>6.07</td>
<td>.78</td>
<td>-4.19</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-caregivers (NC)</td>
<td>100</td>
<td>22.15</td>
<td>5.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FMLY</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>20.97</td>
<td>4.91</td>
<td>.72</td>
<td>-2.91</td>
<td>.004*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-caregivers (NC)</td>
<td>100</td>
<td>23.07</td>
<td>5.27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SO</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>21.19</td>
<td>5.86</td>
<td>.81</td>
<td>-2.81</td>
<td>.005*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-caregivers (NC)</td>
<td>100</td>
<td>23.49</td>
<td>5.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Support (T)</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>61.01</td>
<td>13.49</td>
<td>2.02</td>
<td>-3.79</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-caregivers (NC)</td>
<td>100</td>
<td>68.71</td>
<td>15.15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*< 0.01, **< 0.05

Table 2 illustrates mean, SD, SED, ‘t’-ratio and level of significance between Caregiving Mothers (MC)(N=100) and Non-caregiving Mothers (NC)(N=100) on multidimensional scale of perceived social support.

While observing the first dimension of social support i.e. friends (FRNDS), it may be observed that non-caregiving mothers had more support from friends.
in their daily life in comparison to caregiving mothers. The next dimension i.e. family (FMLY), according to the table better family support was given to non-caregiving mothers than caregiving mothers. Similarly, it was also observed that social support from Significant Others (SO) i.e. from the other known members of the society, was less perceived by caregiving mothers than non-caregiving mothers.

Finally on observing the total scores of social support, where the t-ratio came out to be -3.79 which was significant at 0.01 level, it may be concluded that there was significant difference between social support of caregiving mothers (mentally challenged children) and non-caregiving mothers (normal children) showing that even today, the society is unjust towards caregiving mothers. The associates of mentally challenged are still not welcomed at ease by the society. Hence, letting caregivers of mentally challenged to suffer at their own expenses.

**Table 3: Mean, SD, t-ratio and Significance Level between Caregiving Mothers (MC) and Non-caregiving Mothers (NC) in Hope**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>SED</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>27.06</td>
<td>3.10</td>
<td>4.09</td>
<td>3.05</td>
<td>.003*</td>
</tr>
<tr>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>25.81</td>
<td>2.67</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*< 0.01, **< 0.05

Table 3 illustrates mean, SD, SED, ‘t’-ratio and level of significance between Caregiving Mothers (MC)(N=100) and Non-caregiving Mothers (NC)(N=100) on hope scale.

On observing the total score of hope, where the t-ratio came out to be 3.05, the result obtained was significant at 0.01 levels. Hence, it may be concluded that caregiving mothers (mentally challenged children) were more hopeful towards life than non-caregiving mothers (normal children). May be because they always thought about the improvement in the performance of their child whereas non-caregiving mothers didn’t had to pay any special attention. These findings had revealed hope as a dynamic process that helped caregiving mothers to reframe their lives in view of the experience of having a child with special needs.

Table 4 illustrates mean, SD, SED, ‘t’-ratio and level of significance between Caregiving Mothers (MC)(N=100) and Non-caregiving Mothers (NC)(N=100) on caregiver’s stress test.

While observing the first dimension of stress i.e. Time Dependency (TD), it may be observed that caregiving mothers experienced more stress as compared to non-caregiving mothers. This is because caregiving mothers had to devote more time to their children and hence could not get enough rest. In the next dimension, development (DEV), more stress was observed in caregiving mothers as compared to non-caregiving mothers. Mothers of mentally challenged children (caregiving mothers) experienced emotional and mental burnout in development of a mentally challenged child.

Journal of Indian Health Psychology
Table 4: Mean, SD, t-Ratio and Significance Level between Caregiving Mothers (MC) and Non-caregiving Mothers (NC) in Stress and its dimensions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Dimensions</th>
<th>Category</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>SED</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>TD</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>14.30</td>
<td>4.14</td>
<td>.51</td>
<td>10.35</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>8.98</td>
<td>3.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEV</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>9.20</td>
<td>5.18</td>
<td>.70</td>
<td>5.79</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>5.10</td>
<td>4.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PH</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>7.30</td>
<td>4.19</td>
<td>.52</td>
<td>2.11</td>
<td>.036*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>6.19</td>
<td>3.15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>8.18</td>
<td>4.58</td>
<td>.63</td>
<td>4.42</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>5.37</td>
<td>4.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EH</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>6.64</td>
<td>4.92</td>
<td>.61</td>
<td>4.41</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>3.92</td>
<td>3.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress (T)</td>
<td></td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>45.56</td>
<td>16.12</td>
<td>2.08</td>
<td>7.68</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>29.56</td>
<td>13.17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*< 0.01, **< 0.05

In the next dimension, Physical Health (PH), higher stress level was observed in caregiving mothers as in non-caregiving mothers. Caregiving mothers were too stressed carrying physical activities which involves nursing their mentally challenged children. Hence it lead to increased stress levels. The next dimension, Social Relationships (SR), shows that caregiving mothers suffered partially alone due to lack of social relationships hence, leading to low self-esteem. The last dimension where Emotional Health (EH) was concerned, caregiving mothers experience anxiety or severe depression, felt caught in the middle by providing care to children and elderly members and thus became emotionally unstable leading to increased stress levels.

Finally on observing the total scores of stress, where the $t$-ratio came out to be 4.41 which is significant at 0.01 level, it may be concluded that there was significant difference between stress levels of caregiving and non-caregiving mothers. Mothers of mentally challenged children (caregiving mothers) had to deal with certain behaviours by care receivers to be particularly stressful including aggression, combative ness, wandering and incontinence.

Table 5 illustrates mean, SD, SED, ‘$t$’-ratio and level of significance among Caregiving Mothers (MC)(N=100) and Non-caregiving Mothers (NC)(N=100) on coping response inventory.

In the second dimension i.e. Positive Reappraisal (PR), it was observed that non-caregiving mothers possessed the traits to see the brighter side to every situation as compared to caregiving mothers. In the third dimension, i.e. Seeking Guidance (SG), significant difference was observed between caregiving mothers and non-caregiving mothers. It was found that caregiving mothers preferred...
more to seek guidance from others as compared to non-caregiving mothers. The fourth dimension *i.e.* Problem Solving (PS), caregiving mothers used problem solving strategy significantly more to cope with the stressful situations as compared to non-caregiving mothers. The fifth dimension *i.e.* Cognitive Appraisal (CA), lead us to interpret that caregiving mothers overcame the stressful situations by avoiding the long-term thought process as compared to non-caregiving mothers. In the sixth dimension *i.e.* Acceptance Resignation (AR), it was seen that caregiving mothers avoid the situations where they had to accept resignation. Hence, they were less able to adopt this strategy as compared to non-caregiving mothers. In the seventh dimension *i.e.* Seeking Rewards (SR), non-caregiving mothers coped with their situation by expecting less rewards from their children as compared to caregiving mothers who have higher expectations. The eighth Dimension Emotional Discharge (ED) is where caregiving mothers showed higher emotional discharge as compared to non-caregiving mothers and hence coped less with the situation. In the first dimension Logical Analysis (LA), no significant difference was observed. Hence, with total scores, *t*-ratio of 4.45 and significance at 0.01 level, caregiving mothers (mothers of mentally challenged children) adopted more of approach and avoidance strategies of coping as compared to non-caregiving mothers (mothers of normal children).

Table 5: Mean, SD, *t*-Ratio and Significance Level between Caregiving Mothers (MC) and Non-caregiving Mothers (NC) in Coping and its dimensions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Dimensions</th>
<th>Category</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>SED</th>
<th><em>t</em></th>
<th>Sig. *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping</td>
<td>LA</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>10.46</td>
<td>2.68</td>
<td>.35</td>
<td>.82</td>
<td>.142</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>10.17</td>
<td>2.28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PR</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>11.33</td>
<td>3.01</td>
<td>.38</td>
<td>-1.90</td>
<td>.058**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>12.07</td>
<td>2.44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SG</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>12.68</td>
<td>2.94</td>
<td>.41</td>
<td>3.50</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>11.22</td>
<td>2.94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PS</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>13.65</td>
<td>3.19</td>
<td>.45</td>
<td>5.34</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>11.20</td>
<td>3.28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CA</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>9.55</td>
<td>3.28</td>
<td>.43</td>
<td>3.56</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>8.00</td>
<td>2.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AR</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>8.73</td>
<td>3.04</td>
<td>.47</td>
<td>-1.89</td>
<td>.005*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>9.63</td>
<td>3.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>12.83</td>
<td>2.77</td>
<td>.46</td>
<td>4.41</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>10.79</td>
<td>3.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ED</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>9.11</td>
<td>3.29</td>
<td>.38</td>
<td>2.65</td>
<td>.009*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>8.09</td>
<td>1.97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coping(T)</td>
<td>Caregivers (MC)</td>
<td>100</td>
<td>88.34</td>
<td>12.85</td>
<td>1.60</td>
<td>4.45</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Noncaregivers (NC)</td>
<td>100</td>
<td>81.17</td>
<td>9.68</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*< 0.01, **< 0.05
The present results find support from the findings of Kausar et al. (2003) who focused their study on exploring and understanding the experiences of hope in families of children with disabilities. The findings revealed hope as a dynamic process that helped parents to reframe their lives in view of the experience of having a child with special needs. Findings also supported the recent research that having a child with disability contributed to personal and spiritual growth, family stability, and personal hopefulness. Thus, hope has been identified as a positive transformation and dynamic process that helped parents to reframe their lives in view of their experience with children with disabilities.

Feinberg et al. (2004) conducted a study on 50 states of Columbia to analyse Family Caregiver Support. It was found that there was both an increasing availability of publicly funded caregiver support services, as well as a great unevenness of services and service options for family caregivers across the states and within states.

Moen et al. (1995) conducted a research on caregiving and women’s well-being. This study was conducted at Cornell University. It was found, using ordinary least square regression, that the effects of caregiving on women’s emotional health were moderated by their previous psychological well-being. Other moderators were previous social integration (in the form of religiosity and multiple-role involvements) and other nonfamily roles (workers and volunteer) currently occupied.

CONCLUSION

It may be concluded that caregiving mothers perceived less subjective well-being, social support, in comparison to non-caregiving mothers whereas it may be seen that caregiving mothers perceived considerably more hope, stress and used more coping strategies in comparison to non-caregiving mothers.

Implications

Non-caregiving mothers perceived higher subjective well-being and social support than caregiving mothers because of the fact that they were more satisfied by their role in the development of the child and received more support from friends, family and relatives than caregiving mothers. It was also observed that caregiving mothers perceived considerably more stress and hope in comparison to non-caregiving mothers because caregiving mothers were much more worried about the future of their child, they often got disappointed by the performance of their child. Hence, they (caregiving mothers) used more of coping strategies. Hence intervention therapies may be given to caregiving mothers in order to regain their self confidence and boost up their morale.
REFERENCES