LEVEL OF ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS RESIDING IN JAMMU DISTRICT

A

DISSERTATION

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CERTIFICATE

This is to certify that **Mr. Virender Singh**, student of M.Ed., Semester IV, Session 2018-20, bearing Roll No. 1801008 has worked under my supervision for his dissertation entitled

"LEVEL OF ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS RESIDING IN JAMMU DISTRICT"

His dissertation is fit for submission, in partial fulfillment of the requirements for the award of the Degree of Master of Education.

DATE: **(Dr. Rohnika Sharma)**

SUPERVISOR

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"Thank you for planting the seeds of knowledge"

Teacher plants seeds of knowledge that grow forever but sometimes words are often too weak to express one's inner feelings and indebtedness to one's benefactors. The same difficulty hunts the investigator in panning down the deep sense of gratitude.

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TABLE OF CONTENTS

S.No.	Contents	Page No.
1.	Title Page	i
2.	Supervisor's Certificate	ii
3.	Acknowledgement	iii
4.	Tables of Content	v
5.	List of Tables	viii
6.	List of Figures	ix
7.	Appendix	x
8.	Abbreviations used	xi
9.	Abstract	xii

CHAPTER-I

INTRODUCTION

1.1	INTRODUCTION	1
1.1.1	Children with Special Needs	2
1.1.2	Anxiety	3
1.1.3	Levels of Anxiety	5
1.2	NEED AND SIGNIFICANCE OF THE STUDY	7
1.3	STATEMENT OF THE PROBLEM	7
1.4	OPERATIONAL DEFINITIONS OF THE KEY TERMS USED	8
1.5	OBJECTIVES OF THE STUDY	8
1.6	HYPOTHESES OF THE STUDY	9
1.7	VARIABLES CONSIDERED	9
1.8	DELIMITATIONS OF THE STUDY	10

CHAPTER-II

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION	11
2.2 STUDIES CONDUCTED ON ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS	12
2.3 CONCLUSION	19

CHAPTER-III

RESEARCH METHODOLOGY

3.1 INTRODUCTION	20
3.2 DESIGN OF THE STUDY	20
3.2.1 Variables	21
3.2.2 Method	21
3.2.3 Population	22
3.2.4 Sample	22
3.3 TOOL EMLOYED AND ITS DESCRIPTION	23
3.4 ADMINISTRATION OF THE TOOL	23
3.5 PROCEDURE	24
3.6 STATISTICAL TECHNIQUES USED	24

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION	28
4.2 RESULTS AND FINDINGS	27
4.2.1 Research Objective 1	27
4.2.2 Research Objective 2	27
4.2.3 Research Objective 3	28
4.2.4 Research Objective 4	29
4.2.5 Research Objective 5	30

CHAPTER-V

FINDINGS, CONCLUSION, EDUCATIONAL IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION 31

5.2 MAIN FINDINGS OF THE STUDY 31
5.2.1 Research Objective 1 31
5.2.2 Research Objective 2 32
5.2.3 Research Objective 3 32
5.2.4 Research Objective 4 32
5.2.5 Research Objective 5 33

5.3 CONCLUSION AND DISCUSSION 33
5.4 EDUCATIONAL IMPLICATIONS 33
5.5 SUGGESTIONS FOR FURTHER RESEARCH 35

SUMMARY 36
REFERENCES 51
APPENDIX 54

LIST OF TABLES

TABLE NO.	TITLE	PAGE NO.
3.1	Distribution of sample	23
4.1	To find the level of anxiety among parents of children with special needs.	26
4.2	To find the difference in the level of anxiety between male and parents of children with special needs residing in Jammu District.	27
4.3	To find the difference in the level of anxiety between parents of children with special needs falling in the age group of below 35 years and above 35 years.	28
4.4	To find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas.	29
4.5	To find the difference in the level of anxiety between literate and illiterate parents of children with special needs.	30

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE NO.
3.1	Distribution of the Sample	24

APPENDIX

APPENDIX *A Comprehensive Anxiety Test Prepared by Harish Sharma, Rajeev Bhardwaj and Mahesh Bhargava (2006)* is employed to determine the Level of anxiety among parents of children with special needs.

ABBREVIATIONS USED

CWSN	Children with Special Needs
DF	Degrees of Freedom
SPSS	Statistical Package for the Social Sciences
SD	Standard Deviation
SEM	Standard Error Mean

ABSTRACT

The present study attempts to examine level of anxiety among parents of children with special needs residing in Jammu District. Descriptive survey method is used for the collection of the data. The study is quantitative in nature and the sample consists of 50 parents of different age groups have been selected through stratified random sampling technique. In this study, standardized tool namely *A Comprehensive Anxiety Test Prepared by Harish Sharma, Rajeev Lochan Bhardwaj and Mahesh Bhargava is employed to determine the level of anxiety among parents of children with special needs*. The main objectives of the study is to find the level of anxiety among parents of children with special needs, to find the difference in the level of anxiety between male and female parents of children with special needs residing in Jammu District, to find the difference in the level of anxiety between parents of children with special needs falling in the age group of below 35 years and above 35 years, to find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas and to find the difference in the level of anxiety between literate and illiterate parents of children with special needs. Statistical techniques percentage and t-test have been employed for analyzing the data. The result of objective number one shows that out of 50 parents, no parent is having high or very high level of anxiety and the result of objective number fourth indicate that there is significant difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas and the rest of three objectives that is objective number second, third and fifth show that there is no significant difference among the selected variables, so, according to their mean values, here, is a need to improve the setup levels.

Key Words Used:

Anxiety, Level of Anxiety among Parents, Children with Special Needs

CHAPTER-I

INTRODUCTION

1.1 INTRODUCTION

Parenting is fulfilling, yet frustrating. It brings out the best and the worst in a person. Parents do everything, to raise their kids well and for it the first and foremost important thing is the kind of relationship a parent shares with the child – the better the relationship, the better the upbringing can be. So, there is a need to strengthen the parent child relationship.

Parenting is full time job with perks and challenges that grows as the child grows. The quality of the parent child relationship often provides the foundation for the child's development, which begins in infancy. Children develop attachment to those who pay attention to them and meet their needs. Therefore, when a child forms a healthy attachment to their primary caregivers, it suggests that the child's needs are being met, which then creates an environment that nurtures the child's physical, cognitive, emotional and social development.

In some cases, the parent may not have the skills and tool to meet their child's needs or they may feel overwhelmed and unable to manage their child's behavior. On the other hand, a child might not feel safe or cared for if their parent does not respond appropriately or consistently to their physical and emotional needs.

Research has shown that some young children who experienced trauma may have fewer and less severe trauma-related symptoms, if they have a healthy attachment with their primary caregivers; whereas, traumatized children without a healthy attachment are more likely to experience negative long-term effects of trauma.

Previous studies from many parts of the world have indicated that the presence of a child with special needs in the household is likely to trigger "psychological burden" among parent. Psychological burden often manifests as anxious and catastrophic thinking, as well as various somatic complaints such as breathing difficulty, pounding of heart and sweatiness of palms. These complaints have been encapsulated as symptoms of anxiety.

1.1.1 Children with Special Needs

The term special need is a catch-all phrase which can refer to a vast array of diagnoses or disabilities. Children with special needs may have been born with a syndrome, terminal illness, profound cognitive impairment, or serious psychiatric problems. Other children may have special needs that involve struggling with learning disabilities, food allergies, developmental delays, or panic attacks.

The designation "children with special needs" is for children who may have challenges which are more severe than the typical child, and could possibly last a lifetime. These children will need extra support, and additional services. They will have distinct goals, and will need added guidance and help meeting academic, social, emotional, and sometimes medical milestones. Persons with special needs may need lifetime guidance and support while dealing with everyday issues such as housing, employment, social involvement, and finances.

For children with special needs, early intervention is an important step towards helping the child fulfills his or her full academic, emotional, and social potential. Early intervention refers to a process during which the developmental abilities of the child are evaluated. If necessary, a program is developed that contain services (individualized on the basis of the child's specific needs) that will help to further enhance the child's developmental skills and encourage developmental growth.

Typically, families with special needs are on a lifetime journey that is both emotionally and financially challenging. Families of children with special needs may experience a myriad of emotions upon diagnosis, including anger, grief, loss, and denial. It is important to remember to be patient with yourself, as these emotions are a natural part of the process. With time comes acceptance, and then you and your family can focus on beginning the process of helping your child with special needs achieve their fullest potential.

If you feel frustrated, worried, or simply aren't sure of what to do next, we can provide assistance. Special Needs Planning offer a number of difference services to help you and your family navigate the financial, legal and other steps involved with planning for the future for your family and your child with special needs. If you have any questions or require more information, don't hesitate to contact us. We are here to help.

Parents always plan for perfect, healthy and normal babies. They never expect or think about disabled children. But if they confront with such situation in their lives, usually seen many emotional problems i.e., grief, loss, disbelief, guilt, rejection, helplessness, denial, sham, anxiety, anger and depression for a long period. All parents develop many expectations from their children according to the standard and established norms which set by a society or a family. Parents always feel proud when their child gets progress in life stages one by one progressively and constructively. Parents observe their child with pride as well as with anxiety when they do something thing new. But when child may not meet the experimental standard or deviate it. Family's crises begin, because every child's characteristics have an effect on a family. Transitions between infancy to adulthood have a strong impact on a family and if it is with a disabled child then parents usually suffered with more pressures, stresses and demands. In these situations, parents should learn how to deal with these crises. Parents have many dreams about their children and when a disabled child born, parents go through dramatic changes, a state of grieving that effect on parent's health, attitude, personality, priority, values & beliefs, along with it change their routine activities. It is commonly observed that if one child is disabled in family, parents usually suffer with different emotional and psychological problems.

Society considers parenting is a positive thing, but it views the birth of a disabled child negatively. This attitude by society produces stress among family members. The marital relationship may suffer excessively due to the stresses of guilt, shame, blame and anxiety. According to World Health Organization (WHO) as referred by Shahzadi (2001) about 10 % of the total population of developing countries is suffering from some sort of disabilities. There is a great need to identify at an early stage which parents are at poor mental health and facing psychological problems, so that successfully targeted those parents to modify their thinking style and living patterns. The purpose of this research was to aware the educated society, government and non-government agencies that work positively for the counseling, therapy, or rehabilitation of people having disabled children.

1.1.2 Anxiety

The word anxiety refers to the study of human behavior, characterized by feeling of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns.

Anxiety is common reaction to frustration. Any situation that threatens the well being of the organism is assumed to produce a state of anxiety. By anxiety I mean the unpleasant emotions characterized by the term tension, worry, apprehension or fear that we experience at times in varying degree.

Webster defines, “Anxiety refers to a subjective experience of the individuals a painful uneasiness of the mind”.

The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure."

Anxiety is a general feeling of uneasiness that is experienced when one engage in activities or things that violate the internalize values of the superego. In other words anxiety is a painful uneasiness of mind concerning anticipated or impending ill. It represents a danger or threat within the individual rather than an external danger.

Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings. Knowing the difference between normal feelings of anxiety and an anxiety disorder requiring medical attention can help a person identify and treat the condition.

The danger causes a rush of adrenalin, a hormone and chemical messenger in the brain, which in turn triggers these anxious reactions in a process called the "fight-or-flight' response. This prepares humans to physically confront or flee any potential threats to safety.

For many people, running from larger animals and imminent danger is a less pressing concern than it would have been for early humans. Anxieties now revolve around work, money, family life, health, and other crucial issues that demand a person's attention without necessarily

requiring the 'fight-or-flight' reaction. The APA describes a person with anxiety disorder as "having recurring intrusive thoughts or concerns." Once anxiety reaches the stage of a disorder, it can interfere with daily function.

While a number of different diagnoses constitute anxiety disorders, the symptoms of generalized anxiety disorder (GAD) will often include the following:

- restlessness, and a feeling of being "on-edge"
- uncontrollable feelings of worry
- increased irritability
- concentration difficulties
- sleep difficulties, such as problems in falling or staying asleep

While these symptoms might be normal to experience in daily life, people with GAD will experience them to persistent or extreme levels. GAD may present as vague, unsettling worry or a more severe anxiety that disrupts day-to-day living.

1.1.3 Levels of Anxiety

There are different levels of anxiety:

Mild anxiety

Generally speaking, mild anxiety is the type that most of us experience on a day-to-day basis during certain situations. You may have an uneasy feeling in your stomach, and you may feel your pulse increase slightly. But anxiety at this level can also be beneficial, as it can help you to focus and increases your alertness.

Moderate anxiety

Moderate anxiety is similar to mild anxiety but can become more severe and overwhelming, making you feel more nervous and agitated. Moderate anxiety can mean you place your complete attention on the thing or situation that's making you feel anxious and ignore everything else around you. You may start to experience stronger physical and emotional anxiety symptoms such as muscle tension, sweaty palms, a shaky voice, back pain and changes in your sleep pattern. Emotionally you may feel more sensitive and excited than normal, and you may also feel less confident.

Severe anxiety

Severe anxiety is the highest level, when you stop being able to think rationally and experience severe panic. You may feel afraid and confused, agitated, withdrawn and you may also find it difficult to think clearly. Your breathing may quicken and you may start to perspire while your muscles will feel very tense.

There are also several anxiety disorders, including generalized anxiety disorder (GAD). Unlike being anxious about a specific thing or situation, GAD is when you feel anxious about lots of different issues, often for no good reason.

Post - traumatic stress disorder (PTSD)

Post - traumatic stress disorder (PTSD) is a specific type of anxiety, where you feel very stressed or fearful about something traumatic that's happened to you, such as an accident or violent assault. Military personnel can experience PTSD after being in combat, for instance.

Panic disorder

Panic disorder is when you have panic attacks on a regular basis. A panic attack can make you feel nauseated, sweaty, shaky and lightheaded, and you may feel your heart beating very quickly or irregularly (palpitations). They may not be harmful in a physical sense, but panic attacks can be very frightening.

Phobias

Phobias are also a type of anxiety disorder. You may have a phobia when you have an overwhelming or exaggerated fear of something that normally shouldn't be a problem. Depending on what type of phobia you have, it can seriously affect your daily life as well as cause a great deal of distress. Social anxiety disorder – or social phobia – is a type of phobia where you have an intense fear of social situations.

1.2 NEED AND SIGNIFICANCE OF THE STUDY

Human anxiety is a complex thing. We are all interested in understanding it. We want to know why we act and react as we do. Why do we feel afraid, bad or happy? Some of us are quick in doing things, while others take time before they do any task. Many such questions arise in our minds, because we want to understand human nature, behavior and experience. The parents of children with disabilities develop 'chronic sorrow' characterized by periodic recurrence of sadness, guilt, shock and pain. They are plagued by feelings of pessimism, hostility, and shame. Denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are some of the usual parental reactions. Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt, whereas others go through periods of disbelief, depression, and self-blame. The siblings also experience feelings of guilt, shame, and embarrassment. For that there is a need to assess the level of anxiety among parents of children with special needs. Thus the study of anxiety enables us to answer these questions in a scientific manner.

1.3 STATEMENT OF THE PROBLEM:

The researcher has gone through various studies and found that very less study have been conducted to study the Level of anxiety among parents of children with special needs. So, the statement of the problem is given below:

"LEVEL OF ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS RESIDING IN JAMMU DISTRICT"

1.4 OPERATIONAL DEFINITIONS OF KEY TERMS USED

In the present study the following key terms are being used and they have been operationally defined as:

ANXIETY

In the present study, the term anxiety refers to the study of human behavior, characterized by feeling of tension among parents of children with special needs. The study tends to examine the anxiety among parents who are blessed with special children and they often have the feeling of worry, nervousness, or unease about something with an uncertain outcome.

LEVEL OF ANXIETY

In the present study, level of anxiety refers to degree of stress such as mild, moderate, severe, post-traumatic stress disorder, panic disorder, phobia among parents of children with special needs. When parents of special children regularly feels disproportionate levels of anxiety, it might become a medical disorder. Anxiety disorders form a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension, and worry

CHILDREN WITH SPECIAL NEEDS

In the present study, children with special needs refer to mentally retarded, physically handicapped, visual impaired, hearing impaired children. Any of various difficulties (such as a physical, emotional, behavioral, or learning disability or impairment) that causes an individual to require additional or specialized services or accommodations (such as in education or recreation).

1.5 OBJECTIVES OF THE STUDY

Following are the objectives of the present study:

1. To find the level of anxiety among parents of children with special needs.
2. To find the difference in the level of anxiety between male and female parents of children with special needs residing in Jammu District.
3. To find the difference in the level of anxiety between parents of children with special needs falling in the age group of below 35 years and above 35 years.
4. To find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas.
5. To find the difference in the level of anxiety between literate and illiterate parents of children with special needs.

1.6 HYPOTHESES OF THE STUDY

1. The parents of children with special needs have high level of anxiety.
2. There will be significant difference in the level of anxiety between the male and female parents of children with special needs residing in Jammu District.
3. There will be significant difference in the level of anxiety between the parents of children with special needs falling in the age group of below 35 years and above 35 years.
4. There will be significant difference in the level of anxiety between the parents of children with special needs belonging to rural and urban areas.
5. There will be significant difference in the level of anxiety between the parents of children with special needs belonging to rural and urban area.

1.7 VARIABLES CONSIDERED

Independent variable

- Gender-Male/Female.
- Locality-Rural/Urban.
- Age of parents-below35years and above 35 years.

Dependent variable

- Anxiety level of parents of children with special needs.

1.8 DELIMITATIONS OF THE STUDY

1. The present study was confined only to the parents of children with special needs.
2. The present study was restricted only to 50 parents of special children.
3. The present study was confined to the parents of children with special needs residing in Jammu district only.

CHAPTER-II

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

Human knowledge has three phases: preservation, transmission and advancement. Practically all human knowledge can be found in books, journals and papers. By building upon the accumulated and recorded knowledge of the past, man constantly adds to the vast store of knowledge which makes possible progress in all areas of human endeavor. The investigator can ensure whether considerable work has already been done on topics which are directly related to his proposed investigation.

Research adds to knowledge. Knowledge has to build upon that which already exists. A brief summary of previous research and writing of well-known experts provides proof that an acquaintance has been established with the already investigated theories and ideas.

"The orientation provided by the survey of the related research is helpful in making a straight statement of need for the investigation avoiding two extreme claims or boastfulness."

The review of related literature is a crucial aspect of the study. Such a survey not only helps the investigator in avoiding the duplication of work but also help the investigator with regard to method followed, devices of data collection, analysis of data and conclusions arrived at the similar types of studies. The knowledge of the areas already covered helps the researcher in having a good foundation and thereby adding something new to the existing quantum of knowledge.

"The key to the vast store of published literature may open doors to sources of significant problem of explanatory hypothesis and provide helpful orientation for definition of the problem, background for selection of procedures and comparative data for interpretation of results."

2.2 STUDIES CONDUCTED ON ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS

The following studies conducted among children with special children to reach certain meaningful conclusions

Vaccari, & Marschark(1997) conducted a study which shows parent-child communication plays a central role in social growth, as it does in other domains of development. Over 90 % of deaf children, however, have hearing parents who frequently do not have a fully effective means of communicating with them. This paper examines the role of effective parent-child communication in the social and emotional development of deaf children.

Horsch, Weber et.al.(1997) conducted a study which compared the stress experienced by parents of children with cochlear implants with that experienced by parents of deaf children and hearing children. It was found that the parents of deaf children were found to experience greater levels of stress than parents in the other two groups. Thus the parents of children with cochlear implants experience about the same level of stress as parents of hearing children.

Hintermair (2000) conducted a study which shows thatParents who frequently meet with other parents show evidence of a warm, accepting, trusting relationship with their child. Parents who have many contacts with hearing-impaired adults show evidence of a strong sense of competence in regard to their child's upbringing and thus less stress and other psychological distress.

Veison and Marika (2001) done research on parents of disabled children. In this study 89 mothers and 49 fathers of disabled children were questioned and the result was compared with Estonian norms. A five factor personality inventory in the Estonian language was used. The result showed that mothers of disabled children had significantly lower Extraversion, Openness and higher Neuroticism than the norms for Estonian women. The result demonstrated that fathers

of disabled children were significantly lower in Extraversion and Openness, but significantly higher in Conscientiousness than indicated in the norms for men.

Luterman (2004) conducted a study on parents of special children to examine that whether they are socializing enough or they prefer to remain in isolation. The findings of the study show that parents of child with multiple disabilities struggle with feelings of isolation and alienation from mainstreaming programs for children who are deaf or hard of hearing. They also have the burden of trying to find a suitable program and dealing with a large array of professionals.

Russ, Kuo, et. al., (2004) conducted a study which shows that parents need greater support both during the testing of screening failures and at the time of diagnosis. Parents need information regarding the strategies to enable hearing aid wearing in very young children. More specialized approaches for additional medical, developmental and behavioral problems needed.

Zaidman-Zait, A., & Most, T. (2005) conducted a study on Mothers which shows mothers expressed relatively high expectations from the child's outcomes following cochlear implantation as well as an understanding of the demanding nature of the (re)habilitation process. Higher stress levels in the mothers were due to more communication difficulties with their hearing impaired children.

Burger, T.Spahn, C., et. al. (2005) Childhood hearing impairment may lead to parental psychosocial stress. The present study investigated whether modifications in parental psychic state can be ascertained in connection with the child's treatment events and the child's hearing and speech status. In the course of the child's treatment, parental quality of life improved from a low to a normal level.

Hoover-Dempsey, K.V., Walker, J.M.T., et.al. (2005) The authors offered a model of parental involvement process that focused in their child's education and other management and how their involvement influences their child's outcomes. The results showed a positive outcome with parent's involvement.

Zaidman-Zait (2007) Conducted a study on various sources that had influence on parents' coping experience, associated with social contextual aspects (professionals support, sharing experiences with family or friends, intervention services), with parent himself or herself (e.g.

tak+ing action, personal resources) and with the child (child characteristics, identifying progress and success).

Fitzpatrick, Graham et.al. (2007) conducted a study which shows that parents strongly support infant hearing screening and identify benefits that are not easily quantifiable through traditional clinical measures. Reason behind this support found to be that the screening will led to proper and early intervention and management of the child and in turn reduces the stress, anxiety and other challenges in child and parents as well in terms of the overall health of the child.

Asberg, K. K., Vogel, J.J., et.al. (2008) Parenting stress has been linked to negative outcomes for both parents and children, including poor attachment, behavior problems, less positive parent–child interactions, and marital dissatisfaction.

Gonca Bumin (2008) investigated the relationship among anxiety and depression with quality of life in mothers with disabled children in his research. The study was performed three rehabilitation centers in Ankara. One hundred and seven disabled children's mother included in the study. Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI) and Nottingham Health Profile. Part -1 (NHP) were used to assess depression, anxiety and quality of life of mothers. The assessment was performed during children's treatment rehabilitation centre. The mean score on the BDI was found 14.22 and on SAI 41.95 and on TAI it was found 47.27. Result revealed that there was a significant correlation between BDI and TAI (r: 0.348, p0.01). The findings of this study indicated that mothers with disabled children have anxiety and depression. Increased depression and anxiety level affected badly the quality of life of mothers.

Leung & Li-Tsang (2008) conducted a study to examine the Social relationships and environmental domains of QOL differed significantly between the parents with disabled child and parents with children without disability. The result of the study revealed that the difference increases with more severity of the problem of children. Parents' physical and psychological well-being might directly affect their children.

Dempsey & Keen (2009) conducted a study to examined the relationship between parent stress and parenting competence and family-centered support. The findings of the study revealed that the proper management as well as need of counseling and other family supports were related to reducing parent stress and competence.

Fadda (2011) conducted a study to examine the psychological aspects experienced by the families of children who get cochlear implants starting from the identification of deafness until the implantation done. An improvement of parental behavior was observed after the implantation. Parents themselves maintain that specialized psychological support is fundamental during all stages connected to CI and more generally to the overall development of their child.

Rohini (2012) conducted a study on parents of special children takes a heavy toll on the physical and mental health. This invariably leaves the parents in a state of increased anxiety, stress, restlessness and impatience. After the positive therapy, there was a significant increase in the mean quality of life from Moderate to High.

MdDaud, Noor, et.al. (2013) conducted a study to assess the differences between the coping strategies of the mothers and fathers with hearing-impaired children. There were gender differences in the coping strategies among parents with hearingimpairedchildren.These are important factors that should be considered when counseling and establishing support groups for the parents of these children.

Plotkin, Brice, et. al. (2014) conducted a study which examined the impact and predictive ability of parental personality and perceived stress on behavior problems of their deaf child. Results suggest a complicated interaction between parent personality and stress related to child adjustment, with implications for professionals working with parents of deaf children.

Gurbuz, Kaya, et. al. (2013) conducted a study on mother's and father's anxiety level and find out that mothers were more anxious and neurotic, and their anxiety levels were correlated with neuroticism. Mothers' and fathers' anxiety levels were significantly decreased after cochlear implantation. We did not find statistically significant correlation between anxiety levels and socio-demographic characteristics of mothers, but the results were slightly different for fathers.

Abbas, Rafique, et.al. (2013) conducted a study to find out any difference between maternal and paternal level of stress variables. It was conducted in parents of hearing impaired children from a government special school and found that the mother has greater stress levels than father.

Kobosko, Geremek-Samsonowicz, et. al. (2014) The mental health of parents of the deaf Cochlear implant using children indicates that both mothers and fathers have problems in this sphere related to their child's deafness, but not to the duration of child's CI use.

VanDriessche, Jotheeswaran, et.al (2014) Parents of children with hearing impairment are at increased risk of mental health morbidities. After adjustment, low educational attainment and domestic violence were found to be associated with caregiving strain, whereas dissatisfaction with social support from family, behavioral problems in children, and domestic violence strongly predicted psychological morbidities.

Noohi, Amirsalari et. Al. (2014) Depression and anxiety in mothers of children with profound sensorineural hearing loss have a high incidence and psychological complications must be considered substantially in mothers of children with hearing disorders.

Carlsson, Hjaldahl, et.al. (2014) The study indicated greater levels of anxiety and depression among patients with severe or profound hearing impairment than in the general population, and also had negative impact on their quality of life.

Zaidman-Zait, Most et.al. (2015) examined differences in parenting stress and personal (i.e., acceptance of the child who is deaf or hard of hearing and parents' sense of parenting self-efficacy) and social (i.e., formal and informal social support) coping resources between mothers and fathers of children who are deaf or hard of hearing in the Arab sector in Israel. Mothers reported significantly higher self-efficacy.

Flaherty (2015) conducted a study which showed that at the time of diagnosis of deafness, the challenges faced by hearing parents while taking crucial decisions, including choice of oral or sign language, mainstream or special deaf education, and identity with the hearing or Deaf community.

Oluremi D. (2015). Investigated theissues of disabilities in the children shake the families and serve as sources of severe psychological disruption to family adjustment. The parents of such children live with many difficult issues and frequently experience trauma, grief and stress. Intervention programmes are necessary part of the process involved in supporting families with children with special needs.

Ebrahimi, Mohammadi, et al. (2015) conducted a study which showed that majority of mothers with deaf children were scorned and felt ashamed of having a deaf child in the family because of the social stigma. It was emphasized that it is necessary to consider the emotional health and psychological state of the mothers in addition to rehabilitation programs and standard services for the children themselves.

Sciberras&Grima (2015) conducted a study to examine the quality of life of parents with hearing loss children and parents with children without hearing loss. Quality of life scores were marginally higher for parents whose gap between the day of diagnosis and the interview date was more than 24 months when compared to parents whose gap was 24months or less. Also the findings suggest that there was slight difference (though not significant) in QOL of parents with hearing loss children and parents with children without hearing loss.

Ekim & Ocakci (2016) conducted a study which showseffective parenting is vital for intellectual, physical, social, and emotional development of a child. Deaf children can become successful adults with the help of their parents. Our results regarding parenting dimensions will be a guide for future nursing interventions planned to develop the relationships between deaf children and their parents

Dirks, Uilenburg et. al., (2016) conducted a study to examine parental stress in parents of toddlers with moderate hearing loss compared to hearing controls. Parents of toddlers with moderate hearing loss experience no more parental stress than parents of hearing children on average. Given parental stress was found to be related to poorer child functioning, early interventionists should be aware of signs of elevated stress levels in parents.

Sreedhar & Reddy (2016) conducted a study to assess the psychological and social needs of children with mute and hearing impairment and address the mental health issues by providing psychological intervention. This will result in good parent child interactions and reduce parental psychological issues.

Manhas & Gupta (2016) conducted a study to highlighted the factors contributing to increased levels of parental stress and understanding and exploring the corrective or remedial action for reducing the incidence of stress. The literature reviewed the prevalence of hearing impairment in

India and also demonstrated the parents of special children experience higher level of stress requiring some additional coping resources.

Mehmat M. (2019) conducted a psychological study to examine the levels of post-traumatic stress, depression and anxiety in Syrian parents who live in refugee camps.This descriptive and correlation study was conducted using the Child Post-Traumatic Stress Reaction Index (CPTS-RI), the State-Trait Anxiety Inventory for Children-Trait Form (STAIC-Trait Form) and the Children's Depression Inventory (CDI). The study sample included Syrian refugee parents. The study findings revealed that refugee parent's anxiety about their children's physical and psychosocial health problems and experience a high level of post-traumatic stress, depression and anxiety.

Mahomad K. (2019) A clinical study was to investigate the correlates of psychological distress among parents who have children with psychological problems in Jordan A descriptive correlational design was utilized. A total of 228 parents recruited from seven centers serving children with psychological problems completed the study. The outcome variables were measured using the demographic questionnaire, the Multidimensional Scale of Perceived Social Support, and a psychological distress scale (Kessler 6 instrument More than half of the parents in this study had severe levels of psychological distress. Parental psychological distress was significantly correlated with marital status, employment, and the type of childhood psychiatric disorder. Social support was significantly and negatively correlated with psychological distress among parents ($r = -0.58; p < 0$) Tailoring specific interventions to support these parents is necessary considering the specific variables identified in the current study.

Elizabeth (2019) conducted a study aimed to determine whether parents' anxiety decreased after coloring while their child is in surgery. A block randomized controlled trial was conducted with a convenience sample of 106 parents of children who were having a scheduled surgery. Each day of data collection was randomized where all parents enrolled that day would either color a pre-drawn art template for 30 min or would simply wait in the waiting room for 30 min. The primary outcome measure was anxietymeasured by the 6-item short form of the Spielberger State Trait Anxiety Inventory (STA). Parents' average anxiety score decreased from the initial measurement to the measurement 30 min later in both the control group and the intervention

group. The reduction in anxiety was significantly greater for those parents who participated in coloring during their wait ($p < 0.0001$). Coloring is a creative, simple, low cost, and effective activity to reduce anxiety among parents in a pediatric surgical waiting area.

Verhey & Kuper (2019) conducted a study on depression and anxiety in parents of children with intellectual and developmental disabilities. The results indicate elevated level of depressive symptoms amongst parents of children with IDD. The meta analysis demonstrated effect sizes for elevated depression amongst parents of children with autism and cerebral palsy.

2.3 CONCLUSION

Above quoted review of related literature, acquaint with current knowledge in the field in which he/she is going to conduct his/her research. By reviewing, the related literature the researcher avoided unfruitful, useless problems in the areas. She selected those areas in which positive findings are very likely to add result and his endeavor would be likely the knowledge in a meaningful way.

The review of related literature, guided the researcher up to data work viz, stating objectives and hypotheses which others have done and thus to state the objectives clearly and concisely. The review of related literature gave the researcher an understanding of the research methodology which refers to the way the study is to be conducted. It also helped the researcher with regard to methods followed, devices of data collection, analysis made, pre-requisite which is necessity before conducting any sort of research work.

CHAPTER-III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research is an endless quest for knowledge and an unending search for truth. It brings to light new knowledge or corrects previous errors and misconception and adds in an orderly way to the existing body of knowledge. The knowledge obtained by research is scientific and objective and is a matter of rational understanding, common verification and experience.

“Research is considered to be the more formal systematic and intensive process of carrying on the scientific method of analysis. It involves a more systematic structure of investigation usually resulting is some sort of formal record of procedure and a report of results in the conclusion”.

“Research is an honest, exhaustive, intelligent searching for facts and their meanings or implications with reference to a given problem. It is the process of arriving at dependable solutions to problems through the planned and systematic collection, analysis and interpretation of data. The best search is that which is reliable, verifiable and exhaustive, so that it provides information in which we have confidence” (Cook).

The present chapter throws light on the research methodology being adopted for the present study. Here research objectives and designs of the study that is sample for the study and selection of the research instrument are discussed. Methods for the collection of the data and statistics for analyzing the data have also been discussed.

3.2 DESIGN OF THE STUDY

The design of the study is actual the blue print of the procedure for the completion of various research steps and thus reaching valid conclusions. A well-conceived, adequately planned and executed design helps greatly in permitting to rely both on observations and influences. A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. It is the overall frame of the research that stipulates the researcher what information is to be corrected from which source and trough what procedure. Research methodology discusses the method which has been followed to conduct the study.

3.2.1 Variables

A variable is defined as anything that has a quantity or quality that varies. The dependent variables represent the output or outcome whose variation is being studied. The independent variables represent inputs or causes. An independent variable is believed to affect the dependent variable. Thus, the values of dependent variables depend on the values of independent variables.

In the present study independent and dependent variables were

Independent variable

1. Gender-Male/Female.
2. Locality-Rural/Urban.
3. Age of parents-below35years and above 35 years.

Dependent variable

Anxiety level of parents of children with special needs.

3.2.2 Method

Selection of research method is of almost importance in the research process. It refers to the general strategy followed in collecting and analyzing the necessary data for solving the problems. The research method are generally classified.

Descriptive Historical Experimental

Descriptive Research

In the present study, the researcher has used the descriptive method of research. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of a phenomenon and wherever possible to draw valid general conclusion from the facts discovered. They are restricted not only to fact findings but may often result in formulation of important principles of knowledge and solution of signification problems concerning local, state, national and international studies.

3.2.3 Population

The population of the study includes all the parents of children with special needs residing in Jammu district.

3.2.4 Sample

Sampling is the process by which a relatively small number of individual or measures of the individual objects or events is selected and analyzed in order to find out something about the entire population from where it was selected. In any scientific investigation, sampling plays an important role. It gives accuracy, reduces cost, bring speed and increase scope.

A purposive sampling technique is employed for selecting the sample. The participants consisted of 50 parents whose children were studying in 6 different special schools in Jammu District (See Table 1).

Table 1

Sample Distribution

Total Sample	**50**
Male	25
Female	25
Below 35 years	25
Above 35 years	25
Rural	25
Urban	25
Literate	37
Illiterate	13

3.3 TOOLS EMPLOYED AND IT'S DESCRIPTION

A comprehensive anxiety test prepared by Harish Sharma, Rajeev Lochan Bharadwaj, and Mahesh Bharagava is employed to determine the level of anxiety among parents of children with special needs.

The scoring of the anxiety test is very easy and of quantitative nature. The test can be scored accurately by hand and no scoring or stencil key is needed. Each item of the test is answered either by 'Yes', or by 'No'. The response indicated as 'Yes' should be awarded the score of one and zero for 'No'.

3.4 ADMINISTRATION OF THE TOOL

The investigator visited the randomly selected special schools personally with the selected tools for the collection of the data. First of all, the investigator approached for permission for data collection from the heads of the institutions and the purpose of conducting test was explained to them. The tool was administered in the classrooms with the involvement of parents

The parents of different age groups were selected randomly by the investigator and rapport was developed with them. An attempt was made to explain the purpose of the study to the parents. The parents were informed that their responses will be kept confidential and therefore, they should be frank, honest, bold and sincere while responding to items of the tool. After giving the necessary instructions, the researcher distributed copies of the tool. Every attempt was made by the researcher to remove doubts and difficulties of the sample group.

The parents were directed to read the statement of the questions one by one and gave the answers in the form of yes or no for the respective statements. After filling up the responses by the parents, the copies were collected back. In this way, the tool was administered in all the special schools included in the sample and the data was collected.

3.5 PROCEDURE

Phase 1

In the first phase, the researcher selected specials schools of Jammu District and prepared a preliminary draft of the tool for collecting the data for the study. The researcher undertook the review of related literature. The researchers conducted in the given research area were scanned vis-à-vis the problem at hand so as to get a holistic view of the field and topics of the study.

Phase 2

This phase was concerned with the drafting, finalization and the tuning of the tool to be utilized for the present study, At this stage, the sample details were finalized and the selected specia schools were identified. Further schedule of the data collection was finalized.

Phase 3

The data regarding anxiety among parents among their children with special needs was collected from the Jammu District.

Phase 4

In the final phase, the researcher used an appropriate technique to analyze out the final result. This was followed by report writing and consolidation.

3.6 STATISTICAL TECHNIQUES EMPLOYED

In order to analyze the data, percentage and t-test have been employed.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION

One of the most important steps in any research project is the organization of analysis and interpretation of data. The tabulated data has no meaning unless it is analyzed and interpreted by some suitable statistical technique so as to arrive at significant conclusion.

Data analysis and interpretation is very significant for any research study as it establishes linkages between data collected through several sources using techniques. It is the process of systematically applying statistical and logical techniques to describe, illustrate, condense and evaluate the data (Shamoo and Rensik,2003).

Analysis of data means studying the tabulated data in order to determine inherent facts or meanings. It involves the breaking up of the complex factors into simpler parts and putting them together for the purpose of the interpretation. The interpretation of data helps the investigator to analyze the same problem or the related problem with appropriate statistical techniques without wasting their labour. After the collection of data, it must be carefully edited, systematically analyzed, intelligently interpreted and rationally concluded.

The purpose of interpretation is necessary to know – what do the results show? What do they mean? What is their significance, etc. So, the interpretation is considered to be the most important step in the total procedure of research.

The research data was obtained by sequential mixed method (Teddlie, & Tashakkori,2009). The first stage data was collected by administering the C.A Test questionnaire and fallowed by interviews. The C.A Test questionnaire was filled by the parents of children with special needs.

4.2 RESULTS AND FINDINGS

The resulting data has been analyzed using statistical technique namely Mean and 't' test.

4.2.1 Research objective 1

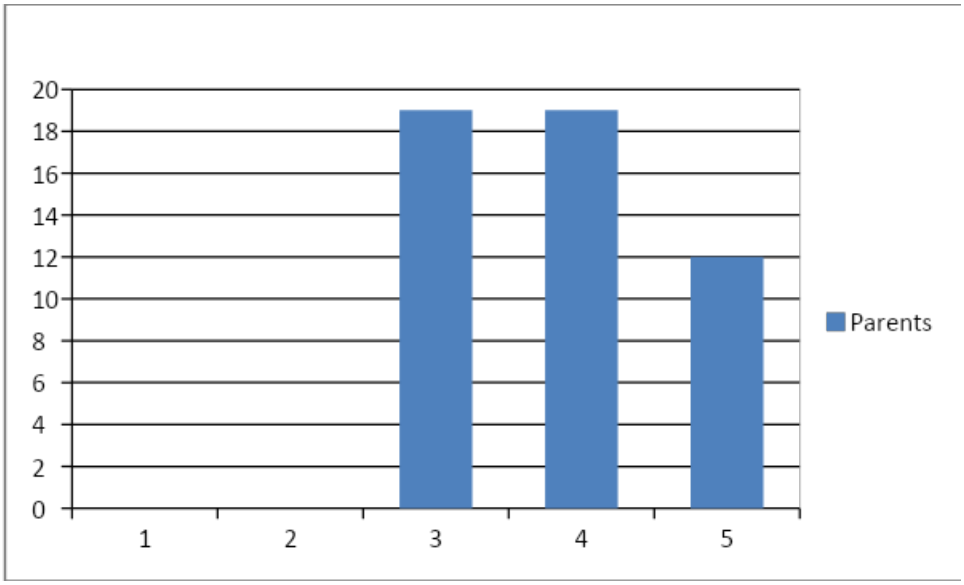
To find the level of anxiety among parents of children with special needs.

TABLE 4.1

S. No.	Categories	Percentiles	Percentage
1.	Very High	80+	
2.	High	70	
3.	Average	40-60	38%
4.	Low	16-30	38%
5.	Very Low	Up to 15	24%

The table 4.1 shows five categories of anxiety level (very low to very high) in which the parents who are having up to 15 percent of anxiety comes under the category of very low anxiety level , from 16-30% comes under low anxiety level, from 40-60% have average anxiety, 70-80% are having high anxiety.

The table further shows that there were 24% parents who were having very low anxiety, 38% of the total sample are having low level of anxiety and 38% are having average level of anxiety. Out of these 50 parents it is founded out that no parent is having high or very high level of anxiety. Thus our null hypothesis is rejected.



4.2.2 Research Objective 2

To find the difference in the level of anxiety between male and female parents of children with special needs residing in Jammu District.

TABLE 4.2

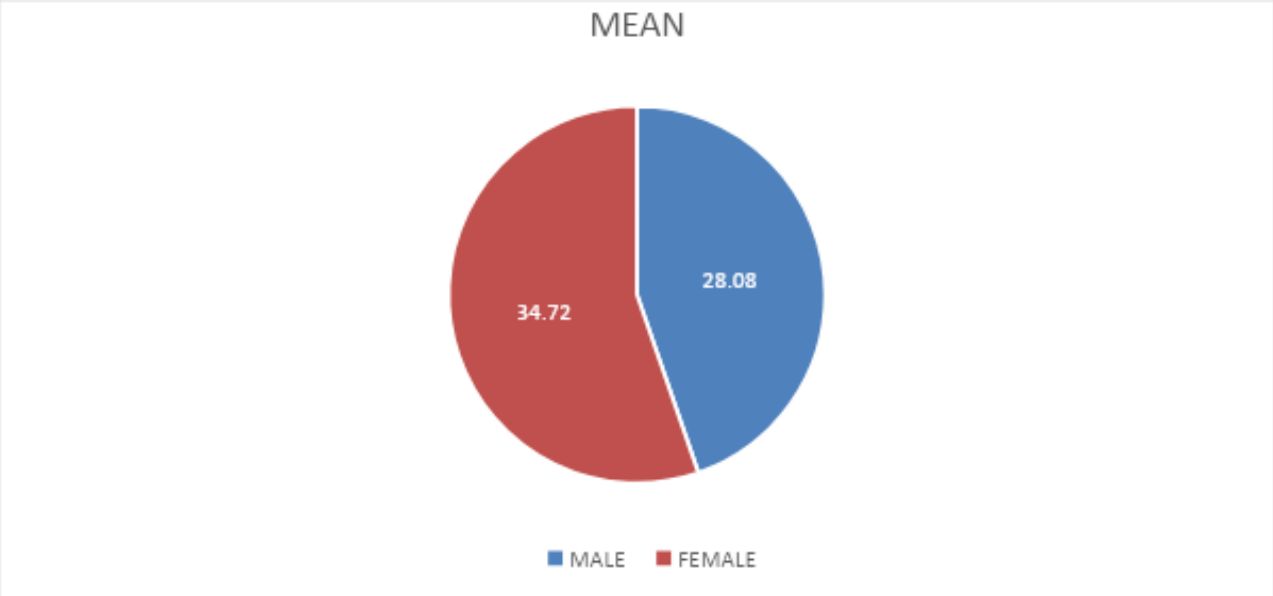
Values of Mean, Standard Deviation and t-Value for male and female parents of special children.

	Gender	N	Mean	Std. Deviation	Std. Error Mean	Df	t	Level of significance

Anxiety	Male Female	25 25	28.0800 34.7200	15.76896 16.03777	3.15379 3.20755	48	1.476	Not significant

Table shows that the mean value of scores for male and female respondents lies between28.08 and 34.72, the value of standard deviation was 15.77 and 16.04. further the t-test comes to 1.476 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs. Thus the level of anxiety between male and female parents do not differ statistically from each other. So the null hypothesis is rejected.

Pie chart depicting the classification of parents of special children on the basis of gender.



4.2.3 Research Objective 3

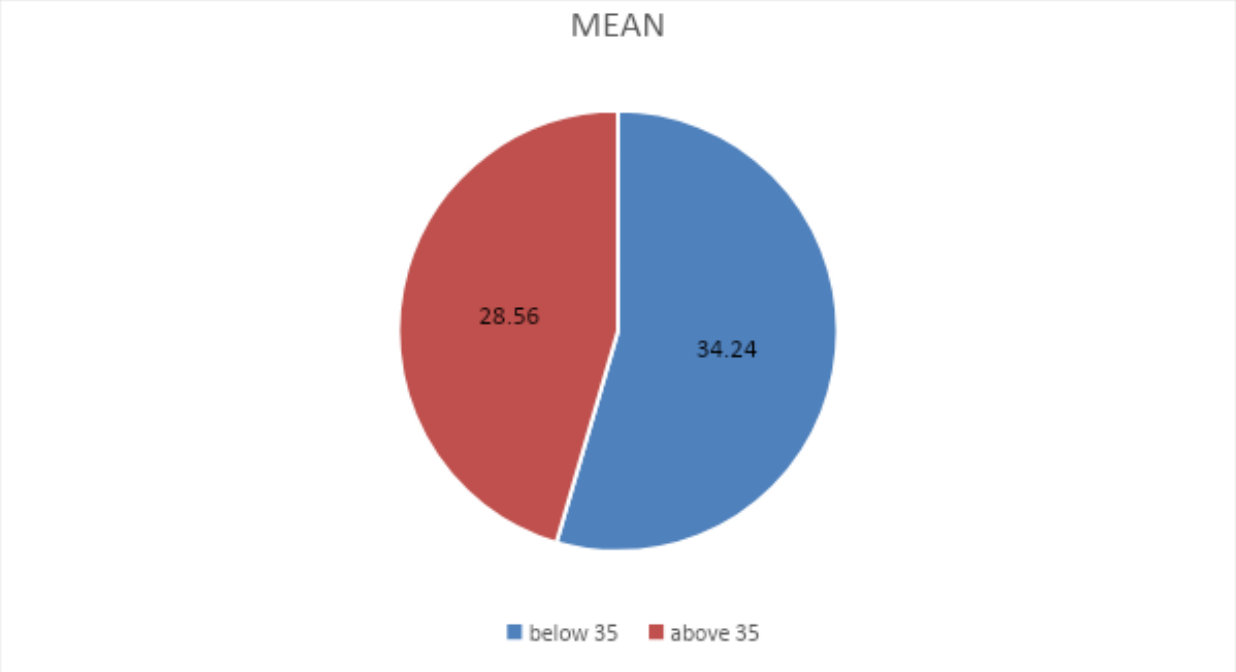
To find the difference in the level of anxiety between parents of children with special needs falling in the age gro
35 years and above 35 years.

Table 4.3

	Age	N	Mean	Std. Deviation	Std. Error Mean	df	t	Level of significance
Anxiety	below 35	25	34.24	13.803	2.761	48	1.255	Not significant
	above 35	25	28.56	17.931	3.586			

Table shows that the mean value of scores for parents falling in the age group of below 35 years and above 35 years lies between 34.24 and 28.56, the value of standard deviation was 13.8 and 17.93. Further the t-test comes to 1.255 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs falling in the age group of below 35 years and above 35 years.
Thus the level of anxiety between parents falling in the age group of below 35 years and above 35 years do not differ statistically from each other. So the null hypothesis is rejected.

Pie chart depicting the classification of parents of special children on the basis of their age that is parents above 35 years and below 35 years.



4.2.4 Research Objective 4

To find the difference in the level of anxiety between parents of children with special needs belonging to rura areas.

Table 4.4

	Area	N	Mean	Std. Deviation	Std. Error Mean	df	t	Level of significance
Anxiety	Urban	25	26.76	16.736	3.347	48	2.109	Significant
	Rural	25	36.04	14.278	2.856			

Table—shows that the mean value of scores for parents falling in urban and rural area lies between 26.76 and 36.04, the value of standard deviation was 16.736and 14.278. Further the t-test comes to 2.109 which is significant at 0.05 level. This shows that there is significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is accepted.

4.2.5 Research Objective 5

To find the difference in the level of anxiety between literate and illiterate parents of children with special needs

Table 4.5

	Education	N	Mean	Std. Deviation	Std. Error Mean	df	t	Level of significance
Anxiety	literate	37	29.84	16.324	2.684	48	1.162	Not Significant
	illiterate	13	35.85	15.143	4.200			

Table—shows that the mean value of scores for literate and illiterate parents lies between29.84 and35.85 the value of standard deviation was 16.324 and15.143. Further the t-test comes to1.162 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is rejected.

CHAPTER-V

FINDINGS, CONCLUSION, EDUCATIONAL IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

In this chapter-V, an attempt is made to summarize the findings of the study on the basis of analysis and interpretation made in chapter IV. In this chapter the researcher gave some suggestions in the light of the present study for carrying out further research study in this area.

After processing the data, obtaining and interpreting the results in previous chapter, the findings have been delimited and discussed in present chapter. These findings can be generalized to the extent of representatives of the sample and methodology employed in the study. In this chapter, the results are discussed to show how these findings are concurrent with some of the studies already conducted in the field. Keeping the major findings in view, the educational implications of the study have been worked out. But these findings and implications do not fit in all the concerns of the study.

As such some suggestions have been given for the further research. This chapter is therefore devoted to focusing the findings, conclusions, discussions of results of the study and for indications their implications and suggestions for further studies or research. These are presented below in the same sequence.

- Main Findings
- Conclusion
- Educational Implications
- Suggestions for Further Research

5.2 MAIN FINDINGS OF THE STUDY

The main findings of the present study are reported in the following subsections:

5.2.1 Research objective 1

To find the level of anxiety among parents of children with special needs.

In this study, the result shows five categories of anxiety level (very low to very high) in which the parents who are having up to 15 percent of anxiety comes under the category of very low anxiety level , from 16-30% comes under low anxiety level, from 40-60% have average anxiety, 70-80% are having high anxiety.

Further shows that there were 24% parents who were having very low anxiety, 38% of the total sample are having low level of anxiety and 38% are having average level of anxiety. Out of these 50 parents it is founded out that no parent is having high or very high level of anxiety. Thus our null hypothesis is rejected.

5.2.2 Research Objective 2

To find the difference in the level of anxiety between male and female parents of children with special

needs residing in Jammu District.

In the present study, the result shows that the mean value of scores for male and female respondents lies between28.08 and 34.72, the value of standard deviation was 15.77 and 16.04.

further the t-test comes to 1.476 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs. Thus the level of anxiety between male and female parents do not differ statistically from each other. So the null hypothesis is rejected.

5.2.3 Research Objective 3

To find the difference in the level of anxiety between parents of children with special needs falling in the age gro

35 years and above 35 years.

In this study, the result shows that the mean value of scores for parents falling in the age group of below 35 years and above 35 years lies between 34.24 and 28.56, the value of standard deviation was 13.8 and 17.93. Further the t-test comes to 1.255 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs falling in the age group of below 35 years and above 35 years.
Thus the level of anxiety between parents falling in the age group of below 35 years and above 35 years do not differ statistically from each other. So the null hypothesis is rejected.

5.2.4 Research Objective 4

To find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas.

It shows that the mean value of scores for parents falling in urban and rural area lies between 26.76 and 36.04, the value of standard deviation was 16.736and 14.278. Further the t-test comes to 2.109 which is significant at 0.05 level. This shows that there is significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is accepted.

5.2.5 Research Objective 5

To find the difference in the level of anxiety between literate and illiterate parents of children with special needs

In this study, it has been seen that the mean value of scores for literate and illiterate parents lies between29.84 and35.85 the value of standard deviation was 16.324 and15.143. Further the t-test comes to1.162 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is rejected.

5.3 CONCLUSION

Hence, it was concluded that there was no significant difference in the level of anxiety was found out on the basis of gender (Male/Female), age group(below 35 years and above 35 years), education (literate and illiterate)

But there is significant difference in the level of anxiety between parents belonging to rural and urban area.

5.4 EDUCATIONAL IMPLICATIONS

Education is a primary need in this era of globalization. Education not only gives insight, it also grooms the personality, inculcates moral values, add knowledge and gives skill. Education is necessary owing to the atmosphere of competition. In every field highly qualified people are needed. As Battle and Lewis states; “In this era of globalization and technological revolution, education is considered as a first step for every human activity. It plays a vital role in the development of human capital and is linked with an individual’s well-being and opportunities for better living.”

The world is making progress day by day because education is the only key to match the pace of its progress. People are giving preference to higher education.“It ensures the acquisition of knowledge and skills that enable individuals to increase their productivity and improve their quality of life. This increase in productivity also leads towards new sources of earning which enhances the economic growth of a country” (Saxton, 2000) The quality of students’ performance remains at the top priority for educators. The variables effecting students’ academic performances are both inside and outside the school. There are a number of factors that affect students’ performance like parental socio-economic status, parent’s education and their involvement in child’s studies, student’s gender, time allocation, technology, available facilities and lots of more.

Educators, trainers, and researchers have long been interested in exploring variables contributing effectively for quality of performance of learners. These variables are inside and outside school that affect students’ quality of academic performance. These factors may be termed as student factors, family factors, school factors and peer factors (Crosnoe, Johnson & Elder, 204). Adams in 1996 stated, “Low parental socio-economic status has negative effect on academic performance of students because basic needs of students remain unfulfilled and hence they do not perform better academically.”

The study of the demographic and other factors affecting students' education rooted back in seventeenth century. Up till now many researches are made on this issue. "The formal investigation about the role of these demographic factors rooted back in 17th century (Mann, 1985)." Every factor affecting students' education is worthy to be studied but the most important one is parental socio- economic status. The children of well to do parents have better sources and facilities to avail. They have the opportunity to get admission in good schools, which offer a sound base for their future career.

1. The parents who are having anxiety will be oriented and sensitized on how to control their anxiety. So, that they can involve themselves in a better way to achieve the educational goals of their children.
2. As there has been found significant difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas. To eradicate this difference, there should be a proper provision of guidance and counseling centers which will help the parents to control their anxiety level.
3. After knowing about the anxiety level of parents we can deal with them in reducing their stress and anxiety which will further have positive impact on growth and development of children with special needs.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

1. The same study can be conducted in other districts also.
2. The same study can be conducted in other states also.
3. The same study can be conducted to check the levels of anxiety of parents of children with special needs with other category.
4. The same study Can be conducted to check the level of anxiety of parents of normal children

SUMMARY

TITLE: LEVEL OF ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS RESIDING IN JAMMU DISTRICT

SUPERVISOR **INVESTIGATOR**

Dr. Rohnika Sharma **Virender Singh**

A. THE PROBLEM

Special education occupies a prominent place in the development of education of a country. The progress of a country also depends on expansion and improvement of special education. Special educational development leads transformation of social structure from one pattern to another, which can be conceived as a process of social changes. Educational development is measure by different dimensions. Performance is one of them. There are many factors that are responsible

for increasing the level of anxiety among parents of children with special needs. Therefore, the basic problem undertaken for investigation in the present study is, "LEVEL OF ANXIETY AMONG PARENTS OF CHILDREN WITH SPECIAL NEEDS RESIDING IN JAMMU DISTRICT"

Children with Special Needs

The term special need is a catch-all phrase which can refer to a vast array of diagnoses or disabilities. Children with special needs may have been born with a syndrome, terminal illness, profound cognitive impairment, or serious psychiatric problems. Other children may have special needs that involve struggling with learning disabilities, food allergies, developmental delays, or panic attacks.

The designation "children with special needs" is for children who may have challenges which are more severe than the typical child, and could possibly last a lifetime. These children will need extra support, and additional services. They will have distinct goals, and will need added guidance and help meeting academic, social, emotional, and sometimes medical milestones. Persons with special needs may need lifetime guidance and support while dealing with everyday issues such as housing, employment, social involvement, and finances.

For children with special needs, early intervention is an important step towards helping the child fulfills his or her full academic, emotional, and social potential. Early intervention refers to a process during which the developmental abilities of the child are evaluated. If necessary, a program is developed that contain services (individualized on the basis of the child's specific needs) that will help to further enhance the child's developmental skills and encourage developmental growth.

Typically, families with special needs are on a lifetime journey that is both emotionally and financially challenging. Families of children with special needs may experience a myriad of emotions upon diagnosis, including anger, grief, loss, and denial. It is important to remember to be patient with yourself, as these emotions are a natural part of the process. With time comes acceptance, and then you and your family can focus on beginning the process of helping your child with special needs achieve their fullest potential.

If you feel frustrated, worried, or simply aren't sure of what to do next, we can provide assistance. Special Needs Planning offer a number of difference services to help you and your family navigate the financial, legal and other steps involved with planning for the future for your family and your child with special needs. If you have any questions or require more information, don't hesitate to contact us. We are here to help.

Parents always plan for perfect, healthy and normal babies. They never expect or think about disabled children. But if they confront with such situation in their lives, usually seen many emotional problems i.e., grief, loss, disbelief, guilt, rejection, helplessness, denial, sham, anxiety, anger and depression for a long period. All parents develop many expectations from their children according to the standard and established norms which set by a society or a family. Parents always feel proud when their child gets progress in life stages one by one progressively and constructively. Parents observe their child with pride as well as with anxiety when they do something thing new. But when child may not meet the experimental standard or deviate it. Family's crises begin, because every child's characteristics have an effect on a family. Transitions between infancy to adulthood have a strong impact on a family and if it is with a disabled child then parents usually suffered with more pressures, stresses and demands. In these situations, parents should learn how to deal with these crises. Parents have many dreams about their children and when a disabled child born, parents go through dramatic changes, a state of grieving that effect on parent's health, attitude, personality, priority, values & beliefs, along with it change their routine activities. It is commonly observed that if one child is disabled in family, parents usually suffer with different emotional and psychological problems.

Society considers parenting is a positive thing, but it views the birth of a disabled child negatively. This attitude by society produces stress among family members. The marital relationship may suffer excessively due to the stresses of guilt, shame, blame and anxiety. According to World Health Organization (WHO) as referred by Shahzadi (2001) about 10 % of the total population of developing countries is suffering from some sort of disabilities. There is a great need to identify at an early stage which parents are at poor mental health and facing psychological problems, so that successfully targeted those parents to modify their thinking style and living patterns. The purpose of this research was to aware the educated society, government

and non-government agencies that work positively for the counseling, therapy, or rehabilitation of people having disabled children.

Anxiety

The word anxiety refers to the study of human behavior, characterized by feeling of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns.

Anxiety is common reaction to frustration. Any situation that threatens the well being of the organism is assumed to produce a state of anxiety. By anxiety I mean the unpleasant emotions characterized by the term tension, worry, apprehension or fear that we experience at times in varying degree.

Webster defines, “Anxiety refers to a subjective experience of the individuals a painful uneasiness of the mind”.

The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure."

Anxiety is a general feeling of uneasiness that is experienced when one engage in activities or things that violate the internalize values of the superego. In other words anxiety is a painful uneasiness of mind concerning anticipated or impending ill. It represents a danger or threat within the individual rather than an external danger.

Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings. Knowing the difference between normal feelings of anxiety and an anxiety disorder requiring medical attention can help a person identify and treat the condition.

The danger causes a rush of adrenalin, a hormone and chemical messenger in the brain, which in turn triggers these anxious reactions in a process called the "fight-or-flight' response. This prepares humans to physically confront or flee any potential threats to safety.

For many people, running from larger animals and imminent danger is a less pressing concern than it would have been for early humans. Anxieties now revolve around work, money, family life, health, and other crucial issues that demand a person's attention without necessarily requiring the 'fight-or-flight' reaction. The APA describes a person with anxiety disorder as "having recurring intrusive thoughts or concerns." Once anxiety reaches the stage of a disorder, it can interfere with daily function.

While a number of different diagnoses constitute anxiety disorders, the symptoms of generalized anxiety disorder (GAD) will often include the following:

- restlessness, and a feeling of being "on-edge"
- uncontrollable feelings of worry
- increased irritability
- concentration difficulties
- sleep difficulties, such as problems in falling or staying asleep

While these symptoms might be normal to experience in daily life, people with GAD will experience them to persistent or extreme levels. GAD may present as vague, unsettling worry or a more severe anxiety that disrupts day-to-day living.

Levels of Anxiety

There are different levels of anxiety:

Mild anxiety

Generally speaking, mild anxiety is the type that most of us experience on a day-to-day basis during certain situations. You may have an uneasy feeling in your stomach, and you may feel your pulse increase slightly. But anxiety at this level can also be beneficial, as it can help you to focus and increases your alertness.

Moderate anxiety

Moderate anxiety is similar to mild anxiety but can become more severe and overwhelming, making you feel more nervous and agitated. Moderate anxiety can mean you place your complete attention on the thing or situation that's making you feel anxious and ignore everything else around you. You may start to experience stronger physical and emotional anxiety symptoms such as muscle tension, sweaty palms, a shaky voice, back pain and changes in your sleep pattern. Emotionally you may feel more sensitive and excited than normal, and you may also feel less confident.

Severe anxiety

Severe anxiety is the highest level, when you stop being able to think rationally and experience severe panic. You may feel afraid and confused, agitated, withdrawn and you may also find it difficult to think clearly. Your breathing may quicken and you may start to perspire while your muscles will feel very tense.

There are also several anxiety disorders, including generalized anxiety disorder (GAD). Unlike being anxious about a specific thing or situation, GAD is when you feel anxious about lots of different issues, often for no good reason.

Post - traumatic stress disorder (PTSD)

Post - traumatic stress disorder (PTSD) is a specific type of anxiety, where you feel very stressed or fearful about something traumatic that's happened to you, such as an accident or violent assault. Military personnel can experience PTSD after being in combat, for instance

Panic disorder

Panic disorder is when you have panic attacks on a regular basis. A panic attack can make you feel nauseated, sweaty, shaky and lightheaded, and you may feel your heart beating very quickly or irregularly (palpitations). They may not be harmful in a physical sense, but panic attacks can be very frightening.

Phobias

Phobias are also a type of anxiety disorder. You may have a phobia when you have an overwhelming or exaggerated fear of something that normally shouldn't be a problem. Depending on what type of phobia you have, it can seriously affect your daily life as well as cause a great deal of distress. Social anxiety disorder – or social phobia – is a type of phobia where you have an intense fear of social situations.

B. NEED AND SIGNIFICANCE OF THE STUDY

Human anxiety is a complex thing. We are all interested in understanding it. We want to know why we act and react as we do. Why do we feel afraid, bad or happy? Some of us are quick in doing things, while others take time before they do any task. Many such questions arise in our minds, because we want to understand human nature, behavior and experience. The parents of children with disabilities develop 'chronic sorrow' characterized by periodic recurrence of sadness, guilt, shock and pain. They are plagued by feelings of pessimism, hostility, and shame. Denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are some of the usual parental reactions. Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt, whereas others go through periods of disbelief, depression, and self-blame. The siblings also experience feelings of guilt, shame, and embarrassment. For that there is a need to assess the level of anxiety among parents of children with special needs. Thus the study of anxiety enables us to answer these questions in a scientific manner.

C. OBJECTIVES OF THE STUDY

Following objectives considered for the present study:

1.To find the level of anxiety among parents of children with special needs.

2.To find the difference in the level of anxiety between male and female parents of children with special needs residing in Jammu District.

3.To find the difference in the level of anxiety between parents of children with special needs falling in the age group of below 35 years and above 35 years.

4.To find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas.

5.To find the difference in the level of anxiety between literate and illiterate parents of children with special needs.

D. HYPOTHESES OF THE STUDY

1.The parents of children with special needs have high level of anxiety.

2.There will be significant difference in the level of anxiety between the male and female parents of children with special needs residing in Jammu District.

3.There will be significant difference in the level of anxiety between the parents of children with special needs falling in the age group of below 35 years and above 35 years.

4.There will be significant difference in the level of anxiety between the parents of children with special needs belonging to rural and urban areas.

5.There will be significant difference in the level of anxiety between the parents of children with special needs belonging to rural and urban area.

E. Sample

Sampling is the process by which a relatively small number of individual or measures of the individual objects or events is selected and analyzed in order to find out something about the entire population from where it was selected. In any scientific investigation, sampling plays an important role. It gives accuracy, reduces cost, bring speed and increase scope.

A purposive sampling technique is employed for selecting the sample. The participants consisted of 50 parents whose children were studying in 6 different special schools in Jammu District (See Table 1).

Table 1

Sample Distribution

Total Sample	**50**
Male	25
Female	25
Below 35 years	25
Above 35 years	25
Rural	25
Urban	25
Literate	37
Illiterate	13

F. TOOLS EMPLOYED AND IT'S DESCRIPTION

A comprehensive anxiety test prepared by Harish Sharma, Rajeev Lochan Bharadwaj, and Mahesh Bharagava is employed to determine the level of anxiety among parents of children with special needs.

The scoring of the anxiety test is very easy and of quantitative nature. The test can be scored accurately by hand and no scoring or stencil key is needed. Each item of the test is answered either by 'Yes', or by 'No'. The response indicated as 'Yes' should be awarded the score of one and zero for 'No'.

G. ADMINISTRATION OF THE TOOL

The investigator visited the randomly selected special schools personally with the selected tools for the collection of the data. First of all, the investigator approached for permission for data collection from the heads of the institutions and the purpose of conducting test was explained to them. The tool was administered in the classrooms with the involvement of parents

The parents of different age groups were selected randomly by the investigator and rapport was developed with them. An attempt was made to explain the purpose of the study to the parents. The parents were informed that their responses will be kept confidential and therefore, they should be frank, honest, bold and sincere while responding to items of the tool. After giving the necessary instructions, the researcher distributed copies of the tool. Every attempt was made by the researcher to remove doubts and difficulties of the sample group.

The parents were directed to read the statement of the questions one by one and gave the answers in the form of yes or no for the respective statements. After filling up the responses by the parents, the copies were collected back. In this way, the tool was administered in all the special schools included in the sample and the data was collected.

H. RESULTS AND FINDINGS

The resulting data has been analyzed using statistical technique namely Mean and 't' test.

H.1 Research objective 1

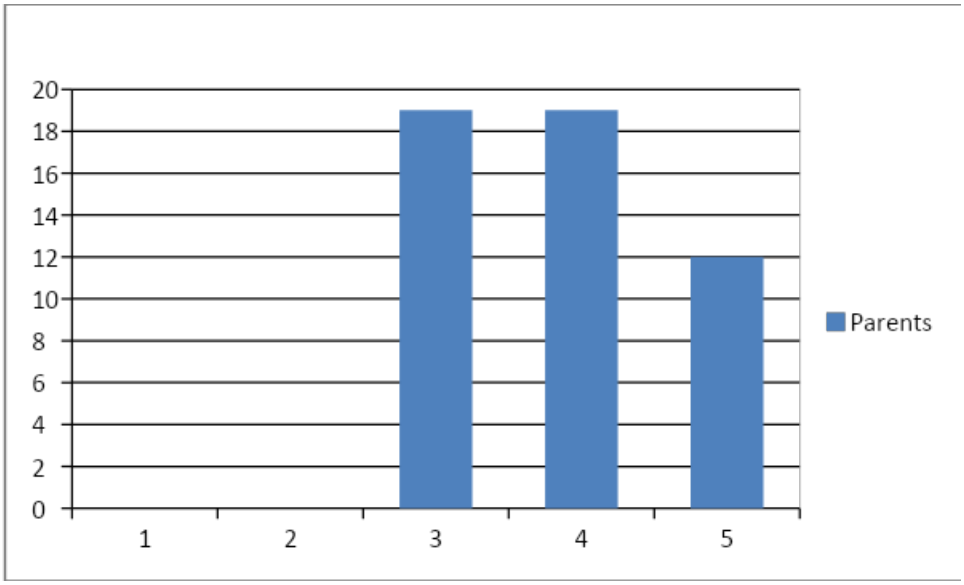
To find the level of anxiety among parents of children with special needs.

TABLE H.1

S. No.	Categories	Percentiles	Percentage
1.	Very High	80+	
2.	High	70	
3.	Average	40-60	38%
4.	Low	16-30	38%
5.	Very Low	Up to 15	24%

The table 4.1 shows five categories of anxiety level (very low to very high) in which the parents who are having up to 15 percent of anxiety comes under the category of very low anxiety level , from 16-30% comes under low anxiety level, from 40-60% have average anxiety, 70-80% are having high anxiety.

The table further shows that there were 24% parents who were having very low anxiety, 38% of the total sample are having low level of anxiety and 38% are having average level of anxiety. Out of these 50 parents it is founded out that no parent is having high or very high level of anxiety. Thus our null hypothesis is rejected.



H.2 Research Objective 2

To find the difference in the level of anxiety between male and female parents of children with special needs residing in Jammu District.

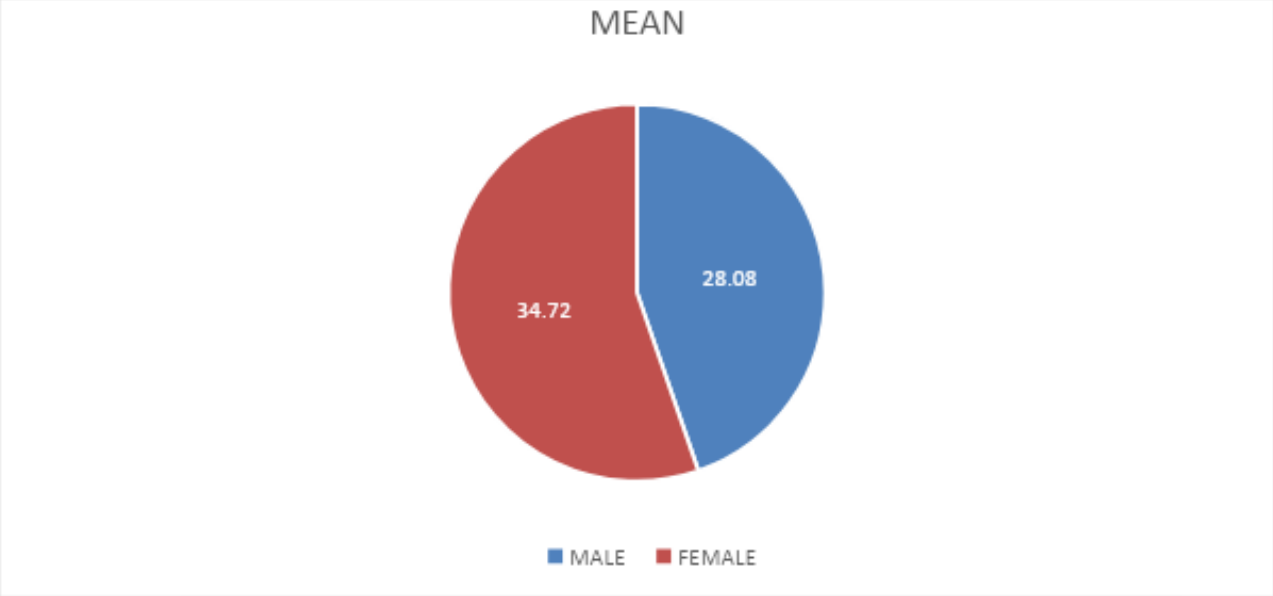
TABLE H.2

Values of Mean, Standard Deviation and t-Value for male and female parents of special children.

	Gender	N	Mean	Std. Deviation	Std. Error Mean	Df	t	Level of significance
Anxiety	Male	25	28.0800	15.76896	3.15379	48	1.476	Not significant
	Female	25	34.7200	16.03777	3.20755			

Table shows that the mean value of scores for male and female respondents lies between28.08 and 34.72, the value of standard deviation was 15.77 and 16.04. further the t-test comes to 1.476 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs. Thus the level of anxiety between male and female parents do not differ statistically from each other. So the null hypothesis is rejected.

Pie chart depicting the classification of parents of special children on the basis of gender.



H.3 Research Objective 3

To find the difference in the level of anxiety between parents of children with special needs falling in the age gro

35 years and above 35 years.

Table H.3

	Age	N	Mean	Std. Deviation	Std. Error Mean	Df	t	Level of significance
Anxiety	below 35	25	34.24	13.803	2.761	48	1.255	Not significant
	above 35	25	28.56	17.931	3.586			

Table shows that the mean value of scores for parents falling in the age group of below 35 years and above 35 years lies between 34.24 and 28.56, the value of standard deviation was 13.8 and 17.93. Further the t-test comes to 1.255 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs falling in the age group of below 35 years and above 35 years.
Thus the level of anxiety between parents falling in the age group of below 35 years and above 35 years do not differ statistically from each other. So the null hypothesis is rejected.

H.4 Research Objective 4

To find the difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas.

Table H.4

	Area	N	Mean	Std. Deviation	Std. Error Mean	Df	t	Level of significance
Anxiety	Urban	25	26.76	16.736	3.347	48	2.109	Significant
	Rural	25	36.04	14.278	2.856			

Table—shows that the mean value of scores for parents falling in urban and rural area lies between 26.76 and 36.04, the value of standard deviation was 16.736and 14.278. Further the t-test comes to 2.109 which is significant at 0.05 level. This shows that there is significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is accepted.

H.5 Research Objective 5

To find the difference in the level of anxiety between literate and illiterate parents of children with special needs

Table H.5

	Education	N	Mean	Std. Deviation	Std. Error Mean	df	t	Level of significance
Anxiety	Literate	37	29.84	16.324	2.684	48	1.162	Not Significant
	Illiterate	13	35.85	15.143	4.200			

Table—shows that the mean value of scores for literate and illiterate parents lies between29.84 and35.85 the value of standard deviation was 16.324 and15.143. Further the t-test comes to1.162 which is not significant at 0.05 level. This shows that there is no significant difference in the level of anxiety among parents of children with special needs belonging to rural and urban areas. So the null hypothesis is rejected.

I. EDUCATIONAL IMPLICATIONS

Education is a primary need in this era of globalization. Education not only gives insight, it also grooms the personality, inculcates moral values, add knowledge and gives skill. Education is necessary owing to the atmosphere of competition. In every field highly qualified people are needed. As Battle and Lewis states; "In this era of globalization and technological revolution, education is considered as a first step for every human activity. It plays a vital role in the development of human capital and is linked with an individual's well-being and opportunities for better living."

The world is making progress day by day because education is the only key to match the pace of its progress. People are giving preference to higher education."It ensures the acquisition of knowledge and skills that enable individuals to increase their productivity and improve their quality of life. This increase in productivity also leads towards new sources of earning which enhances the economic growth of a country" (Saxton, 2000) The quality of students' performance remains at the top priority for educators. The variables effecting students' academic performances are both inside and outside the school. There are a number of factors that affect students' performance like parental socio-economic status, parent's education and their involvement in child's studies, student's gender, time allocation, technology, available facilities and lots of more.

Educators, trainers, and researchers have long been interested in exploring variables contributing effectively for quality of performance of learners. These variables are inside and outside school that affect students' quality of academic performance. These factors may be termed as student factors, family factors, school factors and peer factors (Crosnoe, Johnson & Elder, 204). Adams in 1996 stated, "Low parental socio-economic status has negative effect on academic

performance of students because basic needs of students remain unfulfilled and hence they do not perform better academically."

The study of the demographic and other factors affecting students' education rooted back in seventeenth century. Up till now many researches are made on this issue. "The formal investigation about the role of these demographic factors rooted back in 17th century (Mann, 1985)." Every factor affecting students' education is worthy to be studied but the most important one is parental socio- economic status. The children of well to do parents have better sources and facilities to avail. They have the opportunity to get admission in good schools, which offer a sound base for their future career.

1. The parents who are having anxiety will be oriented and sensitized on how to control their anxiety. So, that they can involve themselves in a better way to achieve the educational goals of their children.
2. As there has been found significant difference in the level of anxiety between parents of children with special needs belonging to rural and urban areas. To eradicate this difference, there should be a proper provision of guidance and counseling centers which will help the parents to control their anxiety level.
3. After knowing about the anxiety level of parents we can deal with them in reducing their stress and anxiety which will further have positive impact on growth and development of children with special needs.

J. SUGGESTIONS FOR FURTHER RESEARCH

1. The same study can be conducted in other districts also.
2. The same study can be conducted in other states also.
3. The same study can be conducted to check the levels of anxiety of parents of children with special needs with other category.
4. The same study Can be conducted to check the level of anxiety of parents of normal children

K. DELIMITATIONS OF THE STUDY

1. The present study was confined only to the parents of children with special needs.

2. The present study was restricted only to 50 parents of special children.

3. The present study was confined to the parents of children with special needs residing in Jammu district only.

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C. A Test

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Code. ☐

Obtained Score ☐

Give information about yourself.

Sex _____ Age _____ Caste _____ Religion _____
Education _____ Monthly Income _____ Married / Unmarried _____
Rural / Urban _____

Instruction --

1. You are required to respond each statement of this test.
2. Each question is related to the common practise of your routine life and you are required to respond it either in Yes or in No.
3. Read each statement carefully; if you agree than put a round around the **Yes**; and if you disagree than put the round over **No**.
4. You have to respond each statement with reference to you, your self.
5. Every information given by you shall be kept secret. So, respond without any hesitation.

		Yes	No
1.	I often nauseated.	Yes	No
2.	I sleep little	Yes	No
3.	I feel always difficulty in taking a decision.	Yes	No
4.	I usually have some kind of perplexity in my mind.	Yes	No
5.	I feel lack of enthusiasm with in me.	Yes	No
6.	There is always a strained pull in my muscles.	Yes	No
7.	I get nervous very soon.	Yes	No
8.	I often make mistakes while doing mathematical work.	Yes	No
9.	I feel that I dont keep healthy.	Yes	No
10.	I dont feel comfortable in a crowd.	Yes	No
11.	There is always some heaviness in my head.	Yes	No
12.	I am very uneasy.	Yes	No
13.	After taking a decision I doubt its correctness.	Yes	No
14.	I am always worried at the thought of some mishap taking place.	Yes	No
15.	I dont feel like eating anything.	Yes	No
16.	My relationship with other people is often bad.	Yes	No
17.	I get bored very soon while doing any work.	Yes	No
18.	I get excited very soon.	Yes	No
19.	In waking from mid-sleep, I take long time to sleep again.	Yes	No
20.	I feel my life is useless.	Yes	No
21.	I find difficulty in doing anywork.	Yes	No
22.	I shake my legs while sitting.	Yes	No
23.	I often have an upset stomoch.	Yes	No
24.	I always have a sense of fear.	Yes	No
25.	I find difficulty in meeting people.	Yes	No
26.	In the presence of others my attention repeatedly goes on my clothes.	Yes	No
27.	I often irritable.	Yes	No
28.	The muscles of my neck and shoulders are always painful.	Yes	No
29.	I find it difficult to pass the time.	Yes	No
30.	I remember forgotten mistakes more while going off to sleep.	Yes	No

31. I feel as if, I am losing weight. Yes No
32. I often act aimlessly. Yes No
33. I always feel tired. Yes No
34. Even a little sympathy from others makes me weep. Yes No
35. Even a little thing make me excited. Yes No
36. I make mistakes even when working with great care. Yes No
37. I am always affected by a guilty conscience. Yes No
38. I dont trust people quickly. Yes No
39. My heart beat often increases. Yes No
40. I get angry very soon. Yes No
41. I dont like to go out of the house much. Yes No
42. I always feel troubled. Yes No
43. I feel the fear of doing wrong before starting any work. Yes No
44. I often have the complaint of blood pressure. Yes No
45. I feel bad easily. Yes No
46. I get destracted easily while working. Yes No
47. I like cracking my knuckles. Yes No
48. I feel lethargic all the time. Yes No
49. I am always worried how the difficulties of life will be solved. Yes No
50. A little noise frightens me terribly. Yes No
51. I swade a lot. Yes No
52. I dont feel like doing any work. Yes No
53. I like sitting in solitude. Yes No
54. After commiting mistakes, I am remorseful for a long time. Yes No
55. I dont like the screaming and the shouting of people. Yes No
56. I often have difficulty in breathing. Yes No
57. Even the slightest difficulties make me nervous. Yes No
58. The fear that something may go wrong always troubles me. Yes No
59. I feel people are putting obstacles in my work. Yes No
60. I cannot forget my mistakes. Yes No

61.	I often have bad and frightening dreams.	Yes	No
62.	I often feel as I am being chocked.	Yes	No
63.	I feel that other people are talking about me.	Yes	No
64.	My limbs often start trembling.	Yes	No
65.	I am always frightened at the thought that I will definitely be punished for my mistake.	Yes	No
66.	I dont say what I want to say to others from the fear that they may stop respecting me.	Yes	No
67.	While lying in bed, I keep changing sides frequently.	Yes	No
68.	I am often suspicious of others.	Yes	No
69.	I am always doubtful for the future.	Yes	No
70.	I dont like playing mentally strenuous games like chess.	Yes	No
71.	I am always troubled by the fear of being left alone.	Yes	No
72.	I feel my self incapable of facing difficult situations.	Yes	No
73.	I am always afraid of someone finding out my mistake.	Yes	No
74.	I dont feel refereshed even after waking up from sleep.	Yes	No
75.	In difficult circumstances, I constantly have the desire to urinate.	Yes	No
76.	I cannot talk freely in front of others.	Yes	No
77.	I feel nervous when talking to the opposite sex.	Yes	No
78.	I dont feel that my life is organised.	Yes	No
79.	I take a long time in starting some new work.	Yes	No
80.	Other people have poisoned my life a lot.	Yes	No
81.	I am always afraid lest other people start hating me.	Yes	No
82.	I wish if were more beautiful.	Yes	No
83.	I feel it would have been better if I had died.	Yes	No
84.	I feel hurt when people do not understand my feelings.	Yes	No
85.	I am always afraid of something unfortunate happening to me or to my family.	Yes	No
86.	I am very careful while talking to elders.	Yes	No
87.	In dreams I feel as if someone is strangulating.	Yes	No
88.	I think alot of others.	Yes	No
89.	I am always surrounded by the apprehension of misfortune.	Yes	No
90.	I am always uneasy by the thought that my life is more unhappy than that of others.	Yes	No