

Family Efficacy on the Parents of Children with Special Needs

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Abstract: Family efficacy refers to a family's belief in its collective ability to achieve desired outcomes. It emphasizes the extent to which family members—parents, children, and spouses—can work together by pooling their resources, skills, and efforts. A family functions as a system with unique rules, roles, communication patterns, values, trust, faith, sacrifice, acceptance, and responsibilities that extend beyond individual members.

According to Kao and Caldwell (2017), family efficacy reflects the belief and confidence that family members can positively impact their children's education, highlighting the role of parental involvement both at home and within the school environment.

Keywords: Family efficacy, collective belief, parental involvement, educational outcomes, systemic functioning.

INTRODUCTION

Concept of Family Efficacy

Family efficacy refers to a family's belief in its collective ability to achieve desired outcomes. It emphasizes the extent to which family members—parents, children, and spouses—can work together by pooling their resources, skills, and efforts. A family functions as a system with unique rules, roles, communication patterns, values, trust, faith, sacrifice, acceptance, and responsibilities that extend beyond individual members.

According to Kao and Caldwell (2017), family efficacy reflects the belief and confidence that family members can positively impact their children's education, highlighting the role of parental involvement both at home and within the school environment.

Raising a child with special needs significantly impacts family life. Parents often need to adapt their roles and responsibilities to address caregiving demands while managing financial strain. In some cases, families may experience social isolation due to the child's unique needs. Parenting in such circumstances involves a wide range of emotions—love, joy, frustration, grief, and resilience.

Faith often plays a central role in helping families navigate these challenges. Belief in God or spiritual values can provide strength, hope, and comfort during difficult times, helping parents to cope with grief, stress, and uncertainty. Early interventions, parent training, and structured support systems further enhance family efficacy, enabling parents to parent effectively while strengthening their role in their child's development.

Both family efficacy and family support are essential for fostering collaborative partnerships between families and schools, ultimately leading to better outcomes for children with special needs. A strong sense of family efficacy influences how parents manage stress, make decisions, seek support, and advocate for their child's rights and well-

being. Families serve as the primary support system for children, making their role critical in developmental, emotional, and social adaptation. The perception of competence in handling these responsibilities strongly affects both parental well-being and child outcomes.

Research Problem

The objective of this study is to analyze the effectiveness of momentum investing in different market conditions, its advantages over traditional index investing, and the associated risks. By examining historical data and key performance indicators, this paper aims to provide a comprehensive understanding of whether momentum index funds can serve as a reliable investment strategy for long-term wealth creation.

LITERATURE REVIEW

Definition of Family

A family is a group of individuals related by blood, marriage, adoption, or strong emotional bonds who typically live together or maintain close relationships. Families provide emotional, social, and financial support while nurturing care and attachment among members.

Types of Family:

1. Nuclear Family – Parents and their children.
2. Extended Family – Includes grandparents, aunts, uncles, cousins, etc.
3. Single-Parent Family – One parent raising children alone.
4. Joint Family – Multiple generations living together.
5. Chosen Family – Close friends or companions considered as family without legal or biological ties.

Special Needs Children

Special needs children are those who experience challenges in physical, intellectual, emotional, learning, speech, language, or sensory domains. The focus should not only be on their limitations but also on their abilities, strengths,

and rights. They require empathy, acceptance, love, and equal opportunities to thrive.

NIMH Family Efficacy Scale (NIMH–FES)

The NIMH Family Efficacy Scale (NIMH–FES) was developed by Reeta Peshwaria, D.K. Menon, Don Bailey, and Debra Skinner (1998–2003) under the project Family Intervention and Support Programmes for Persons with Mental Retardation funded by the US-India Rupee Fund. The scale was designed to serve as a culture-specific tool for assessing:

- a. Strengths of Indian families
- b. Unique family characteristics
- c. Family climate and functioning
- d. Areas requiring intervention
- e. Effectiveness of intervention programs

Although originally developed for parents of individuals with mental retardation, the tool can also be used for families with children without disabilities or other adult family members.

The **15 themes/areas** assessed in the scale include:

1. Sacrifice
2. Faith in God
3. Financial
4. Values
5. Health
6. Trust
7. Acceptance
8. Crisis
9. Social Support
10. Communication
11. Roles & Responsibilities
12. Optimism
13. Decisions
14. Time
15. Independence

Scoring is based on a three-point scale (3, 2, 1), measuring the degree of strength in each theme.

Resource and Research Centre – Department of Special Education & Rehabilitation (DoSE&R), ICFAI University Tripura

The ICFAI University, Tripura was established in 2004 under the Tripura State Legislature (Act 8 of 2004) and is recognized by the University Grants Commission (UGC) under Section 2(f) of the UGC Act, 1956.

A Resource cum Research Centre on Disabilities, known as the Educational Lab, was established at the University to serve children and young adults with special needs. Currently, around 160 children with diverse disabilities are enrolled, many of whom are referred by the District Disability Rehabilitation Centre (DDRC), West Agartala. The Lab provides a comprehensive range of services under one roof, delivered by trained professionals using advanced technologies and equipment. Services include:

- Assessment & Diagnosis
- Early Identification & Intervention (below 6 years)
- Behaviour Modification
- Physiotherapy
- Occupational Therapy
- Sensory Integration Therapy
- Speech Stimulation
- Parent Training & Counselling
- Vocational & Career Guidance for young adults with special needs

Additionally, the Lab collaborates with government bodies, public sector units, and the local community through awareness and sensitization programs. To date, more than 10 programs have been conducted across various blocks of West Tripura.

Most parents accessing the Lab services belong to rural areas, facing financial difficulties and challenges in commuting regularly. Despite these barriers, the Lab has pioneered inclusive, rights-based, and barrier-free educational and rehabilitative services in Tripura.

Vision: To value development, celebrate strengths, and respect the uniqueness of every child, parent, and caregiver. The Lab aims to provide safe, inclusive, and accessible environments.

Mission: To deliver high-quality special education and rehabilitation services that empower students to reach their full potential, develop self-respect, foster mutual respect, and become lifelong learners through research-driven practices.

Review matrix

Sl no.	Title	Author & Year	Journals/Books /Links	Objectives	Major findings
1.	Families coping with illness: The resiliency model of family stress, adjustment, and adaptation.	McCubbin, H.I., &McCubbin, M.A.(1993).	In C.Danielson et al. (Eds.), Family health and illness	To identify the key protective factors, families processes, and coping mechanism.	Family resilience fosters positive long-term adaptation
2.	Religious coping in families of children with autism	Tarakeshwar,N., &Pargament, K.I.(2001)	Focus on Autism and other Developmental Disabilities	To study on the families religious belief.	In findings that Spiritual coping has been associated with higher levels of family efficacy and emotional resilience.
3.	Integrating family resilience	Patterson, J.M.	Journal of	To identify the key	High family efficacy

	and family stress theory	(2002).	Marriage and Family	factors that influence family adaptation, resilience, and parental well-being.	enhances parental resilience, emotional well-being, and low efficacy is associated with increased stress, reduced coping, and limited engagement with support systems.
4.	Positive perceptions in the families of children with developmental disabilities.	Hastings, R.P., & Taunt, H.M. (2002)	American Journal on Mental Retardation	To examine how perceptions contribute to family functioning and parental well-being, beyond stress and burden.	Parents report growth and positivity that focusing on strengths can coexist with acknowledging stress.
5.	Maternal self-efficacy beliefs, competence in parenting, and toddler's behavior and development. <i>Infant Mental Health Journal</i> , 24(2), 126-148.	Coleman, P.K., and Karraker (2003)	Infant Mental Health Journal	To examine the relationship between maternal self-efficacy beliefs and parenting competence.	Mothers with higher self-efficacy beliefs reported greater parenting competence, and toddlers showed fewer behavioral problems and better developmental process.
6.	Needs and supports reported by Latino families of young children with developmental disabilities.	Bailey, D.B., Skinner, D., Correa, V., Arica, E., Reyes-Blanes, M.E. (2004).	American Journal on Mental Retardation	To identify the cultural and systemic factors that affect their access to support services.	Latino families reported significant needs related to information, service access, emotional support, and cultural sensitivity.
7.	The contribution of marital quality to the well-being of parents of children with developmental disabilities.	Kersh, J., Hadvat, T.T., Hauser-Cram, P., & Warfield, M.E. (2006),	Journal of Intellectual Disability Research	To investigate how marital relationship quality affects the psychological well-being of parents raising children with developmental disabilities.	Higher marital quality was significantly associated with better parental well-being, including lower levels of depression and parenting stress.
8.	Still looking for Poppa	Phares, V., Fields, S., Kamboukos, D., & Lopez, E. (2009)	American Psychologist	To investigate the father involvement and role dynamics in families	Father involvement leads to more balanced caregiving and improved outcomes for both the child and the mother, especially in managing behavioral difficulties.
9.	Capacity-building family-systems intervention practices.	Dunst, C.J., & Trvette, C.M. (2009)	Journal of Family Social Work	To study on the capacity-building family-systems intervention practices	Family-centered practices improve parental capacity
10.	Family Efficacy within Ethnically Diverse Families: A Qualitative Study	<u>Tsui-Sui A. Kao,</u> <u>Cleopatra</u> <u>H. Caldwell</u> 2015	National Library of medicine	To examine sources of family efficacy within ethnically and socio economically diverse families	The family were able to effectively manage personal and family difficulties: and also had a family strategy to prevent adolescents from risky behaviors.

11	Parents of children with disabilities: A systematic review of parenting interventions and self-efficacy.	<u>Ameer SJ Hohlfeld</u> 1, <u>Michal Harty</u> 2, <u>Mark E Engel</u> 3 (2018)	African Journal of Disability	To assess the effectiveness of parenting interventions to increase parental self-efficacy levels in parents of young children with neurodevelopmental disabilities.	Parents of children younger than 5 years demonstrated the highest increase in levels of parental self-efficacy after parenting interventions.
12	Factors influencing well-being and parenting self-efficacy of parents of children with special needs and the developmental outcomes of their children.	Angela F. Y. Siu ^{1*} & Anna N. N. Hui ² (2021).	Asia Pacific Journal of Developmental Differences	This study aimed to examine how different types of disability in children affect the general well-being and parenting self-efficacy of their parents.	Parents of children with special needs have a higher level of stress than the parents of normal individual children. But no difference was found for their early intervention parenting self-efficacy.
13.	Self-efficacy in parents of children with special needs: a state-of-the-art review of research and implications	NooraRonkainen, SatuUusiautti, Tanja Äärelä, (2023)	European Journal of Special Education Research	To analyze (1) how the self-efficacy of parents who have children with special needs has been researched	Parental efficacy can influence positive practices for the emotional and psychological problems in children by

			https://oapub.org/edu/index.php/ejse/article/view/5117/7750	in 2000- 2020 and (2) what implications the research provides to support parents' self-efficacy	building partnership between parents and professionals. Social support networks and professional centers should be setup.
14.	Predictors of family burden in families caring for children with special needs.	SalihRakap, MeryemVural-Batik, Heather Coleman (2023)	<u>Journal of Childhood, Education & Society</u>	Examined differences between family burden and spousal support perceived by mothers and fathers of children with special needs.	Mothers of children with special needs had significantly higher perceived family burden and significantly lower perceived spousal support in comparison to fathers.
15.	Family stress and self-efficacy in parents of children with special needs: The regulatory role of perceived social support	TanselYazicioğlu A. , EmelSardohanYildirim , ÖzlemAltındağ Kumaş (2024)	Children and Youth Services Review https://doi.org/10.1016/j.childyouth.2024.107804	This study aimed to determine the relationships between family stress, perceived support, and parental self-efficacy levels among Turkish parents of children with special needs.	Family stress is less reduced when received support and there is a high level of parental self-efficacy when the family perceived support. The stress levels of Turkish parents with children with special needs were moderate.

METHODOLOGY

OBJECTIVES OF THE PRESENT STUDY

1. To examine the uniqueness of the family in respect of gender of children with Special Needs, education, age, area of residence and family pattern.
2. To compare on Sacrifice of both the father and mother of the Special needs children on the family's

uniqueness and degree of strength.

3. To compare on faith in God on the family's uniqueness and degree of strength of both the father and mother of the Special needs children.
4. To compare on financial of both the father and mother of the Special needs children.
5. To compare on Values, Health, Trust and

Acceptance of both the father and mother of the Special needs children

6. To compare the Crisis and social support of the family's uniqueness of the father and mother of the Special needs children.
7. To compare on the Communication, Role & Responsibilities of both the father and mother of special needs children on the family uniqueness and degree of strength.
8. To compare the Optimism, Decision, Time and Independence of both the father and mother of special needs children on the family uniqueness and degree of strength.

Hypothesis

The following hypotheses will be tested on the basis of the present study.

1. H1: There will be difference in uniqueness of the family in respect to gender of children with Special Needs, education, age, area of residence and family pattern.
2. H2: There will be difference in the Sacrifice of both the father and mother of the Special needs children on the family's uniqueness and degree of strength.
3. H3: There will be difference in faith in God on the family's uniqueness and degree of strength of both the father and mother of the Special needs children.
4. H4: There will be difference in the finances of both the father and mother of the Special needs children.
5. H5: There will be difference in value, Health, Trust and Acceptance for both the father and mother of the Special needs children.
6. H6: There will be difference in the Crisis and social support of the family's uniqueness of the father and mother of the Special needs children.
7. H7: There will be difference in the Communication, Role & Responsibilities of both the father and mother of special needs children on the family uniqueness and degree of strength
8. H8: There will be difference in the need for Optimism, Decision, Time and Independence of both the father and mother of special needs children on the family's uniqueness and degree of strength.

POPULATION AND SAMPLES OF THE PRESENT STUDY

The researcher take sample from special educational lab 315 total population as parent of Special children under the Department of Special Education & Rehabilitation The ICFAI University Tripura. The sample of the present study consist of 182 parents of special needs children. The samples are taken from only the couples Parent of the special needs children, 86 mothers and 86 fathers of the 91 special needs children who were enrolled in the Special Education lab. The study included only enrolled children. In selecting the sample, variability was sought with regard to the objective of the study.

METHODS AND TOOLS USED

NIMH Family Efficacy Scale (NIMH-FES):-It was developed by Reeta Peshwaria, D.K.Menon, Don Bailey, Debra Skinner (1998-2003) and has been developed as part of a research project on " Family Intervention and Support Programmes for persons with mental retardation". Though NIMH-FES has been targeted to be used with parents having person with mental retardation, this tool can also be used with the families having non- handicapped persons or with other significant adult members of the families apart from parents. It is a rating scale and consists of 45 items and these items divided in 15 (fifteen) Themes/ Domains. To measure the family's uniqueness and degree of strength of each of the 15 themes listed, a system of rating of 3,2, or 1 score was adopted in the tool. The following scoring pattern should be followed – For each of the items on NIMH- FES the interviewer must obtain a choice option from the concerned respondent and check for score 3,2or 1 with the key given at the end of each vignette. Enter a score in the appropriate box for mother and father at each assessment period.

The questionnaire sets are prepared for the 172 parents of children with Special Needs children who were enrolled in the Institution of Department of Special education & Rehabilitation lab, IUT Tripura. The questionnaire schedules are given in appendix A respectively. The questions are based on 3, 2, 1 types. The case studies of the enrolled children are studied. Format of the case history used in the present study is given in appendix B.

The researcher collected data and information for this study from the Institutes of the Department of the Special Education & Rehabilitation lab, in ICFAI University Tripura.

DATA COLLECTION PROCEDURES

After received the approval and permission from the Supervisor, researchers contacted the lab assistant of the special education and rehabilitation IUT lab to obtain a list of the students who had either ASD or intellectual disability or any type of disability (n = 112). Then the researcher used experimental method to collect the data to the parents of special needs children, of (n=86) mothers and (n=86) fathers. The researchers collect the information by using standardized checklist and informed consent forms were given to the families. Parents who volunteered to participate in the present study were asked to complete the consent form. Mothers and fathers were asked to fill out the forms independently and not to share their answers with each other. Only the couple parents were given the consent forms. Single parents were not included in the data analysis. Once the data collection forms were returned to the researchers, consent forms were separated from each other to protect confidentiality and anonymity of the participants.

RESEARCH DESIGN

This study applied mixed methods (quantitative and qualitative method) combined in one study. Quantitative research approach, we sought an identification of the elements of strong, happy and prosperous that parent considered most important. The quantitative data converted to percentage for interpretation and discussion. The study was descriptive experimental type to investigate the parents

of special needs children for a study of family efficacy of parents. So this study sought to find out the family efficacy of parents of the special needs children in Tripura

SIGNIFICANCE OF THE STUDY

The present study tries to bring the family efficacy of the parents of the differently able children with respect to the availability of the information on “what the respondents considered were the strength of the Indian families or what they considered were the characteristics of strong, happy and prosperous Indian Families”. The strength of the

families expressed by families of children with special needs children are different from person to person and family to family. The characteristics of the families arises to study how the sacrifice, faith in God, financial, values Health, Trust, Acceptance, Crisis, social support, communication, role and responsibilities, optimism, decisions, time and Independence, so that they can adjust and management themselves with the environment, society and families.

RESULTS AND DISCUSSION

INTRODUCTION

This chapter explores the study of the family efficacy on parents of special needs children in Tripura. The samples of present study are drawn randomly from the Department of Special Education & Rehabilitation (DoSE&R) Lab ICFAI University, Tripura and the information is tabulated. The case history which is taken at the time of admission of the selected 91 students is well studied. There are 2 types of respondents comprising of (n=86 mothers) and (n= 86 fathers). Their information is presented in the subsequent paragraphs. The total number of students selected for the study during the field work consists of 91students. Each student is selected from the Department of Special Education& Rehabilitation lab ICFAI University, Tripura. The researcher visited personally to collect the information through the case history of the students available at the Department of Special Education & Rehabilitation Lab. The staff’s lab assistant was very helpful at the time of collecting data. The information is presented in the table 4.

STUDENTS

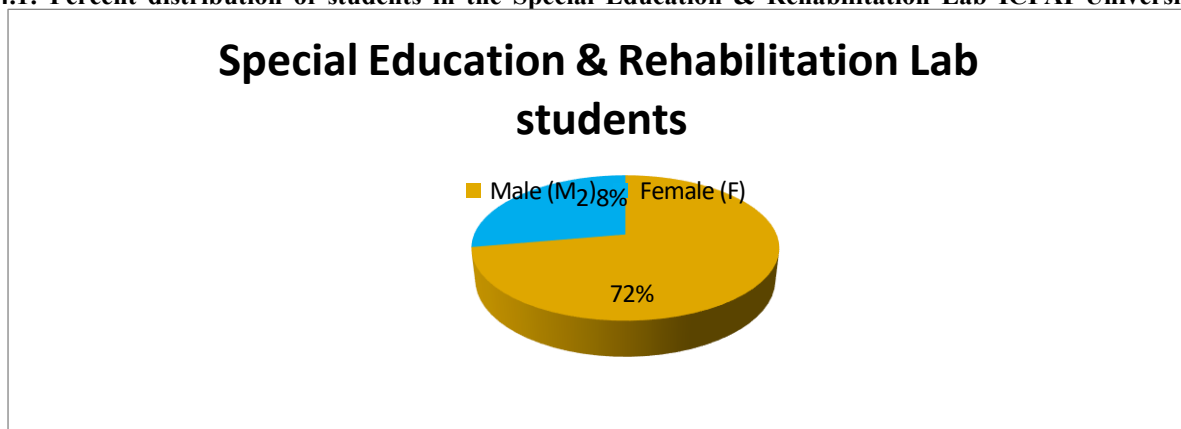
TABLE.4.1: Distribution of students in the Faculty of Special Education (DoSE&R) Lab ICFAI University Tripura.

Name of the study centre	Number of students		
	Male (M)	Female (F)	N
Department of Special Education & Rehabilitation Lab ICFAI University, Tripura	65	25	91

Different discussions have been made for the students and parents separately for the convenience of the present study. It is given below.

The above Table shows that among 91 students selected for the study, 65 were male. The number of male students were higher in study centers then the female students as the parent feel hesitation to bring out and admit their girl child to the special or inclusive education centers.

Figure 4.1: Percent distribution of students in the Special Education & Rehabilitation Lab ICFAI University,



Tripura.

It is clearly shown that the percentages of male students were 36% and female were 14%.

CATEGORY OF RETARDATION AND LEVEL OF LEARNING

The study also reveals about the students of different categories of retardation and different level of learning.

TABLE 4.2.3: Distribution of student on the category of retardation

Category of Retardation	Male (M)	%	Female(F)	%	Total(M+F)	%
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Mild	5	7.35	0	0	05	5.49
Moderate	24	35.29	8	34.78	32	35.16
Severe	21	30.88	7	1.61	28	30.76
Multiple Disability	1	1.47	2	8.69	3	3.29

B/L Profound SN Hearing Loss	2	2.94	2	8.69	4	4.39
Locomotor Disability	5	7.35	1	4.34	6	6.59
Congenital rudimentary left hand	1	1.47	0	0	1	1.09
PPRP RT Upper+Lower limb with residual equinusdefoi	1	1.47	0	0	1	1.09
Lowvision	1	1.47	0	0	1	1.09
CP with Congenital Peraparesis with Gross wasting of muscle BL.	2	2.92	1	4.34	3	3.29
Autism with Mr	1	1.47	0	0	1	1.09
Intellectual Disability	3	4.41	1	4.34	4	4.39
Autism(No PWD Certificate)	1	1.47	1	4.34	2	2.19
Total	68	100.00	23	100.00	91	100.00

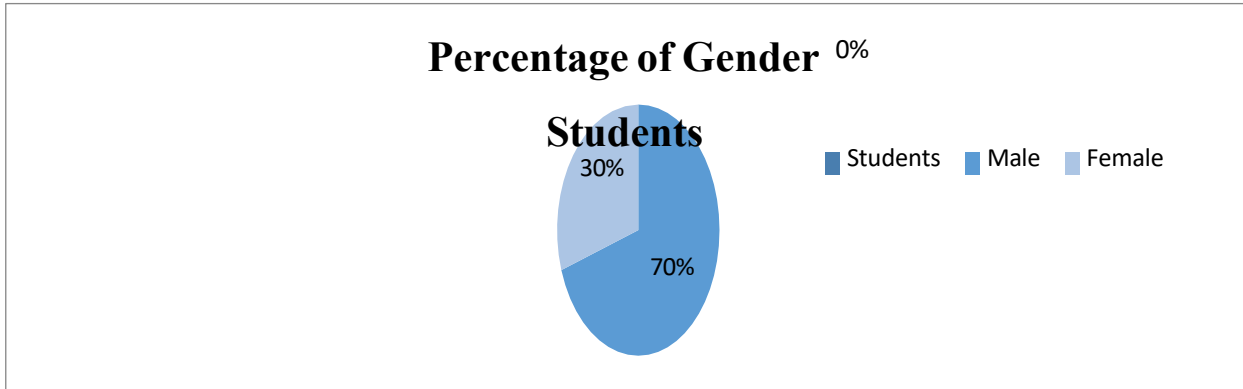
STUDENTS

Background information of the parents and the students including sex, age, Education, residence is given in Table 4.3.1

Table 4.3.1: Distribution of Background Characteristics about the students

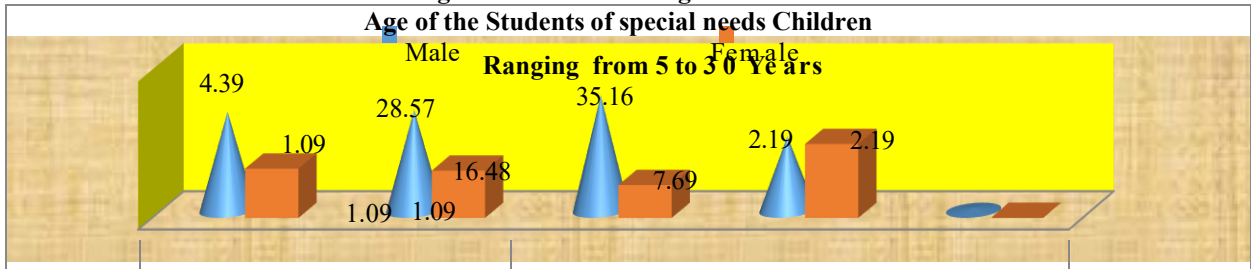
Background characteristics		Male	%	Female	%	Total	%
Gender		64	70.32	27	29.67	91	100
Age	5-10	04	4.39	01	1.09	05	5.49
	11-15	26	28.57	15	16.48	41	45.05
	16-20	32	35.16	07	7.69	39	42.85
	21-25	02	2.19	02	2.19	04	4.39
	25-30	01	1.09	01	1.09	02	2.19
Siblings	Yes	28	66.66	14	33.33	42	46.15
	No	38	77.55	11	22.44	49	53.84
Socio economic status	High	03	4.68	00	00	03	3.29
	Upper Middle	02	3.12	01	3.70	03	3.29
	Lower Middle	09	14.06	03	11.11	12	13.18
	Low	50	78.12	23	85.18	73	80.21
Residential Area :	Rural (R)	34	69.38	15	30.61	49	53.84
	Urban (U)	15	65.21	08	34.78	23	25.27
	Semi-Urban (S-U)	16	88.88	02	11.11	18	19.78
Type of Family	Nuclear (N)	04	66.66	02	33.33	06	6.59
	Joint (J)	61	72.61	23	27.38	84	92.30

Figures 4.3.1: Graphical representation of Percentage on Gender



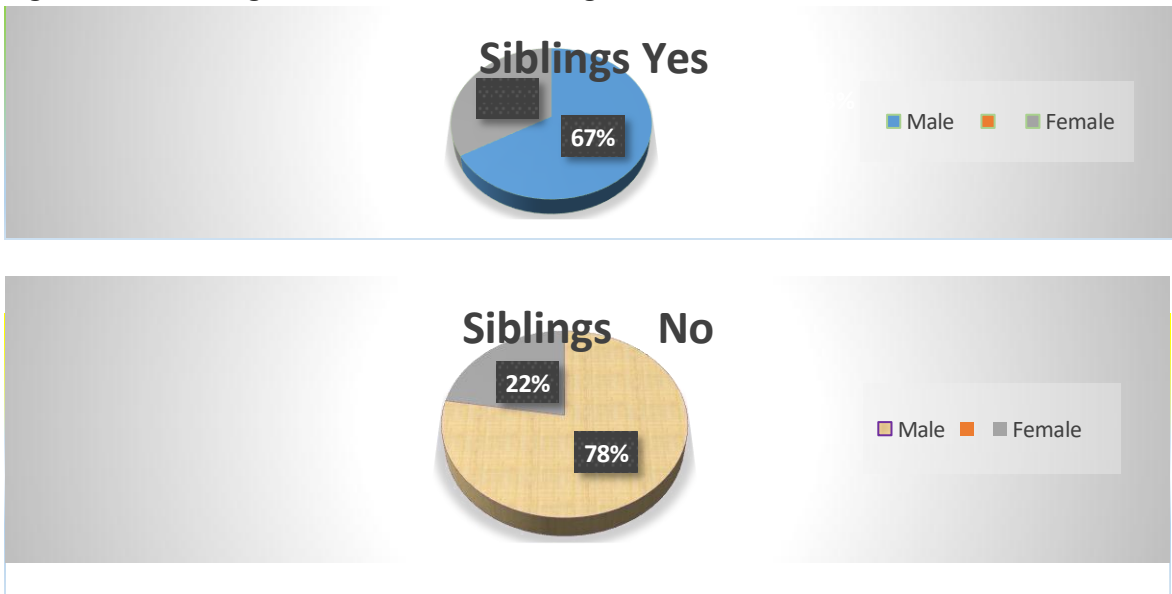
The above table 4.3.1 shows that among 91 students selected for the study, 70.32 % were male and 29.67 were female. The majority number of male is more higher than the number of female

Figure 4.3.2: Percent Age of the Students
Age of the Students of special needs Children
Ranging from 5 to 30 Years



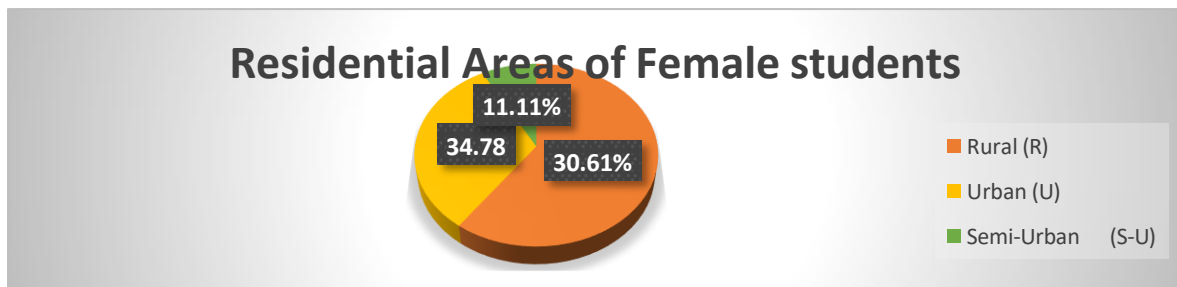
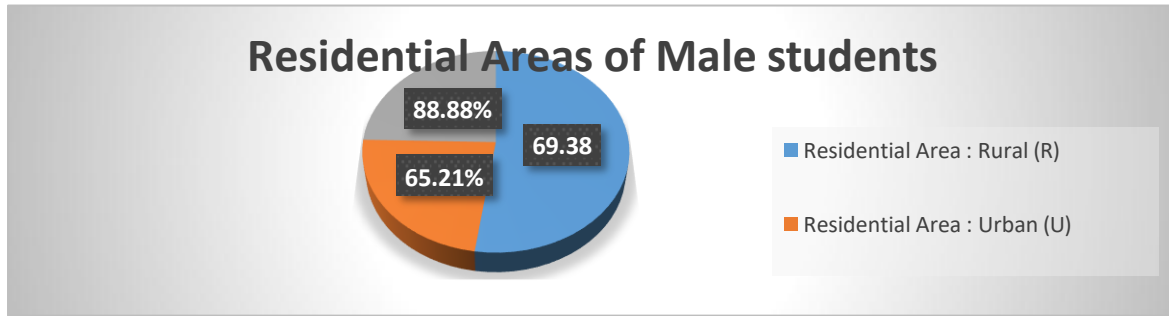
Majority of the different category of the students, i.e. the age group of 5-10 Years of students were 5.49% and 11 -15 Years were 45.05% which were highest among the age group. The age group of the students 16-20 Years were (42.85%) and 21-25 Years of students were (4.39%) and the age group of 25-30 Years were (2.19%).

Figure 4.3.3 Percentage of the students about siblings



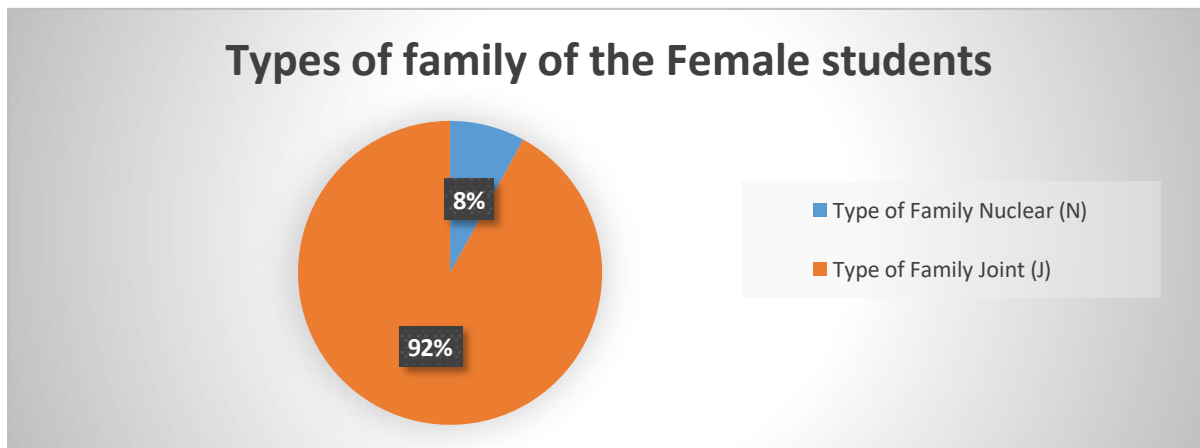
The above table also highlighted that the majority of the Students in Regarding the those who have sibling of male were 67% and female who has sibling were 33%.

Fig 4.3.4 Percentage of students of their residential area.



The above table also highlighted the Students residential residing in rural areas were 53.84% and urban areas were 25.27% and semi-urban were 19.78% of the students. Almost all of the students were residing in Rural areas which is higher than the other residential areas.

Figure:4.3.5 Percentage of students in the types of family



PARENTS

The study collected information from the parents both the fathers and mothers of Special needs children those who are enrolled in the Department of Special Education & Rehabilitation ICFAI University, Tripura Lab in Tripura. Among them 86 were Fathers and 86 were Mothers. The information gathered from them was useful to understand thoroughly the problems of the family, strong and prosperous family, the family’s uniqueness and degree of strength, about the problems they faced and their opinion and suggestions they could make out for further improvement from the family efficacy on the parents of special needs children.

Table:4.3.2 The distribution of the background characteristics about parents.

Background characteristics	Fathers	%	Mothers	%	Total	%
Gender	86	50	86	50	172	100
	Services	20	03	3.48	23	13.37
	Business	21	00	00	21	12.20
	Daily Labour	16	02	2.32	18	10.46
	Home Maker	00	75	87.20	75	43.60

Occupation	Any other	29	33.72	06	6.97	35	20.34
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Figure 4.3.7: Graphical representation of Gender from respondent’s characteristics.

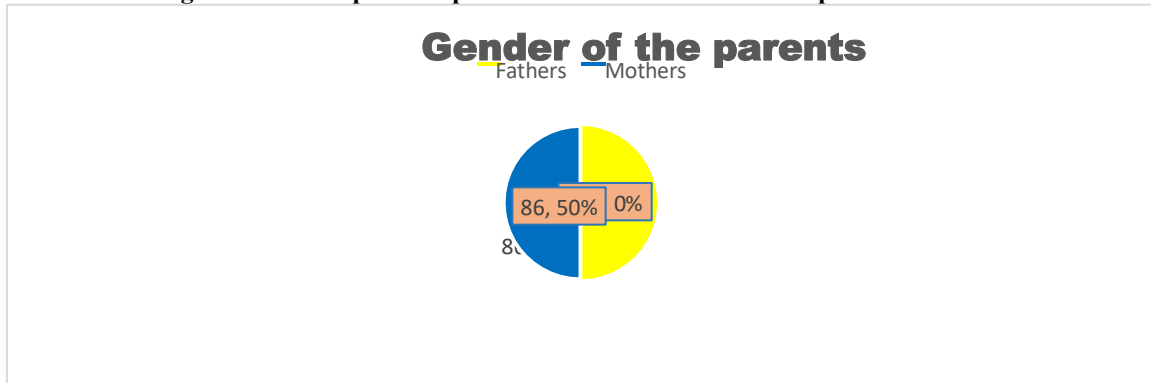
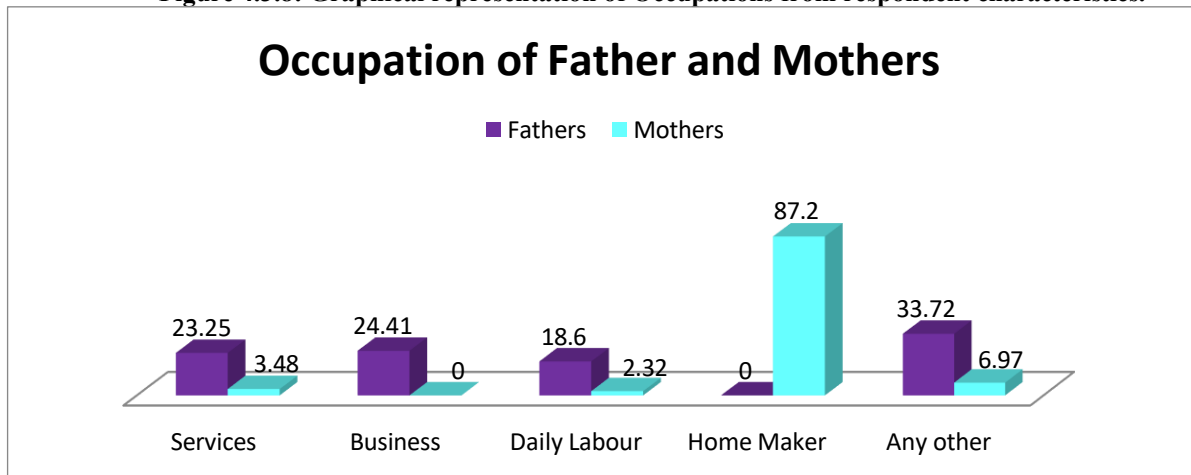


Figure 4.3.8: Graphical representation of Occupations from respondent characteristics.



Areas I: Sacrifice

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

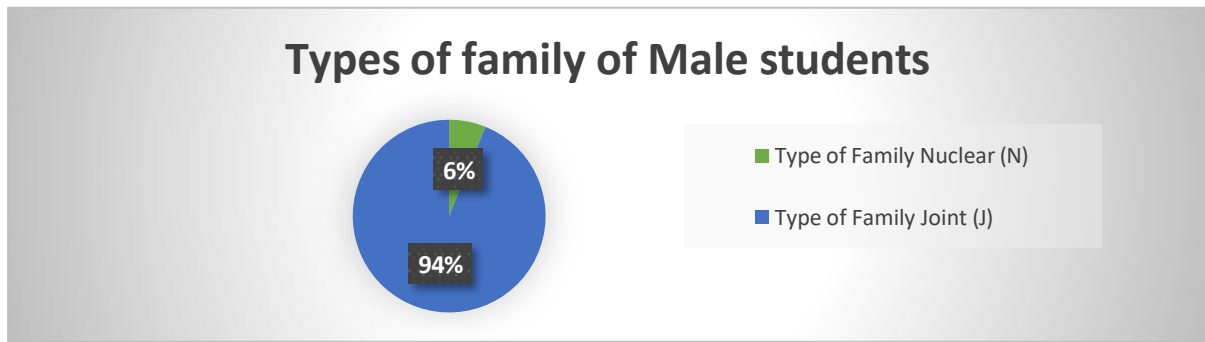
TABLE 4.3.3: Distribution of Parents by Sacrifice

Areas I	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Individual should be considered important for the family.	29	15.26	28	14.58	15	1.46	17	8.67
b. Decisions should be taken for the good of the entire family.	20	10.52	20	10.41	54	26.86	56	28.19
c. Work together jointly for the welfare of the entire family	141	74.21	144	75	132	65.67	123	62.75
Area I - Total:	190	100.00	192	100.00	201	100.00	196	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 11.25% were of the mothers and fathers about the individual should be considered important for the family. The decisions should be taken for the good of the entire family were 18.92% and Work together jointly for the welfare of the entire family were 69.82%. Parents were taking special role to build the required characteristics for the development for the students.

The parents in the **1st Assessment** were 11.59% about the individual should be considered important for the family. The decisions should be taken for the good of the entire family were 19.58% and Work together jointly for the welfare of the

entire family were 68.81%.



The family efficacy in the **Baseline** in mothers 201 and is higher than the fathers. The **1st Assessment** in the mothers were 196 which is higher than the fathers.

Figure 4.3.10: Graphical representation of Sacrifice from respondent characteristics.

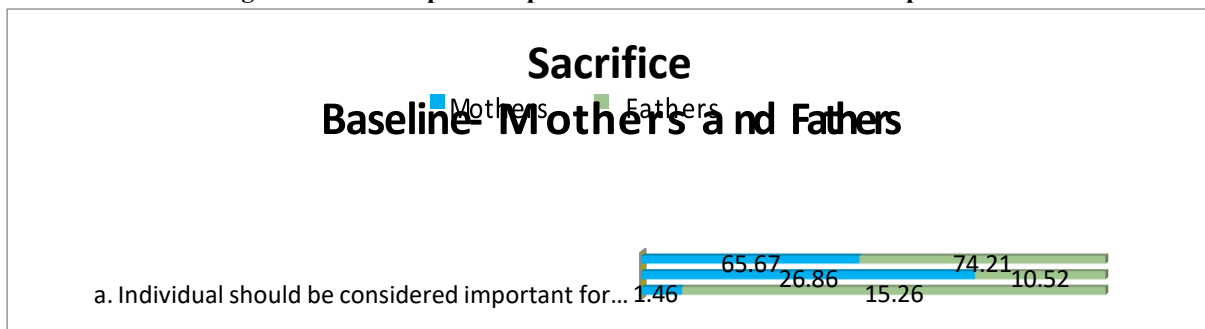


Figure 4.3.1: Graphical representation of Sacrifice from respondent characteristics.

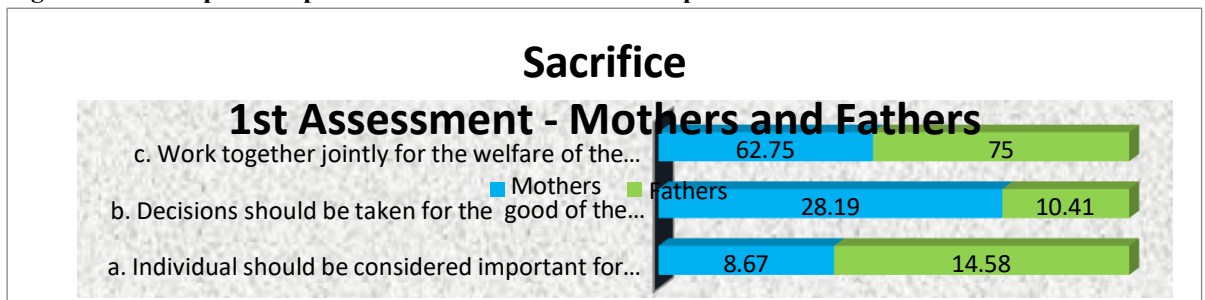


Figure 4.3.1: Graphical representation of Sacrifice from respondent characteristics.

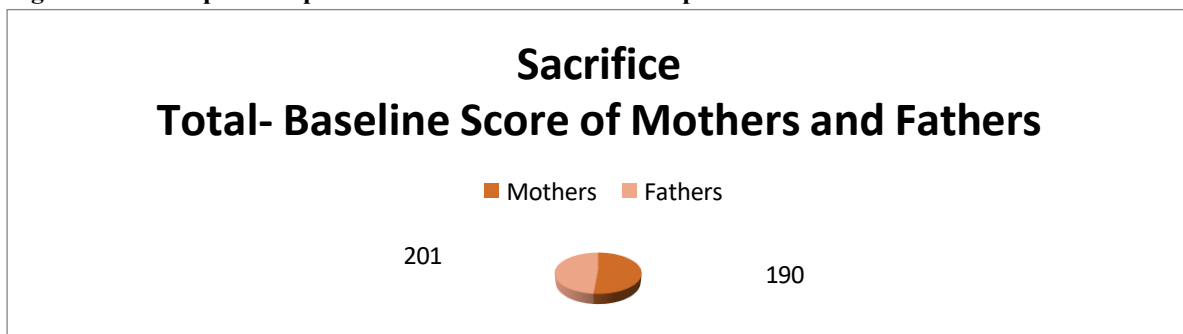
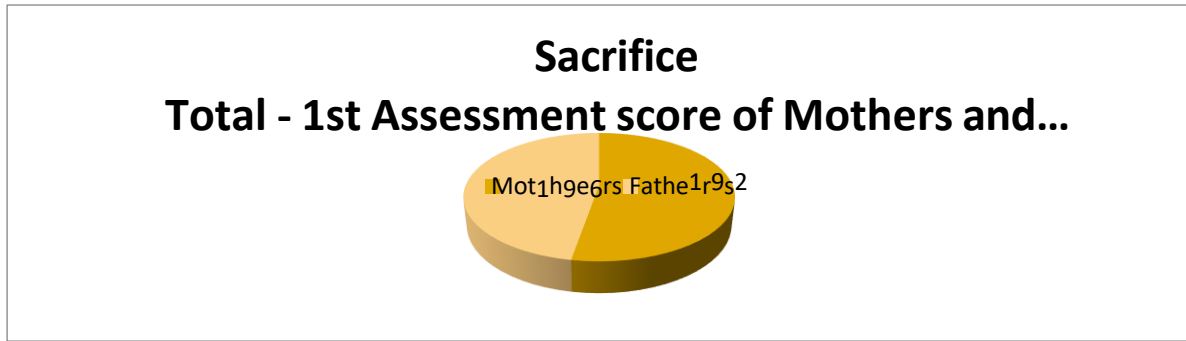


Figure 4.3.1: Graphical representation of Sacrifice from respondent characteristics.



4.3.2 Areas II: Faith in God

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Faith in God.

Areas II	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. whatever happens in life is determined by God	32	18.60	17	8.33	23	11.97	22	11.51
b. God helps only those who help themselves.	96	55.81	129	63.23	129	67.18	123	64.39
c. Only those who are weak, seek the help of God.	44	25.58	58	28.43	40	20.83	46	24.08
Area II - Total:	172	100.00	204	100.00	192	100.00	191	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 15.10% were of the mothers and fathers about whatever happens in life is determined by God. God helps only those who help themselves were 61.81% and only those who are weak, seek the help of God. were 23.07%.

The parents in the **1st Assessment** about whatever happens in life is determined by God were 9.87%. God helps only those who help themselves were 63.79% and only those who are weak, seek the help of God were 26.32%.

The family efficacy in the **Baseline** in mothers 192 and is higher than the fathers. The **1st Assessment** in the fathers were 204 which is higher than the mothers.

Figure 4.3.1: Graphical representation of Faith in God from respondent characteristics

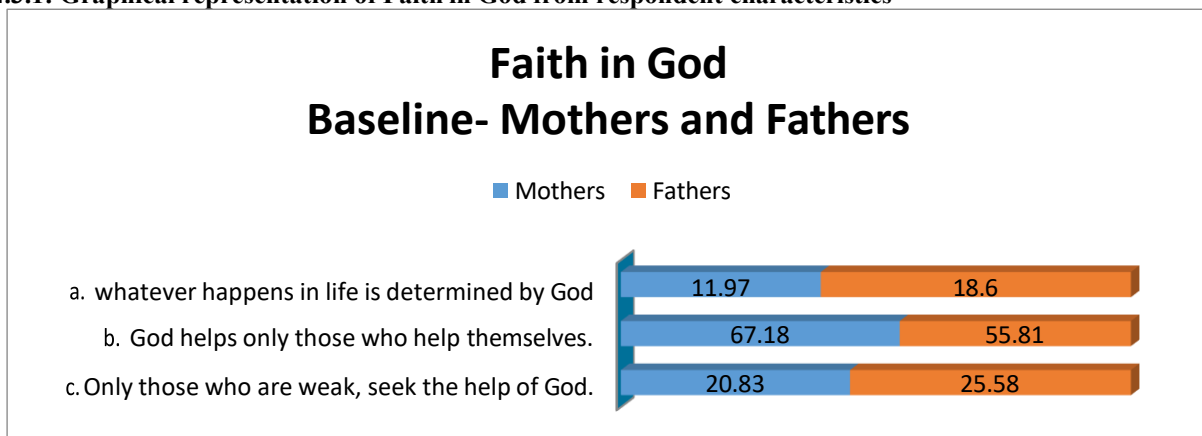


Figure 4.3.1: Graphical representation of Faith in God from respondent characteristics.

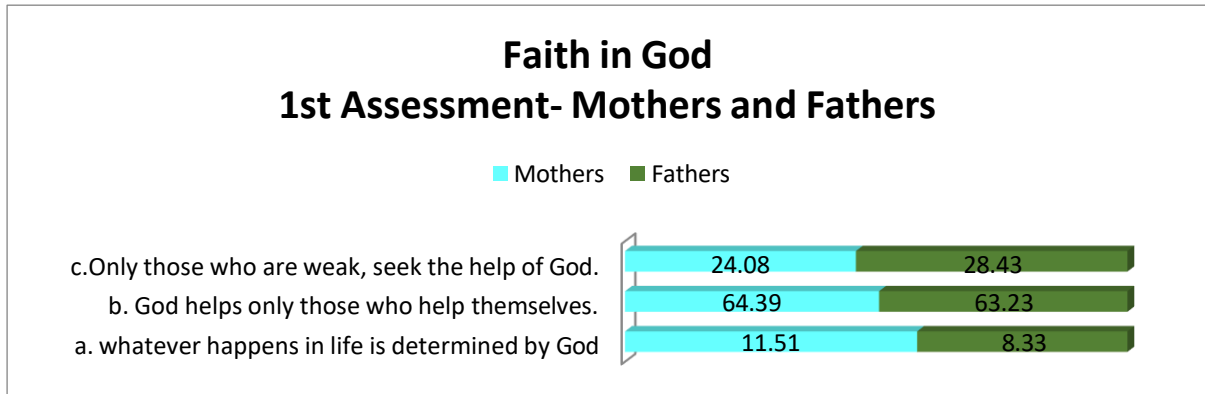
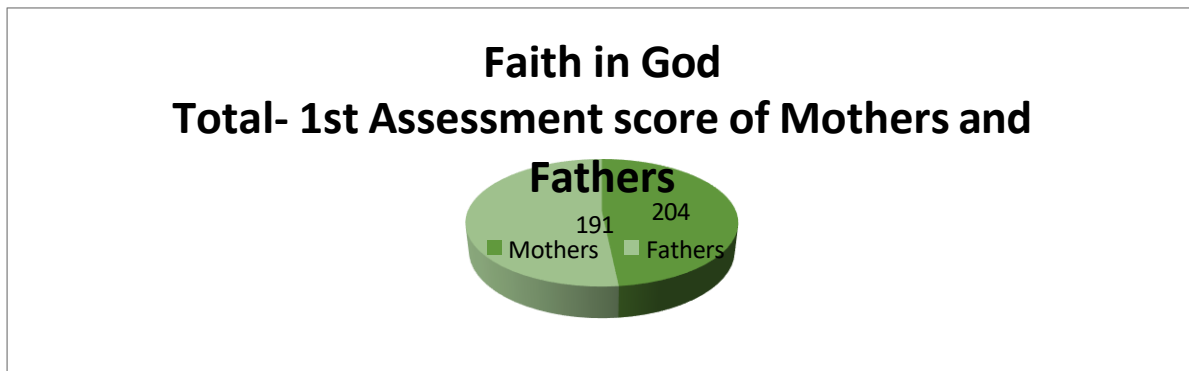
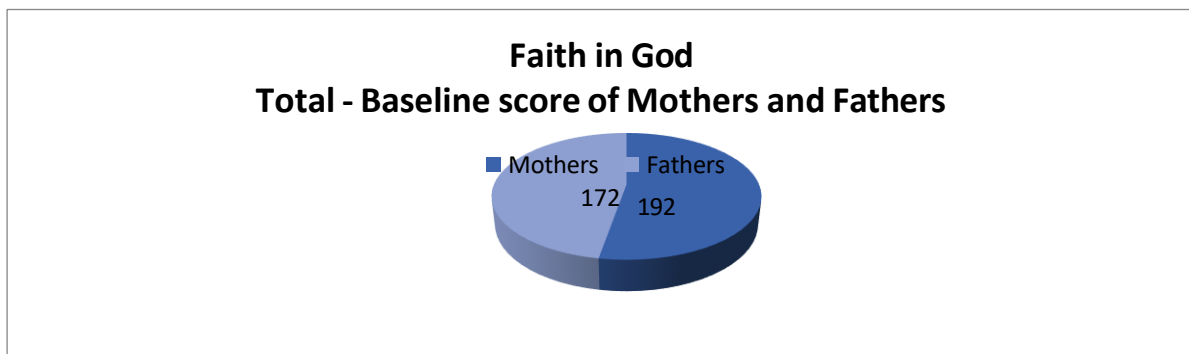


Figure 4.3.1: Graphical representation of Faith in God from respondent characteristics.



4.3.2 Areas III: Financial

Table 4.3.2 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Financial.

Areas III Financial	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family is able to meet all these expenses easily	44	28.75	74	48.05	81	49.69	87	52.72
b. Family is neither there is any excess, nor there is acute shortage.	93	60.78	63	40.90	46	28.22	42	25.45
c. Family has lot of difficulty in meeting the expenses	16	10.45	17	11.03	36	22.08	36	21.81
Area III - Total:	153	100.00	154	100.00	163	100.00	165	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 39.55% were family is able to meet all these expenses easily. Family is neither there is any excess, nor there is acute shortage were 43.98% and Family has lot of difficulty in meeting the expenses were 16.45%. The parents in the **1st Assessment** 50.47% were family is able to meet all these expenses easily. Family is neither there is any excess, nor there is acute shortage were 32.91% and Family has lot of difficulty in meeting the expenses were 16.61%.

The family efficacy in the Baseline in mothers 163 is higher than the fathers. The 1st Assessment in the mothers were 165 which is higher than the fathers.

Figure 4.3.1: Graphical representation of Financial from respondent characteristics.

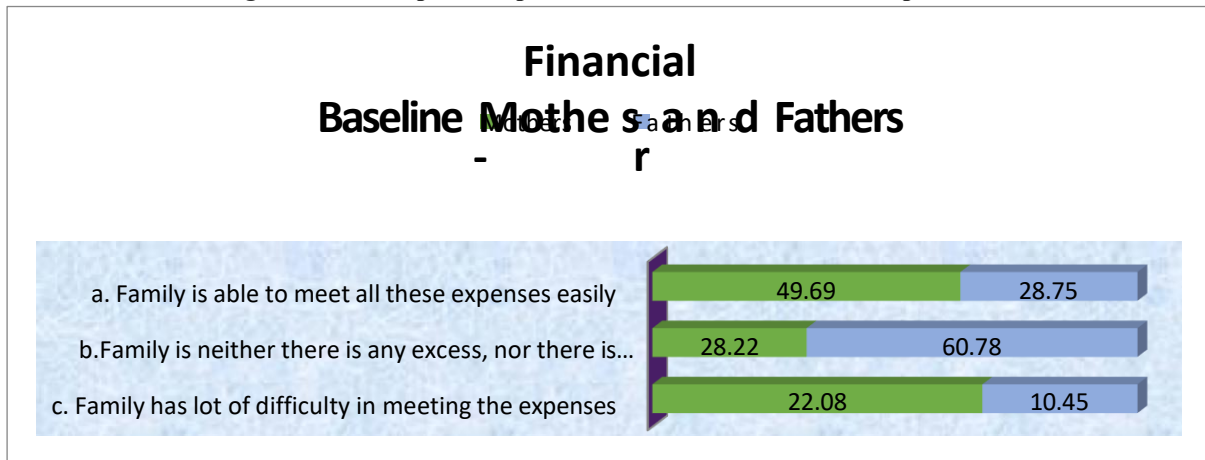


Figure 4.3.1: Graphical representation of Financial from respondent characteristics.

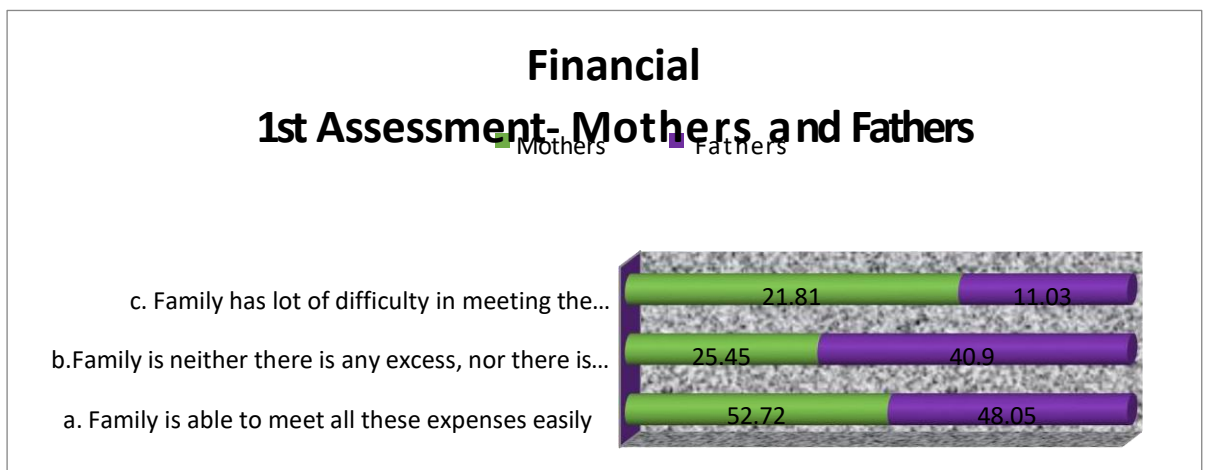
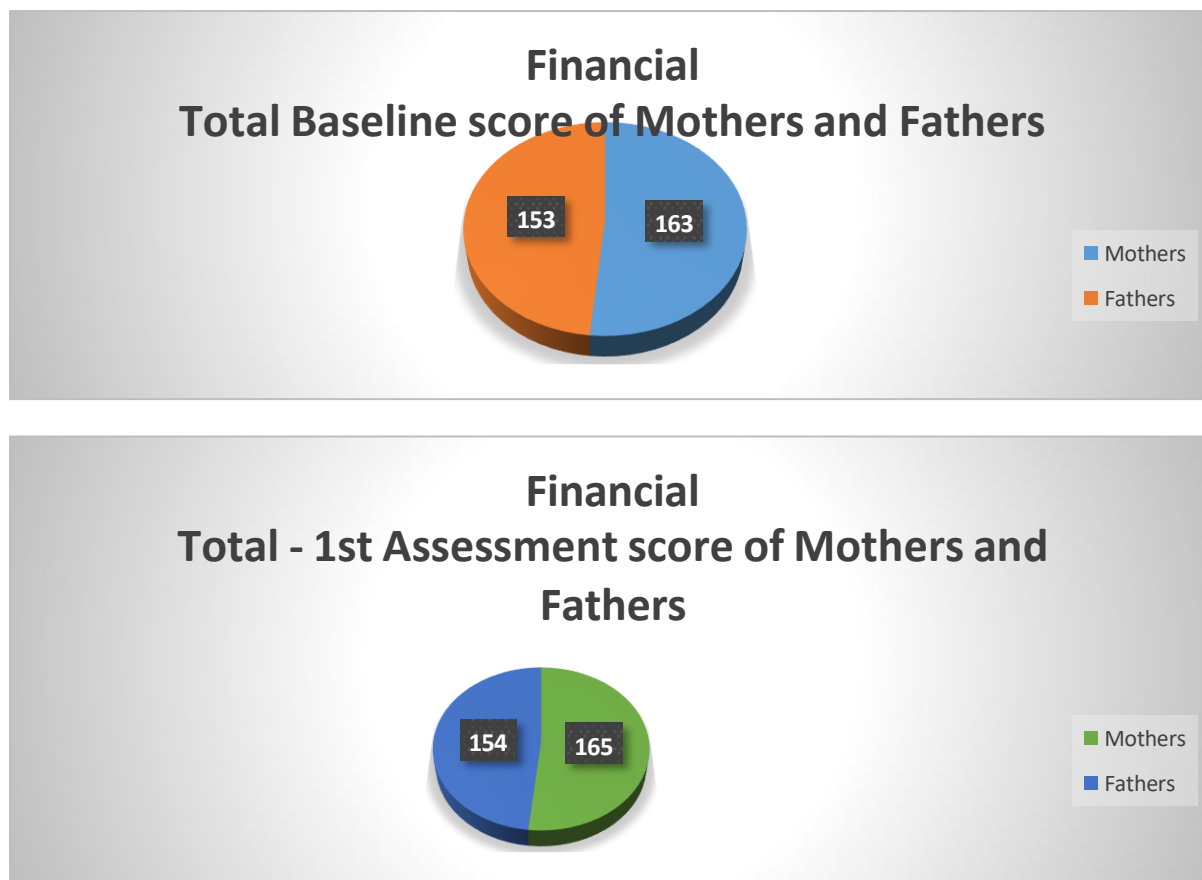


Figure 4.3.1: Graphical representation of Financial from respondent characteristics.



4.3.2 Areas IV: Value

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by values.

Areas IV Values	Fathers				Mothers			
	Base line	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Some families give more importance to human life	52	29.54	84	51.21	74	43.78	68	40
b. Some families consider it important to acquire lot of wealth and obtain, material goods	28	15.90	26	15.85	26	15.38	27	15.88
c. But, some families give importance to both living a value based life as well as earn money and material goods.	96	54.54	54	32.92	69	40.82	75	44.11
Area IV - Total:	176	100.00	164	100.00	169	100.00	170	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e.36.52% were some families give more importance to human life. Some families consider it important to acquire lot of wealth and obtain, material goods were 15.65%. But, some families give importance to both living a value based life as well as earn

money and material goods were 47.82%. In the 1st Assessment of the parents 45.50% were some families give more importance to human life. Some families consider it important to acquire lot of wealth and obtain, material goods were 15.86%. But, some families give importance to both living a value based life as well as earn money and material goods were 38.62%.

The family efficacy in the Baseline in fathers 176 is higher. In the 1st Assessment in mothers were 170 which is higher than the fathers.

Figure 4.3.1: Graphical representation of Values from respondent characteristics.

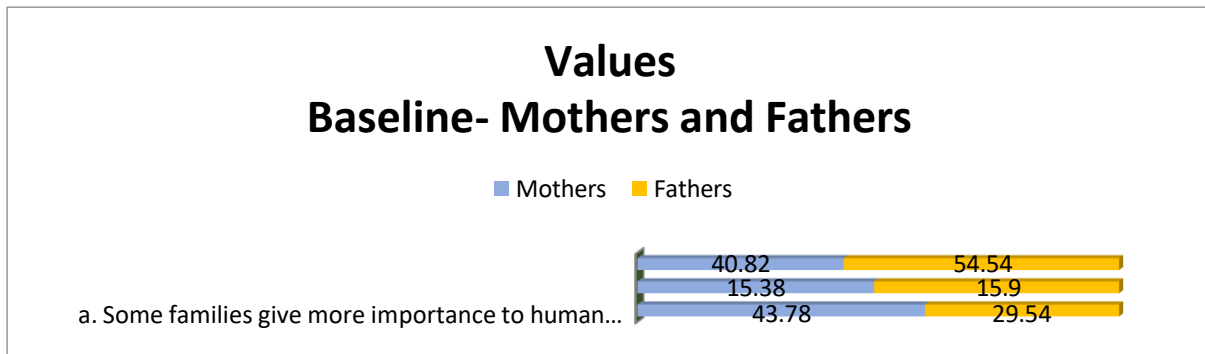
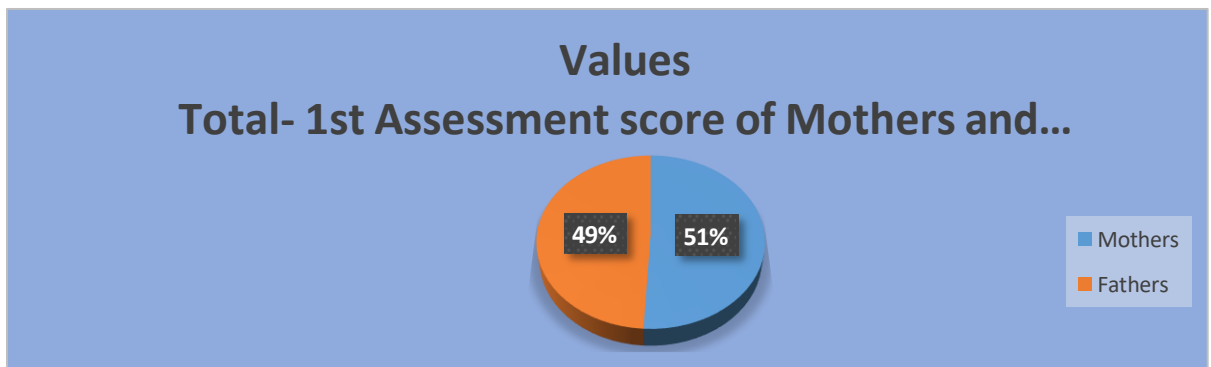
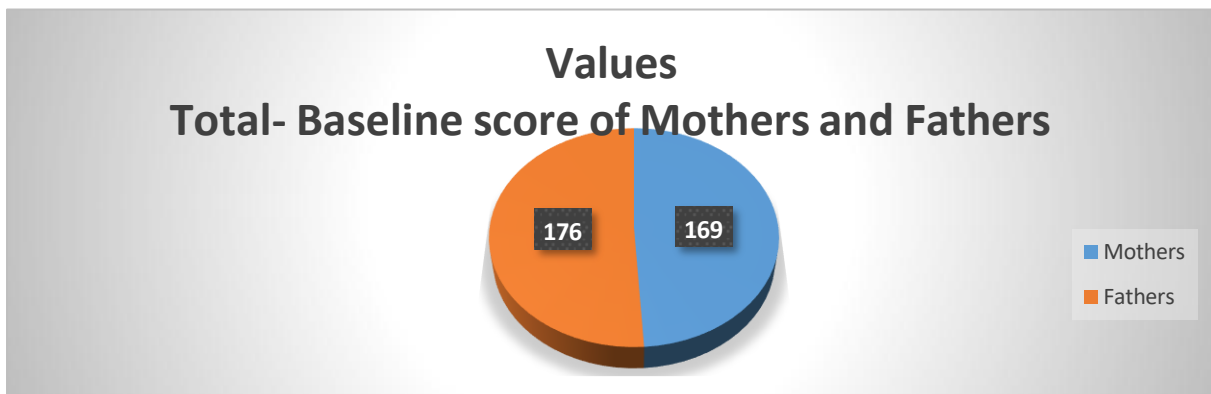
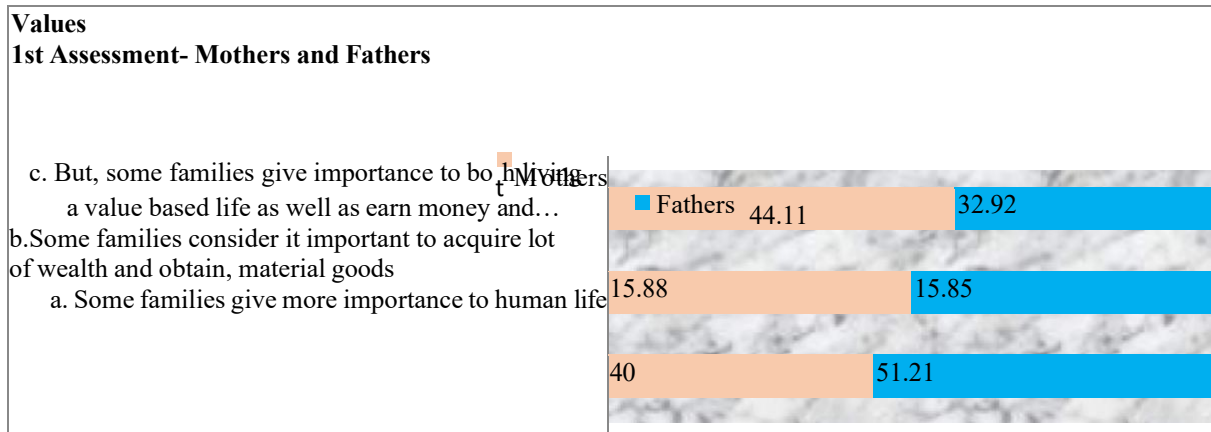


Figure 4.3.1: Graphical representation of Values from respondent characteristics.



4.3.2 Areas V: Health

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Health

Areas V	Fathers				Mothers			
	Base line	%	1st Assessment	%	Base line	%	1st Assessment	%
a. Family members do fall sick sometimes	50	29.23	80	42.55	80	44.94	80	45.97

b. Family members are health and fitness conscious	90	52.63	93	49.46	78	43.82	72	41.37
c. Most of the family members remain unwell and sick most of the time.	31	18.12	15	7.97	20	11.23	22	12.64
Area V - Total:	171	100.00	188	100.00	178	100.00	174	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 37.24% were Family members do fall sick sometimes and Family members are health and fitness conscious were 48.13%. Most of the family members remain unwell and sick most of the time were 14.61%. In the **1st Assessment** of the parents 44.19% were Family members do fall sick sometimes and Family members are health and fitness conscious were 45.58%. Most of the family members remain unwell and sick most of the time were 10.22% The family efficacy in the Baseline in mothers 178 is higher. In the 1st Assessment in fathers were 188 which is higher than the mothers.

Figure 4.3.1: Graphical representation of Health from respondent characteristics.

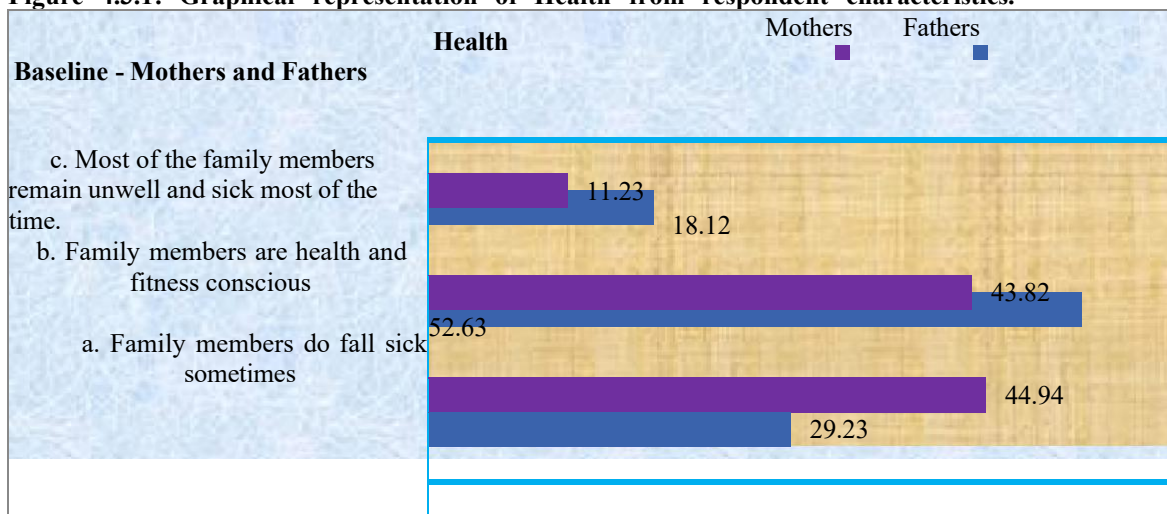


Figure 4.3.1: Graphical representation of Health from respondent characteristics.

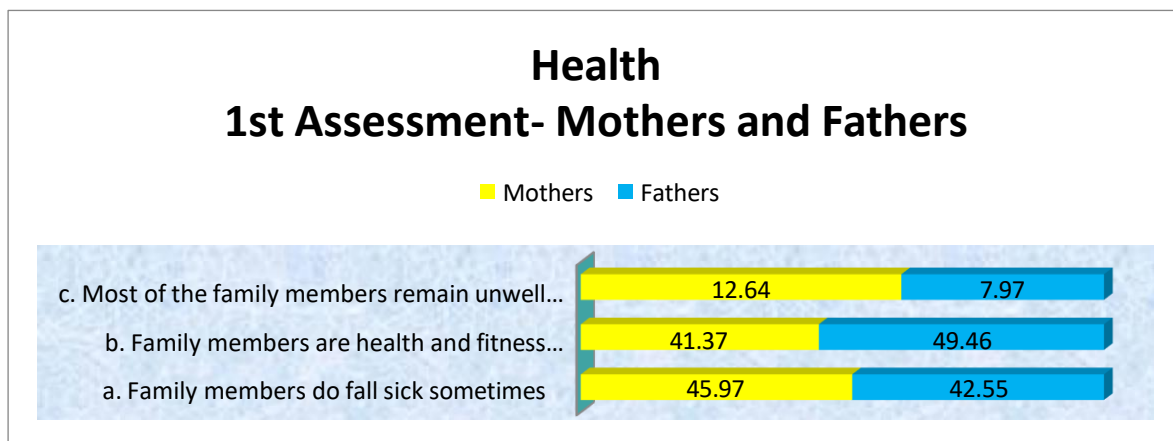
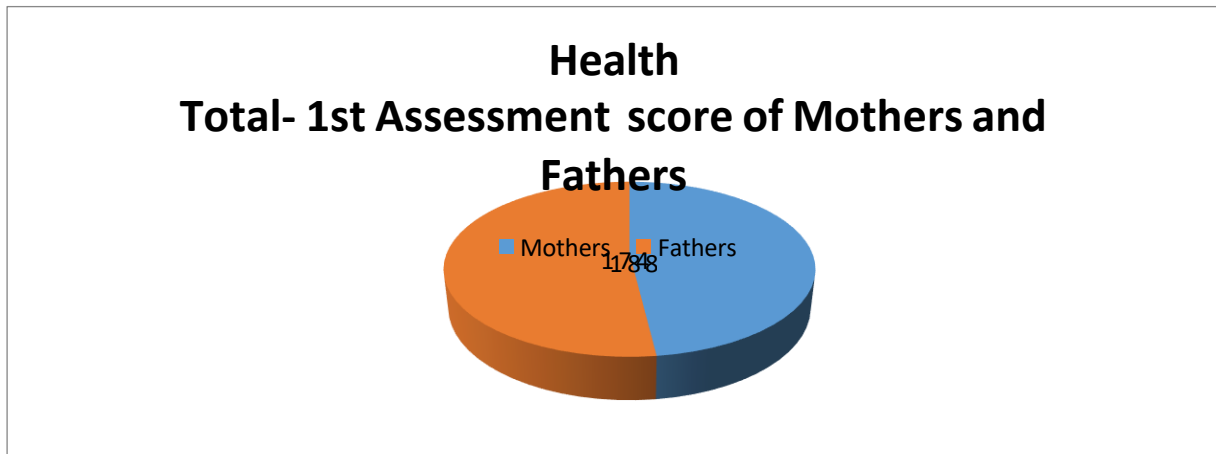
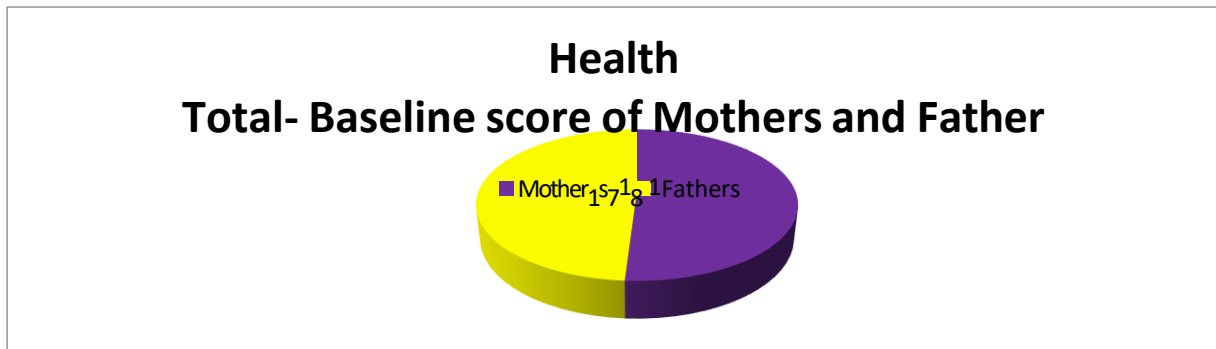


Figure 4.3.1: Graphical representation of Health from respondent characteristics.



4.3.2 Areas VI: Trust

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Trust

Areas VI	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family members spontaneously come to help and have complete faith and trust in each other	45	30	93	50.54	69	40.82	63	37.72
b. Family members rarely come to help, most of the times one cannot depend on the family	37	24.66	19	10.32	26	15.38	26	15.56
c. Family members do help sometimes, one can depend on them on few occasions, while	68	45.33	72	39.13	74	43.78	78	46.70
in some occasions has to resolve the problems by self.								

Area VI - Total:	150	100.00	184	100.00	169	100.00	167	100.00
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The above table shows in detail about the majority of the parents in the **Baseline** i.e. 35.73% were Family members spontaneously come to help and have complete faith and trust in each other. Family members rarely come to help, most of the times one cannot depend on the family were 19.74%. Family members do help sometimes, one can depend on them on few occasions, while in some occasions has to resolve the problems by self were 44.51%. In the **1st Assessment** of the parents 44.44% were Family members spontaneously come to help and have complete faith and trust in each other. Family members rarely come to help, most of the times one cannot depend on the family were 12.82%. Family members do help sometimes, one can depend on them on few occasions, while in some occasions has to resolve the problems by self. were 42.73%. The family efficacy in the Baseline in mothers 169 is higher. In the 1st Assessment in fathers were 184 which is higher than the mothers.

Figure 4.3.1: Graphical representation of Trust from respondent characteristics.

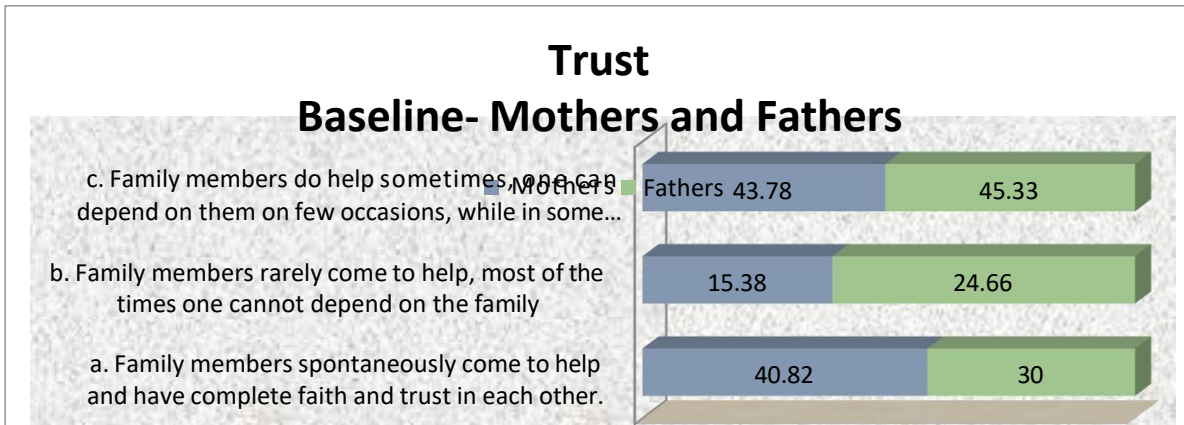


Figure 4.3.1: Graphical representation of Trust from respondent characteristics.

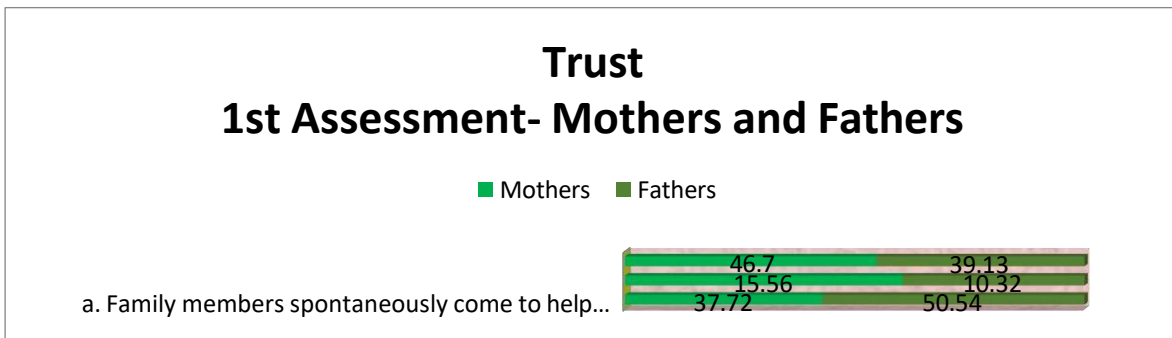


Figure 4.3.1: Graphical representation of Trust from respondent characteristics.

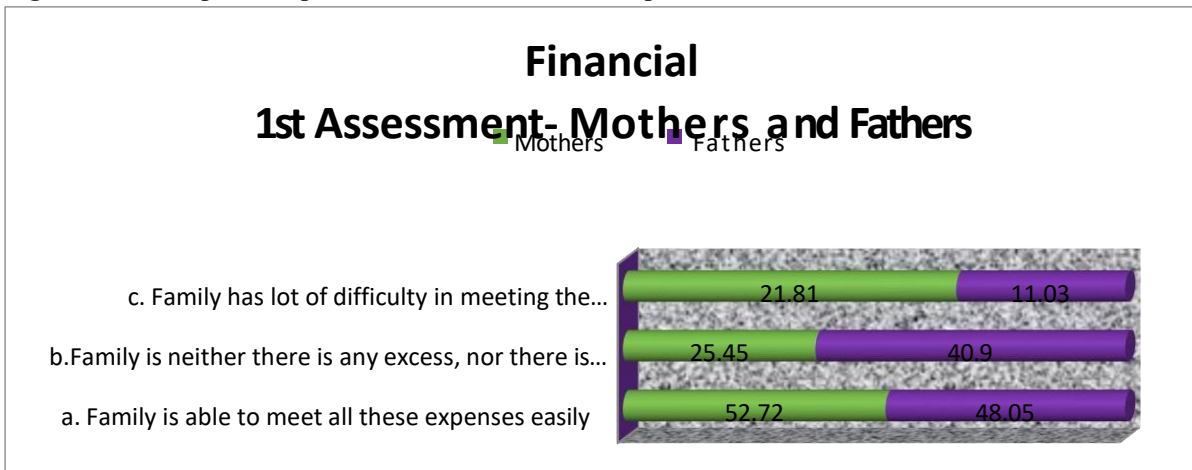
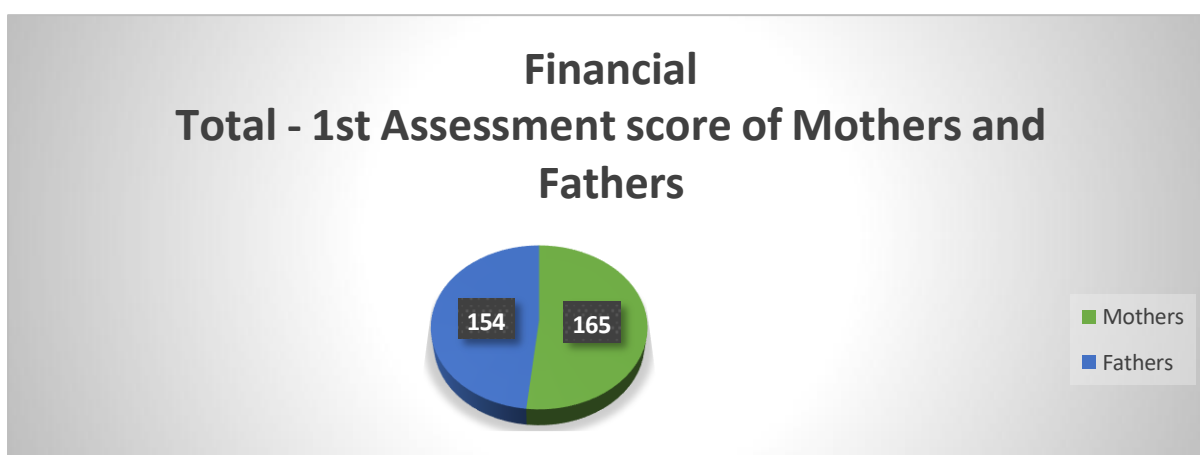
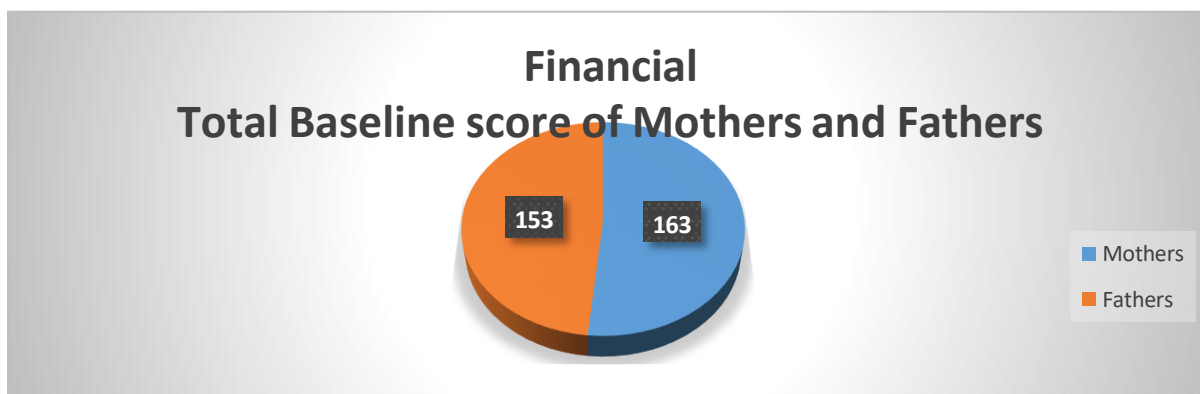


Figure 4.3.1: Graphical representation of Financial from respondent characteristics.



4.3.2 Areas IV: Values

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by values.

Areas IV Values	Fathers				Mothers			
	Base line	%	1 st Assesment	%	Basel ine	%	1 st Assess ment	%
a. Some families give more importance to human life	52	29.54	84	51.21	74	43.78	68	40
b. Some families consider it important to acquire lot of wealth and obtain, material goods	28	15.90	26	15.85	26	15.38	27	15.88
c. But, some families give importance to both living a value based life as well as earn money and material goods.	96	54.54	54	32.92	69	40.82	75	44.11
Area IV - Total:	176	100.00	164	100.00	169	100.00	170	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e.36.52% were some families give more importance to human life. Some families consider it important to acquire lot of wealth and obtain, material goods were 15.65%. But, some families give importance to both living a value based life as well as earn money and material goods were 47.82%. In the **1st Assessment** of the parents 45.50% were some families give more importance to human life. Some families consider it important to acquire lot of wealth and obtain, material goods were 15.86%. But, some families give importance to both living a value based life as well as earn money and material goods were 38.62%.

The family efficacy in the Baseline in fathers 176 is higher. In the 1st Assessment in mothers were 170 which is higher than

the fathers.

Figure 4.3.1: Graphical representation of Values from respondent characteristics.

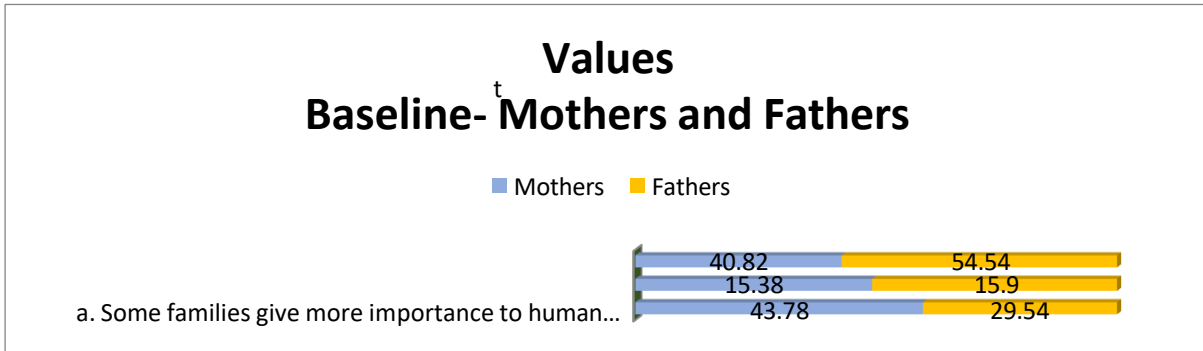
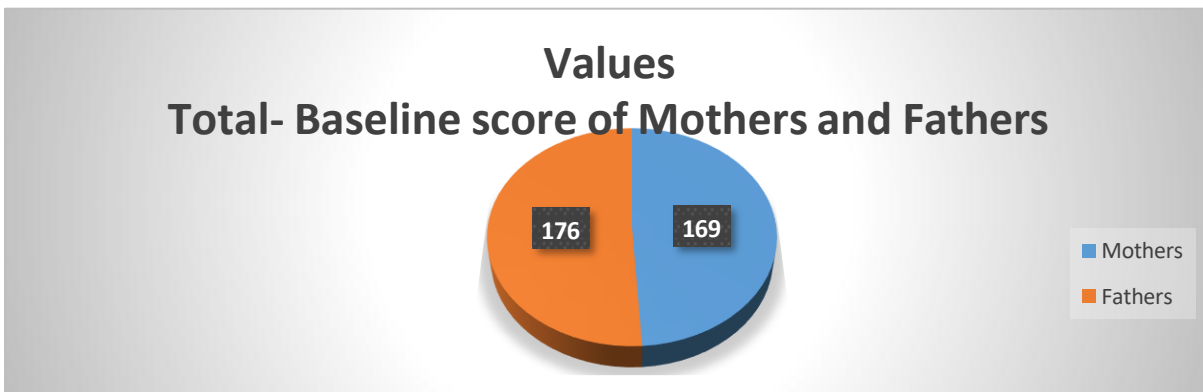
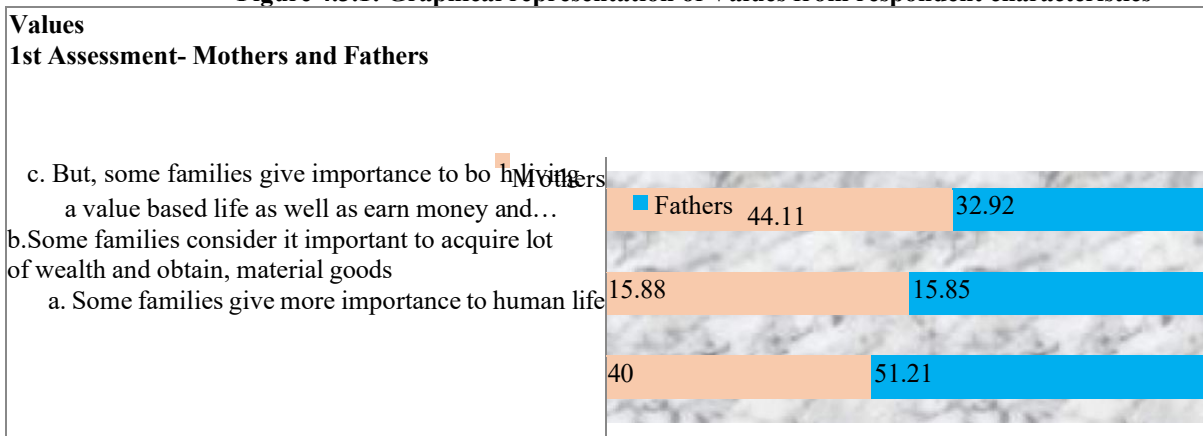


Figure 4.3.1: Graphical representation of Values from respondent characteristics



4.3.2 Areas V: Health

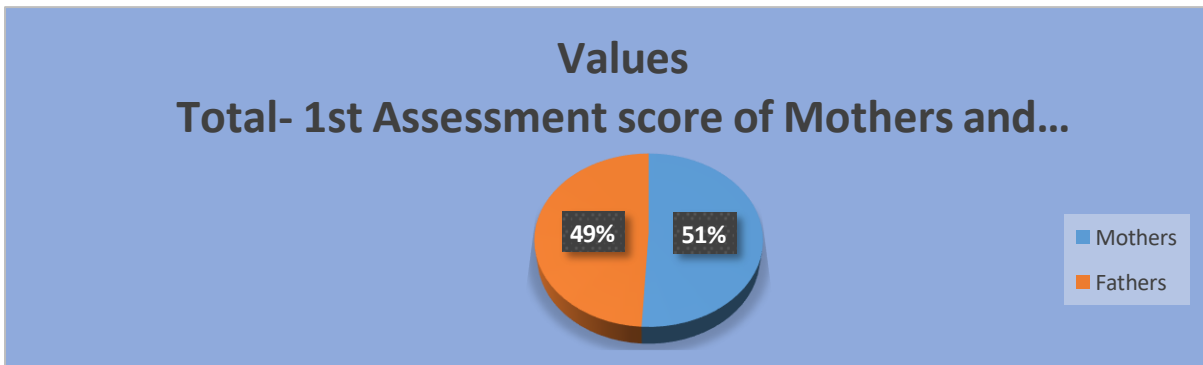


Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Health

Areas V	Fathers				Mothers			
	Base line	%	1st Assessment	%	Base line	%	1st Assessment	%
a. Family members do fall sick sometimes	50	29.23	80	42.55	80	44.94	80	45.97
b. Family members are health and fitness conscious	90	52.63	93	49.46	78	43.82	72	41.37
c. Most of the family members remain unwell and sick most of the time.	31	18.12	15	7.97	20	11.23	22	12.64
Area V - Total:	171	100.00	188	100.00	178	100.00	174	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e.37.24% were Family members do fall sick sometimes and Family members are health and fitness conscious were 48.13%. Most of the family members remain unwell and sick most of the time were 14.61%. In the **1st Assessment** of the parents 44.19% were Family members do fall sick sometimes and Family members are health and fitness conscious were 45.58%. Most of the family members remain unwell and sick most of the time were 10.22%The family efficacy in the Baseline in mothers 178 is higher. In the 1st Assessment in fathers were 188 which is higher than the mothers.

Figure 4.3.1: Graphical representation of Health from respondent characteristics.

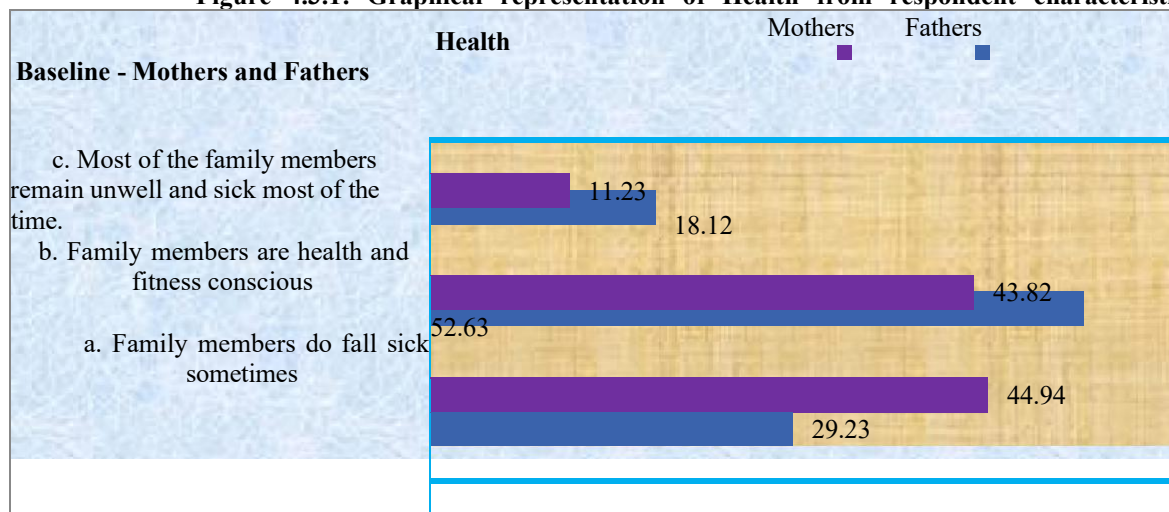


Figure 4.3.1: Graphical representation of Health from respondent characteristics.

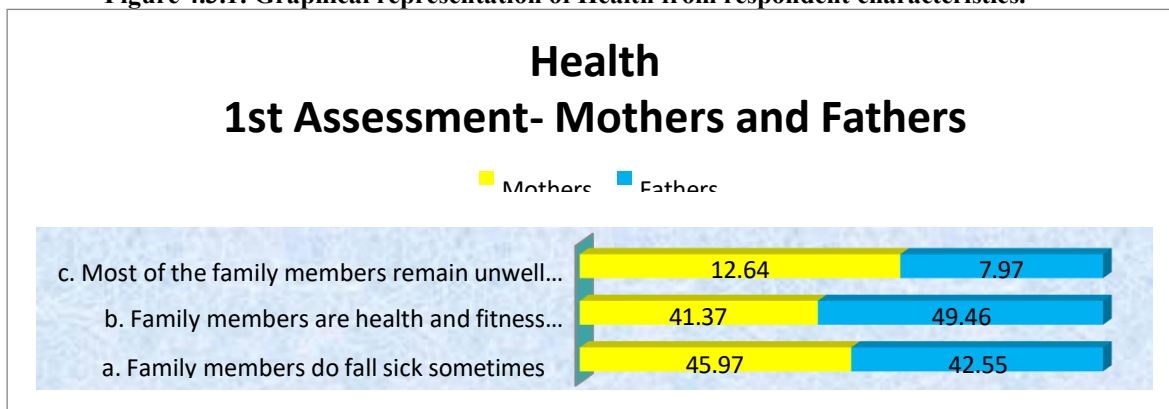
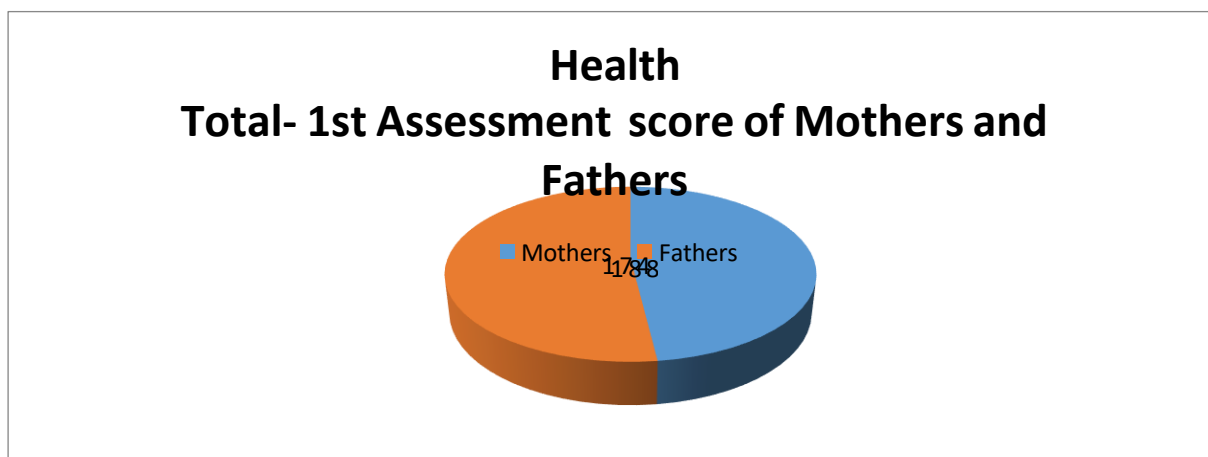
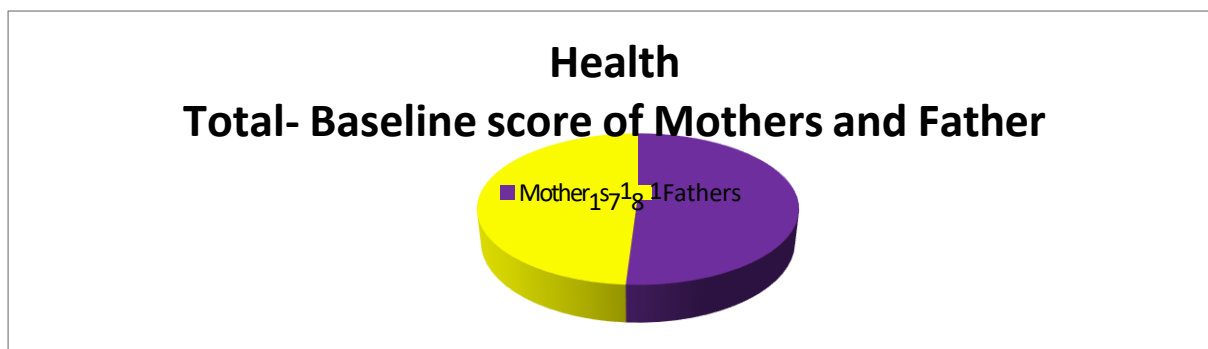


Figure 4.3.1: Graphical representation of Health from respondent characteristics



4.3.2 Areas VI: Trust

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Trust

Areas VI	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family members spontaneously come to help and have complete faith and trust in each other	45	30	93	50.54	69	40.82	63	37.72
b. Family members rarely come to help, most of the times one cannot depend on the family	37	24.66	19	10.32	26	15.38	26	15.56
c. Family members do help sometimes, one can depend on them on few occasions, while	68	45.33	72	39.13	74	43.78	78	46.70
in some occasions has to resolve the problems by self.								
Area VI - Total:	150	100.00	184	100.00	169	100.00	167	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 35.73% were Family members spontaneously come to help and have complete faith and trust in each other. Family members rarely come to help, most of the times one cannot depend on the family were 19.74%. Family members do help sometimes, one can depend on them on

few occasions, while in some occasions has to resolve the problems by self were 44.51%. In the **1st Assessment** of the parents 44.44% were Family members spontaneously come to help and have complete faith and trust in each other. Family members rarely come to help, most of the times one cannot depend on the family were 12.82%. Family members do help sometimes, one can depend on them on few occasions, while in some occasions has to resolve the problems by self. were 42.73%. The family efficacy in the Baseline in mothers 169 is higher. In the 1st Assessment in fathers were 184 which is higher than the mothers.

Figure 4.3.1: Graphical representation of Trust from respondent characteristics.

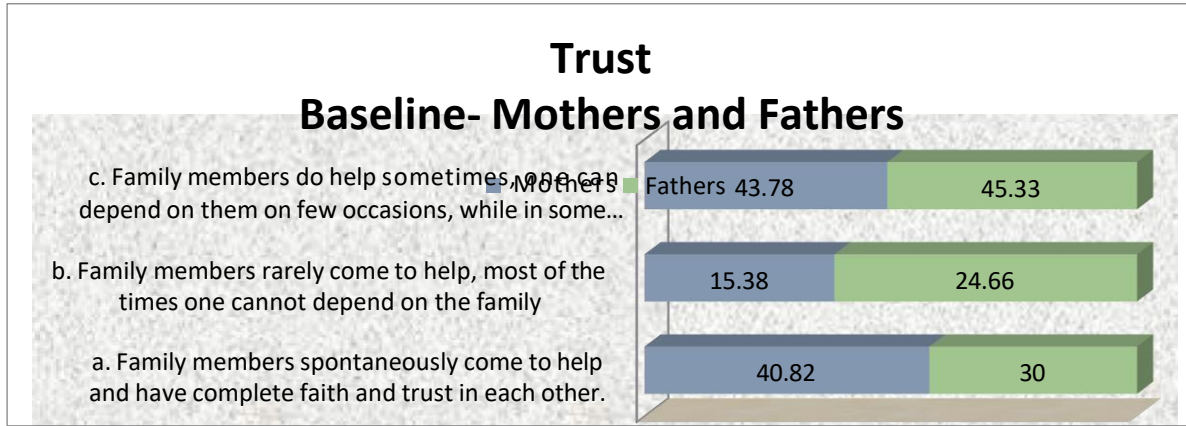


Figure 4.3.1: Graphical representation of Trust from respondent characteristics.

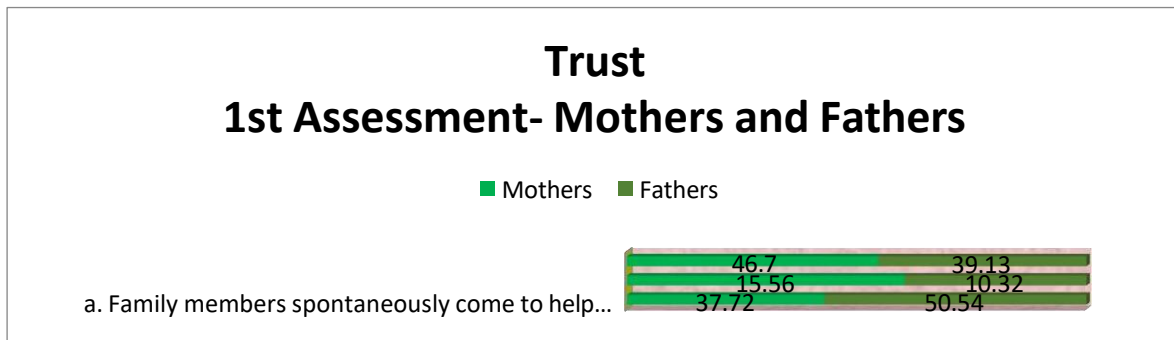
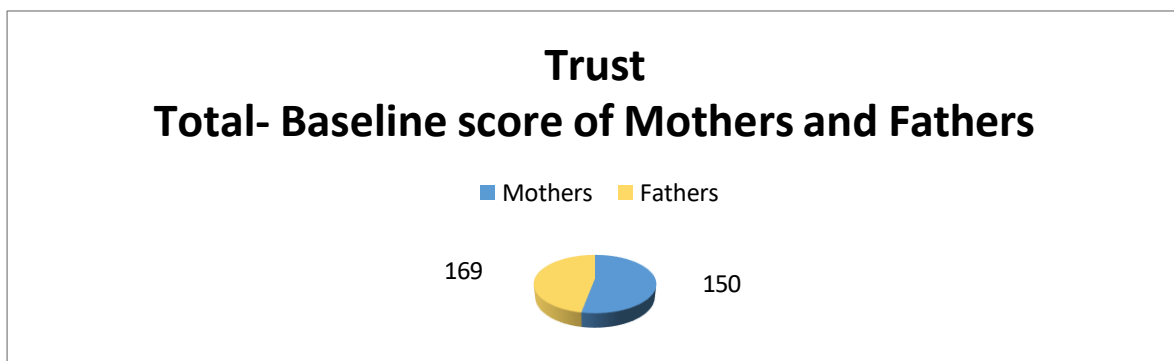
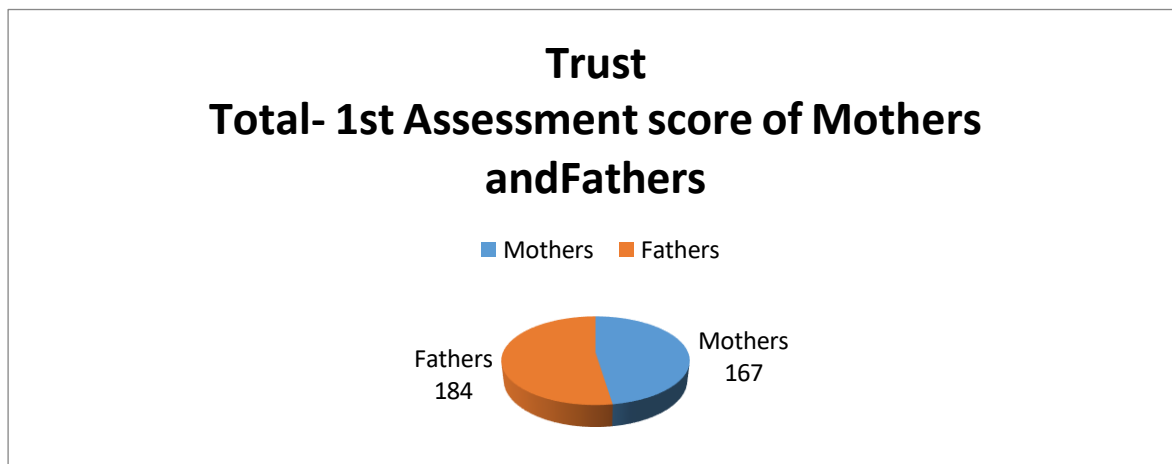


Figure 4.3.1: Graphical representation of Trust from respondent characteristics





4.3.2 Areas VII: Acceptance

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Acceptance

Areas VII Acceptance	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family does not provide full acceptance and support and sometimes the family is unconcerned.	62	36.25	58	31.35	135	50	135	50.37
b. Family takes care of family members in whatever situation they are in.	81	47.36	105	56.75	120	44.44	117	43.65
c. Family members feel like outsider and the family remains unconcerned.	28	16.37	22	11.89	15	5.55	16	5.97
Area VII - Total:	171	100.00	185	100.00	270	100.00	268	100.00

The above table shows in detail about the majority of the parents in the **Baseline** i.e. 44.67% were Family does not provide full acceptance and support and sometimes the family is unconcerned. Family takes care of family members in whatever situation they are in were 45.57%. Family members feel like outsider and the family remains unconcerned were 9.75%. In the **1st Assessment** of the parents 42.60% were Family does not provide full acceptance and support and sometimes the family is unconcerned. Family takes care of family members in whatever situation they are in were 49.00%. Family members feel like outsider and the family remains unconcerned were 8.38%. The family efficacy in the Baseline in mothers 270 is higher. In the 1st Assessment in mothers were 268 which is higher than the fathers.

Figure 4.3.1: Graphical representation of Acceptance from respondent characteristics.

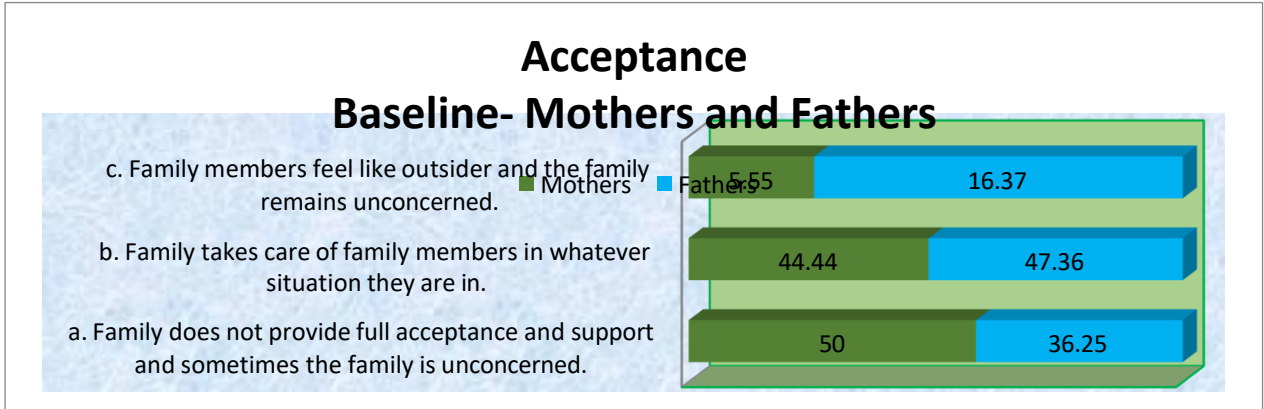
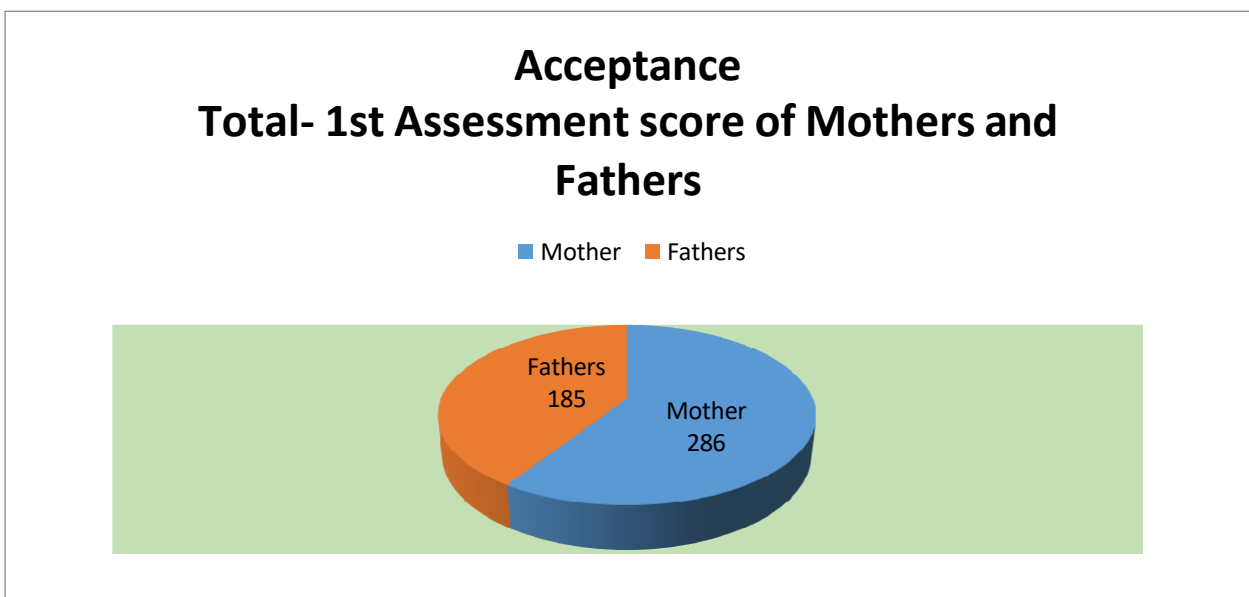
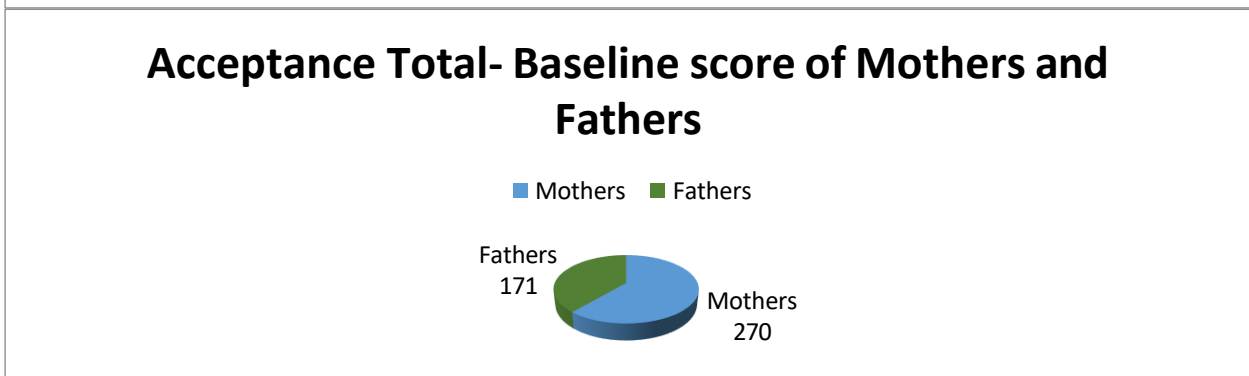
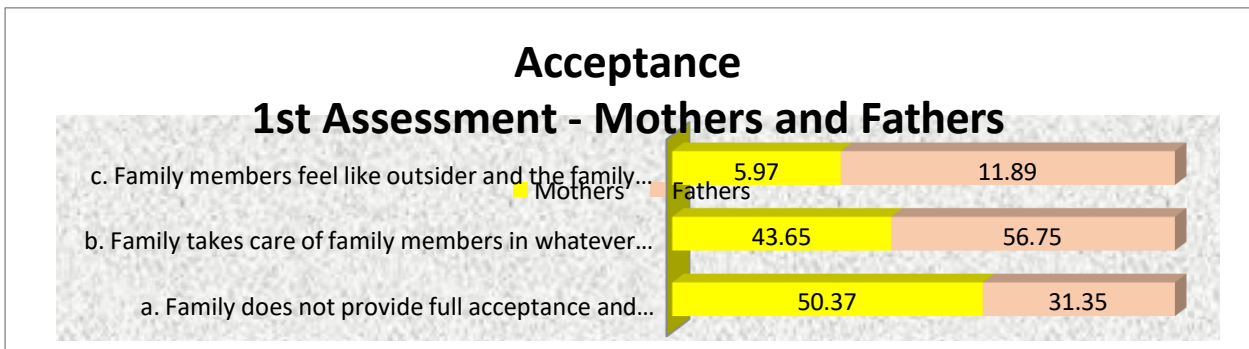


Figure 4.3.1: Graphical representation of Acceptance from respondent characteristics.



4.3.2 Areas VIII: Crisis

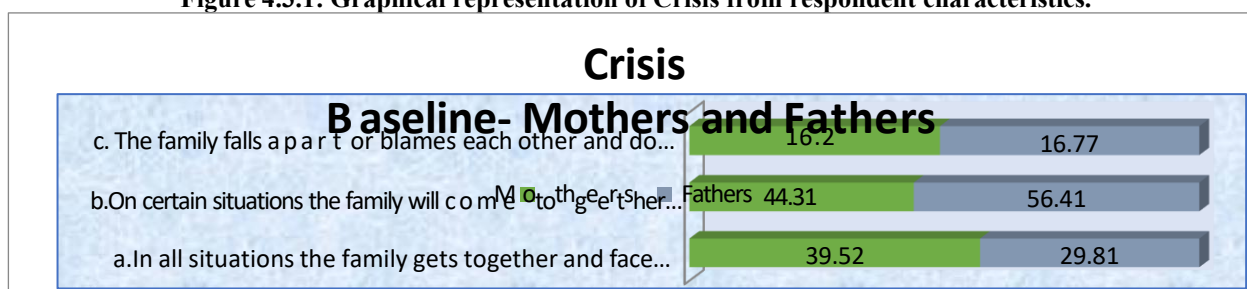
Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

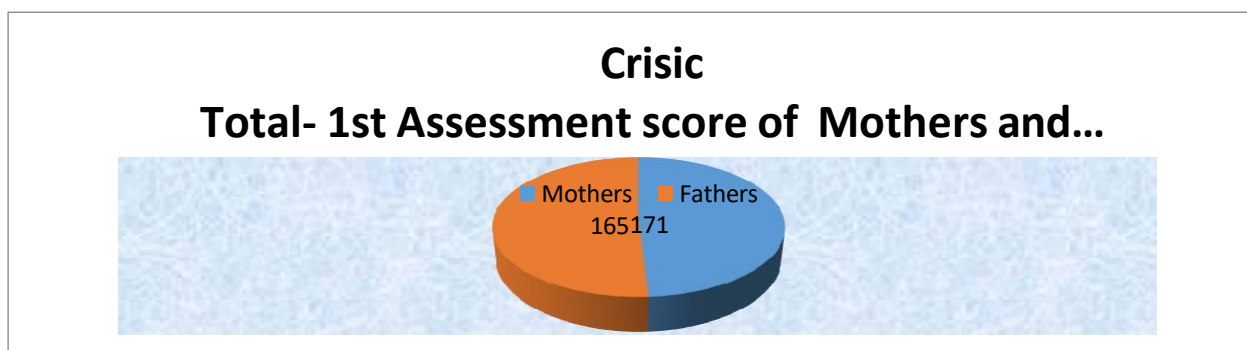
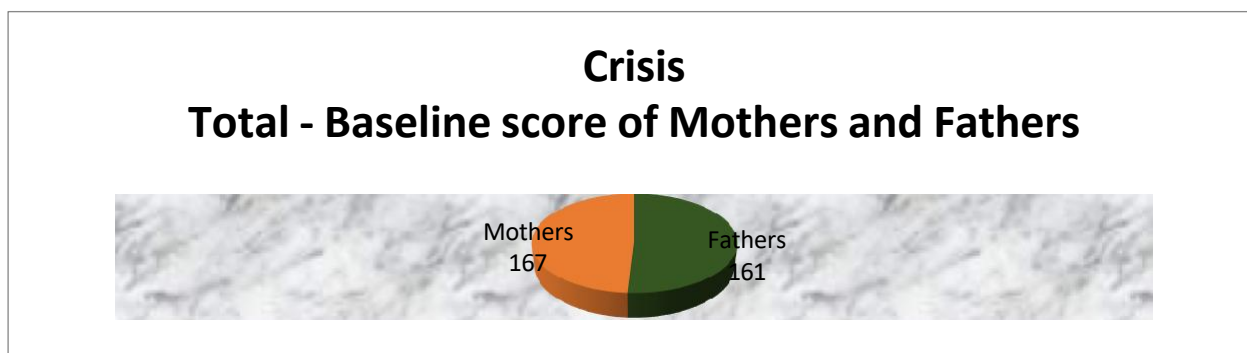
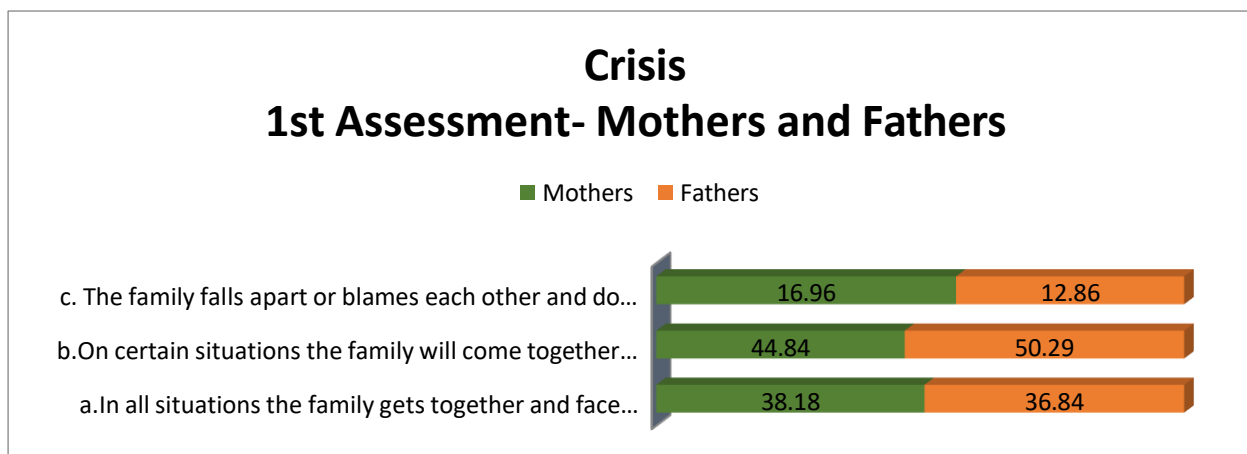
TABLE 4.3.2: Distribution of Parents by Crisis

Areas VIII Crisis	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. In all situations the family gets together and face the challenge jointly, by helping each other.	48	29.81	63	36.84	66	39.52	63	38.18
b. On certain situations the family will come together and face the challenge jointly, while on certain occasions the family to face the situation themselves?	86	56.41	86	50.29	74	44.31	74	44.84
c. The family falls apart or blames each other and do not help each other at all.	27	16.77	22	12.86	27	16.16	28	16.96
Area VIII - Total:	161	100.00	171	100.00	167	100.00	165	100.00

The above table shows in detail about the majority of **the parents in the Baseline** i.e. 34.75% were in all situations the family gets together and face the challenge jointly, by helping each other. On certain situations the family will come together and face the challenge jointly, while on certain occasions the family to face the situation themselves were 48.78%. The family falls apart or blames each other and do not help each other at all were 16.46%. In the **1st Assessment of the parents** 37.50% were in all situations the family gets together and face the challenge jointly, by helping each other. On certain situations the family will come together and face the challenge jointly, while on certain occasions the family to face the situation themselves were 47.61%. The family falls apart or blames each other and do not help each other at all were 14.88% The family efficacy in the Baseline in mothers 167 is higher. In the 1st Assessment in mothers were 165 which were lower than the fathers

Figure 4.3.1: Graphical representation of Crisis from respondent characteristics.





4.3.2 Areas IX: Social Support

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

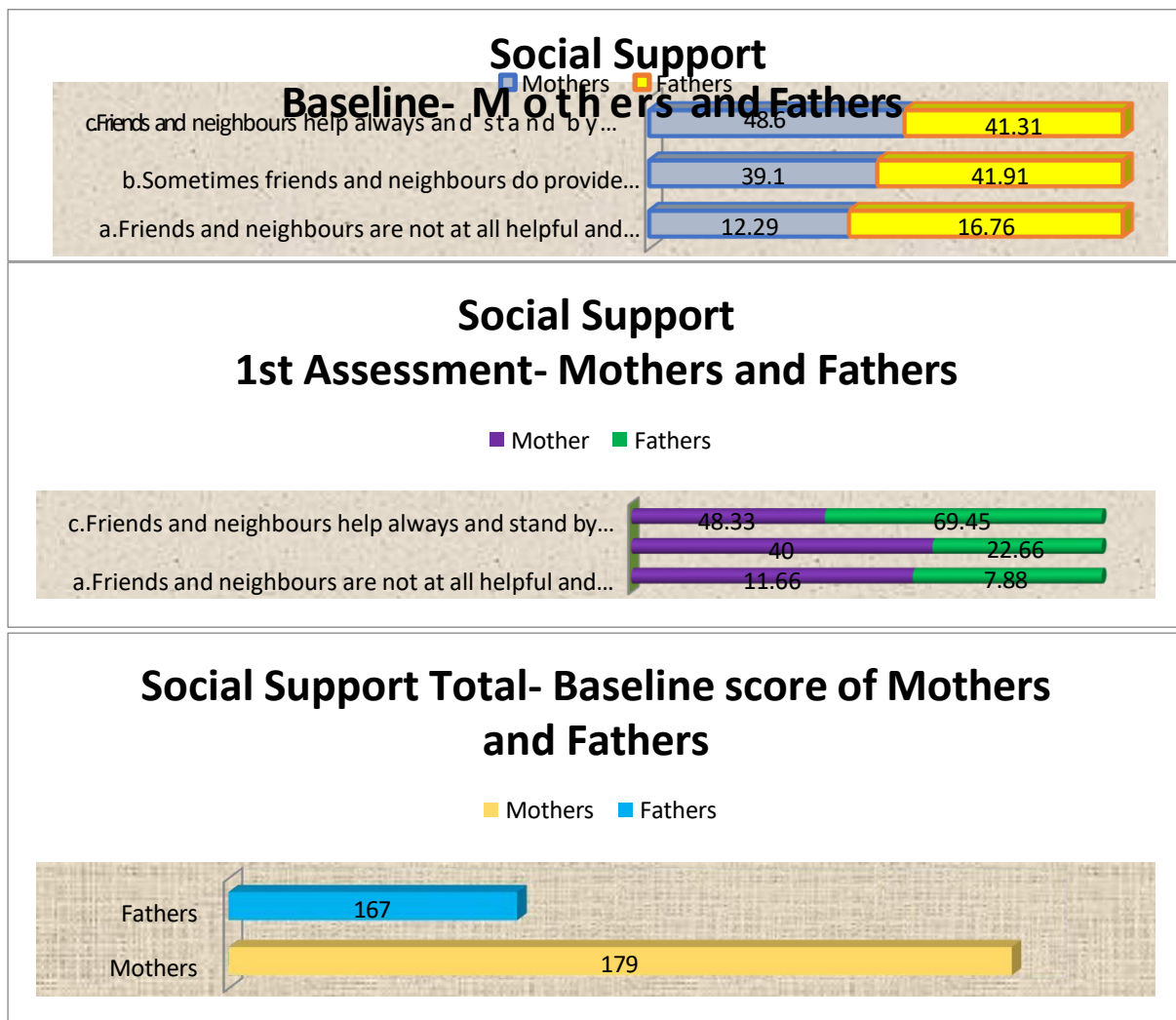
TABLE 4.3.2: Distribution of Parents by Social support

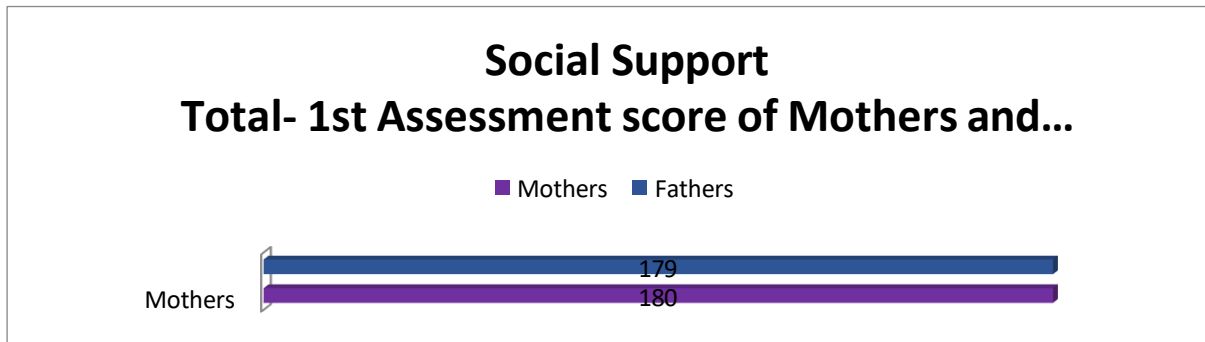
Areas IX Social Support	Fathers				Mothers			
	Basel ine	%	1st Asses sment	%	Basel ine	%	1st Assess ment	%
a. Friends and neighbours are not at all helpful and the family cannot rely on them.	28	16.76	16	7.88	22	12.29	21	11.66
b. Sometimes friends and neighbours do provide help or come to	70	41.91	46	22.66	70	39.10	72	40

the rescue of the family.								
c.Friends and neighbours help always and stand by the family in need.	69	41.31	141	69.45	87	48.60	87	48.33
Area IX - Total:	167	100.00	203	100.00	179	100.00	180	100.00

The above table shows in detail about the majority of **the parents in the Baseline** i.e.14.45 % Friends and neighbours are not at all helpful and the family cannot rely on them. Sometimes friends and neighbours do provide help or come to the rescue of the family were 40.46%.Friends and neighbours help always and stand by the family in need were 71.67%.In the **1st Assessment of the parents**9.66 % were Friends and neighbours are not at all helpful and the family cannot rely on them. Sometimes friends and neighbours do provide help or come to the rescue of the family were 30.80%. Friends and neighbours help always and stand by the family in need were 59.53%. The family efficacy in **the Baseline** in mothers were score 179 which is higher than that of the fathers. In the **1st Assessment** in fathers score were 203 which is higher than mothers.

Figure 4.3.1: Graphical representation of Social Support from respondent characteristics.





4.3.2 Areas X: Communication

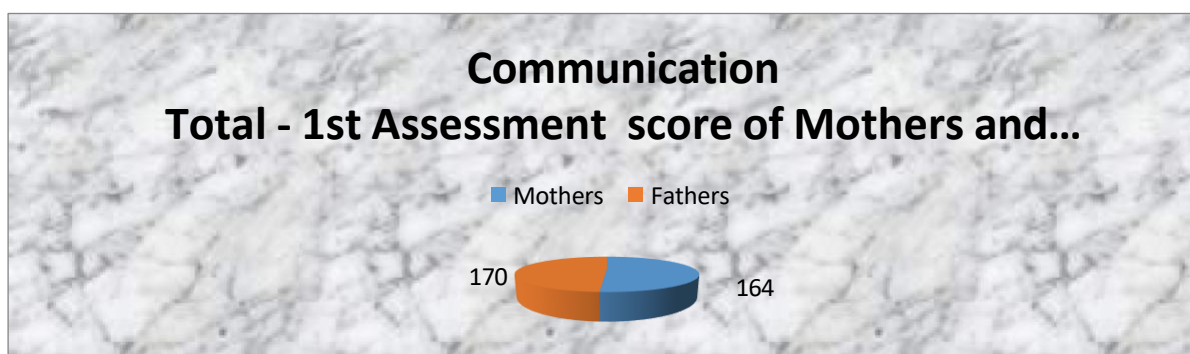
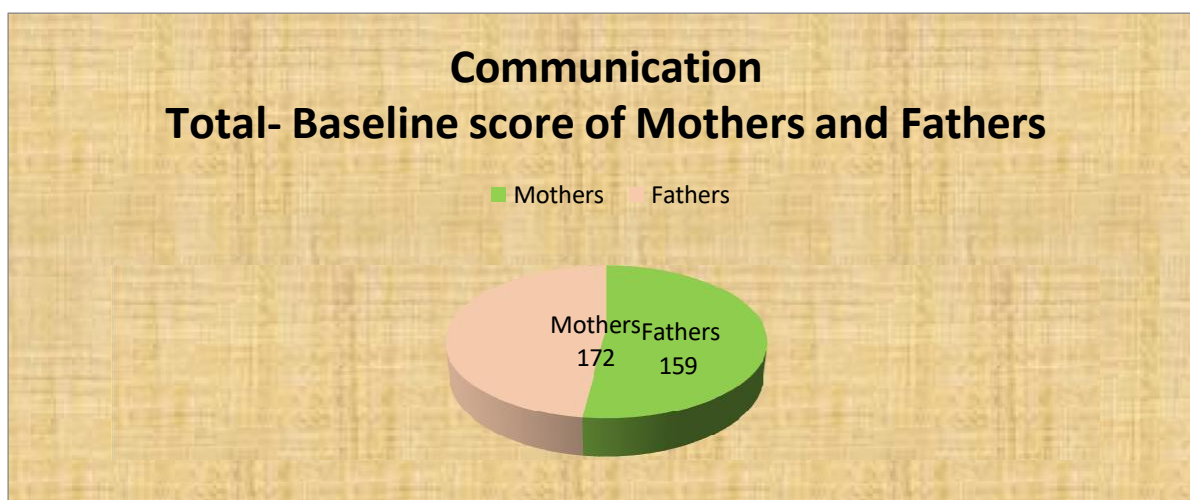
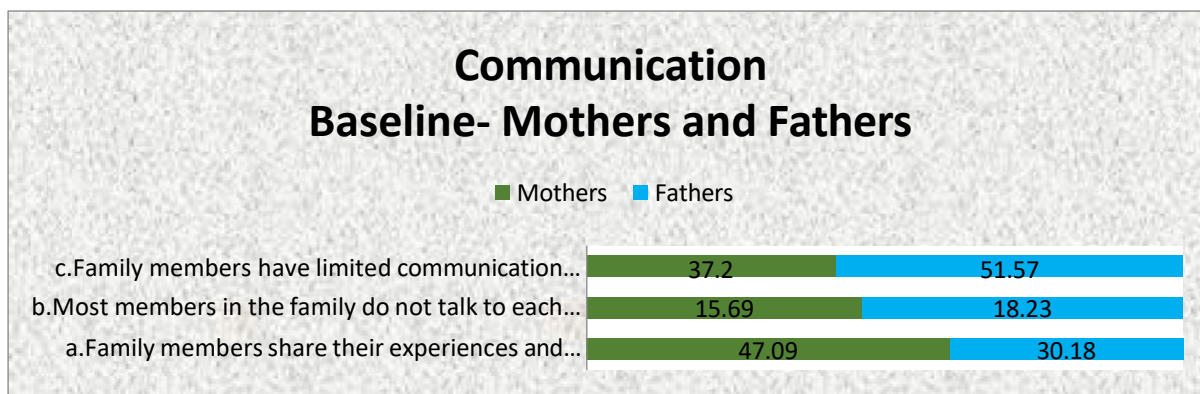
Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Communication

Areas X Communication	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family members share their experiences and concerns with each other. They talk to each other freely.	48	30.18	54	32.92	81	47.09	81	47.64
b. Most members in the family do not talk to each other freely. They do not share their experiences, views or concerns.	29	18.23	30	18.29	27	15.69	29	17.05
c. Family members have limited communication with each other. They talk to each other only when, it is absolutely necessary.	82	51.57	80	48.78	64	37.20	60	35.29
Area X - Total:	159	100.00	164	100.00	172	100.00	170	100.00

The above table shows in detail about the majority of the parents in the Baseline i.e. 38.97% were Family members share their experiences and concerns with each other. 16.91% were Most members in the family do not talk to each other freely. They do not share their experiences, views or concerns. 44.10% were Family members have limited communication with each other. They talk to each other only when, it is absolutely necessary. In the 1st Assessment of the parents 40.41% were Family members share their experiences and concerns with each other's. Most members in the family do not talk to each other freely. They do not share their experiences; views or concerns were 17.66%. Family members have limited communication with each other. They talk to each other only when, it is absolutely necessary were 41.91% The family efficacy in the Baseline in mothers score were 172 which is higher than that of the fathers. In the 1st Assessment in fathers score were 170 which is higher than mothers.

Figure 4.3.1: Graphical representation of Communication from respondent characteristics.



4.3.2 Areas XI: Roles and responsibilities

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Roles and responsibilities

Areas XI and responsibilities	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Family members are unable to take over the role and duties, as nobody has the time.	25	13.08	24	12.43	24	13.79	23	12.92

or nobody wants to help.								
b. Family members offer help to some extent only.	34	17.80	34	17.61	72	41.37	74	41.57
c. Family members rise to the occasion in the times of difficulty, and take over the role	132	69.10	135	69.94	78	44.82	81	45.50
Area XI - Total:	191	100.00	193	100.00	174	100.00	178	100.00

The above table shows in detail about the majority of **the parents in the Baseline** i.e.13.42% wereFamily members are unable to take over the role and duties, as nobody has the time, or nobody wants to help.29.04% were Family members offer help to some extent only. 57.53% were Family members rise to the occasion in the times of difficulty, and take over the role. In the **1st Assessment of the parents**12.66%wereFamily members are unable to take over the role and duties, as nobody has the time, or nobody wants to help. 29.11% were Family members offer help to some extent only. 58.22% were Family members rise to the occasion in the times of difficulty, and take over the role. The family efficacy in **the Baseline** in fathers score were 191 which is higher than that of the mothers. In the **1st Assessment** in fathers score were 193 which is higher than mothers.

Figure 4.3.1: Graphical representation of Roles and Responsibility from respondent characteristics.

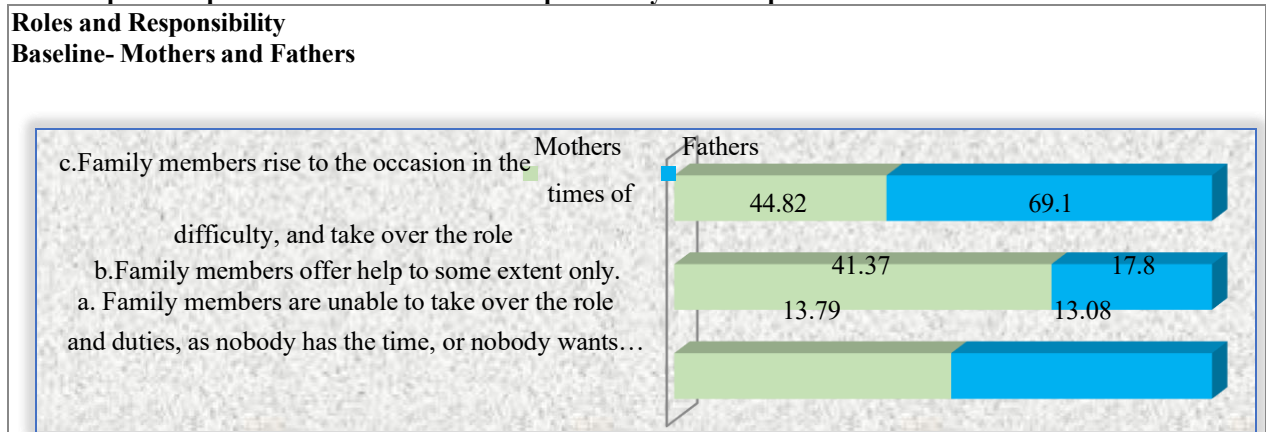
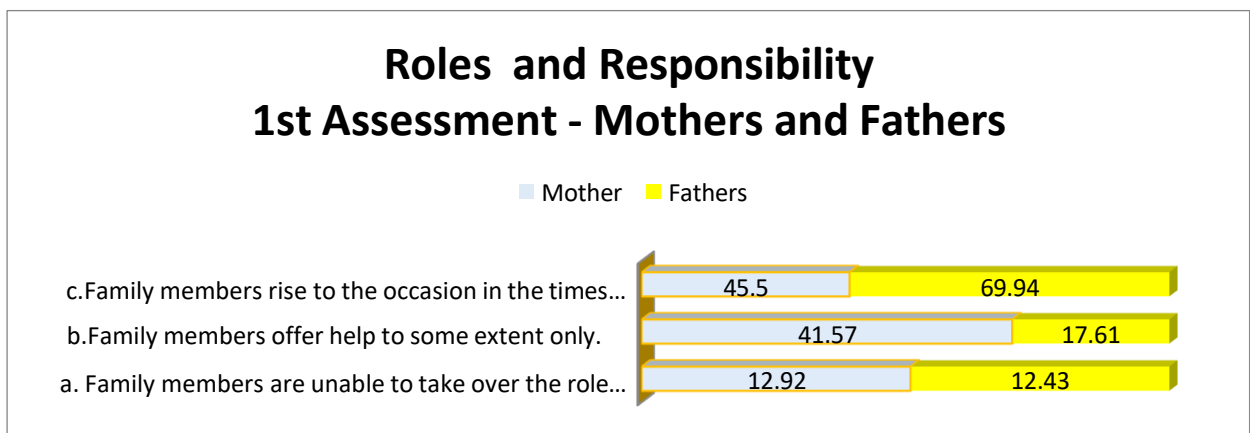
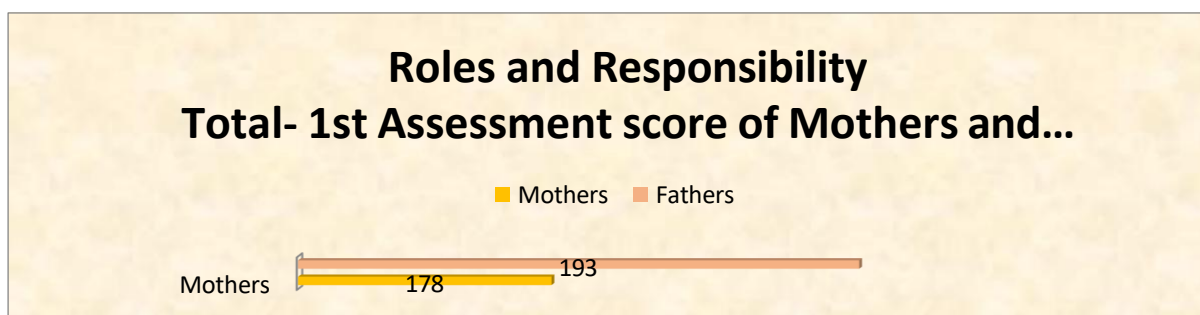
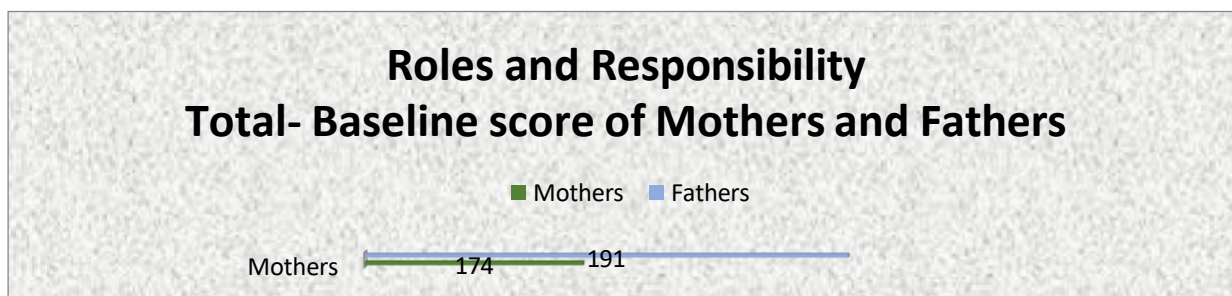


Figure 4.3.1: Graphical representation of Roles and Responsibility from respondent characteristics





4.3.2 Areas XII: Optimism

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Optimism

Areas XII	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. Somewhat optimism is maintained, only to some extent family members encourage each other.	90	44.33	88	44.44	50	26.17	52	28.57
b. Members of our family positively encourage each other to maintain positive outlook and hope for the best.	108	53.20	105	53.03	120	62.82	105	57.69
c. Rather encouraging our family members criticise or blame each other, can't think positively.	05	2.46	05	2.52	21	10.99	25	13.73
Area XII - Total:	203	100.00	198	100.00	191	100.00	182	100.00

The above table shows in detail about the majority of **the parents in the Baseline** i.e.35.53%Somewhat optimism is maintained, only to some extent family members encourage each other.57.86% were Members of our family positively encourage each other to maintain positive outlook and hope for the best.6.59% were Rather encouraging our family members criticise or blame each other, can't think positively. In the **1st Assessment of the parents**36.84% were Somewhat optimism is maintained, only to some extent family members encourage each other. 55.26% were Members of our family

positively encourage each other to maintain positive outlook and hope for the best. 7.89% Rather encouraging our family members criticise or blame each other, can't think positively. The family efficacy in **the Baseline** in fathers score were 203 which is higher than that of the mothers. In the **1st Assessment** in fathers score were 198 which is higher than mothers.

Figure 4.3.1: Graphical representation of Optimism from respondent characteristics.

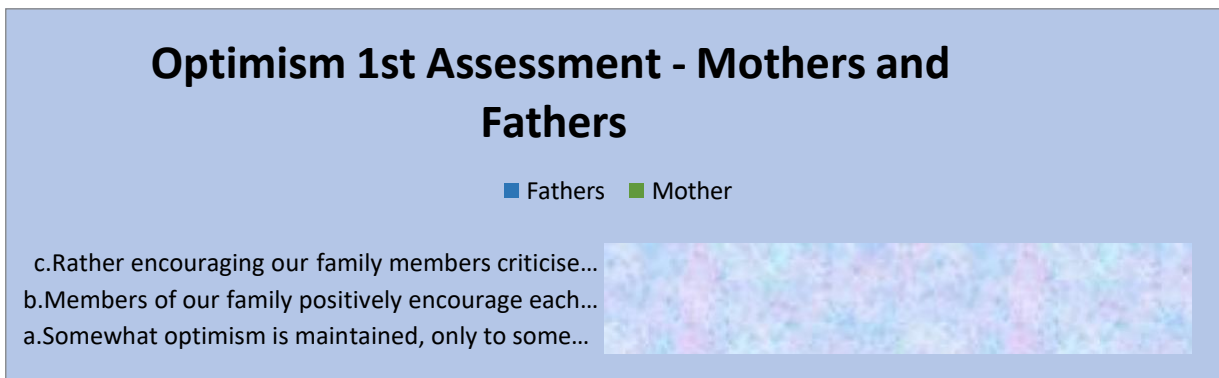
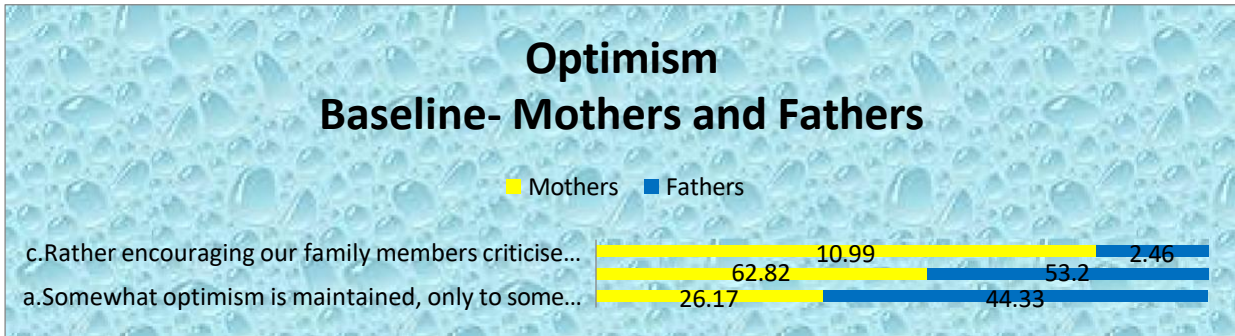
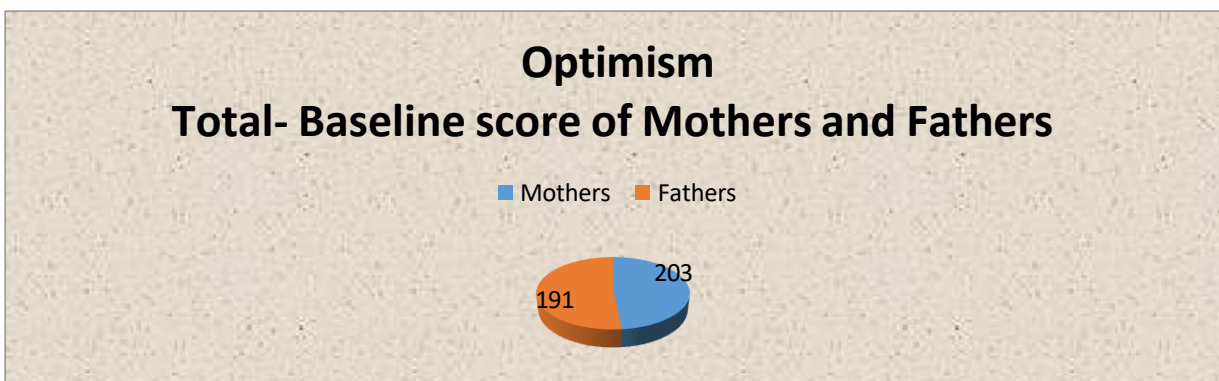
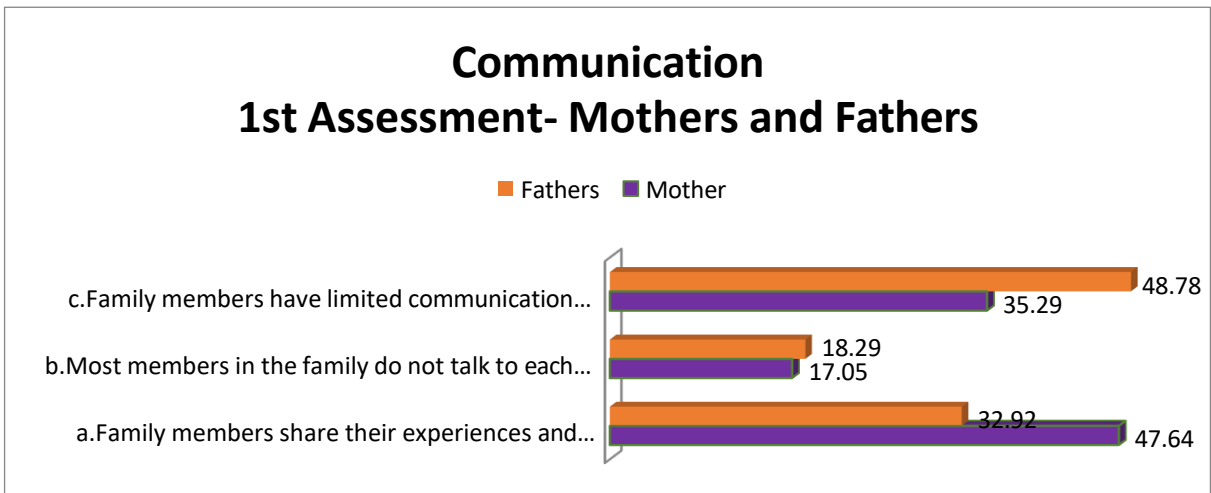
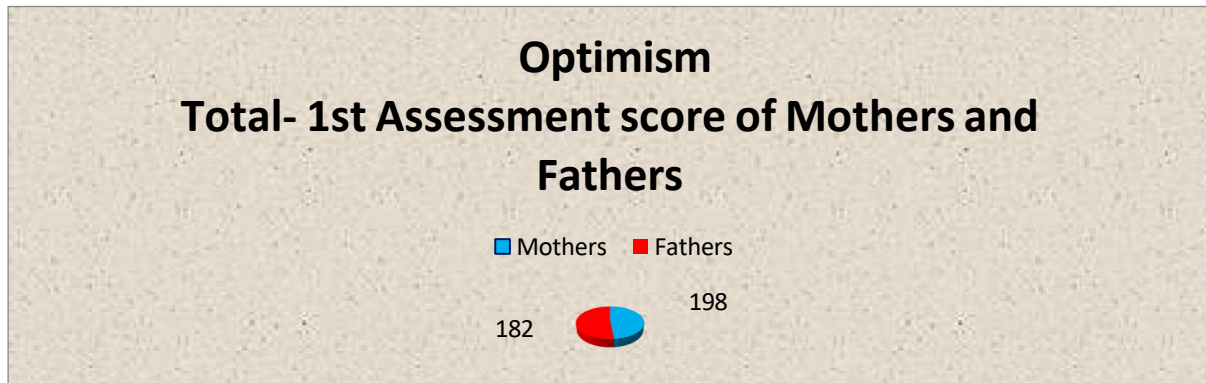


Figure 4.3.1: Graphical representation of Optimism from respondent characteristics.





4.3.2 Areas XIII: Decisions

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Decisions

Areas XIII Decisions	Fathers				Mothers			
	Baseline	%	1 st Assessment	%	Baseline	%	1 st Assessment	%
a. Juniors in the family are consulted, but the decision is taken only by the elders.	84	44.21	84	44.68	16	8.69	24	13.18
b. Elders in the family take decisions keeping in view the best interest of the entire family.	13	6.84	14	7.44	33	17.93	32	17.58
c. Family members are given an opportunity to discuss the matter with each other.	93	48.94	90	47.87	135	73.36	126	69.23
Area XIII - Total:	190	100.00	188	100.00	184	100.00	182	100.00

The above table shows in detail about the majority of **the parents in the Baseline** i.e. 26.73% were Juniors in the family are consulted, but the decision is taken only by the elders. 12.29% were Elders in the family take decisions keeping in view the best interest of the entire family. 60.96% were Family members are given an opportunity to discuss the matter with each other.

In the **1st Assessment of the parents** 29.189% were Juniors in the family are consulted, but the decision is taken only by the elders. 12.43% were Elders in the family take decisions keeping in view the best interest of the entire family. 58.37% were Family members are given an opportunity to discuss the matter with each other.

The family efficacy in **the Baseline** in fathers score were 190 which is higher than that of the mothers. In the **1st Assessment** in fathers score were 188 which is higher than mothers.

Graphical representation of Decisions from respondent characteristics.

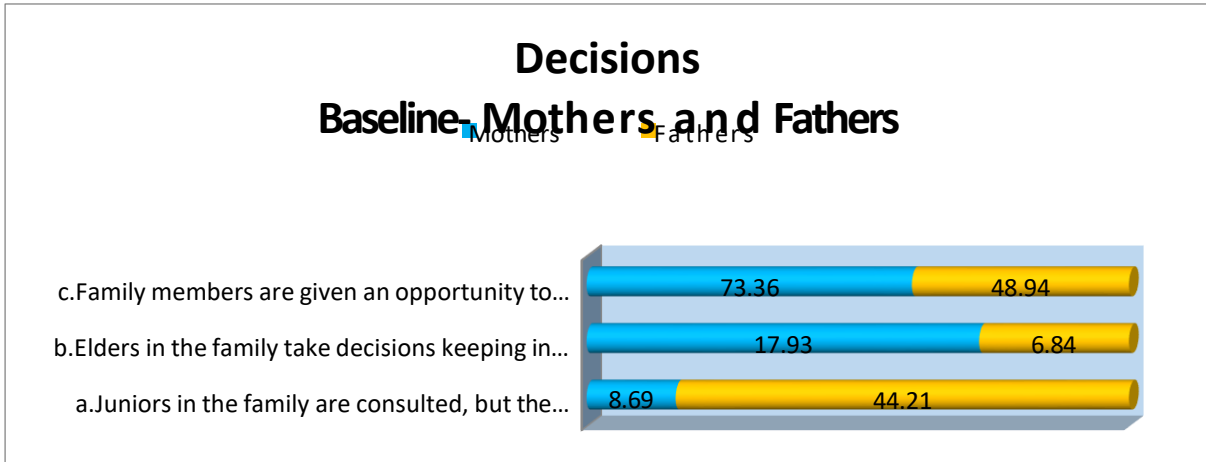
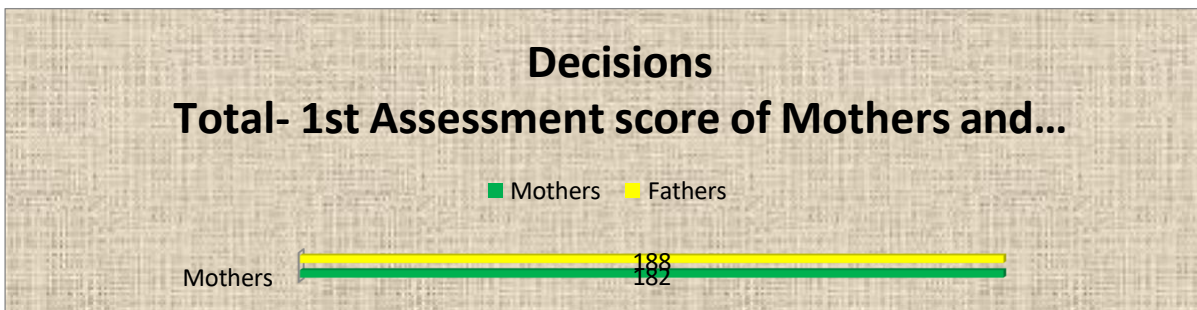
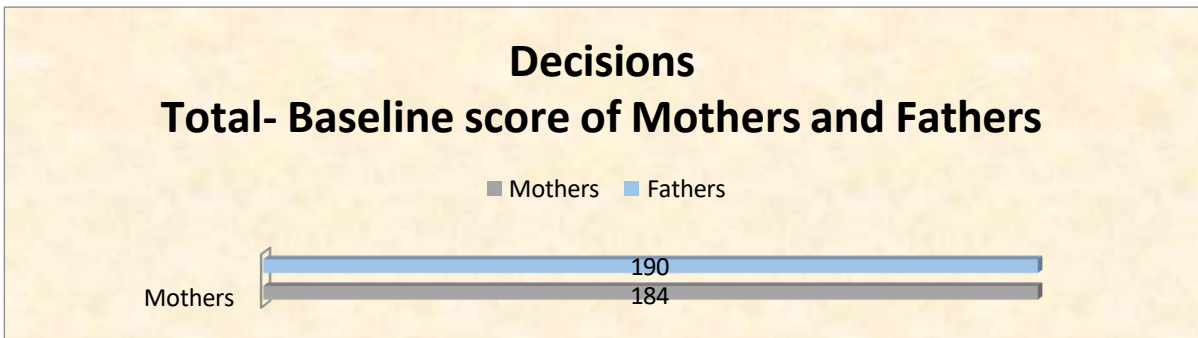
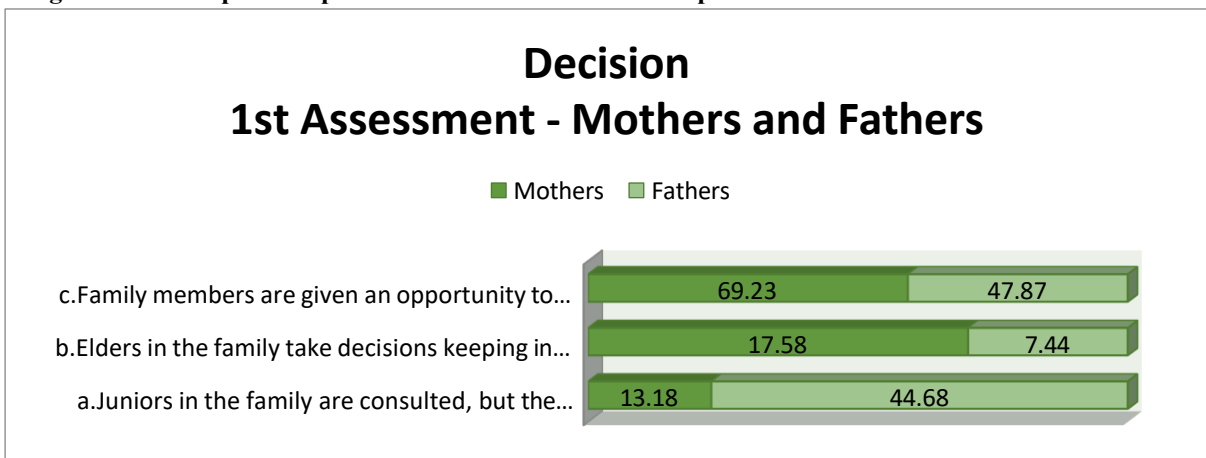


Figure 4.3.1: Graphical representation of Decision from respondent characteristics.



4.3.2 Areas XIV: Time

Table 4.3.2 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Time

Areas XIV Time	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a.We spend lot of time together. We always find time for each other, no matter how busy we are.	144	73.84	135	71.05	93	53.14	96	54.54
b.Everybody is so busy. Nobody, has time to spend with each other.	25	12.82	27	13.15	28	16	28	15.90
c.Occasionally whenever it is possible we spend time each other.	26	13.33	28	14.73	54	30.85	52	29.54
Area XIV - Total:	195	100.00	190	100.00	175	100.00	176	100.00

The above table shows in detail about the majority of the parents in the Baseline i.e.64.05% We spend lot of time together. We always find time for each other, no matter how busy we are.14.32% were everybody is so busy. Nobody, has time to spend with each other.21.62 % were Occasionally whenever it is possible we spend time each other.

In the 1st Assessment of the parents 63.11% We spend lot of time together. We always find time for each other, no matter how busy we are.15.02% were Everybody is so busy. Nobody, has time to spend with each other.21.85% were Occasionally whenever it is possible we spend time each other.

The family efficacy in the Baseline in fathers score were 195 which is higher than that of the mothers. In the 1st Assessment in fathers score were 190 which is higher than mothers.

Figure 4.3.1: Graphical representation of Optimism from respondent characteristics.

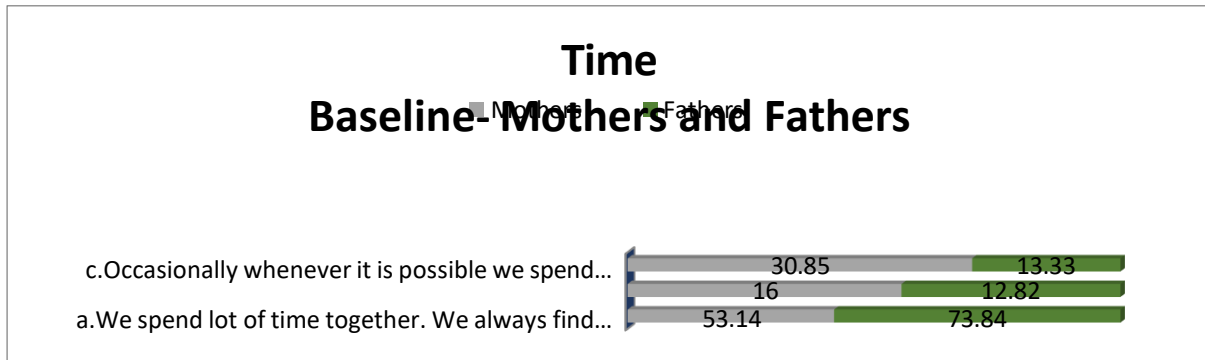
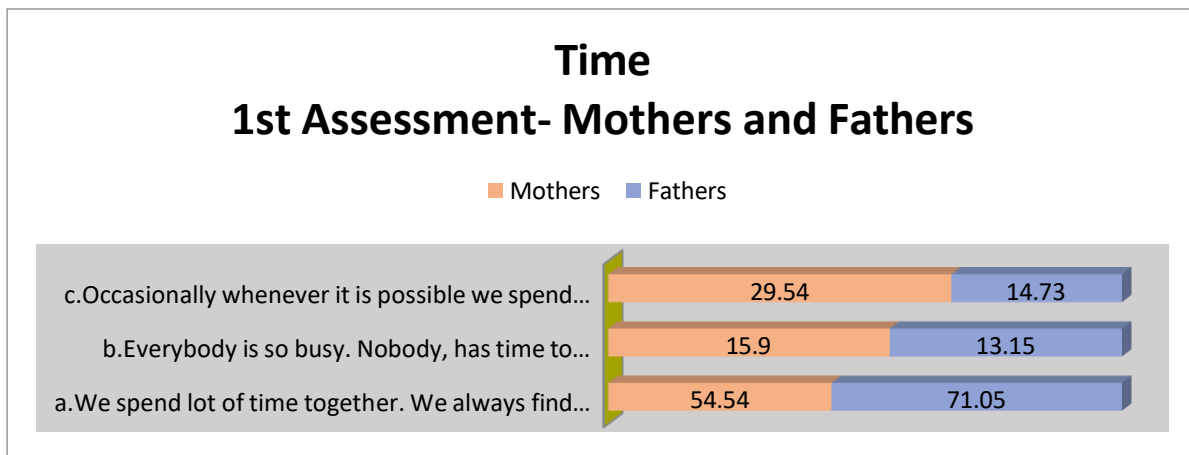
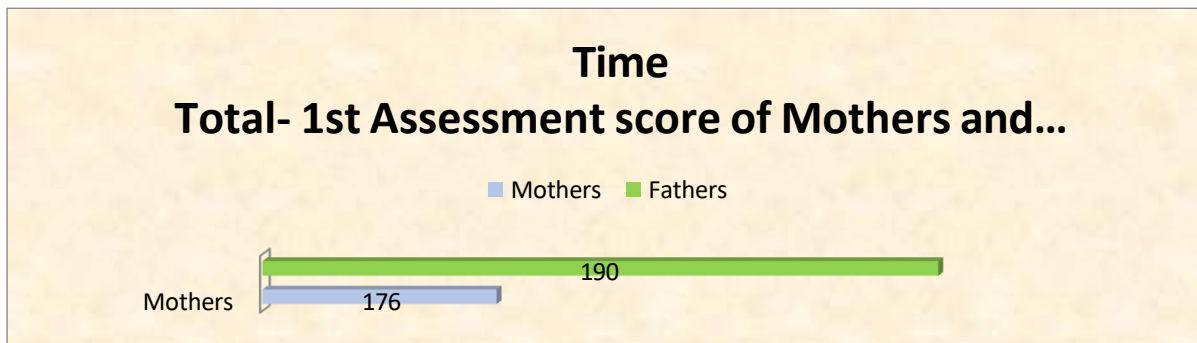
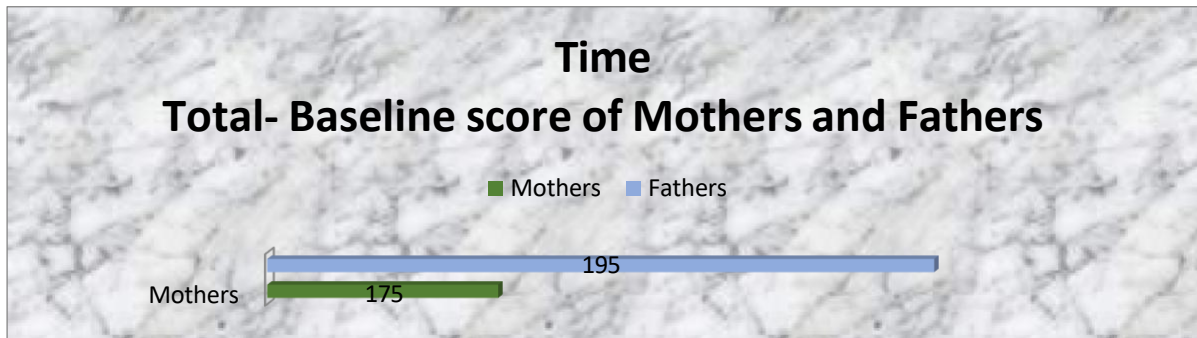


Figure 4.3.1: Graphical representation of Optimism from respondent characteristics.





4.3.2 Areas XV: Independence

Table 4.4 shows in detail about Information on responses of parents regarding the needs on Information condition

TABLE 4.3.2: Distribution of Parents by Independence

Areas XV	Fathers				Mothers			
	Baseline	%	1st Assessment	%	Baseline	%	1st Assessment	%
a. There are a lot of restrictions by the family on the individual to do things what the family members consider is the best for them.	23	10.90	23	11.85	30	17.96	30	17.96
b. In certain areas complete liberty is given to family members while in some areas restriction placed by the family.	38	19.68	36	18.55	58	34.31	62	37.12
c. Family members are given full liberty to achieve what they consider is best for them.	132	68.39	135	69.58	81	47.92	75	44.91

Area XV	19	100.	19	100.0	16	100.0	167	100.
Total:	3	0	4	0	9	0	0	0

The above table shows in detail about the majority of the parents in the Baseline i.e. 14.64% There are a lot of restrictions by the family on the individual to do things what the family members consider is the best for them. 26.51% were in certain areas complete liberty is given to family members while in some areas restriction placed by the family. 58.83% were Family members are given full liberty to achieve what they consider is best for them.

In the 1st Assessment of the parents 14.68% There are a lot of restrictions by the family on the individual to do things what the family members consider is the best for them. 27.14% were in certain areas complete liberty is given to family members while in some areas

restriction placed by the family.58.17% were Family members are given full liberty to achieve what they consider is best for them. The family efficacy in the Baseline in fathers score were 193 which is higher than that of the mothers. In the 1st Assessment in fathers score were 194 which is higher than mothers.

Figure 4.3.1: Graphical representation of Independence from respondent characteristics.

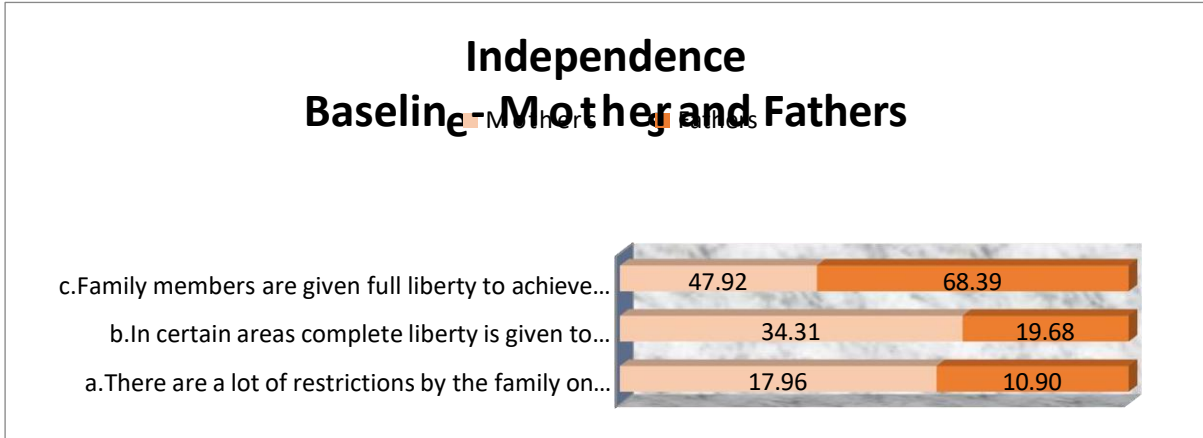
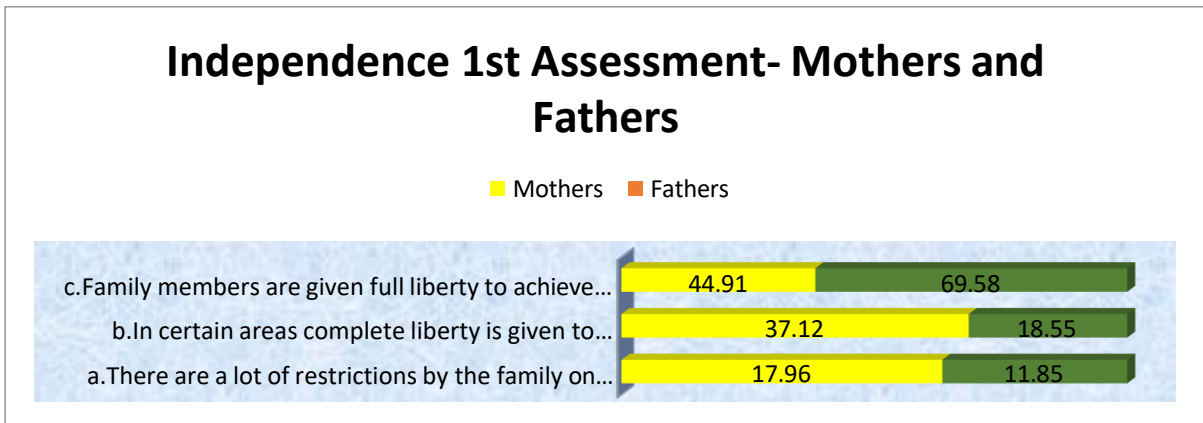
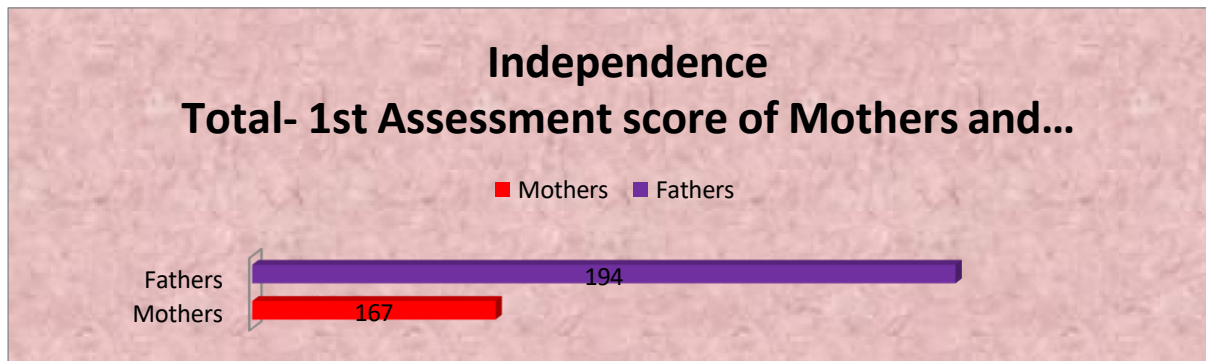


Figure 4.3.1: Graphical representation of Optimism from respondent characteristics.





4.3.17: Parents family efficacy profile in Baseline and 1st Assessment Table 4.3.17: Distribution of the total family efficacy profile of the parents

Areas	Fathers		Mothers	
	Baseline	1 st Assessment	Baseline	1 st Assessment
	Obtained score	Obtained score	Obtained score	Obtained score
1.SACRIFICE	190	192	201	196
2.FAITH IN GOD	172	204	192	191
3.FINANCIAL	153	154	163	165
4.VALUES	176	164	169	170
5.HEALTH	171	188	178	174
6.TRUST	150	184	169	167
7.ACCEPTANCE	171	185	270	268
8.CRISIS	161	171	167	165
9.SOCIAL SUPPORT	167	203	179	180
10.COMMUNICATION	159	164	172	170
11.ROLES & RESPONSIBILITIES	191	193	174	178
12.OPTIMISM	203	198	191	182
13.DECISIONS	190	188	184	182
14.TIME	195	190	175	176
15.INDEPENDENCE	193	194	169	167
GRAND TOTAL	2,642	2,772	2,753	2731

- Baseline: The above table shows in detail that the total scores in the Baseline of both the parents is that the total scores of the fathers were 26,42 and mothers score i.e. 2,753 and is higher than that of the Father in the Baseline.
- 1st Assessment:
 - The above table shows in detail that the total scores in the NIMH –FES) in the Family efficacy of the special needs of both the parents. Fathers has a higher score i.e. 2,772 scores in the 1st Assessment and by the fathers and 2731 by the mothers.

Summary

The study explored family efficacy in families of children with special needs, focusing on their collective strengths, challenges, and support

requirements. Data from 91 students and 182 parents revealed that each family operates under unique conditions and faces varied needs for intervention and support.

Findings show that Indian families, despite socioeconomic challenges, display strong resilience and coping abilities. Parents expressed needs in areas of communication, health, trust, social support, and shared responsibilities. The study also highlighted variations in family responses across domains such as sacrifice, faith, values, financial management, health, trust, acceptance, optimism, decision-making, and independence.

Quantitative analysis indicated differences between baseline and first assessment scores, with areas like Acceptance, Social Support, Trust, and Health showing higher endorsement in the first assessment. This suggests that families tend to improve efficacy when supported by structured interventions.

Overall, the results indicate that family efficacy in households of children with special needs requires intentional strategies—such as strengthening communication, accessing social support, and involving in family-based interventions. Acceptance emerged as the strongest domain, showing families' capacity to care for their members unconditionally.

CONCLUSION

Based on the findings, the following conclusions can be drawn:

1. Families of children with special needs demonstrate uniqueness in terms of values, coping strategies, and challenges.
2. Domains such as sacrifice, faith, financial stability, trust, acceptance, optimism, and decision-making play a central role in determining family efficacy.
3. Parents expressed the need for family interventions in areas such as health, trust-building, and resource management.
4. Comparative analysis showed that family efficacy scores in the first assessment were generally higher than in the baseline, confirming the study's hypothesis that interventions strengthen family functioning.
5. Programs such as family therapy, parenting workshops, and community-based initiatives can significantly enhance family efficacy by improving trust, communication, and collective problem-solving.

Thus, the study emphasizes that supporting families of children with special needs not only improves their immediate functioning but also contributes to long-term social and emotional well-being. Future research should focus on culturally sensitive, tailored interventions that build resilience and efficacy across diverse family contexts.

Limitations

The present study on family efficacy among parents of children with special needs faced several limitations:

1. A large number of questions sometimes created response fatigue.
2. Language barriers restricted free expression of views.
3. Limited exploration of external environmental factors.
4. Some parents were hesitant to ask for help.
5. Insufficient attention to diverse family structures.
6. Absence of a universally accepted scale to measure family efficacy.
7. Lack of a holistic framework to capture family efficacy as a collective concept

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