

3

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

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Abstract

Care giving is part of parenting, but some children require more care and their parents may endure more pain in catering for them. Hence, the responsibility regarding intellectually challenged child requires tolerance, acceptance of challenges and ability to withstand the burden of caregiving. This study examined the role of resilience in quality of life in Nigerian sample of caregivers of intellectually challenged children and adolescents in a dwindling economy. A cross – sectional design was adopted, the study used 161 caregivers consisting of 52 (32.3%) males and 109 (67.7%) females participated in the study. They were drawn from Therapeutic Day – Care Centre, Abakpa Nike, Enugu. The World Health Organization Quality of life Assessment – Bref (WHO Qol – Bref) and Resilience Scale (RS – 14) were used for data collection.

Chinyere W. Ndata and Ada Ume Maduka

Resilience positively and significantly predicted quality of life, accounting for 34% of the variance in quality of life. It was concluded that resilience building programs are needed in order to enhance the quality of life and well-being of caregivers of intellectually challenged children in Nigeria's dwindling economy.

Key words: Caregivers, dwindling economy, intellectually challenged, parents, Resilience, Quality life.

Mental retardation is a significantly sub average intellectual functioning, existing concurrently with deficits in adaptive behavior and manifests during the developmental period that adversely affects a child's educational performance. (Individuals with Disabilities Education Act, IDEA, 2004). The term intellectual disability was adopted by the Connecticut State Department of Education (2007) to be synonymous with the federal term mental retardation for purpose of IDEA identification. The Department defines intellectual disability as significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual practical adaptive and social skills.

Intellectual challenge is characterized by significant limitation both in intellectual functioning (reasoning, learning problem solving) and in adaptive behavior, which covers a broad range of everyday social life and practical skills (Luckasson, Borthwick – Duffy, Buntix, Coulter, & Craig, 2002). This form of disability happens before the age of 18 (American Association on intellectual and Developmental Disability AAIDD, 2009). Intellectual challenge is a developmental disability and people with developmental disability experience difficulty in such areas as self- care, Language, mobility, learning, self – direction and independent living or self – sufficiency. Some common developmental disabilities are cerebral palsy, learning disability, autism, epilepsy, Down syndrome among others. The contemporary world is filled with a never ending challenges (Bennibor, 2007). One of such challenges is the burden of caring for the intellectually challenged children and adolescents.

The birth of a normal child can have significant effect on the family dynamics. For instance other children in the family must undergo variety of changes to adopt to the pressure of a new member (Hussian andJuyal, 2007). More profoundly the birth of an intellectually challenged child to a family constitutes serious burden that passes obvious challenge to caregivers. Caregivers of intellectually challenged children and adolescents are confronted with greater care giving demands than those of typically developing children and adolescent. Some of these common difficulties are related to the cognition and functional skills of intellectually challenged children and adolescents (Kaur and Arora, 2010).

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

Again intellectual disabilities are highly demanding conditions requiring care (Kersten ,etal, 2001). Everyone in a relationship depends on one another and disability makes interdependence explicit. Hence educating the child of this nature in the dwindling economy makes it more difficult for caregivers/ parents and the educational institutions. In fact, medical decisions, hygiene routine and residential choices directly affect the caregivers as well as the intellectually challenged children and adolescents. Domains that would have been otherwise private become open to relational scrutiny and negotiation requires significant commitment on the part of caregiver. Thus, caregivers coping with intellectual disabilities face the dual stress of stigma and ambiguous loss, or experience discrimination as a result of the care recipients' conditions (Gibbons, Ross, &Bevans, 2014). In addition, this affects the care givers' social, cultural and professional life which in turn reduce their quality of life (Qol) especially regarding mental and physical stress (Kaya, Unsal–Delialiogu, Ordugokkaya, Ergun &Ozel, 2010).

Caregiving is at the core of household life. Parents and caregivers care for children, the spouses care for each other and when illness or disabilities happen, the family members care for each other. Care giving is part of parenting, but some children require more care and this can be greater burden for the parents. Parents of children with intellectual challenge do not leave such children on their own. They still do everything within their powers and ability to ensure that such children survive and live well. It is a task that requires the caregivers to spend quality time to care and help the children and adolescents with challenges in adapting with their daily life. Hence, the responsibility of raising any child requires caregivers to accommodate, accept, and withstand the burden of caregiving challenges continuously.

Nigerian economy is in a bad shape, currently the country is struggling with the value of Naira which as been declining against US dollar. No one knows how far it would fall before it realizes, consequently survival is becoming very difficult. Hence taking care of intellectually challenged children and adolescents may become a very big burden to caregivers thereby impacting negatively on the quality of life among these caregivers. A situation where the well-being of a nation is jeopardized, accessibility to social protection systems are left in shambles and shackles such as quality services, decent work, adequate safe and nutritious food, adequate housing, personal safety and basic income, security as well as a safe clean, healthy and sustainable environment, (Bassey 2015). Hence caregivers of intellectually challenged children and adolescents are battling with their lives as well as the care recipients lives in the nation's economy that is nearly collapsed and as such needs intervention programs in order to be resilient to enhance their quality of life. A myriad of challenges plague the caregivers of intellectually challenged children and adolescents in Nigerian environment such as poor personal traits, destructive personal attributes, inadequate or weak government commitment, inadequate incentives from government, non-governmental organizations and families, (social support). These will pose threats to the quality of life of caregivers

of these intellectually challenged children and adolescents. Hence, the commercialization of childhood education. The harsh economy is affecting almost all walks of life and as such the psychological well-being, life satisfaction and quality of life of the caregivers are geared towards poor quality of health status. Agbase (2009) asserts that Nigeria has become a king Dango among African nations. It has declined to a state of a bewildered nation. No light, no water, no roads, no security, no education and no health facilities. Its human potentials have been neglected and its natural resources put to waste. A phenomenon of constant insecurity and over bearing uncertainty has become characteristic of its national existence. Consequently, Nigerians intellectually, are burdened by hyphenations. Caregivers of intellectually challenged children and adolescents are no exception because caregivers/ parents are hard hit in their parenting care in the prevailing situation in Nigeria.

Commercialization of education is contextually defined as a process of private ownership of and management of educational institutions whereby investments are made with the motive of earning profits. The paradigm shift in education from service to business is on the increase in Nigeria (Shubham,2016). Hence the dwindling economy is impacting negatively on the care givers of the intellectually challenged children and adolescents as they may be faced with the extra burden of the care of these children. The foundation of every nation is education of its youths (Roy,2016). Hence a mother / father who do not encourage a child's education are his/her enemies. Therefore caregivers /parents of intellectually challenged children and adolescents maybe having poor quality of life as they try to meet up with their care giving roles

Quality of life is a subjective concept that encompasses all conditions and aspects of human life (Nesterko, Brachler, Grander & Glaesmit 2013). It is widely used in health and medical studies to measure health status (Habashneh, Khader, & Salameh, 2012). World Health Organization defines quality of life (Qol) as the individual's perception of his/her position in life in the context of his/her culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns (Susniene and Jurkausk as, 2009). It is a broad concept incorporating the person's physical health, psychological state, level of independence social relationships, personal beliefs and their relationship to salient features of the environment (WHQOL, 1995). Therefore quality of life cannot be equated with the terms health status, life style, life satisfaction, mental state or, well-being, rather it is a multidimensional concept incorporating the individual's perception of those other aspects of life (QOL) and well-being of the (Prudent, Barbosa, & Porto, 2010), identifying factors affecting quality of life (QOL) of caregivers of children and adolescents with intellectual challenge can enhance the treatment, care, and rehabilitation programs (Soh, Mcginley, Watts, Lansek, Murphy, & Men, 2013). Hence, assessment of quality of life (QOL) is important to improve the caregivers-care recipients' relationship. Caring for intellectually challenged child or adolescent can be difficult complex and complicated. The challenging relationships involved in those situations can affect a caregivers' own

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

health, quality of life, and often disrupt the family structure (Zauszinewski, Belkit&Suresky, 2009, Zauszinewski, Belkit&Sureky, 2010). Hence, the ability of the caregiver to accept and withstand the challenges of caring for intellectually challenged children and adolescents is considered by itself a positive indicator to lead to positive mental health outcomes. Ajuwon and Brown (2010, Akpan-Idiok and Anarado 2014) reported that some areas of family life contribute to quality of life among Nigerian families of children with intellectual challenges and some areas of life are not problematic for families. This implied that the role of care giving amidst challenges in life is rewarding in some families. Again, Leung, and Li-Tsang (2003) found that parents / caregivers of children with disabilities often reported to have physical and psychological distress related to the caring for their children thus affecting their quality of life. However, Masulani-Mwale, Mathanga, Kauye&Glads –Tone (2018) suggested that psychosocial interventions can improve psychological outcomes among parents of children with this disability. The explanation is that it can improve their general wellbeing and their overall quality of life.

Quality of life theories speculate that the psychology of self-actualization is based on development towards happiness and true being on the concept of human needs (Maslow, 1962), Ventegodt, Merrick & Anderson (2003), suggested that when we take more responsibility for our own life, we take more of the good qualities that we have into use, and we become more free, powerful, happy, and healthy. Presumably, this theory which is self-actualization, emphasizes that all of us will reach our fullest potential in all areas of our functioning if we have the freedom to grow. Inevitably, there are conditions that may block our actualization because every human being is basically good and whole. These include difficult living conditions, stressful life events, (taking care of the intellectually challenged children and adolescents).

Resilience is a term that originated from the Latin word *resilire* which means an act of bouncing back or to leap and is defined in Oxford dictionary of English as “being able to withstand or recover quickly from difficult conditions”. The ability to recover from altered states or a sense of rebounding and recovering is common to all definitions of resilience. Resilience as a personality construct refers to an individual’s capacity for maintenance, recovery or improvement in well-being in the face of life’s challenges (Ryffi, Singer, Denberg, Love, &Esser, 1998).

It is the attribute possessed by the caregivers to help them cope with the care of intellectually challenged children and adolescents. The resilience concept has been applied to different biological and human activities or sciences, like engineering ecology, and business from early published literature (Carvolino and Ramirez, 2007). However, studies on modern resilience originated among the psychiatrists and psychologists during the 1980s and 1990s. They were concerned about challenging a pathological deficit, developing a model for adopting to changing conditions and understanding how individual family, and social strengths contributes to mental well-

being. Health researchers also increasingly recognized that powers and capacities are valuable resources for promoting good health (Lin, Rong,&Lec, 2013).

Resilience is a concept that is becoming relevant to understanding how individuals and families live with illness, especially long term conditions. Caregivers of intellectually challenged children and adolescent must be able to respond to exacerbations of the associated condition and may themselves experience cognitive imbalance (Neff, 2003). Resilience is a moderator that can buffer or mitigate the diverse effect of stress. (Hao, Hong, Zhou &Xie, 2015).

However, research observed that resilience and happiness in the family of caregivers of children and adolescents with intellectual disability showed a significant negative association between resilience and happiness among caregivers. (Vagharaseyydin&Molazen 2011). Studies have proved that resilience was related to the caregiver's quality of life (Dias, Simeos-Neto et al; 2016). Wagnilds& Young (1993) the quality of life in Alzheimer's , (Joling, Windle, Droes et al; (2016) reported in a four longitudinal studies that with resilience, there was good psychological well-being despite high caregiving demands. Caregivers were most often highly resilient when caring for a person with more severe dementia as well as caring for children and adolescents with limitations in basic self-care. In another literature, Leone, Dorstyn and Ward, (2016) found that parental distress, directly associated with problematic communication patterns was a significant impediment to family resilience.

According to the risk- resilience model (Wallander,Varni, Babani, DeHaan and Wilcox (1989) and the resiliency theory (Mash, Lefley, Evans-Rhodes, Ansell, Doerzbacher, LaBarbera and Pauluzzi1996) maintained that resilience is determined by both risk and protective factors. Mash et al; (1996) theorized that risk factors can pose a threat to caregiver resilience and quality of life while protective factors facilitate and foster resiliency which tend to focus predominantly on positive cognitions. These factors improve a caregiver's response to stress and strain, producing a positive outcome and improvements in quality of life(Zausniewski, Bekhet, &Suresky 2010).

Much attention has been given to mental health of children and adolescents with disabilities, (Abbeduto, Seltzer, et al 2004; Eisenhower, Baker, &Blacher, 2005, UNESCO, 2017) but less work has been done in the area of the implications and consequences on the quality of life among caregivers of intellectually challenged children and adolescents in Nigeria.In the current study our interest is on the relationship between resilience and quality of life among care givers and our expectation is that resilience will be significantly related to quality of caregivers of intellectually challenged children and adolescent in a dwindling economy.

We hypothesized that resilience will significantly predict quality of life among caregivers of intellectually challenged children and adolescents in a dwindling economy.

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

Participants.

In total, 161 caregivers of children and adolescents who were intellectually challenged aged between 3 and 21 years (study group) were recruited. Participants were caregivers of children and adolescents in the Therapeutic Daycare Centre Abakpa-Nike, Enugu. The study group was exclusively care givers of Therapeutic Daycare Centre Abakpa-Nike, Enugu. The school is largely populated with children and adolescents with different types of intellectual challenges.

The participants were made up of 52 men (32%) and 109 women (67, 7%). The married were (95, 59.0%), single (53,32.9%), separated (8,5.0%) and divorced (5,3.1%) persons in the sample. By religious denomination, they consisted of Christians (154,95.7%), Muslims (4,2.5%), Traditional religion (1,0.6%), and adherents of other religious groups (2,1.2%), educational qualification were as follows: Ordinary level (35,21.7%) Ordinary National Diploma/ National Certificate in Education (43,26.7%), Higher National Diploma/First Degree (61,37.9%), and other higher degrees (22,13.7%). Various ethnic groups in Nigeria were represented such as Igbo (95,59.6%), Hausa (9,5.6%), Yoruba (7,4.3%), and others, (49,30.4%).

Procedure: The data were individually collected from each caregiver through the assistant researcher provided by the management of the school, Therapeutic Day Centre Abakpa-Nike, Enugu. The participants were recruited through the distribution of letters during the Parents Teachers Association (PTA) meeting during which they were informed of the confidentiality of their responses. The completed forms were returned to the point of collection.

Resilience Scale (RS-14)

The resilience measure scale is a 14-item scale developed by Wagnild and Young (1993). It measures the capacity to withstand life stressors thrive and make meaning from life's challenges. Each item is scored from 1-7 (Likert scale), where 1= strongly disagree, to 7= strongly agree. Some items in RS-14 include: I usually take things in stride; my life has meaning; etc. Cronbach reliability coefficients ranging from .91 to .93 across several studies was reported by Wagnild and Young (1993). The concurrent administration of RS-14 and some other measures by the developers revealed significant discriminant validity coefficients with life satisfaction ($r=.37$) morale ($r=.31$) depression ($r=-.41$), self-reported health status ($r=-.30$) and a highly adequate convergent validity with the 25-item resilience scale ($r=.97$). In a study aimed at validating RS-14 in Nigeria, Abiola and Udofia (2011) reported a Cronbach's alpha coefficient of .81, a convergent validity of .97 with RS-25 as well as discriminant validity coefficients of -.28 (Depression subscale of Hospital Anxiety Depression Scale, HADS) and -.26 (Anxiety subscale of HANDS). Ifeagwazi, Chukwuorji and Zacchaeus (2015) carried out a principal component factor analysis using extraction method and obtained a homogenous, one-factor structure. The RS-14 can be used as a unidimensional scale. Cronbach's^a of .83 and a Spearman-Brown split-half reliability

coefficient of 80 were reported Ifeagwazi et al., (2015). The scores are summed and interpreted as the higher the score is, the more resilient characteristics are shown.

The World Health Organization Quality of Life Assessment BREF (WHOQOL-BREF)

The measure is a standardized instrument developed by WHOQOL Group (1998). It consists of 26-items self-administered, generic questionnaire. It is the short version of the WHOQOL-100 scale. The scale evaluates individuals' physical, psychological, social and environmental health. Again, it considers individuals' overall perception of QOL and health. Each item is scored from 1 to 5 (Likert scale), where 1 = very poor/very dissatisfied, 2 = poor/dissatisfied, 3 = neither poor nor good/neither satisfied or dissatisfied, 4 = Good/satisfied, 5 = very good/very satisfied.

Finally, the scores are interpreted as the items are summed and the higher the score, the higher the QOL. Psychometric studies support the WHOQOL-BREF's validity for several population in many countries (Saxena et al., 2001; Skevington et al., 2004; WHOQOL Group, 1998) including Nigeria with excellent internal consistency reliability (Cronbach alpha = 0.86) and validity (Ayeni, 2002; Fatudimu, Hamzat, & Akinyinka, 2013; Gureje, Ogunniyi, Kola, & Afolabi, 2006).

The study is primarily a survey research and it adopted a cross-sectional design. The data obtained were analyzed by using Statistical Package for Social Sciences (SPSS) version 20.

Results

The results of the findings of this study are presented in this chapter. The correlations of the demographic variables and study variables are shown in Table 1, while findings of the regression analysis is in Table 2.

Table 1: Correlations of demographic variables, resilience and quality of life of caregivers

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|--------|------|------|------|--------|--------|---------|
| 1 Age | - | | | | | | |
| 2 Gender | -.21** | 1 | | | | | |
| 3 Education | .11 | -.06 | - | | | | |
| 4 Resilience | -.04 | .04 | -.04 | -.15 | - | | |
| 5 Quality of life | .02 | .02 | .02 | .03 | .57*** | .44*** | -.41*** |

***p< .001; **p<.01; *p<.05; Education (0 = SSCE, 1 = OND/NCE, 2 = First degree, 3 = Higher degree); Gender (0 = Male; 1 = Female).

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

In Table 1, it was found that, resilience had a positively significant and moderately strong relationship with quality of life ($r = .57, p < .01$), indicating that the caregivers who were resilient had higher quality of life.

Table 2: Hierarchical multiple regression predicting quality of life by resilience

| Predictors | Step 1 | | | Step 2 | | | Step 3 | | | Step 4 | | |
|------------|--------|---------------------|---|--------|---------------------|------|--------|---------------------|------|--------|---------------------|------|
| | B | Beta (β) | T | B | Beta (β) | t | B | Beta (β) | T | B | Beta (β) | t |
| Resilience | | | | .56 | .59* | 9.04 | .50 | .49* | 7.30 | .41 | .43*** | 6.79 |

Results of the hierarchical multiple regression for the test of the hypotheses is shown in Table 2.

In step 1, resilience positively and significantly predicted quality of life ($\beta = .59, p < .001$), having an unstandardized regression coefficient (B) of .56, showing that for every one unit rise in resilience, quality of life increases by .56 units. The contribution to the variance in quality of life explained on account of resilience was 34% ($\Delta R^2 = .34$), and the ΔF (81.64) was significant, $p < .001$.

All the variables that were entered in the regression model explained 50% of the variance in quality of life (Total $R^2 = .50$). The strongest predictor variable in the study was resilience ($\beta = .59$).

Summary of Major Finding.

Resilience significantly and positively predicted quality of life.

Discussion

The aim of this study was to examine the role of resilience in quality of life among care givers of intellectually challenged children and adolescents. One hypothesis was tested. (1) Resilience will significantly predict quality of life among caregivers of intellectually challenged children and adolescents.

The result showed that resilience positively predicted the caregivers' quality of life. The hypothesis which stated that resilience will significantly predict quality of life was supported. The finding of this study is consistent with the empirical structure that revealed that resilience was related to the caregiver's quality of life (Dias et al., 2016; Johing et al., 2016; Leone et al., 2016) despite high caregiving demands. Theoretically, the finding supports the risk-resilience model (Wallander et al., 1989) in the sense that

substantial risks may in some situations push people to develop stronger resistance factors in order to sustain their personal wellbeing. Caregivers of individuals with intellectual disabilities face the dual stress of stigma and ambiguous loss, or experience discrimination as a result of care recipients' condition (Gibbons, Ross, & Bevens, 2014). Resilient caregivers are believed to have the ability to accept the challenge, and use active problem solving techniques when looking after a loved one with intellectual disability (Zausniewski, et al., 2010). Thus, resilience as an observable phenomenon under which an individual thrives and successfully navigates through stressful experiences will be an asset to mitigate the stressors of caregiving. Even with the exposure to substantial risk or adversity in care roles, caregivers who are resilient are able to wade through the problems they encounter by way of properly harnessing their internal and external resources.

Implication of the finding.

The finding of this study has some important theoretical and clinical implications. The study reported that resilience positively predicted caregivers' quality of life. The result extend the existing research to reveal that resilience can uniquely predict quality of life. From the result of this study, it was observed that the presence of resilience was associated with high quality of life. Interventions geared towards empowering caregivers to be more resilient is necessary for improving caregivers, quality of life.

Limitations of the Study

The result of this study may not be generalizable to other population, for obvious reasons such as selection of participants from only one school of the intellectually challenged in south-eastern Nigeria. A challenge the researcher faced was financial constraints which was why data was not obtained from other schools for special children in other regions of Nigeria. The cross-sectional design adopted in this study is also prone to self-reporting bias and recall bias. In recall bias, participants may have provided answers that may not be what the caregivers' actually experienced, that is, not reporting accurately their experiences even after they have been briefed about the study, they still would not open up. Thus, the direction of actual causation cannot be claimed in this study. The participants also comprised of the caregivers who could read and write. The uneducated care givers were excluded.

Suggestions for Further Study

- Further studies should be conducted with caregivers drawn from schools for special children in other regions of the country in order to have generalizability of the findings.
- Longitudinal research will also enhance the problem of self-reporting/recall bias and enable researchers to determine the direction of causality.

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

- Both literate and non-literate caregivers should be included in future studies if there is sufficient funds for the translation in to Nigerian languages and to carter for more number of research assistants who will serve as interviewers to administer the questionnaire.

Conclusion.

The quality of life among caregivers of intellectually challenged children and adolescents in a dwindling economy as in Nigeria is important as it relates to their children and as it may be affecting the children's quality of life. It may serve as a measure as perceived impact of on general wellbeing and overall quality of life of caregivers. To our knowledge, this present study makes a significant primary contributions by the first of its kind to examine the relationship between resilience and quality of life among care givers of intellectually challenged children and adolescents in Nigeria. Hence health care providers and policy makers should provide psychosocial intervention programs to improve resilience on psychological outcomes among caregivers of intellectually challenged children and adolescents because the decreased quality of life of caregivers will impede the quality of care for these children.

References

- AAMR (American Association of Mental Retardation) (2002). *Mental Retardation: Definiton, Classification and systems of supports* (10thed.). Washington, DC: AAMR.
- Abbeduto, L., Seltzer, M.M., Shattuck, P., Krauss, M. W., Osmond, G., & Murphy, M. M. (2004). Psychological well-being and coping in members of youths with autism, down Syndrome or fragile X syndrome, *American Journal on Mental Retardation*, 109, 237-254.
- Adeleke, O. (2005). Commercialization of education in Nigeria is to be or not to be?
- Agbase, D. (2009) Cry, beloved October, news watch. Nigerian weekly magazine, October 12, pp5.
- Akpan- Idiok, P. A. and Anarado, A.N.(2014). Attending University of Calabar Teaching Hospital, Calabar Nursing. *International Journal of Cancer Research*, 10, 54- 56.

Chinyere W. Ndata and Ada Ume Maduka

Ajuwon, P.M. and Brown, I. (2011). Family quality of life in Nigeria. <https://doi.org/10.1111/j.1365-2788.2011.01487.x>.

Bennibor, O.N. (2007). Coping with stress. *Nursing Digest*, 8(3):17-18.

Connecticut State Department of Education (2007), George, A., (2007). Connecticut state department of education <https://portal.ct.gov>

Dias, R., Simoes-Neto, J.P., Santos, R.L., Barroso de sausa, M.F., Baptista, M.B., Larceda, I.B., Kimura, N.R.S., & Dourado, M.C.N. (2016). Residence of Caregivers of people with Dementia: a systematic review of biological and psychosocial determinants. *Trends Psychiatry Psychother.* 2016., 37 (i): 12-9. Doi.10.1590/2237-6089-2014-0032.

Earvolino-Ramirez, M. (2007). Resilience a concept analysis nursing forum. View issue TOC volume 42, issue pg 73-82. Doi:10.1111/;1744-6198. 2007.00070.x

Gibsons, S.W; Ross, A & Bevens, M. (2014). Liminality as a conceptual frame for understanding the family care giving rite of passage; An integrative review. *Research in Nursing and Health.* 37(5): 423 -436. LPMC free article) (Pubmed).

Habashneh, R., Khader, Y. S., & Salameh, S. (2012). Use of the Arabic version of Oral Health Impact Profile-14 to evaluate the impact of periodontal disease on oral health-related quality of life among Jordanian adults. *Journal of Oral Science*, 54(1), 113-120.

Hao, S.W., Hong, W., Xu, H.H., Zhou, L.L. & Xie, Z.Y. (2015). Relationship between resilience and stress and burnout among civil servants in Beijing, China: Mediating and moderating effect analysis. doi:10.16/j.paid.2015 No. 3.048 www.researchgate.net/publication/

Hornby, A.S. (2012). Oxford Advanced Learners Dictionary, international student's edition.

IDEA, (2004): Individuals with Disabilities Education Act-Definition of Intellectual Disabilities. <http://www.specialeducationguide.com/disability/profiles/intellectual-disability/>

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

- Ifeagwazi, C.M, Chukwuorji, J.C., & Zacchaeus, E.A. (2015). Alienation and psychological well-being. Moderation by resilience. *Social Indicators Research*. 120(2). 525-544.
- The World Health Organization Quality of Life assessment (WHOQOL, 1995) position paper from the World Health Organization. *SocSci Med*. 41:1403-1409. doi: 10.1016/0277-9536(95)0012-K.
- Johing, K.J., Windle, G., Drees, R.M., Meiland, F., Van Hout, H.P.J., Monizcook, E. & Woods, B (2016). Factors of in informal caregivers of people with dementia from Integrative International data analysis. In *Dementia and Geriatric Cognitive Disorders*, vol.42, No3-4, 10.2016, p.198-214.
- Kersten, P., Mclellan, L., George, S., & Mulle, M.A. (2001). Needs of careers of severely disabled people. are they identified and met adequately? In *health & social care in the community* 9(4): 235-43.
- Kaur, R. and Arora, H. (2010). Attitudes of Family Members Towards Mentally Handicapped Children and Family Burden. *Delhi Psychiatry Journal*, 13(1): 70-74.
- Leone, E., Dorstyn, D & Ward, L. (2016). Defining resilience in families living with neurodevelopmental disorder: A preliminary examination of Walsh's frame work. *Journal of developmental and physical disabilities*, vol 28(4), 595-608.
- Leung, C. Y. S. and Li-Tsang, C. W. (2003). Quality of of parents who have children with Disabilities. [https:// doi. Org/10.1016/s1569-1861 \(09\) 70019-1](https://doi.org/10.1016/s1569-1861(09)70019-1).
- Lin, F., Rong, & Lee, T. (2013). Resilience among caregiver of children with chronic conditions: a concept analysis. *JMultidiscipHealthc*>> vol.6: 323-333.
- Lukasson, R., Borthwick-Duffy, S., Buntinx, W. H., E., Coulter, D. L., & Craig, E. M. (2002): *Mental retardation: Definition, classification, and systems of support* (10th edition). Washington, DC: AAMR.
- Marsh, D., Lefley, H., Evans-Rhodes, D., Ansell, V., Doerzbacher, B., Labarbera, L., & Pauluzzi, J. (1996). The family experience of mental illness. Evidence for resilience. *Psychiatric Rehabilitation Journal*, 20(2), 3-12.
- Masulani- Mwale, C, Kauye, F., Gladstone, M, and D Malthdinga, D. (2018). Prevalance of psychological distress among parents of children with

Chinyere W. Ndata and Ada Ume Maduka

intellectual disabilities in Malawi. doi:10.1186/s/2888-018-173)- x PMID: 297935452 National Institutes journal lists HBML psychiatric> V.18, 2018> Pmc5968565. <https://www.ncbi.nih.gov>articles>.

Neff, K.D. (2003). The development and validation of a scale to measure self-compassion, self- identity, 2, 225-250.

Prudente, C. O., Barbosa, M. A., & Porto, C. C. (2010). Relationbetween quality of life of mothers of children with cerebralpalsy and the children’s motor functioning, after ten months ofrehabilitation.*Revista Latino-Americana de Enfermagem*,18(2), 149-155.

Quality of life theory. Maslow revisited the scientific world journal, volume 3, page 1050 –1057 [http//dx. Doi. Org/10.1100/tsw.2003.84](http://dx.Doi.Org/10.1100/tsw.2003.84). Majority of theories of quality of life speculate (satisfaction of life) life satisfaction Mashow, A. (1962).

Rev. Fr. Basseyy, E. (2015) in Godwin Nigerians Amidst Dwindling Economy.

Ryff, C.D. (1989) 18-item-version scale in Oyeleke et al; (2014).

Shubham, R., andRaturi, B.E.(2016).To analyze the impact of commercialization of education on student in India.<https://www.quora.com/What-is-Commercialisation-of-Education-What-are-its-effects>.

The crucial role of MSMES, NWOSU, I.E. and C.C. Okereke (EDS). Ezu books ltd. Enugu.

Urbina, S. (2004). *Essentials of psychological testing*. New Jersey: John Wiley & Sons. 21st century. Belmont: Wadsworth.

Ventegodt, S., Merrick, J., and Anderson, N.J. (2003). Quality of life theory I. the IQOL theory; an integrative theory of life concept. The scientific world journal 3, 1030. Doi.10.1100/tsw.2003.82/ source pubmed.

Wagnild, G.M., & Young, H.M.(1993). Developmental and psychometric evaluation of the Resilience Scale.*JNursMeas* (2): 166-78.c: Disability parameters, chronic strain, and adaptation of physically handicapped children and their mothers. *J Pediatr Psychol*.14:23- 43.

Role of Resilience and Quality of Life Among Caregivers of Intellectually Challenged Children and Adolescents in a Dwindling Economy

Wallander, J. L., Varni, L., Babani, L., DeHaan, C.B., Wilcox, K., and Banis, H. (1989). The Social environment and the adaptation of mothers of physically handicapped children *Journal of Pediatric Psychology*, 14 (3): 371-387.

Zauszniewski, J.A., Bekhet, A. K. & Suresky, M. J. (2009). Effects on resilience of women family caregivers of adults with serious mental illness: the role of positive cognitions. *Archive of Psychiatry Nursing*, 23(6), 412-422.

Zauszniewski, J. A., Bekhet, A. K. & Suresky M. J. (2010). Resilience in family members of persons with serious mental illness. *Nursing Clinics of north America*, 45 (4), 613-626.