A STUDY OF ANXIETY OF MOTHERS OF DISABLED AND NORMAL CHILDREN

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INTRODUCTION:

It is indisputable that children have a key role in the family structure which, in the widest sense of the word, is described as the most basic building block of society. Many parents have the dream of having children. But having children also requires families to make many new arrangements and changes in their lives. While this is a happy occasion, it may be challenging both financially and mentally for first-time parents. Parents have the desire to have a healthy and typically developing child at the beginning of the pregnancy period. If this desire is not realized or parents learn that the child is disabled, the happiness and joy that occurs at the beginning of the pregnancy could leave the parents in a state of shock, rejection and deep grief.

According to the Disabled Persons in India (Equal Opportunity, Protection of Rights and Full Participation) Act, 1995, a "disabled person" means a person who has been certified as more than 40%disability by the medical authorities. The National Policy for the Disabled announced in February 2006 that efforts should be made to create a framework through which the state, society and the private sector can ensure a dignified life for the disable people and help their caregivers.

The World Health Organization has categorized the disease-related phenomena as follows. These include pathological defects, disability, and obstruction. (World Health Organization, 1992)

Anxiety is an impulse or emotion. Children, adolescents and the elderly experience anxiety in a variety of ways. It is visible in some people. So it can be inferred from the psychological response in others. Anxiety in response to the same stimulus also varies in frequency and intensity among different people (Trivedi A. Gupta, 2010).It is a generalized state of fear or apprehension of evil. There are so many things to worry about. Our health, social relationships, exams, careers and environmental conditions are possible sources of anxiety. Worrying about this aspect of life is also common and receptive. Anxiety motivates us to the test. Anxiety is the proper response to fear or threat. But it can be extraordinary when its level is out of the realm of fear. Anxiety in external form can harm our daily functioning.

Having a disabled child born into a family can disrupt the normal routine in the family life, the marital relations between the couples, the healthy communication in the family and the positive family atmosphere. It is stated that this leads to great distress and changes in the family life. Among the reasons of this distress are the stress caused by the disabled child in the family, the physical, financial and psychological problems encountered, having a disabled sibling in the family, the roles taken on by the parents of the disabled child, the lack of staff or experts who cannot understand the family and the reactions of friends and people who are close associates with the family members (Özşenol, Işıkhan, Unay, Aydin, Akın and Gökçay, 2003)

Parents of disabled children show high level of anxiety than normal children. Lenhard, Breitenbach, Ebert, Schindelhauert, Deutscher, and Henn, (2005) studied psychological benefit for diagnostic certainty for mothers of children with disabilities. In this study, mothers of non-disabled children were compared with mothers of children with Down's syndrome, and to mothers of children with a diagnostically unassigned mental retardation with regard to the level of anxiety, feeling of guilt, and emotional burden. Mothers of children with Down's syndrome scores high level of anxiety, feeling guilt and emotional burden comparably to the mothers of nondisabled children.

Like depression and stress the parents of disabled children have had significantly high level of anxiety than parents of normal children. Strand et al (1979) found that mothers may develop unrealistically low expectation for their child to protect themselves from disappointment. Mothers of children with congenital heart diseases with feeding problem reported high level of anxiety (Thomsen, 1992). Patistea, et al (2000) reported that parents of children with leukemia reported high anxiety, guilt, shock and denial. The most difficult factors for the parents to deal with during the initial period were the psychological upset and financial burden. Parents and family members of disabled children show high level of anxiety than parents of normal children Lenhard, et al (2005) found broad emotional disadvantage of having children with mental retardation of unknown etiology.

Kazak, (1987) compared mothers and fathers of children with handicapped (n= 25) and parents of non-disabled children (n=127) from three separate sample on personal stress, marital satisfaction, and social network size and density. Parents of disabled children experienced higher levels of stress in comparison to parents of non-disabled children. No difference was found in marital satisfaction. Few group differences were found for social

network variables, although mothers of handicapped children had higher density of networks in comparison to mothers of non-disabled children.

Beckman (1991) compared parental stress of 54 mothers and fathers of children with disabilities with the parental stressors of equal number of mothers and fathers of normal children. Mothers generally reported more stress in parent domain than fathers but both parents experienced high level of stress in child domain. Parents of disabled children reported greater amount of parenting stress than parents of normal children in the child and parent domain of parenting stress inventory.

Horsch, Weber, Bertram, and Detrois, (1997) compared the stress experienced by parents of children with cochlear implants with the parents of deaf children and hearing children. The parenting stress index and problem oriented interview method were used with the parents of three groups of children. Results showed that parents of deaf and dumb children were found to experience greater level of stress than parents in the other 34 Review of Literature two groups. Parents of children with cochlear implants experience about the same level of stress as parent of hearing children.

Holmbeck,, Gorey-Ferguson, Hudson, Seefeldt, Shapera, Turner, and Uhler, (1997) examined family functioning (individual, maternal, paternal), and social - ecological perspective in parents of 8 and 9year old children with spina bifida (n= 55; 29male, 26 females) and parents of 8 and 9years old non-disabled children with (n= 55; 29 male, 26 female). Results indicated that the mothers and fathers of children with spina bifida reported more psychological stress, less parental satisfaction than parents of normal children. Mothers of children with spina bifida reported less perceived parental competence, more social isolation, and less adaptability to change; fathers in the spina bifida group reported more psychological symptoms. No difference was noticed between the parents of children with spina bifida and parents of normal children in the marital satisfaction domain.

STATEMENT OF THE PROBLEM

The present research is an effort to study anxiety of mothers of disables and normal children with regards to their residential areas. The exact problem of the present research was as under. **"A Study of Anxiety of Mothers of Disabled and Normal children"**

OBJECTIVES:

1. To study and compare anxiety of mothers of disabled and normal children.
2. To study and compare anxiety of urban and rural area's mothers of normal children.
3. To study and compare anxiety of urban and rural area's mothers of disabled children.
4. To study and compare anxiety of joint family and nuclear family's mothers of disabled children.
5. To study and compare anxiety of joint family and nuclear family's mothers of normal children**.**

HYPOTHESES:

HO1. There is no significant difference between mothers of disabled and normal children with regards to anxiety.

HO2. There is no significant difference between urban and rural area's mothers of normal children with regards to anxiety.

HO3. There is no significant difference between urban and rural area's mothers of disabled children with regards to anxiety.

HO4. There is no significant difference between joint and nuclear family's mothers of disabled children with regards to anxiety**.**

HO5 There is no significant difference between joint and nuclear family's mothers of normal children with regards to anxiety**.**

VARIABLES:

In present research type of mothers area of residence of mothers and type of family of mothers were taken as independent variable and scores of anxiety was taken as dependent variable

SAMPLE:

In present research 60 mothers of disabled children and 60 mothers of normal children ,total 120 mothers of children were randomly selected from parents meeting and resource room of Ahmedabad municipal schools.

RESEARCH TOOLS:

Comprehensive Anxiety Test (CA Test) by Dr. R. L. Bhardwaj, Dr. H. Sharmaand Dr. M. Bhargava.

Comprehensive Anxiety Test (CA Test):

The present Comprehensive Anxiety Test is prepared for married and unmarried male and female 18 to 50 years age groups. Total 90 statements related to anxiety are given in the test. Two options such as "Yes" and "No" are given for each statement. Though there is no time limit to complete the test, it can be completed within ten to fifteen minutes. The test can be given to an individual or a group.

- **RELIABILITY:**

The reliability of the present test was decided using two methods. The detail is mentioned below.

1. The reliability of the test was found out using test-retest method, of which reliability co-efficient was found 0.83.
2. The reliability of the test was found out using split-half method (Guttmann formula), of which reliability co-efficient was found 0.94.

- **VALIDITY:**

Validity of the present test is decided by finding out correlation with scores on this test and scores on another test. The detail is mentioned as below.

1. The validity of this test is decided by finding out correlation between the scores of the present test and the scores on the Anxiety Dimension of Eight State Questionnaire Form 'A', Hindi version, constructed by Kapur and Bhargav, which is found 0.68.
2. The validity of this test is decided by finding out correlation between the scores of the present test and the scores on the Anxiety Dimension of Eight State Questionnaire Form 'B', Hindi version, constructed by Kapur and Bhargav, which is found 0.74.
3. The validity of this test is decided by finding out correlation between the scores of the present test and the scores on the Comprehensive Anxiety Test (Hindi) SCAT constructed by Sinha, which is found 0.82.
4. The validity of this test is decided by finding out correlation between the scores of the present test and the scores on the Spielberg's State and Trait Anxiety Scale. The validity with State Anxiety Scale is found 0.42 and with Trait Anxiety Scale is found 0.48.

- **SCORING:**

Scoring process of the present test is too easy. Two options like 'Yes' and 'No' are given for each statement in this test. For 'Yes' option 1 score in to be given and for 'No', zero score is decided. Total score of 'Yes' response will be scores of anxiety. Here, more than 80 scores indicate higher state of anxiety. Total 70 to 80 scores indicate more anxiety, 70 to 80 scores indicate more anxiety, 40 to 60 scores indicate normal anxiety, 16 to 30 scores indicate lower anxiety, whereas less than 15 scores indicate negligible anxiety.

PROCEDURE:

After granting permission of DPO of Ahmedabad rural and urban for collection of data, mothers of disabled children from joint and nuclear family were selected from primary schools and NGO of rural and urban area of Ahmedabad district by using systematic randomly sampling. The rapport was established with them and clear instructions were given. Then Anxiety Test were given to them to fill in their responses. After finishing the process of data collection of all the tests, scores were given according to score key indicated in the test manuals.

STATISTICAL ANALYSIS:

To analysed data "t" test was used.

Results and discussion: Table no 1 : Showing mean, SD and t value of anxiety of mothers of disabled and normal children

Group	N	MEAN	SD	t value	Level of significance
Mothers of Disabled children	30	37.17	19.14	3.54	0.01
Mothers of Normal children	30	22.53	12.10		

Table No. 1 Shows the t value of Anxiety of mothers of disabled and normal children was 3.54 which is significant at 0.01 level. It means mothers of disabled children were significantly differed as compare to Mothers of Normal children on anxiety. The mean score of mothers of disabled children on anxiety was 37.17with 19.14 SD and mean score of Mothers of Normal children was 22.53with 12.10 SD. Here Mothers of disabled children have more anxiety than Mothers of normal children.

Table no 2

Showing mean, SD and t value of anxiety urban and rural areas of mothers of disabled children

Group	N	MEAN	SD	t value	Level of significance
Mothers of urban area	30	37.17	19.14	4.01	0.01
Mothers of rural area	30	55.47	16.06		

Table No. 2 Shows the t value of Anxiety of urban and rural area's mothers of disabled children was 4.01 which is significant at 0.01 level. It means mothers of disabled children were significantly differed as compare to Mothers of urban and rural areas on anxiety. The mean score of mother's disabled children of urban area on anxiety was 37.17with 19.14 SD and mean score of Mothers disabled children of rural area was 55.47with 16.06 SD. Here Mothers of disabled children rural area have more anxiety than Mothers of disabled children urban area.

Table no 3

Showing mean, SD and t value of anxiety urban and rural areas of mothers of normal children

Group	N	MEAN	SD	t value	Level of significance
Mothers of urban area	30	37.17	19.14	0.44	NS
Mothers of rural area	30	34.06	19.18		

Table No. 3 Shows the t value of Anxiety of urban and rural area's mothers of normal children was 0.44 which is not significant. It means mothers of normal children were not significantly differed as compare to Mothers of urban and rural areas on anxiety. The mean score of mother's normal children of urban area on anxiety was 37.17with 19.14 SD and mean score of Mothers normal children of rural area was 34.06 with 19.18 SD.

Table no 4

Showing mean, SD and t value of anxiety joint and nuclear family of mothers of disability children

Group	N	MEAN	SD	t value	Level of significance
Mothers of joint family	30	55.47	12.09	8.98	0.01
Mothers of nuclear family	30	22.53	16.06		

Table No. 4 Shows the t value of Anxiety of joint and nuclear family's mothers of disabled children was 8.98 which is significant at 0.01 level. It means mothers of disabled children were significantly differed as compare to Mothers of joint and nuclear family's on anxiety. The mean score of mother's disabled children of joint family on anxiety was 55.47 with 12.09 SD and mean score of Mothers disabled children of nuclear family was 22.53 with 16.06 SD. Here Mothers of disabled children joint family have more anxiety than Mothers of disabled children of nuclear family.

Table no 5

Showing mean, SD and t value of anxiety joint and nuclear family of mothers of normal children

Group	N	MEAN	SD	t value	Level of significance
Mothers of joint family	30	22.53	12.09	2.72	0.05
Mothers of nuclear family	30	34.07	19.81		

Table No. 5 Shows the t value of Anxiety of joint and nuclear family's mothers of normal children was 2.72 which is significant at 0.05 level. It means mothers of normal children were significantly differed as compare to Mothers of joint and nuclear family's on anxiety. The mean score of mother's normal children of joint family on anxiety was 22.53 with 12.09 SD and mean score of Mothers normal children of nuclear family was 34.07 with 19.81 SD. Here Mothers of normal children nuclear family have more anxiety than Mothers of normal children of joint family.

CONCLUSIONS:

1. There is significantly difference between mothers of disabled children and normal children Here Mothers of disabled children have more anxiety than Mothers of normal children.

2. There is significantly difference between mothers of disabled children were significantly differed as compare to Mothers of urban and rural areas on anxiety. . Here Mothers of disabled children rural area have more anxiety than Mothers of disabled children urban area.

3. There is not significantly difference between means mothers of normal children were not significantly differed as compare to Mothers of urban and rural areas on anxiety.

4. There is significantly difference between mothers of disabled children were significantly differed as compare to Mothers of joint and nuclear family's on anxiety. Here Mothers of disabled children joint family have more anxiety than Mothers of disabled children of nuclear family.

5. There is significantly difference between mothers of normal children were significantly differed as compare to Mothers of joint and nuclear family's on anxiety. Here Mothers of normal children nuclear family have more anxiety than Mothers of normal children of joint family.

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