



Relationship between Psychological well-being and Marital Conflicts among Parents with Down Syndrome Children

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ABSTRACT

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The present study is conducted in Pakistan and will investigate the relationship between psychological well-being and marital conflicts among parents with Down syndrome children. The study was conducted in institutes of Islamabad, which include the Al-Farabi Institute and the National Institute of Rehabilitation Medicine. The study was conducted in the speech and physiotherapy department of institutes and included those patients who were suffering from Down syndrome. Purposive sampling was used to acquire the data from 60 parents (30 mothers and 30 fathers) of Down syndrome children. Regression and correlation analysis was performed to determine the link between independent and dependent variables as well as the impact of psychological well-being (autonomy, environmental mastery, purpose in life, personal growth, self-acceptance, and positive relations) on marital conflicts. The results show a positive and insignificant relationship between autonomy, positive relations, personal growth, self-acceptance, and marital conflicts but also reveal a negative and significant relationship between environmental mastery, purpose in life, and marital conflicts due to a poor environment. The research will help parents to lessen their stress and improve their environment. It will also guide the NGOs and civil society to encourage the parents and give them awareness about the coping strategies to deal with these situations.

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1. Introduction

Disability is defined as "physical or mental impairment that has a substantial and long-term harmful effect on person's capacity to carry out routine day-to-day activities," according to the Disability Discrimination Act. In the world, 15% population comes in the category of mild, moderate, or severe disability (WHO, 2012). A person with a disability faces various barriers in daily activities, and in pursuing educational and social skills (Li-Tsang, Yau, & Yuen, 2001). The family and parents of the child also go through a shocking and traumatic period as accepting the disability of the child is painful as well as disturbing (Malhotra, Khan, & Bhatia, 2012). The disabilities are mainly because of an accident, brain damage, paralysis or complexities at the time of birth (Abbeduto et al., 2004; Monk & Wee, 2008). The parents of the disabled child face extreme difficulties and hurdles in raising the child because it affects the normal family life causing strain and emotional distress (Kaur & Arora, 2010). The parents have to face all this stress and pain for a long period of time (Naz, Akhtar, Nawaz, & Yasin, 2010). The mothers have more responsibilities and duties in training and socializing the disabled child and giving special care to him in different activities such as bathing, eating, and walking (Pottie & Ingram, 2008). Both parents have to face problems while educating the child

because of the learning problems (Boromand, Narimani, & Mosazadeh, 2014; Kling, Campbell, & Wilcox, 2010).

Taking care of the child with the disability is stressful and a burden for the family because the other children do not get enough attention and create marital conflicts and extra financial burdens to fulfill the needs of the child (Rogers & Hogan, 2003). The disability of the child affects not only the parents but the siblings too. There are both positive and negative sides to the experience (Ritzema, 2010). On the positive side, it increases the family strengths, unites them against one particular weakness, and encourages communication between family members. On the negative side, it increases stress, causes weariness and extra financial expenditure (Hung, Wu, Chiang, Wu, & Yeh, 2010). The physical disability affects the person's mobility and dexterity. The disabled person needs therapies, treatment, and equipment to deal with mobility issues. Paraplegia and Quadriplegia are known for physical disability. Paraplegia is an injury to the spinal cord and Quadriplegia is damage to the spinal cord (Heiman, 2002). The types of physical disabilities are spinal cord injury, handicapped, cerebral palsy, stroke, and neuromuscular diseases. The severity of the disability is related to the parent's stress and family functioning (Riasat, 2012; Van Riper, 2007).

The cerebral palsy child's disability has more behavioral issues and severity and causes more negative effects on the parent's mood and personality as compared to the other disabilities because the child has difficulty in performing daily routine tasks due to impairment and mobility issues (Hassall, Rose, & McDonald, 2005). The stress and depression of the parents are also associated with age, sex, and disability of the child and other several factors which may also influence are social statuses, income, and family support (Kling et al., 2010; Suzumura, 2015). The behavioral problems are more frequent in disabled children as compared the normal ones (Yamada et al., 2012). In societies, disability is viewed as a tragedy and people assume that a disabled person cannot be happy and can never improve the quality of his/her life (Nikmat, Ahmad, Oon, & Razali, 2008). The negative reaction and attitude of society towards the parents influence the well-being of the disabled child and also increase the stress (Khan & Aftab, 2013).

Therefore the parents adopt a rather negative approach towards the child and experience feelings of shame, guilt, sorrow, embracement, hopelessness, and helplessness. The continuous effort and tiresome participation of the parents in the treatment of the child affect the physical and mental health problems (Hosain, Atkinson, & Underwood, 2002). As the parents put extra and tiring effort into their child, they experience various mental and emotional strains hence weakening their determination (Ritzema, 2010). The social life of the mother and father is greatly influenced, they cannot attend the public gathering, socialize with society or improve relations with the neighbors and relatives (Twenge, Campbell, & Foster, 2003). Their child's disability restricts their social movement and presence in society. The lack of solid presence and restricted social motion may cause frustration in the parents. On the other hand, parents stress, a lot about the future and well-being of the child (Rogers & Hogan, 2003).

1.1 Down Syndrome

Down syndrome is one of the chromosomal abilities occurring at the birth of the child and it has been described as a syndrome complex of hereditary origin with changeable neurobiological significances, and several distinguishing neurodevelopmental and neuropsychological indicators (Lavee, Sharlin, & Katz, 1996). It is diagnosed at the time of birth. Individuals with Down syndrome have an Intelligent Quotient between 25 and 50. Mental retardation is mild, moderate, and severe (Kling et al., 2010). Down syndrome children have less severe and less frequent behavioral problems. It is the genetic variation and 1 every 773 births it found (Cramm & Nieboer, 2011). The Down syndrome genetic disorder causes developmental delays and mild to moderate cognitive impairment. Down syndrome is of three types:

1.1.1 Trisomy 21

In this category, there is an extra chromosome in all the cells of the body. It occurs most commonly and occurs at the beginning.

1.1.2 Mosaic Down syndrome

This category is rare and occurs after the beginning when the cellular division takes place. All the cells do not have an extra chromosome.

1.1.3 Translocation

In this category extra copy of 21 chromosomes follows by another chromosome. It rarest form.

1.2 Marital Conflict

Buehler and Gerard (2002) define marital conflict as "The presence of high degrees of disagreement, stressful and hostile exchanges between partners, disrespect, and verbal abuse." Marital conflict is defined as a disagreement between the couples over an issue. The causes of the conflicts as identified by the couples are physical and verbal abuse (Baker, Blacher, & Olsson, 2005; Broberg, 2011). The higher level of marital conflict will be related to an increased level of marital dissatisfaction (Tam & Lim, 2008). The previous research has focused on marital satisfaction and adjustment but the current study will observe the impact of marital conflict on the individual psychological well-being due to the birth of a Down syndrome child.

1.3 Psychological Well-Being

Roothman, Kirsten, and Wissing (2003) defined psychological well-being as definite factors and processes such as emotional processes. Ryff (1989) emphasizes that mental health is more than just the absence of illness; he also emphasizes that psychological well-being is what a person requires to be happy. Self-acceptance, pleasant relationships with relatives and friends, independence, command of the surroundings, having a purpose in life, and personal development are all aspects that contribute to psychological well-being.

1.4 Disability in Pakistan

The national policy 2000 defined disability as "The inability to carry out a normally performed action". In the record, 2% of the Pakistani population is suffering from several disabilities age group of (0-14 years) (Government of Pakistan, 1981). Pakistan is the country where every child does not go to school and the total income of the families is low. The disability is a serious issue that cannot be neglected. The special education institutions were established by the Government of Pakistan in 1980s, for special children so they can gain basic education (Gupta & Singhal, 2004). They are members of society and responsible citizens who, after being trained and educated, can contribute to the country's progress (Bluth, Roberson, Billen, & Sams, 2013; Doron & Sharabany, 2013). The Pakistani females have higher risks of disabilities as compared to males and more in urban areas compared to the rural ones (Ahmad, 1993). In Pakistan the disabilities are categorized as: physical disabled, mentally retarder, visual impairment, hearing impairment and multiple disabilities. The disabled person remains marginalized in the society in the aspect of rights (Esbensen, Mailick, & Silverman, 2013).

In our country, no specific ministry or department is dealing with the issues of disabilities. The person with a disability is considered a burden for the family. The disabled person cannot get employment and become the burden for the family. The social stigma related to the disability of a child restricts their opportunities to get success in life (Findler, Vilchinsky, & Werner, 2007; Fisch et al., 2003). As society plays a negative role by discouraging the disabled child, this may cause a self-fulfilling prophecy. Due to such social attitudes, the disabled child mostly underachieves in areas like education, employment and other opportunities (Floyd & Gallagher, 1997). Extreme mental disorder is a complex neuro-formative issue that is shown in youngsters from a year and a half to 3 years old (Hayat & Zafar, 2015). It influences a kid's correspondence, socialization and social communication. It is evaluated that 350,000 youngsters in Pakistan experience the ill effects of a mental imbalance and this number is expanding step by step (Heiman, 2002). Showing and preparing of these kids requires exhaustive experts and specific supplies. There is no awareness of this disorder in Pakistan. Additionally, there are not very many spots where these kids can be overseen (Ha, Greenberg, & Seltzer, 2011).

The care and responsibility of the disabled were in the focus after 1981 as United Nations International Years of Disabled persons. They need education, employment, training, and rehabilitation therefore it was required to form a national policy (Hartley, Barker, Baker, Seltzer, & Greenberg, 2012; Lavee et al., 1996). The policy is formulated on the background of disabled children and adults in Pakistan according to WHO 10% is disabled population. The different disability distribution by 1998 census is as: Physically handicapped 19%, mentally handicapped 14%, multiple disabilities 8.21%, visually impairment 8.6%, and hearing impairment 7.40%. According to a survey done in 2006 in Pakistan, disabled people were found in Punjab (2.48 percent), Sindh (3.05 percent), Baluchistan (2.23 percent), and Pakistan as a whole (9.88 percent). In Pakistan, there are 45 institutions for physically disabled children, 40 institutes for mentally retarded children, 63 institutes for children with visual impairment, 82 institutes for children with hearing impairment, and 67 institutes for children with multiple disabilities, all of which are run by the government and non-government organizations (Khan & Aftab, 2013).

In the current 2012 report, the rate of disability is 2.65% and in Pakistan, more than 5 million people fall in this category. The purpose of this research is to fill a perceived gap in the literature by contrasting the relationship between psychological well-being and marital conflicts among parents with Down syndrome children. Due to the Down syndrome children, there is an effect on the parent's well-being and married life. This work makes a significant contribution by measuring the several factors of psychological well-being and their relationship with marital conflicts to which extent they affect each other. The Research Question is "Is there any relationship between marital conflict and psychological well-being among parents with Down syndrome children?"

2. Literature review and Hypothesis Development

Van Riper (2007) examined the Resiliency Model of Family Troubles, Adjustment, and Adaptation in families with children with Down syndrome. The study's goals were to examine parental perceptions and family adaptations in mothers and fathers of Down syndrome children. Also to observe family resources, demands and problem-solving. The study's findings reveal that families are more resilient. The parents can tolerate, survive the increasing challenges linked with raising a child with Down syndrome. The study by Hayat and Zafar (2015) looked at the link between psychological well-being and coping techniques among mothers and fathers of Down syndrome children. The study aimed to explore all variables associated with the relationship. The conclusion of the study shows that the mother and the father who depend on active avoidance coping scored low psychological well-being. The gender difference was another variable studied and the conclusion shows that the parents with a girl child had a lower level of psychological well-being in comparison to parents with a boy child.

Heiman (2002) examined different aspects of the parents who have children with physical, learning or intellectual disability along with the responses of the parents categorized in various themes. The parents reported that the reason behind their child's disability can be the premature birth of the baby and the blood tests taken during the mother's pregnancy. The responses of the parents on the birth of a disabled child were noted to be mainly depression, sadness, anger and feeling of guilt and shame. The mother and father take so much stress that they experience severe headaches and sweating. They even start crying and hesitate to take an active part in everyday life. On the other hand, positive responses were also witnessed in some cases. Such parents handled the situation with sagacity and were more concerned with the further treatment of their disabled child. The responses of other fellows can be categorized as positive responses in which they give support to the parents and try to guide them accordingly. The negative responses included expressions of utmost sorrow and sympathy towards the parents of the disabled child. The extra stress and burden are also felt by the parents when the child gets ill. The parents feel socially isolated and their daily activities are hampered due to the disabled child. Sometimes this also has an adverse effect on their normal children as well. The mother and father cannot attend the public gatherings and cannot meet their relatives. Such parents are provided with relevant services to deal with particular situations.

Van Der Veek, Kraaij, and Garnefski (2009) explored the prospective relationship and cross-sectional between cognitive coping strategies and stress in mother and father of Down

syndrome children. The research measured the cognitive coping by cognitive emotion regulation questionnaire and parental stress by Nijmeegse Ouderlijke Stress Index. The results show that after 8 months the coping strategies and stress were measured again and it shows that by using positive reappraisal the comparatively lower level of stress was witnessed. Boromand et al. (2014) study was focused to associate the psychological well-being factors between the mother and father of normal children and mentally retarded children. It was measured by the Ryffs psychological well-being questionnaire. The study's findings reveal a distinction between parents of normal children and parents of mentally challenged children in the aspect of a positive relationship, environmental mastery, self-acceptance, independence, purpose, and personal growth. Doron and Sharabany (2013) focused on the marital relationship among parents with an autistic child and how much it is influenced by social support and satisfaction. The results show that social and family support has a positive impact on the marital relationship of the parents and less emotional distress is faced by them.

Kersh, Hedvat, Hauser-Cram, and Warfield (2006) study examined the role of marital relationship on the well-being of parents having a child with a developmental disability. The well-being is defined in the term of health, parental stress and efficacy. The conclusions shows that parents have reported better quality marital relation and less parental stress. In the parental self-efficacy, the amount of social support from friends and relatives and child behaviour is the strong variable. Jones and Passey (2004) examined parents having a child with a developmental disability as well as the behavioural problems associated with it. It also examined the types of stress faced by them. The study used the double ABC-X model, which was introduced by McCubbin and Patterson (1983), investigated different stresses faced by parents in the development of such a child. They also introduced a framework about how positive outcomes are beneficial for the parents in dealing with the behaviour of their child. The study's goal is to find out about strategies, coping resources and positive insights adopted by the parents of a developmentally disabled child with behavioural problems. The results show that coping strategies adopted by the parents and internal and external locus of control in controlling the children are associated with parental stress of dependency and managing in different areas of life.

Lopez, Clifford, Minnes, and Ouellette-Kuntz (2008) studied the increased stress in mother and father of a child with developmental delay. The results of the study show that parents having a child with developmental delay have experienced more stress. Hosseinkhanzadeh, Noori, Yeganeh, and Esapoor (2014) examined the marital satisfaction in families having a child with mentally retarded, deaf, and non-disabled children. It was measured by enriching marital satisfaction scale. The results show that a difference has been found between the families having children belonging to different categories-either mentally retarded, or deaf or non-disabled children. Twenge et al. (2003) examined lower marital satisfaction in parents of disabled children as compared to parents of normal children. The result shows that marital satisfaction gets lower after the birth of the disabled child.

Kaur and Arora (2010) focused on the burden faced by the families on the birth and rearing of mentally and handicapped children. It affects the environment of the home, financial expenditure and emotional state. The mental retardation is categorized when the IQ level is low than 70. The study focused on the burden faced by the mother and father. The objective burden refers to the physical burden and behavioural changes when the child gets ill and how it affects the caregiver whereas the subjective burden refers to the emotional problems. The caregiver is the person who is taking care of the child for a long time and is involved in providing the basic needs of the child. The findings show that parents were not expecting a mentally retarded child. They do not discuss with others because of shame and guilt. The siblings and parents of the mentally handicapped child do not encourage it. It affects the whole family atmosphere in different aspects. The mothers of the mentally retarded child show more degree of neurotics. The family of mentally handicapped children experiences higher level of depression and anxiety. Family support is necessary for the child because if the parents show a negative attitude the child will not be able to develop. The parents and siblings play a leading role in the supporting system. Counseling is one of the application provided to the caregiver.

Aldosari and Pufpaff (2014) examined the birth of the disabled child influence on the mother, father and siblings both physically and emotionally. The disabled child need special

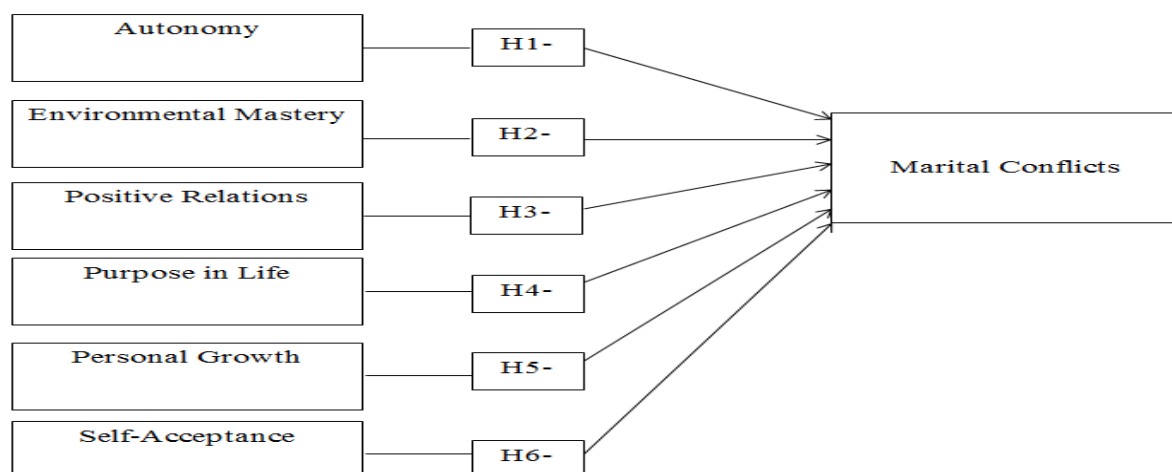
attention and care from the family members and the society attitude also affects it. In the rural areas, females are more affected by disability as compared to men. The focus of the study was to know the efforts and problems face by mother and father of a disabled child. The parents were concerned with the future of the child and wanted their child to live independently. The parents were more concerned with the male disabled child and about his future and earnings. The mother and father of the female disabled child were worried about her marriage and other issues related to her future. The parents of the disabled child make a continuous effort for a better life. The special education centers help the child in education. The parents put full effort into the disabled child to make him well being of the society.

Trute, Hiebert-Murphy, and Levine (2007) stated there is a positive and negative judgment of parents in the development of the child's disability. Therefore, separate areas are studied because the parent faced more problems in the development of child disability. The parents have negative and positive appraisals in the child's disability and focus on parental self-esteem and the parents' adjustment with the intellectual and developmental disabilities of children. The study is done to experience the effect of sex differences in coping with the stress of childhood disability. The research findings have shown positive perception and judgment has a vital role in helping parent in coping the situations and help in the adjustment of family. The sex differences have an impact on the parental judgment and influence on the disability of child and will help in finding out the way to get out of these challenges Abbeduto et al. (2004) studied the mothers' psychological well-being among the children of down syndrome, fragile X down syndrome and autism. The findings have shown that mothers having a child with fragile X syndrome reported lower level of psychological well-being as compared to mother having a child with Autism.

Hung et al. (2010) examined the mental health of mother and father with a physically disabled child and the factors influencing the health. The physically disabled children have weak health. The disability of the child does not affect the mental health of father and mother (see results). The results of the study show that according to a measure of child-related factors those which affected the mental and physical health negatively include mobility issues, dependent on others for performing various activities. The measure of parent related factors includes financial burden, parental stress and family interaction. The specialized techniques must be introduced for the mother and father of the disabled child to reduce the stress.

Ravindranadan and Raju (2008) examined the life quality and emotional intelligence of mothers and fathers of disabled children. The parents face different challenges while dealing with daily care activities and the special need of the disabled child. The environmental factor can also influence the child. The parents must take care of themselves. The focus of the study is to improve social, emotional and physical life of parents. The findings of the study show that mothers and fathers of disabled child have more stress than parents of normal child. Fisch et al. (2003) focused on the parents of the older age have higher risk for genetic abnormality in their child. The parental impact was more in parents above age of 40 years. The findings show that parental and maternal age has an impact on Down syndrome. The result shows a model for other abnormalities in children of older fathers. The following conceptual framework is regarded relevant for the study based on the literature review and research gap that exists in the field of the investigation. The research examines the link between variables such as autonomy, environmental mastery, purpose in life, personal growth, self-acceptance and positive relations on marital conflict of parents among Down syndrome children.

Figure 1



2.1 Operational Definitions

2.1.1 Psychological well-being

Ryff (1989) theory includes the concept of psychological well-being in six different dimensions. He defined psychological well-being as a “by-product of life that is well-lived”

2.1.2 Autonomy

The autonomy aspect is well-defined as being independent, self-determined, and can resist social pressures.

2.1.3 Environmental Mastery

The environmental mastery aspect is assessed to control the environment and the ability to manipulate the situation and act in the environment.

2.1.4 Positive relations

The positive relation dimensions assess satisfying, trusting relationships with other people.

2.1.5 Purpose of life

The purpose of life measure a sense of direction and goal

2.1.6 Personal growth

Personal growth has a sense of continued development and self-improvement.

2.1.7 Self-acceptance

The self-acceptance dimension assesses positive attitudes held toward the self.

2.1.8 Marital Conflict

Marital conflict is defined as a disagreement between couples over an issue. The higher level of marital conflict will be related to an increased level of marital dissatisfaction.

2.1.9 Hypothesis

The following hypotheses are tested in the study as per the conceptual framework:

- H1:** There is negative correlation between autonomy and marital conflict.
- H2:** There is a negative correlation between environmental mastery and marital conflict.
- H3:** There is a negative correlation between purpose in life and marital conflict.
- H4:** There is a negative correlation between positive relations and marital conflict.
- H5:** There is a negative correlation between personal growth and marital conflict.
- H6:** There is a negative correlation between self-acceptance and marital conflict.

3. Methodology

The present study was conducted in institutes of Islamabad, which include Al-Farabi Institute and National Institutes of Rehabilitation Medicine. The study was conducted in speech and physiotherapy department of institutes and included those children who were diagnosed as

Down syndrome children. The patients come along with their mother and father for the different exercises and therapies which is essential for their treatment to provide them a better life. The sample of the study comprised of 60 parents (30 Mothers, 30 Fathers of Down syndrome children).

The sample of the study was selected through purposive sampling from the parents of the child coming to the institutions of Islamabad Al-Farabi Institute and National Institutes of Rehabilitation Medicine. The data was collected from the mother and father who came to institutions for the physiotherapy and speech therapy of the child. The age of the parents falls from 18-37 years above. The age range of the Down syndrome children falls from 5-20 years. The data was collected through the questionnaire method. The data was collected through two instruments (Ryff, 1989) Psychological well-being and Kansas Marital conflict scale. The Urdu version of the scale was used. The experts ensure the validity and reliability of the scale through proper wording, construction of sentences, reasonable content, clarity in understanding and overall appearance.

4. Analytical Strategy

The study is quantitative, and the aim is to describe the relationship between psychological well-being and marital conflict among children with Down syndrome children. For analyzing the problem under investigation and to obtain reliable data relating to the discussion, several steps were taken. These include selection of research area, selection of appropriate sample size and sampling technique, methods of data collection, methods of data analysis and the models. The questionnaire was used and translated into Urdu version. The questionnaire was distributed to the parents and the data was collected. The demographic questions were related to the child's age, education, respondent's age, education, occupation. The data were analyzed using the computer program i.e. SPSS.

Table 1: Reliability Statistics Hypothesis Testing

Variables	Cronbach's Alpha (α)	N of Items
Psychological Well-Being	.729	42
Marital Conflicts	.789	32

The table 1 summarizes the reliability statistics of the items. The total number of items in the Ryff psychological well-being are N=42. The subscales have six dimensions autonomy, environmental mastery, positive relations, and purpose in life, personal growth and self-acceptance. Each dimension has 7 items. The reliability of the items assessed collectively, ranging from six point scale 1 (strongly disagree), 2 (disagree), 3 (slightly disagree), 4 (slightly agree), 5 (agree), 6 (strongly agree). The alpha reliability is .729. The Kansas Marital conflict scale has 32 items. The scale is measured as 1 (never), 2 (once in a while), 3 (sometimes), 4 (frequently) and 5 (almost always). The alpha reliability is .789.

Table 2: Cross Tabulation of child gender * child age, Cross Tabulation of child gender* child age

Child Gender * Child Age Cross tabulation

Child Gender		Child Age				Total
		5 or less	6-10	11-15	21-More	
Child Gender	Boy	24	14	2	1	41
	Girl	1	10	6	2	19
Total		25	24	8	3	60

The cross tabulation of child gender and disability is summarized in table 2. The total number of males children is N=41 and female children is N=19. The total is N= 60; all are diagnosed with down syndrome. The age groups of the children are 5 or less, 6-10, 11-15 and 21-more. Twenty four boys and 1 girl are in the age group of 5 or less, 14 boys and 10 girls are in the age group of 6-10. 2 boys and 6 girls are in the age group of 11-15, and 1 boy and 2 girls are in the age group of 21-more.

Table 3: Cross Tabulation of parent’s relation* child gender, Cross Tabulation of parents relation* child gender

		Child Gender		Total
		Boy	Girl	
Parents Relation	Mother	21	9	30
	Father	20	10	30
Total		41	19	60

The cross tabulation of child gender and parents relation is summarized in table 3. The total number of mothers are N=30 and fathers are N=30. The total is N= 60. The N=41 boys and N=19 girls.

Table 4: Cross Tabulation of parents education* parents relation, Cross tabulation Parents Education * Parents Relation

		Parents Relation		Total
		Mother	Father	
Parents Education	Primary	1	0	1
	Middle	1	0	1
	Matric-More	28	30	58
Total		30	30	60

The cross tabulation of parents education and parents relation is summarized in table 4. The parent’s education is in the range of Primary, middle and matriculation. N=28 mother and N=30 father have education more than matriculation. Two mothers are having primary and middle education respectively.

Table 5: Correlation Matrix: Psychological well-being and marital conflict.

	Autonomy	Environmental mastery	Positive relations	Purpose in life	Personal Growth	Self-acceptance	Marital conflicts
Autonomy	1						
Environmental mastery	-.018	1					
Positive relations	.110	.136	1				
Purpose in life	.173	-.222	.148	1			
Personal growth	-.152	.341**	.325*	.104	1		
Self-acceptance	.305*	.461**	-.162	.037	-.034	1	
Marital conflicts	-.050	-.398**	-.114	-.490**	-.367**	-.217	1

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

In table 5 Pearson correlation coefficient was used to measure the strength and statistical significance of the relationship between the independent variables i.e. autonomy, environmental mastery, positive relations, purpose in life, personal growth, self-acceptance and dependant variable i.e. marital conflict. The marital conflict was negatively associated with the indicators of psychological well-being. There is a negative and insignificant relationship between marital conflict and autonomy, ($r = -.050$) which means that marital conflict, goes down in the existence of individual activities and self-determination. The result also shows a negative and significant relationship between environmental mastery ($r = -.398^{**}$), as due to adverse environment, the parents cannot control marital conflict. The study also shows a negative and insignificant relationship between marital conflict and positive relations ($r = -.114$) shows that when the marital conflict exists the parents cannot trust the relatives and friends. The purpose in life indicator has the significant and negative relationship between marital conflict there is less direction of goals due to the increased level of marital conflict ($r = -.490^{**}$). Another negative and significant relationship is between personal growths ($r = -.367^{**}$) the parents do not continue self-development and improvement. There is insignificant and negative correlation between self-acceptance and marital conflict ($r = -.217$), which means the parents do not have positive attitude towards self and there is an increased level of marital conflict.

Table 6: Regression Analysis: Psychological well-being versus Marital conflict**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.734 ^a	.538	.486	.21312

a. Predictors: (Constant), Autonomy, Environmental mastery, Positive relations, Purpose in life, Personal Growth, Self-acceptance

In table 6, the psychological well-being indicators were entered in the regression model. The multiple regressions shows that six psychological well-being factors i.e. autonomy, environmental mastery, self-acceptance, purpose in life, positive relations and personal growth explain variability in marital conflicts quite well $R^2 = 54\%$.

As indicated, the regression model summary provides the R square value as .538. The value indicates that fitted regression model explains 54% of the variation in marital conflict with explanatory variables, namely autonomy, environmental mastery, self-acceptance, purpose in life, positive relations and personal growth. Being in the model simultaneously, after adjusting for sample size and the number of independent variables, approximately 49% of the variation in marital conflicts is explained by the above model.

ANOVA test established the fitness of the regression model with $F = 10.296$ and significant level = .000. This shows that the model fits very well for the prediction of the dependent variable. In other words six independent variables, the autonomy, environmental mastery, self-acceptance, purpose in life, positive relations and personal growth are significant predictors of marital conflicts of the parents. In this table 7, the partial effects of psychological well-being factors, autonomy, and environmental mastery, and self-acceptance, purpose in life, positive relations and personal growth on marital conflicts are studied.

Table 7**ANOVA^a**

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.806	6	.468	10.296	.000b
	Residual	2.407	53	.045		
	Total	5.213	59			

a. Dependent Variable: Marital Conflicts

b. Predictors: (Constant), Autonomy, Environmental mastery, Positive relations, Purpose in life, Personal Growth, Self-acceptance

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.967	.392		15.233	.000
Autonomy	-.006	.068	-.009	-.090	.928
Environmental Mastery	-.526	.127	-.521	-4.151	.000
Positive Relations	.154	.148	.110	1.040	.303
Purpose in Life	-.390	.066	-.606	-5.916	.000
Personal growth	-.143	.097	-.161	-1.479	.145
Self-Acceptance	.057	.115	.061	.499	.620

a. Dependent Variable: Marital Conflicts

The autonomy did not show any significant relationship with the marital conflict. It was hypothesized that the autonomy has a negative relationship with the marital conflict. Although the regression coefficient is negative but it is not statistically insignificant. Thus, the autonomy does not impact the marital conflict of the parents with a child with down syndrome when all others factors are kept constant. A negative and significant relation occurs between environmental mastery and marital conflict. This shows that poor environment and surroundings are crucial and negative factors for the marital conflict. When other factors are kept constant. The relationship between positive relations and marital conflict was hypothesized as negative but the results show a positive relationship when other factors

remain fixed. This shows that a satisfying and trustworthy relationship with friends and relatives does not impact the marital conflict in the desired direction.

The purpose in life has a negative and significant relationship with marital conflict. This means that goals in life and no self-direction are crucial factors of marital conflict when other factors do not change. Personal growth was hypothesized to have a negative relation with the marital conflict. The results do show a negative relationship but it is statistically insignificant this means the parents continued individual development and does not impact the marital conflict when other factors remain fixed. Self-acceptance was hypothesized to have a negative relation with the marital conflict but the results are positive and insignificant. This means that although the parents of down syndrome children accept the reality and held positive attitudes towards it. Their marital conflict doesn't go down in the presence of other factors kept as constant. Stepwise regression analysis was performed to select the significant predictors of the dependent variable. The focus of step-wise regression was to analyze the combination of independent variables i.e. autonomy, environmental mastery, purpose in life, personal growth, positive relation and self-acceptance having a significant impact on the dependent variables i.e. marital conflict.

Table 8: Step-wise regression Analysis: Psychological well-being versus marital conflict

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.490 ^a	.240	.227	.26134	
2	.715 ^b	.511	.493	.21157	

a. Predictors: (Constant), Purpose in Life

b. Predictors: (Constant), Purpose in Life, Environmental Mastery

The variables which entered into the final model are purpose in life and environmental mastery. In the model 1, the purpose has R square value as .240. The value indicates that fitted regression explains variation in marital conflict to the extent of 24% with purpose in life as a predictor variable. In the model2, the purpose in life and environmental mastery were entered R square value is .511. The value indicates that fitted regression model with purpose and environmental mastery explain to the extent of 51%.

Table 9

ANOVA^a						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.252	1	1.252	18.331	.000 ^b
	Residual	3.961	58	.068		
	Total	5.213	59			
2	Regression	2.662	2	1.331	29.731	.000 ^c
	Residual	2.552	57	.045		
	Total	5.213	59			

a. Dependent Variable: Marital Conflict

b. Predictors: (Constant), Purpose in Life

c. Predictors: (Constant), Purpose in Life, Environmental Mastery

Coefficients^a						
	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.927	.135		36.432	.000
	Purpose in Life	-.316	.074	-.490	-4.282	.000
2	(Constant)	6.087	.234		26.030	.000
	Purpose in Life	-.392	.061	-.608	-6.402	.000
	Environmental Mastery	-.539	.096	-.533	-5.612	.000

a. Dependent Variable: Marital Conflict

ANOVA test established the fitness of the regression model F= 29.731 and significant level= .000 show that the model fits very well for the prediction of marital conflicts with purpose in life and environmental mastery and as two significant factors contributing in the

marital conflict of the parents. The results of the step-wise regression are compatible with the analysis of table-4 and confirm the conclusions drawn previously. That is, purposes on life and environmental mastery have a very strong effect on marital conflicts. We don't say that the other factors are not important but in the presence of purpose in life and environmental mastery, they have no significant role in marital conflicts of parents. Accordingly, as per the results of the research, the situation of the hypothesis tested is as follows:

- H1: There is a negative correlation between autonomy and marital conflict. (Rejected)
- H1: There is a negative correlation between environmental mastery and marital conflict. (Accepted)
- H1: There is a negative correlation between purpose in life and marital conflict. (Accepted)
- H1: There is a negative correlation between positive relations and marital conflict. (Rejected)
- H1: There is a negative correlation between personal growth and marital conflict. (Rejected)
- H1: There is a negative correlation between self-acceptance and marital conflict. (Rejected)

5. Conclusion and Findings

The present study was conducted to examine the relationship between psychological well-being and marital conflicts among parents with Down syndrome children. Autonomy, environmental mastery, self-acceptance, purpose in life, positive relations and personal growth are significant predictors of marital conflicts of the parents. The purpose in life and environmental mastery are the crucial factors in the marital conflicts of the parents. It was concluded from the study report. The autonomy did not show any significant relationship with the marital conflict. It shows autonomy cannot impact the marital conflict of the parents while having a child with down syndrome when all other factors are kept constant. A negative and significant relation occurs between environmental mastery and marital conflict. This shows that poor environment and surroundings are crucial and negative factors for marital conflict. The relationship between positive relations and marital conflict was hypothesized as negative but the results show that this negative relationship. It shows that satisfying and trustworthy relationship with friends and relatives does not impact the marital conflict. The purpose in life has negative and significant relationship between marital conflicts. This means that goals in life and no self-direction are crucial factors of marital conflict. The personal growth was hypothesized to have a negative relation with the marital conflict. The results show, however, a positive and statistically insignificant relationship this means the parents continued individual development. Self-acceptance was hypothesized to have a negative relation with the marital conflict but the results are positive and insignificant. This means that although the parents of down syndrome children accept the reality and held positive attitudes towards it. Their marital conflict doesn't go down in the presence of other factors kept as constant.

The research is conducted on the psychological well-being and marital conflicts among parents with Down syndrome children. Every parent is unique with their living standards. The suggestion and implications are according to the parent's needs. The goals are towards solving the problems of the parents. The suggestions are given to the parents to improve their psychological well-being, lessen marital conflicts and improve their health, social activities and quality of life. There must be family programs arranged by the NGOs to encourage the parents and give them awareness about the coping strategies to deals with these situations. The services and training should provide to parents and assist them to control the stress. The training program focused on positive behaviour of the parents and to help the mother and father in coping with behavioural difficulties and stresses. The doctors should give special attention, precautions and advice to the parents of the disabled child about the treatment such as physiotherapy and speech therapy correctly. And lastly, the social stigma attached to the disability should be finished with the help of awareness programs.

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