

**PARENTS' DEPRESSION AND ATTITUDE TOWARDS  
INCLUSION OF CHILDREN WITH AND WITHOUT  
DISABILITIES IN SCHOOLS**

**The Thesis Submitted to the Faculty Council of  
Interdisciplinary Studies, Law & Management (ISLM),  
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for the Award of the Degree of Doctor of Philosophy in Arts**

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**2022**

*Dedicated To My Father*

**Late Shri Monimohan Bera**

-----I have lost during this journey

# **DECLARATION**

Certified that the Thesis entitled

**PARENTS' DEPRESSION AND ATTITUDE TOWARDS INCLUSION OF CHILDREN WITH AND WITHOUT DISABILITIES IN SCHOOLS** submitted by me for the award of the Degree of Doctor of Philosophy in Arts at Jadavpur University, Kolkata is based upon my work carried out under the supervision of Professor (Dr.) Bishnupada Nanda, Department of Education, Jadavpur University and neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere/elsewhere.

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Certified that **Mr. Parimal Bera** has completed his research work on the topic, entitled, **“PARENTS’ DEPRESSION AND ATTITUDE TOWARDS INCLUSION OF CHILDREN WITH AND WITHOUT DISABILITIES IN SCHOOLS”** under my supervision. He has also fulfilled the requirements of the relevant regulations relating to the Ph.D Programme of Jadavpur University. I would now recommend for submission of his above mentioned thesis for necessary follow up actions required for the said degree.

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## LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
CESD	Center for Epidemiological Studies Depression
CwDs	Children with Disabilities
CWSN	Children with Special Needs
DSM-V-TR	Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision
M	Mean
NEP	National Education Policy
PwDs	Person with Disabilities
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RTE	Right of Children to Free and Compulsory Education
SD	Standard Deviation
SEN	Special Educational Needs/ Special Educational Needs
SPSS	Statistical Package for Social Science
SSA	Sarva Shiksha Abhiyan
TDC	Typically developing children
UEE	Universalization of Elementary Education
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
RPwD	Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organization

**CHAPTER –I**  
**INTRODUCTION**

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# CHAPTER –I

## INTRODUCTION

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### **1.1 History of education and rehabilitation of persons with disabilities:**

Due to the lack of appropriate historical sources in favour of this study, it is difficult to structure the history of special education and rehabilitation services for persons with disabilities in India, making it difficult to assess its reliability (Nanda, 2010). India as a country has a rich history and a long tradition of education. The Rig Veda (the word Veda means "to know") discusses education and the 91 proper learning activities. The places of study were the Gurukuls (Abode of the Teachers or Master-Students Abode) or Rishikulas (Abodes of the Holymen). Students were forced to live with their teacher and learn through practise as well as study and discussion in this method. Students with varying capacities were taught together in this ancient Indian method of education, known as the guru-shishyaparampara. The problem was that, not all the children could take advantage of this system due to reasons like poverty or cast.

The Vedic period as well as in the Brahmanical period made education a privilege for the privileged few, but the Buddhist period witnessed the emergence of education through the Viharas, or Maths, which replaced the older Gurukuls as the new centres of learning. Mohamed Bin Kasim's Arab invasion of India from the west in 712 A.D. brought Muslim ideas to India, and many madrasas and Maktabs (schools connected to mosques) were built to teach Muslims about religion and other things.

The age of colonialism and the arrival of the British in India in 1600 paved the way for the eventual adoption of the British educational model in India. After 1835, schools were established based on the English educational model, where English was selected as the primary medium of instruction. Soon, Indian students were going to schools established by the British, and the lessons were heavily influenced by the British and European ways of teaching.

Despite the fact that the British did not initially establish any special education facilities, Raja Kali Shankar Ghosal established a learning centre for the visually

impaired in Varanasi in 1826. A special school for the visually handicapped opened soon after in Ambala, Punjab, while India's first institute for the deaf and blind opened in Mumbai in 1886. A special school for the mentally disabled was established in Kurseong, in the Darjeeling region of North Bengal, in 1918, and another in Travancore, Kerala, in 1931. The 1941 Children's Act spurred the establishment of various special schools for impaired children. Sir John Sargent, the Educational Advisor to the British Government of India, issued the Sargent Report in 1944, near the end of World War II, in which he proposed that persons with disabilities be an integral part of the national educational system (Sargent Report, 1944). It wasn't until 1947, when India gained independence; those serious efforts to educate children with disabilities began in earnest. The Indian Constitution was instrumental in providing the required incentive for children's education. The Kothari Commission, which was set up by the Government of India in 1964 and chaired by Mr. P.S. Kothari, made many suggestions to improve India's education system. One of those suggestions was that children with disabilities should be taught in regular schools.

As a result, the first National Education Policy (NEP) was drafted and approved by Parliament in 1968. However, despite its good intentions to promote education in India, the National Education Policy (1968) could not be implemented due to a severe lack of financial and organisational support.

However, in 1974, the government created the National Policy for Children and the National Children's Board in response to the Kothari Commission's recommendations. This provided a boost to India's efforts to mainstream children with disabilities.

The inauguration of the Integrated Child Development Program (ICDS) in 1974, as part of India's Fifth Five-Year Plan, was a watershed moment in the country's efforts to improve the education of the disabled in India.

The District Primary Education Programme, or DPEP, focused on teacher training, reducing architectural barriers and providing suitable aids in the following years. Despite these efforts to improve education in general, the great majority of children with impairments are still unable to enter mainstream education. Advani and Pandey (1995).

People with disabilities have the same right to education as everyone else, shifting the focus to the provision of services for people with impairments. In order to do this, the Indian government established the Integrated Education for the Disabled Child (IEDC) programme in 1974, which provides both educational and financial support to children with mild disabilities.

Over 15,000 schools in 26 states and union territories enrolled over 60,000 children with disabilities in mainstream schools through the Integrated Education for the Disabled Child (IEDC) programme, which began in 1974. To support the IEDC project's implementation, the government also created Project Integrated Education Development (PIED), which included teacher training, child identification methodology, and school infrastructure and support services. From 1974 on, these changes made a big difference in how children with disabilities went to school.

However, one key flaw in these efforts was that they primarily benefited children who were somewhat or moderately disadvantaged. Many children in the pre-school period did not benefit at all from these efforts. Those pupils with impairments who were admitted to schools were frequently unaware that they had disabilities. The children with intellectual disabilities did not gain greatly from these mainstreaming programmes, and as a result, the programmes were withdrawn.

However, the Central Government made other efforts, such as establishing the National Institute for Intellectual disabilities (formerly known as Mental Handicap) in Hyderabad in 1984, with regional centres, with the goal of assisting in the education of the mentally handicapped, disabled, and challenged through research, special teacher training, and other means.

However, these early initiatives to offer education to children with disabilities provided vital knowledge and learning experience to educators and policymakers, which culminated in the establishment of an inclusive education policy. As a result, the next step began in 1986, when India's Parliament passed the National Policy on Education (NPE), which declared for the first time that education's true purpose is equality of opportunity. The National Policy on Education (NPE) was essentially a rewrite of the 1968 National Education Policy (NEP). The phrase "education for the handicapped" was explicitly used in the NPE of 1986. The flaw was that the NPE agreed with the idea



of putting students with minor disabilities into regular schools, not just kids who had trouble walking or moving around.

In 1987, the government established a committee of experts under the chairmanship of Behrul Islam to research the challenges of impaired children as part of the NPE of 1986. The recommendations of the Behrul 95 Islam Committee were very important when the country's first comprehensive law, the Disability Act of 1995, was being written in 1995.

India signed the United Nations World Declaration on "Education for All" (EFA) in 1990, reiterating the rights of all children, including persons with disabilities, to receive a full and proper education in regular school settings.

Another significant development in the area of "education as a right" occurred in 1992, when the Supreme Court of India ruled in *Mohini Jain v/s State of Karnataka* that the "right to education" is concomitant with the fundamental rights enshrined in Part III of the Constitution and that "under the Constitution, every citizen has a right to education." In 1993, the Supreme Court took another look at the problem. In its decision in *Unni Krishnan, J.P. vs. Andhra Pradesh, 1993*, the Supreme Court once again said that "Education is a fundamental right for all people of the country." This is not, however, an unalienable right. Articles 45 and 41 must be used to determine its contents and parameters. In other words, till the age of 14, every child/citizen of this country has the right to free education, but his access to education is limited by the state's economic capabilities and progress.

To fulfil its commitment under the UN and to obey and implement the Supreme Court verdicts, the Parliament of India unanimously passed the Constitution 93rd Amendment Bill on November 28, 2001. It proudly announced that education as a fundamental right for children between the ages of 6 and 14. Under this Amendment Act, education for children below the age of 6 was made the responsibility of the parents and not the state. However, issues related to the quality of education and the definition of "free" education were not addressed. India's obligations to UN instruments naturally led to a substantial movement away from integrated schools and toward more inclusive schools. As a result, in December 1995, India's Parliament approved a bill known as "The Equal Opportunities, Protection of Rights, and Full Participation Bill for Persons with

Disabilities," or simply "The Disability Act." Chapter V of the Disability Act on Education says that every child with a disability should be able to get a free and good education.

The National Trust for Welfare of Persons with Mental Retardation, Cerebral Palsy, Autism, and Multiple Disabilities Act was passed by the Indian government in 1999 for the economic rehabilitation of individuals with disabilities. This Act of 1999, along with the "Equal Opportunities, Protection of Rights, and Full Participation Bill for Persons with Disabilities," also known as the Disability Act of 1995, played a significant role in changing government and non-governmental organizations' (NGOs) attitudes and perceptions about the rights and education of people with disabilities.

The SarvaSikshaAbhiyan (Education for All) was established in 2001 with the goal of ensuring that all children aged 6 to 14 years should attend school and complete eight years of education by 2010.

In order to fulfil this commitment, on March 21, 2005, the then Minister of Human Resource Development made a comprehensive statement in the RajyaSabha on the subject of inclusive education for children with disabilities, and on June 15, 2005, the Ministry of Social Justice and Empowerment of the Government of India circulated a draught National Policy for Persons with Disabilities, which was then officially adopted and announced in February 2006.

Meanwhile, in 2007, the National Council for the Protection of Child Rights was established as an autonomous agency to ensure that children's rights are safeguarded. Following extensive consultations with stakeholders, the Union Cabinet eventually approved the Right to Education Bill in 2008. On July 2, 2009, the Union Cabinet formally adopted the measure. Following that, the bill was first passed by the RajyaSabha on July 20, 2009, and then by the LokSabha on August 4, 2009. On September 3, 2009, the bill obtained Presidential assent and became law as "The Children's Right to Free and Compulsory Education Act" or "The Right to Education" Act. On April 1, 2010, this newest act took force throughout India, with the exception of Jammu and Kashmir. In 2009, the Model Rules and Guidelines under Section 35(1) of the RTE Act, 2009 were also published. With the implementation of the RTE Act,

India has joined a group of 135 nations that have made education a fundamental right for all children.

## **1.2 Concepts and definitions of inclusive education:**

The education of the disabled has deep roots in the general history of education. Like in general education, many transformations have taken place in the education and training of individuals with disabilities from time to time. In the nineteenth century, the rise of institutions that served individuals with disabilities remained isolated from the normal educational setup and, therefore, secluded from society. In the early twentieth century, special schools and special classes within regular educational institutions and schools began functioning, and exclusive facilities were thus provided for students with disabilities. In recent years, greater thrust has been in the field of education. Efforts to make every individual become literate have gained considerable momentum.

An alternative vision for our communities is being developed by several people all around the world. In their eyes, communities are made up of people who value and include all of their members. These same individuals recognise that inclusive community building needs to begin in our schools. We nearly invariably teach the opposite—systematic forms of segregation, oppression, and elitism—instead of teaching our children how to live and work together while appreciating distinctions in culture, ethnicity, language background, and various cognitive, social-emotional, and sensory-physical skills.

The proponents of this educational philosophy understand that having students with significant differences learn together in an inclusive setting is not only about being "kind" to "those" people; rather, it is a necessary condition for a strong school that prioritises both excellence and equity. Can equity and brilliance coexist, though? That we can was explicitly stated by Loreman, Deppeler, and Harvey (2006). The message is quite clear: Equity is necessary for excellence.

A classroom is a mini society, which has all sorts of children with intellectual challenges, learning disorders, learners from low-income groups, emotionally disturbed, first-generation learners, talented, gifted, mentally challenged, physically challenged, slow learners, socially backward, etc. If we adopt one approach, a substantial large section of the class gets excluded and subsequently left behind.

Because each child in any class deserves an individualized program, each child learns in a unique way (Nanda, 2008).

### **1.2.1 Definitions of inclusive education:**

The purpose of inclusive education is to ensure that no one is excluded from school. Inclusive education is about learning to live with one another; it entails a real commitment to detecting, criticising, and contributing to the elimination of injustice.

The term "Inclusive Education" is more than a term. It entails welcoming all children into regular school without discrimination. According to international conventions, such as the Salamanca Declaration (1994), inclusive education is a human right.

"Inclusive education describes the process by which a school attempts to respond to all pupils as individuals by reconsidering and restructuring its curricular organizations and provision, allocating resources to enhance equality of opportunity." (Ainscow and Sebba, 1996)

"Inclusive education is a strategy contributing towards the ultimate goal of promoting an inclusive society, one which enables all children and adults, whatever their gender, age, ability, disability, or ethnicity, to participate in and contribute to that society" (Sue Stabbs, 1997).

"Inclusion means full inclusion of children with diverse abilities (that is, both giftedness and disabilities) in all aspects of schooling that other children are able to access and enjoy. It involves 'regular' schools and classrooms genuinely adapting and changing to meet the needs of all children as well as celebrating and valuing differences" (Loreman and Deppeler, 2002).

"The term "inclusion" in education has a much broader concept than the others. Inclusion in education is one aspect of social inclusion in society. Therefore, most confidently, it can be said that inclusive education is a strategy for building an inclusive society where everyone has the right to access, participate, and achieve complete success in education in the neighbouring regular school along with other age-mates without any discrimination. It has become the most effective approach to addressing the learning needs of all students in regular schools and classrooms" (Alur, 2003).

"One goal of inclusion is that every school be ready in advance to accept children with diverse abilities with equal rights and dignity. This may necessitate not only a change in the structure and operation of our schools, but also a shift in the attitudes of many special and regular education teachers, parents, administrators, and policymakers who see their role as supporting and educating a specific "type" of child. Most schools advocate the use of a child-centered approach to education, which implies that all teachers should be willing to meet the needs of all children " (Loreman, 2001).

### **1.2.2. Elements of inclusion:**

According to Sailor and Skrtic, (1995) following are the elements definition of inclusion:

- Inclusion of all children with diverse abilities in schools they would attend if they had no disability, is a must.
- The representation of children with diverse abilities in schools and classrooms is in natural proportion to their incidence in the district at large.
- Zero rejection and heterogeneous grouping
- Age and grade-appropriate placements of children with diverse abilities
- Coordination and management of instruction and resources
- 'Effective schools' style decentralized instructional models

### **1.2.3 The benefits of inclusion:**

When inclusion is effectively implemented, all parties benefit. This includes students with and without disabilities or gifts, as well as teachers and the larger school community (in terms of building a more accepting school climate). There are, however, long-held beliefs that children with diverse abilities will disrupt classes and impede the learning of other children; that teachers will be unable to handle the additional tasks required of them; and that children with diverse abilities will ultimately receive a substandard education and may emerge from the process with a damaged sense of self-worth. However, a growing amount of research suggests that many of these ideas are based more on preconceived conceptions than on genuine experience or facts. In any event, it appears that the advantages of inclusion greatly outweigh any negatives. The advantages of inclusion are best evaluated in terms of results. In other words, what is the outcome of integrating students with diverse abilities into regular schools? Positive

outcomes if inclusions that have been identified in the research literature are outlined below.

### **1.2.3.1 Benefits of inclusion of children with disabilities:**

Inclusion has numerous benefits for children with varying abilities. In a comprehensive review of the literature in this area, McCreor and Vogelsberg (1998) list these as:

- Children with disabilities interact with peers without disabilities more frequently in inclusive settings than in segregated settings. This is especially true if there is adult support available to encourage socialisation and if children with varying abilities are included to their natural proportion within the community.
- In inclusive settings, the social competence and communication skills of children with disabilities are enhanced. This is thought to be related to the fact that children with disabilities have more opportunities to hang out with their peers without disabilities, who can act as role models for children who are still learning age-appropriate social and community skills.
- In inclusive settings, children with disabilities frequently receive a more systematic education, resulting in enhanced skill acquisition and academic benefits. Some research suggests that the educational programmes for children with disabilities in inclusive settings are of a higher quality than in special schools, and that children in these settings spend more time engaged in academic activities and achieve better academic results.
- The frequent small-group nature of their instruction in inclusive classrooms increases the social acceptance of children with varying abilities. When children work together in small groups, they can look past their disability and see that they have a lot in common with children who are different.
- In inclusive settings, children with disabilities and those without disabilities form friendships more frequently. According to research, children in inclusive settings have more stable friendship networks than children in special school. This is especially true for children who attend local school, where they can more easily meet their friends outside of school hours.

In other literature, additional advantages of inclusion for children with disabilities have been cited. These consist of:

- Inclusion facilitates the growth of general knowledge in children with special needs (Devaern&Schnorr, 1991).
- Children with disabilities who attend regular schools are more likely to become adults who spend more time engaging in leisure activities outside the home, engaging in leisure activities with adults without disabilities, and engaging in community work than their peers educated in segregated settings (Alper&Ryndak, 1992).

The arguments for inclusion are persuasive. The opposing argument that children with diverse abilities receive substandard education or are socially disadvantaged in an inclusive setting is difficult to sustain. However, inclusion has benefits that extend beyond children with disabilities.

#### **1.2.3.2 Benefits of inclusion for children without disabilities:**

Inclusion benefits children without disabilities in many ways, just as much as it benefits children with disabilities. While some have attempted to argue that inclusion does not always benefit these children (Kauffman &Hallohan, 1995), the majority of the research literature does not support this claim. The literature has substantiated the following benefits of inclusion for children without disabilities:

- The presence of children with diverse abilities does not affect the academic performance of children without disabilities (Sharpe et.al.,1994; Devis, 1995; McGregor &Vogelsberg, 1998). According to the research literature, the notion that children with disabilities can disrupt a classroom is largely unfounded. In fact, one study found that children with disabilities not only spent comparable amounts of "engaged time" in the classroom as their non-disabled peers, but also caused no instructional time losses. In fact, Hollowoodet.al. (1995) said that instructional time was lost because of interference from the administration, transitions, and the absence of students with disabilities.
- Improvements in instructional technologies can benefit typically developing students (Rogan et.al., 1995). Some children with disabilities will require the use of technology to assist them in their education, such as specialised computer

software or hardware. Children with diverse abilities can utilise these technologies when they are not needed by children with disabilities.

- Children without disabilities can benefit from classroom budget increases. Blackman (1992) argues that additional funds and resources removed from "special programmes" can be used to enhance the learning of children with diverse abilities and their peers in the regular classroom. These funds can be used in a variety of ways to provide all children with additional learning opportunities.
- Children without disabilities who participate in peer-tutoring situations can gain self-esteem and academic content mastery (Alper&Ryndak, 1992). These children typically exhibit improved self-concept, social cognition growth, and the formation of personal values (Cooper et.al.,1986; Davis, 1995; Staub & Peck, 1995). In addition, it has been discovered that peer tutors demonstrate a greater command of academic content in a given subject than their peers who serve as tutors (Alper&Rynadk,1992).
- Children without disabilities have the opportunity to acquire additional skills, including Braille and sign language (Alper&Rynadk, 1992). These skills can be taught in a meaningful context and represent a rare opportunity for growth for children who are not educated alongside individuals with disabilities. McGregor &Vogelsberg, 1998).
- In an inclusive classroom, children without disabilities can learn to value and respect children with diverse abilities. When placed in an inclusive classroom, they learn to recognise past experiences with disability and the associated social stigmas (Alper&Rynadk, 1992; Gormley & McDermott, 1994; Davis, 1995; Staub & Peck, 1995).

### **1.3 Policy and legislation on inclusive education:**

The researcher has reviewed and reflected on both the international and national legislation and policies that, either directly or indirectly, have accentuated ensuring the educational rights of PWDs an inclusive setting in this section.



### 1.3.1 International legislations and policies related to educational rights of PwDs:

There is a growing consensus throughout the world about ensuring and safeguarding the educational rights of every child with disabilities by bringing them in an inclusive education system. Numerous international treaties have emerged over last few decades supporting the principle of inclusive education and the importance of “working towards schools for all- institutions which include everybody, celebrate differences, support learning and respond to individual needs” (UNESCO, 1994). A brief chronological review of the international conventions, declarations and recommendations supportive to the educational rights of PwDs in an inclusive and enabling setting presented below.

**Table No. 1.1: International Conventions**

Conventions	Main features relevant to educational rights of PwDs
Convention against Discrimination in Education (1960)	"Right of access to education and to quality of education".
International Convention on the Elimination of All Forms of Racial Discrimination (1965)	"Adoption of measures, particularly in the fields of teaching, education, culture and information, to combat prejudices that lead to racial discrimination".
International Convention on Economic, Social and Cultural Rights (1966)	"Right of everyone to access all levels of education, including technical and vocational education".
International Convention on Civil and Political Rights (1966)	"Elimination of discrimination to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".
Convention on the Elimination of All Forms of Discrimination against Women (1979)	"Elimination of discrimination against women in the field of education. Elimination of stereotyped concept of the roles of men and women by encouraging co-education, the revision of textbooks, school programmes and the adaptation of teaching methods".
Convention concerning	"Right to education that is responsive to culture and needs

<b>Conventions</b>	<b>Main features relevant to educational rights of PwDs</b>
Indigenous and Tribal Peoples in Independent Countries (1989)	of indigenous people. Elimination of prejudices ensuring that textbooks and other educational materials provide a fair, accurate and informative portrayal of the societies and cultures of these peoples".
Convention on the Rights of the Child (1989)	Right to free and compulsory primary schooling without any type of discrimination. Emphasis on child well-being and development, and measures to support child care.
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)	"Facilitation of teaching of mother tongue and culture for the children of migrant workers".
Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993)	"General education authorities are responsible for the education of PWDs in integrated settings. Education for persons with disabilities should form an integral part of national educational planning, curriculum development and school organization".
International Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor (1999)	"Access to free basic education and to vocational training for all children removed from the worst forms of child labor".
Convention on the Protection and Promotion of Diversity in Cultural Expressions (2005)	"Equal dignity of and respect for all cultures, including the cultures of persons belonging to linguistic minorities".
Convention on the Rights of Persons with Disabilities (2006)	"No exclusion from free and compulsory primary education, or from secondary education, on the basis of disability. Assurance of an inclusive education system at all levels and in lifelong learning".

**Table No 1.2: International recommendations**

<b>Recommendations</b>	<b>Main features relevant to educational rights of PwDs</b>
Recommendation against Discrimination in Education (1960)	"Elimination of discrimination in Education, and also the adoption of measures aimed at promoting equality of opportunity and treatment in this field".
Recommendation concerning the Status of Teachers (1966)	"Responsibility of states for proper education for all (EFA)".
Recommendation concerning Education for International Understanding, Cooperation and Peace and Education relating to Human Rights and Fundamental Freedoms (1974)	"Need for understanding and respect for all peoples, their cultures, civilizations, values and ways of life".
Recommendation on the Development of Adult Education (1976)	"Norms and standards for wider access and inclusive approaches to education. Provision of continuing education and learning opportunities for youth and adults".
Recommendation on the Recognition of Studies and Qualifications in Higher Education (1993)	"Right of wider access to educational resources worldwide through greater mobility for students, researchers, teachers and specialists".
Recommendation Concerning the Status of Higher-Education Teaching Personnel (1997)	"Equitable treatment of women and minorities and elimination of sexual and racial harassment".
Revised Recommendation Concerning Technical and Vocational Education (2001)	"Technical and vocational education programmes should be designed as comprehensive and inclusive systems to accommodate the needs of all learners, particularly girls and women".

**Table No 1.3: International Declarations**

<b>Declarations</b>	<b>Main features relevant to educational rights of PwDs</b>
Universal Declaration of Human Rights (1948)	"Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory".
Declaration of 1981 as the International Year of Disabled Persons	"‘Full participation and equality’ in all areas of life is a right of all persons with disabilities".
World Declaration on Education for All (1990)	"Every person - child, youth and adult - shall be able to benefit from educational opportunities designed to meet their basic learning needs".
The Delhi Declaration (1993)	"Eliminate disparities of access to basic education arising from gender, age, income, family, cultural, ethnic and linguistic differences and geographic remoteness".
Declaration of the Salamanca Statement (1994)	"Regular schools with an inclusive ethos are the most effective way to combat discriminatory attitudes, create welcoming and inclusive communities and achieve ‘Education for All’ with special emphasis on PwDs. Inclusive Education is a fundamental right of PwDs".
Declaration and Integrated Framework of Action on Education for Peace, Human Rights and Democracy (1995)	"Respect for the educational rights of persons belonging to ethnic, religious and linguistic minorities, as well as indigenous people and this must also have implications in curricula and methods as well as in the way education is organized".

The Hamburg Declaration on Adult Learning (1997)	"The State as essential vehicle for ensuring the right to education for all, particularly for the most vulnerable groups of society, such as minorities and indigenous people".
Recife Declaration of the E-9 countries (2000)	"Effecting changes in legislation to extend basic education and to include education for all in policy statements. Ensuring access and equity for population located in remote areas".
Dakar Framework for Action (2000)	"Re-affirmation of the vision set out in the World Declaration on Education for All in Jomtien in 1990".
Beijing Declaration of the E-9 countries (2001)	"Reinforce action-oriented programmes to meet the learning needs of disadvantaged groups such as children with special needs, migrants, minorities and the urban/rural poor".

### **1.3.2 National legislations and policies related to the educational rights of PwDs:**

Education has been given a noble position in India since ancient times. Numerous policies and legislation have been framed and enforced. Additionally, various schemes have been launched and implemented by the Govt. of India to ensure universalization of primary and elementary education, leading towards inclusive education for PwDs. A detailed review report of the policies, legislation, and schemes undertaken by the government of India to promote inclusive education for PwDs and thereby ensure their educational rights is presented below.

1. There are several articles in the Constitution of India referring to measures to be taken towards improving the accessibility of education in India. Article 29 states, for example, that no citizen shall be denied admission; Article 45 addresses the provision of free and compulsory education for all children until

the age of 14; and Article 46 addresses the promotion of the educational and economic interests of the weaker sections.

2. Recommendations to send children with disabilities to mainstream schools were first made in the Sargent Report in 1944 and again in 1964 by the Kothari Commission. The Kothari commission report identified mass illiteracy as one of the major problems that India was facing and gave many recommendations for increasing the productivity of the citizens and strengthening national and social integration.
3. The National Policy on Education (1968) stressed the need to promote rapid universalization of education as well as prevent wastage and stagnation. In order to implement it, the Integrated Education for Disabled Children (IEDC) scheme was launched in December 1974 to admit children with disabilities into regular schools.
4. Another policy on education, called the National Policy on Education (NPE, 1986, henceforth), was introduced in support of the goal of universalization of education.
5. In 1992, India launched the Programme of Action in order to look into the activities done under the NPE (1986). Under the Programme of Action (1992), schools were encouraged to enrol PWDs in their neighbourhood.
6. The Persons with Disabilities Act, 1995 (PWD Act) is the most significant legislation enacted by Parliament in the history of the disability movement in India. The passing of this Act gave effect to the Proclamation on the Full Participation and Equality of PWDs in the Asian and Pacific Regions. The objectives of the PWD Act with reference to barrier-free access are to: create a barrier-free environment for PWDs; to make special provisions for PWDs in mainstream society; to lay down strategies that will ensure comprehensive programmes and services; and equal opportunities for PWDs. Provisions under Chapter-V of the PWD Act ensure that all PWDs must have access to free education in an appropriate and inclusive environment till they attain the age of 18. It stresses the importance of providing education both through formal education systems as well as through non-formal education systems and makes provisions for services in rural areas employing locally available resources. It also ensures that every child with SEN has access to adequate teaching and learning materials in schools.

7. However, the principle of inclusion brought about a change in the attitude towards the learning abilities of children with SEN. *"The difficulty that a child exhibits in learning are not to be attributed to the child but to the school system."* This attitude became the prime reason for the addition of inclusive education to the District Primary Education Programme (DPEP) in 1997.
8. This, further, drew the attention of the government towards the need for universalization of education, which subsequently led to the introduction of SarvaShikshaAbhiyan (SSA) in 2001.
9. Another important initiative of the Govt. of India in the field of education is the Right of Children to Free and Compulsory Education Act (RTE), which was passed on August 4th, 2009 and enforced from April 1st, 2010. This Act makes education a fundamental right of every child, including children with disabilities in India.
10. Following the successful implementation of SSA in 2001, a programme to universalise secondary education was launched under the name RashtriyaMadhyamikShikshaAbhiyan (RMSA) in 2009. Furthermore, under the RMSA, a scheme known as Inclusive Education for Disabled at Secondary Stage (IEDSS) was introduced in 2009 with the goal of promoting quality inclusive education at the secondary level.
11. The newest and historical step of the Govt. of India to protect and ensure the rights of PWDs was the enactment of the "The Rights of Persons with Disabilities (RPwD) Act, 2016". It was passed on the 27th of December, 2016 and came into force on the 19th of April, 2017. This Act replaces the earlier existing PWD Act, 1995, which was passed 21 years ago. In the RPwD Act, "disability" has been defined based on an evolving and dynamic concept. The types of disabilities have been increased from the existing 7 to 21, and provision has been made to add more, as needed. The new Act has been enacted to give effect to the directives of the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD, 2006). In the third chapter of this Act, the rights of PWDs to an education were explained in a very clear and thorough way.
12. This National Education Policy, 2020 is the first education policy of the 21st century and aims to address the many growing developmental imperatives of our country. The National Education Policy places particular emphasis on the

development of the creative potential of each individual. It is based on the principle that education must develop not only cognitive capacities—both the "foundational capacities" of literacy and numeracy and "higher-order" cognitive capacities such as critical thinking and problem solving—but also social, ethical, and emotional capacities and dispositions, including cultural awareness and empathy, perseverance and courage, teamwork and leadership, service and sacrifice, courtesy and sensitivity, oral and written communication, integrity, and work ethic, among others.

It is evident from the above review that the education of children with SEN has surpassed many significant phases in its journey from the era of negligence and segregation to the present era of right-based inclusion. Additionally, due to various acts and legislation, it has become obligatory for the Govt. of India to provide PWDs with inclusive education and thereby protect their fundamental rights to education.

### **1.3.3 Observations on inclusive education in India:**

The following key observations are derived from an analysis and documentation of inclusive model practices:

- The federal and state governments have taken a variety of steps to improve the enrollment, retention, and academic performance of children with disabilities. • The majority of services for children with disabilities are concentrated in major metropolitan areas. There is a need to establish interlinks and collaborations between various organisations to prevent overlap, duplication, and contradictions in programme implementation. The vast majority of children with disabilities do not benefit from these services.
- Consistent data on the number and educational status of children with disabilities, as well as the disparities between regions and types of disabilities, is lacking. This makes it hard to understand what the problem is and come up with good solutions.
- In order to promote inclusive education, it should be very important for government agencies and non-government organisations to work together with the community.
- Many schools have a large number of students per classroom and a limited number of teachers. As a result, many educators are unwilling to work with children with disabilities. They view it as an additional burden.



- Training for disability awareness and issues of inclusiveness, as well as making sure programmes are run well, are very important.
- Different disabilities require different support. The number of qualified and trained personnel supporting inclusive practises is insufficient to meet the needs of individuals with various types of disabilities.
- The curriculum is not flexible enough to accommodate the needs of students with disabilities. There are few teaching and learning materials that are developmentally appropriate for children with and without disabilities. The teaching-learning process addresses children's individual learning needs in an insufficient manner.
- Families don't know enough about their child's disability and how it affects their child's abilities. This frequently results in a feeling of hopelessness.

#### **1.4 Attitude and behavior:**

An attitude is "a relatively stable arrangement of beliefs, feelings, and behavioural tendencies toward socially significant objects, groups, events, or symbols" (Hogg & Vaughan, 2005, p. 150). An attitude is a person's emotional or mental disposition that influences their behaviour. A person's attitude determines whether he or she likes, dislikes, avoids, or approaches something or someone. Individuals are not born with attitudes. They acquire them from their culture. Social psychology examines how attitudes are formed through interaction with other individuals and how individuals perceive one another. Longevity has a significant impact on our perception and behaviour when we meet or avoid other people. According to Callan et.al., (1999, p.49), attitudes are typically defined as learned reactions for or against an object or class of objects. There are aspects of attitude definitions worth emphasising.

First, attitudes are always directed toward objects, which can be physical objects, social objects, or behaviours.

Secondly, attitudes are presumably acquired through socialisation.

Thirdly, attitudes are always concerned with evaluating dimensions of pro or con, like or dislike, approaches or avoidance. Attitude is a crucial factor in determining whether

or not children achieve optimal development. The structure of attitudes can be described using three components.

1. Affective component: this refers to a person's feelings and emotions regarding an object. For example, "I'm afraid of spiders."
2. The way our attitudes influence our actions or behaviours is referred to as the behavioural (or conative) component. For instance, "I'll avoid spiders and scream if I encounter one."
3. The cognitive component: This entails a person's beliefs and knowledge regarding an object. For example, "I believe spiders are dangerous."

The ABC model of attitudes is the name given to this model. Typically, the three elements are interconnected. There is evidence, however, that the cognitive and affective components of behaviour do not always correspond with behaviour. This is demonstrated by LaPiere's research (1934). The perspective of parents can have a significant impact on the social and academic integration of children. It matters greatly to these children whether their parents' attitudes and actions are motivated by genuine concern for their needs or by pity or financial constraints. It is a behavior-determining factor. Our behaviour is determined by our attitude, which consists of positive and negative beliefs about any given concept. Attitude is what shapes behaviour. All three of these factors influence parental attitudes toward their children's education. If all three components are positive, then the individual's education-related actions, beliefs, and emotions should also be positive. The belief element of attitude influences the action element. If a person perceives something as positive, then his or her behaviour must also be positive. If the parent's attitude toward education is positive, it will influence their actions, which must be positive and constructive. Individuals can derive benefits from their attitudes. Katz (1960) describes the functional areas as:

- Knowledge-Attitudes give life (knowledge) meaning. The knowledge function refers to our need for a consistent and relatively stable global environment. This enables us to predict what is likely to occur, giving us a feeling of control. Attitudes can assist us in organising and organising our experience. Knowing a person's disposition allows us to anticipate their behaviour.
- Adaptive: If a person holds and/or expresses socially acceptable attitudes, they will receive social approval and acceptance from others. Consequently, attitudes

have to do with belonging to a social group, and adaptive functions help us fit into a social group. People seek out those who share their attitudes and adopt those of those they admire.

- The ego-defensive function refers to attitudes that protect our sense of self-worth or justify actions that make us feel guilty. Positive self-attitudes, for example, have a protective (i.e., ego-defensive) effect on our self-image by keeping us from getting hurt.

The main idea behind the functional approach is that attitudes act as bridges between a person's inner needs (like expression and protection) and the outside world (like adaptation and knowledge).

The perspective of parents can have a significant impact on the social and academic integration of children. It matters greatly to these children whether their parents' attitudes and actions are motivated by genuine concern for their needs or by pity or financial constraints. It is a behavior-determining factor. Our behaviour is determined by our attitude, which consists of positive and negative beliefs about any given concept. All three of these factors influence parental attitudes toward their children's education. If all three components are positive, then the individual's education-related actions, beliefs, and emotions should also be positive. The belief element of attitude influences the action element. If a person perceives something as positive, then his or her behaviour must also be positive. If the parent's attitude toward education is positive, it will influence their actions, which must be positive and constructive.

#### **1.4.1 Parental attitude and involvement in children's education:**

The parents' attitude toward their child's education has a significant impact on the child's school attendance and academic performance. A positive outlook on schooling and education increases parental involvement in their children's current and future academic endeavours. The parents' perspective on their children's education is negatively impacted by their socioeconomic status. Parental attitude is an indicator or measure of parental involvement. A child raised with love and care in the least restrictive environment would have a greater ability to adapt to the sighted world. Therefore, the family influences the child's social integration more than a formal

school. Turnbull (1983) identifies four fundamental parental roles: parents as educational decision-makers; parents as parents; parents as educators; and parents as advocates. Due to the importance of parental attitude, it is essential that the home and school collaborate closely, particularly for children with disabilities. The Warnock Report (1979) emphasises the importance of parental involvement in their children's education. The role of parents should be to actively enrich and support the educational process. According to Korth (1981), parents should be recognised as the primary educators of their children, and professionals should be viewed as consultants to parents. According to Tait (1972), parents' psychological health and the ease or difficulty with which they interpret the cues that facilitate the socialisation process affect the child's personal and social development. From birth to maturity, parents exert the greatest influence on the development of their children. Consistency is one of the most essential characteristics of a parental attitude. As children enter adolescence, parental involvement in their education remains crucial. Family involvement practises at home and at school have been found to affect the academic achievement, school attendance, and graduation and college matriculation rates of secondary school students (Dornbusch & Ritter, 1988; Plank & Jordan, 1997). Despite its significance, families become less involved in their children's education as they move from elementary school to middle school and high school (Dauber & Epstein, 1993; Lee, 1994). Research (Eccles & Harold, 1993; Epstein & Connors, 1994) shows that schools can get parents involved again by putting in place comprehensive partnership programs.

The strongest predictor of a child's educational outcome is family involvement. This factor was significantly associated with children's learning motivation, attention, task persistence, receptive vocabulary skills, and low conduct problems. Family involvement in education has been identified as a positive factor for the education of young children (National Research Council [NRC], 2001; U.S. Department of Education, 2000). Consequently, it is a fundamental component of national educational policies and early childhood programmes. Much of the research on parent involvement in relation to children's outcomes has focused on the association between specific parent involvement behaviours and children's achievement. Parental involvement at school (e.g., participation in school activities, direct communication with teachers and administrators) is associated with higher math and reading achievement (Griffith, 1996; Reynolds, 1992; Sui-Chu & Willms, 1996). Higher levels of parental involvement in

their children's educational experiences at home (e.g., supervision and monitoring, daily conversations about school) have been linked to higher reading and writing achievement scores and report card grades (Epstein, 1991; Griffith, 1996; Sui-Chu & Willms, 1996; Keith et.al.,1998). Other research has demonstrated that parental beliefs and expectations regarding their children's learning are strongly related to the children's beliefs regarding their own competencies and achievement (Galper, Wigfield, & Seefeldt, 1997). Children of parents with high levels of school contact (volunteering in the classroom, participating in educational workshops, and attending Policy Council meetings) exhibited greater social competency than those of parents with lower levels of school contact (Parker et.al.,1997). It was hypothesised that involvement at home would be most strongly associated with positive classroom learning outcomes, whereas involvement at school would predict lower levels of conduct issues. Home-Based Involvement activities, such as reading to a child at home, providing a location for educational activities, and asking a child about school, demonstrated the strongest correlations with later preschool classroom competencies. Positive correlations were found between these activities and children's approaches to learning, particularly motivation and attention/perseverance, and receptive vocabulary.

The parents' attitude demonstrates the supportive nature of the family in their children's education. The parental attitude may be either positive or negative. Negative parental attitudes toward education and schooling can prevent children from receiving an education. Children's motivation and self-esteem are diminished when they receive less parental help with schoolwork. A parent's positive attitude can help his or her child in many situations, as shown by better grades, more interest in learning, and higher reading achievement scores.

#### **1.4.2 Parents' attitude and involvement in the education of children with disabilities:**

Parents play a crucial role in the complex and dynamic process of inclusion, which begins with their decision to place their child in a regular classroom or special school. Parents of students with SENs know their children's educational needs better than anyone else in the system. After controlling for all other variables, Desforges&Abouchaar (2003) and Harris &Chrispeels (2006) hypothesised that parents have a significant positive effect on their children's well-being and achievement. This

was also supported by Sylva, Melhuish, Sammons, Siraj-Blatchford, and Taggart (2004), who suggested that early parental involvement in education leads to a more constructive engagement with educational processes. In addition, developmental psychology studies (Fan & Chen, 2001; Gonzalez-Hass, Willems & Holbein, 2005; Hoover-Dempsey et.al.,2005; Spera, 2005) have discovered that parents' learning attitudes and behaviour are significantly associated with their children's education. In the last two decades, a number of research studies have examined parental perspectives and concerns regarding inclusion and its mechanisms, yielding contradictory results. Several of these studies involving parents of children with mild or moderate disabilities (Leyser& Kirk, 2004; Seery, Davis, & Johnson, 2000) found that these parents supported inclusion practises and were satisfied with the benefits provided to their children. In addition, parental support, participation, and acceptance are regarded as crucial for promoting inclusive education. (Palmer, Fuller, Arora & Nelson, 2001). However, other research (Fox and Ysseldyke, 1997; Green & Shinn, 1994) indicates less support.

Kasari, Freeman, Bauminger, &Alkin (1999) identified diagnosis, age, and current placement as factors that influence parent perceptions of inclusion; however, Stoiber, Gettinger, & Goetz (1998) acknowledged that parents' education level, marital status, and number of children were related to their inclusion beliefs. The opinions of parents are a crucial component of the evaluation of the inclusion movement. According to parents of children without disabilities, inclusive education assisted their children in understanding and accepting individual differences (Gallagher et. al. 2000; Miller & Phillips, 1992). From different studies, it is also possible to draw useful conclusions about how parents feel about including children with and without disabilities.

It has become increasingly apparent that partnerships between the home and school are especially beneficial for students with diverse abilities, and it is now widely accepted that family involvement is crucial to the success of these students in regular schools (Strickland & Turnbull, 1990; Lewis, 1992; Hayes, 1998). Parents can provide information about their child that the school may not have been aware of previously (Lipsky, 1989). The in-depth knowledge of a parent regarding their child's needs and abilities can assist schools and teachers in determining the most suitable learning tasks, environments, and teaching styles (Hayes, 1998). Open and mutually supportive parent-school partnerships can contribute to a more harmonious experience for all parties,

including the child, by reducing misunderstandings (Sommerstein & Wessels, 1996). Multiple research findings indicate that parental perspectives regarding the placement of children in educational settings are diverse. Parents who supported regular school placement viewed inclusion as a greater platform for children with disabilities to establish positive interactions and friendships with their typically developing peers, as well as to learn socially appropriate behaviours and develop greater social skills (Scheepstra, Nakken, & Pijl, 1999; Turnbull, Turnbull, Shank, Smith, & Leal, 2002; Elkins, van Kraayenoord, & Jobling, 2003). Similarly, parents anticipate that inclusion will increase the learning potential and educational attainment of children with disabilities, given the greater cognitive development and emphasis on academic curriculum in regular classrooms, as opposed to basic life skills (Palmer et al., 2001; De Boer et al., 2010). Parents who advocated for separate placement voiced grave concerns about the implementation of inclusion, particularly for children with moderate to severe behavioural or cognitive issues. They have doubts regarding the capacity and willingness of mainstream schools to manage and educate their children with disabilities. They frequently cited pedagogical barriers such as inadequate resources, improper training in special needs, and a lack of inclusive teaching practises (e.g., differentiated instruction, individualised learning strategies) that may leave children with disabilities unable to meet curricular demands (Pivik, Mccomas, & Laflamme, 2002; Runswick-Cole, 2008). A few studies have indicated that dissatisfaction with the relationship, communication, and partnership between the home and school is one of the primary concerns of parents of children with disabilities (Davern, 1999; Frederickson et al., 2004; Lovitt & Cushing, 1999). Parents frequently expressed dissatisfaction with the process used to develop the individualised support provided to children with disabilities in regular schools, citing a lack of respect and receptivity for their opinions, feelings of intimidation, and an inability to comprehend their needs. They also reported that the inclusive system does not treat them as equal partners (Childre & Chambers, 2005; Soodak & Ervin, 2000; Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005). However, children with disabilities who attend regular schools may have more social difficulties than children without disabilities who attend regular schools. Compared to their peers without disabilities, these children are less socially accepted by their peers, have fewer friendships, and participate in a smaller social network in the classroom, according to research (Bramston, Bruggerman, & Pretty, 2002; Kuhne & Wiener, 2000; Mare & Ronde, 2000; Pijl, Frostad, & Flem, 2008;

Soresi& Nota, 2000). The attitudes of parents of children without disabilities are crucial in this context. Children can develop attitudes by being exposed to and adopting their parents' perspectives (Katz &Chalmiel, 1989). Holden, 1995). Parents' attitudes and behaviour may influence the formation of their children's attitudes, which are then carried into adulthood (Holden, 1995). This means that parents who don't like inclusive education may have a bad effect on how their children think and act.

### **1.5 The impact of a child with disability on the family:**

The birth of a disabled infant or the discovery that a child has a disability is a traumatic and intense event. Numerous studies have examined the emotional response and adjustments of parents of children with disabilities (e.g., Blacher, 2001;Eden-Piercy,Blacher, &Eyman, 1986; Ferguson, 2003, Frey, Fewell, &Vadasy, 1989; Johnson, 1993). This research demonstrates that the majority of parents undergo an adjustment period during which they attempt to work through their emotions. Blacher (1984), whose research is widely cited, identified three consistent stages of adjustment. Initially, parents undergo an emotional crisis marked by shock, denial, and disbelief. Second, this initial response is followed by alternating phases of anger, guilt, depression, shame, low self-esteem, rejection of the child, and overprotectiveness. Parents eventually reach a stage in which they accept their child. On the basis of their observations of 130 participants in two parent support groups over a number of years, Anderegg, Vergason, and Smith (1992) developed a revised model of Blacher's work that they refer to as the grief cycle, which consists of three stages: confronting, adjusting, and adapting.

**Table No. 1.4 Four main responses to diagnosis**

<b>Response Type</b>	<b>Associated Emotions</b>
<b>Negative Emotional Response</b>	Depression, anger, shock, denial, fear, self blame, guilt, sorrow, grief, confusion, despair, hostility, emotional breakdown
<b>Negative Physiological Response</b>	Crying, not eating, cold sweat, trembling, fear, physical pain and breakdown
<b>Positive Emotional Response</b>	Prepared for diagnosis, want to hear what can be done for the child
<b>Nonspecific Response</b>	



According to Polovina's (2003) analysis of problems faced by families of children with disabilities, there are three levels of problems: the family level, i.e., the problems and difficulties of functioning within the family; the community level, i.e., the problems and difficulties of functioning in the community; and the institutional level, (facing the disability; problems of childcare and fulfilling the basic needs of the child and other family members; organisation of family life; exhaustion and fatigue in parenting and parental-partner relations etc.). The level of the relationship between the family and its environment, i.e., within-family/environmental problems (disability in the context of poverty; lack of time, energy, and knowledge for encouraging the child's abilities; the problem of single mothers and foster families with a disabled child, etc.) and the level of the environment (insensitivity; the problem of the child's acceptance; fear; rejection of differences).

Poyadue (1993) proposes a stage beyond acceptance and adaptation that entails appreciating the positive aspects of family life with a disabled child. Petterson & Leonard (2000), for instance, interviewed couples whose children required intensive homecare routines due to chronic, complex health care needs, and discovered roughly equal numbers of positive and negative responses. One of the positive responses was that providing care brought the couple closer together and strengthened family ties. In a separate study, the majority of 1,262 parents of children with disabilities concurred with the following statements: "My child's presence is very uplifting. Because of my child, I experience unexpected pleasure. My child has made me a more responsible individual. (Behr, Murphy, & Summers, 1992, p.26). Many of the Latin mothers in Skinner, Biley, Correa, and Rodriguez's (1998) study believed that having a child with a disability made them better mothers, and parents in several studies reported not only successfully coping with the challenges posed by a child with a disability but also that their families benefited from the child (Bradley, Knoll, & Agosta, 1992; Meyer, 1995; Neseef, 2001; Stainton & Besser, 1998). For some parents, the passage of time does not alleviate their discomfort with their child. Others report that having a child with a disability has strengthened their lives and relationships (Scorgie & Sobsey, 2000). The sequence and length of time required for adjustment vary by parent. During the adjustment period, sensitive and helpful friends and professionals can help almost all parents and families. (Fox, Vaughn, Wyatte, and Dunlap, 2002).

### **1.5.1 The impact of disability upon interpersonal relationships:**

Disability has a profound effect on a person's financial and mental health. Additionally, the impact can be observed at the interpersonal level, as relationships become extremely strained and complicated. Bernard Farber (1959) provides a comprehensive analysis of the effects of a disabled child on the family. Families, according to Farber, try to manage the disabled child within existing norms and roles, making only the bare minimum of necessary adjustments to maintain family equilibrium. Prior to the 1970s, studies focused on the impact of the mother on the development of disabled children. The perspective of developmental research shifted in 1975, when Sameoff and Chandler introduced a transactional model to explain the highly complex interactions and relationships between or among family members. As a result of this shift in emphasis, numerous studies have examined the various responses, including the impact of the child on the mother, father, and siblings. The impact of having a child with a disability on fathers has received relatively little attention. The majority of studies focused on mothers' coping strategies and adaptation. A few studies on both fathers and mothers indicate that mothers experience greater parental stress and depression than fathers. As they are more concerned with their children's long-term financial security, fathers demonstrate greater financial strain. In addition, research reveals fathers' limited involvement in raising a child with a disability. This can be explained by the father's incapacity to care for a disabled child. Second, the dissatisfaction of fathers with the services primarily provided by mothers. Lastly, mothers are seen as the ones who take care of their children directly, while fathers are often seen as nothing more than playmates.

In the 1970s, studies on the effects of disabled children on their siblings first appeared. Some studies have found negative effects on non-disabled siblings, whereas others have not. Studies have also shown that siblings of children with disabilities exhibit fewer behavioural issues when their families are supportive, conflict-free, and free of parental stress. Recent research has examined the interactions, activities, and responsibilities of non-disabled older and younger children with their disabled siblings in the home. Multiple responsibilities for caregiving tasks are assumed by older siblings, particularly sisters, according to research highlighting asymmetry in role relationships. On the other hand, it has been found that younger siblings of disabled children are more involved in teaching and behaviour management. Some researchers thought that switching roles

would hurt the quality of relationships between siblings because the younger sibling would have less time to hang out with friends because they would have to take care of the older sibling.

Again, examining survey results, it is evident that couples caring for a child with a disability are more likely to experience relationship problems leading to divorce. In this situation, there are numerous disagreements between the father and mother. This results in resistance, communication breakdown, and avoidance. The parents are unwilling to share their emotions and feelings with one another. There is also disagreement regarding who will do what. Typically, mothers are primarily responsible for a child's physical and domestic care. Fathers ensure the family's financial stability. The majority of parents are satisfied with these types of role arrangements, but some parents may experience tension as a result. To avoid this tension, parents attempt to quantify their respective contributions. This escalates the tension between them.

It is challenging for parents to attend to their other children while caring for their disabled child. Relationships with the non-disabled child are frequently strained and distant. Siblings without disabilities develop feelings of neglect and lack of affection. This causes behavioural issues in typically developing children.

As can be seen, disability has a significant impact on interpersonal relationships. With help from each other, people can work through problems in their relationships.

### **1.5.2 The four life-cycle stages of a person with disabilities: issues and strategies for family members**

**Table No. 1.5 Life - cycle stages**

<b>Areas</b>	<b>Early childhood, ages 0-5 years</b>	<b>Childhood, ages 6-12 years</b>
<b>Issues for parents</b>	<ul style="list-style-type: none"> <li>■ Getting an accurate diagnosis</li> <li>■ Information about siblings and families</li> <li>■ Finding early intervention services</li> </ul>	<ul style="list-style-type: none"> <li>■ Creating routines to perform family duties</li> <li>■ Emotional adjustment to educational implications</li> <li>■ Defining the differences between mainstreaming and</li> </ul>

	<ul style="list-style-type: none"> <li>■ Attending an IFSP meeting</li> <li>■ Searching for significance in the exceptionality</li> <li>■ Defining a personal ideology to serve as guide for action.</li> <li>■ Addressing stigmatisation concerns</li> <li>■ Recognizing exceptionality's constructive contributions</li> </ul>	<p>special class placement</p> <ul style="list-style-type: none"> <li>■ Promoting inclusive activities</li> <li>■ Participation at IEP meetings</li> <li>■ Finding local resources</li> <li>■ Arranging for co-curricular activities</li> <li>■ Creating a future focused vision</li> </ul>
<b>Issues for siblings</b>	<ul style="list-style-type: none"> <li>■ Less parental time and effort for sibling needs is a problem for siblings.</li> <li>■ Jealousy due to receiving less attention</li> <li>■ Fears resulting from misconceptions regarding exceptionality</li> </ul>	<ul style="list-style-type: none"> <li>■ Sharing of responsibility for any demands for physical care</li> <li>■ The oldest female sister could be in danger.</li> <li>■ A lack of leisure time resources for the family</li> <li>■ Notifying classmates and professors</li> <li>■ Potential anxiety about younger siblings shocking elder</li> <li>■ Issues with mainstreaming students into one school</li> <li>■ Need for fundamental knowledge on exceptionality</li> </ul>
<b>Enhancing successful transitions</b>	<ul style="list-style-type: none"> <li>■ Begin preparing for the separation of preschool children by periodically leaving the child with</li> </ul>	<ul style="list-style-type: none"> <li>■ Give parents a rundown of the available curricular possibilities.</li> <li>■ Ensure that IEP meetings offer</li> </ul>

	<p>others.</p> <ul style="list-style-type: none"> <li>■ Research local preschools and pay them a visit.</li> <li>■ Promote involvement in Parent-to-Parent initiatives.</li> <li>■ Provide parents with information about potential school options, career paths, or adult programmes so they are aware of potential future opportunities.</li> </ul>	<p>a supportive environment for family cooperation.</p> <ul style="list-style-type: none"> <li>■ Promote involvement in parent-to-parent matches, workshops, or family support groups so that people may talk about transitions with one another.</li> </ul>
	<p><b>Adolescence, ages 12 - 21 years</b></p>	<p><b>Adulthood, Ages 21+</b></p>
<p><b>Issues for parents</b></p>	<ul style="list-style-type: none"> <li>■ Parental Concerns Emotional Adaptation to Potential Chronicity exceptionality</li> <li>■ Recognizing concerns with developing sexuality</li> <li>■ Coping with the mental and emotional changes that come with puberty</li> <li>■ Addressing potential peer rejection and isolation</li> <li>■ Career/vocational development planning</li> <li>■ Scheduling leisure activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Discussing alternatives for supported employment and housing</li> <li>■ Emotionally adjusting to the adult implications of reliance</li> <li>■ Addressing the requirement for opportunities for socialisation</li> <li>■ Starting a vocational or career-focused programme</li> <li>■ Making preparations in case guardianship is required</li> </ul>

	<ul style="list-style-type: none"> <li>■ Developing a child's capacity for self-motivation</li> <li>■ Making postsecondary education plans</li> </ul>	
<b>Issues for siblings</b>	<ul style="list-style-type: none"> <li>■ Sibling-Related Problems Overidentification with siblings</li> <li>■ A better awareness of PEOPLE'S differences</li> <li>■ How exceptionality affects career choice</li> <li>■ Coping with potential embarrassment and stigma</li> <li>■ Participation in programmes for training siblings</li> <li>■ Possibility of setting up sibling support groups</li> </ul>	<ul style="list-style-type: none"> <li>■ Possibilities of financial support obligations concerns</li> <li>■ Addressing concerns regarding potential genetic effects</li> <li>■ Introducing new exceptionalism-related laws</li> <li>■ Information on possible jobs or ways to live is required</li> <li>■ Clarify the function of sibling advocacy.</li> <li>■ Potential guardianship difficulties</li> </ul>
<b>Enhancing successful transitions</b>	<ul style="list-style-type: none"> <li>■ Helping families and teenagers find local leisure activities</li> <li>■ Include in the Individualized Education Plan (IEP) the skills required for upcoming career and vocational programmes.</li> <li>■ Visit or familiarise yourself with a number of job and housing</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide families with preferred information about guardianship, estate planning, wills, and trusts.</li> <li>■ Assist family members in delegating tasks to the person with a disability, other family members, or support providers as necessary.</li> <li>■ Help the adolescent or family members make career or vocational decisions.</li> </ul>

	<p>possibilities.</p> <ul style="list-style-type: none"> <li>■ Establish a mentoring relationship with a professional who fits the student's interests and strengths and an adult with a similar exceptionality.</li> </ul>	<ul style="list-style-type: none"> <li>■ Discuss the concerns and obligations of marriage and parenthood for the young adult.</li> </ul>
<p><i>Adapted from Turnbull and Turnbull, (2001) Families, professionals and exceptionality: Collaborating for empowerment. (2nd. Ed., pp. 134-135; 3rd ed., p. 149; 4th ed., p. 173). Upper Saddle River, NJ: Merrill/ Prentice Hall.</i></p>		

## 1.6 Definition and symptoms of depression:

Depression is a widespread illness that affects people of all ages, genders, socioeconomic backgrounds, and religions in India and around the world. Depression contributes significantly to the national and global disease burden. At the level of the individual and the family, depression results in a poor quality of life, which has enormous social and economic consequences? According to the World Health Organization (WHO), (2008), depression is a common mental disorder characterised by low mood, loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and have a significant impact on an individual's ability to carry out daily responsibilities. At its most severe, depression can result in suicide.

Beck (1967) contends that depressed individuals draw illogical conclusions about themselves, blaming themselves for normal problems and viewing every minor setback as a catastrophe. Poverty and depression are linked in a vicious cycle. Depression frequently results in impaired functioning, which impacts all aspects of an individual's life and family, including education, marriage, employment, and social relationships. In turn, this results in decreased productivity, increased medical costs, and significant emotional suffering. Due to rising costs, people with depression are also unable to access quality health care.

### **Diagnostic Criteria:**

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-V-TR.2005) has established diagnostic criteria for the evaluation of depressive disorders.

A. Five or more of the following symptoms have been present at the same time for at least two weeks and show a change in how the person used to function. The main symptom is either (1) depression or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Subjective report (e.g., feeling sad, empty, or hopeless) or observation by others (e.g., appears tearful) indicate a depressed mood for the majority of the day, nearly every day.(Note: In children and adolescents, an irritable mood is possible.)
2. Decreased interest or pleasure in most or all activities for most or almost all of the day, almost every day. This can be seen in the person's own words or through observations.
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of bodyweight in a month), or daily appetite decrease or increaseConsider failure to achieve expected weight gain in children.
4. Insomnia or hypersomnia on a daily basis.
5. Psychomotor agitation or retardation (observable by others, rather than subjective feelings of restlessness or slowness).
6. Nearly daily fatigue or loss of energy.
7. Nearly daily feelings of worthlessness or excessive or inappropriate guilt (which could be delusional) (not merely self-reproach or guilt about being sick).
8. Daily impairment in the ability to think or concentrate, or indecision (either by subjective account or as observed by others).
9. Frequent thoughts of death (not just fear of dying), suicidal thoughts without a plan, a suicide attempt, or a plan to kill oneself.

B. The symptoms cause distress or problems in important social, occupational, or other areas of life.



C. The event can't be explained by the way a drug affects the body or by another medical condition.

Note: Criteria A–C represent a major depressive episode.

Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss, which may resemble a depressive episode. The presence of a major depressive episode in addition to the normal response to a significant loss should be carefully considered, despite the fact that such symptoms may be understandable or deemed appropriate for the loss. This decision needs to be made using clinical judgement based on the person's past and cultural norms about how to show grief after a loss.

1. Schizoaffective disorder, schizophrenia, schizophrenia form disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders cannot explain the major depressive episode.
2. There have never been any manic or hypomanic episodes.

Note: This exclusion does not apply if the manic or hypomanic episodes are caused by drugs or the physiological effects of another medical condition.

### **Symptoms of depression:**

Depression is mostly a mood or emotion disorder, but it can also have cognitive, motivational, and somatic (physical) symptoms.

### **Cognitive symptoms:**

Depressive symptoms are central to the disorder. People with depression have trouble concentrating and making decisions. They typically have low self-esteem and believe they are inferior, incompetent, and incapable. People with depression almost always view the future with great pessimism and despair (Clark, Beck, & Alford, 1999).

### **Motivating indicators:**

Motivational symptoms of depression include an inability to initiate and engage in behaviours that could result in pleasure or fulfillment. A depressed individual may be unable to get out of bed in the morning and engage in their daily activities alone.

Everything appears to require excessive effort. In extreme cases of depression, the individual may need to be coaxed out of bed, dressed, and fed. In some cases of depression, the individual's actions become sluggish, and she or he walks or speaks with excruciating effort. Beck, Brown, and Riskind (1968) proposed that depressed individuals tend to view themselves, their environment, and the future negatively due to cognitive errors. This negative perspective exaggerates the severity of situations and increases the risk of depression, particularly in stressful situations. A depressive feeling is an emotion that almost everyone experiences at some point in their lives. Depressive emotion can be a normal emotional response, such as during various normative crises in a person's life cycle (Stahi, 2001).

### **Somatic (bodily) symptoms:**

Depression can also manifest as a distinct symptom in various mental or somatic disorders (Aalto-Setala, 2002). In moderate and severe depression, appetite loss and weight loss are common somatic (body) symptoms, whereas in mild depression, compulsive eating can lead to weight gain. Insomnia and weight loss contribute to fatigue and weakness, which tend to amplify depressive feelings. Depression can also cause a decline in sexual desire and responsiveness (Passer & Smith, 2007).

In clinical depression, the frequency, intensity, and duration of depressive symptoms exceed the individual's life circumstances. Some people may experience major depression in response to a minor setback or loss. Other individuals have dysthymia. A negative mood is the defining characteristic of depression. When depressed individuals are asked how they feel, they most frequently describe feelings of sadness, misery, and isolation. People with anxiety disorders retain their ability to experience pleasure, whereas those with depression lose it (Mineka, Watson, & Clark, 1998). Schimelpfening (2009) says that someone who is depressed may have repeated thoughts of death, especially suicidal thoughts, even if they don't have a plan.

### **1.6.1 The impact of depression:**

Moderate to severe depression is a disabling condition with significant health and socioeconomic effects on individuals, families, communities, and society. People who have it can't work or take part in social activities, which puts a big economic strain on their families and communities.

### **The impact of depression on day-to-day life activities:**

In India, nearly two-thirds of individuals with depressive disorder reported varying degrees of disability in their work life (67.3%), social life (68.6%), and family life (68.1%). 70% (70.2 percent). One-fifth of depressed individuals are severely limited in their ability to perform daily activities. Prior to the study, this inability to perform daily activities was present on an average of 20 days per month. In India, more than half of people with depressive disorders said their condition made it difficult to carry out daily tasks.

### **Social impact:**

Depression disrupts the routine daily activities of the individual affected. Caring for a depressed family member restricts the social activities of other family members. Seventy-seven percent of relatives, including family members of those afflicted with an affective disorder, were burdened by financial issues, disruptions in family routine, family leisure, and family interactions. In the past three months, family members of individuals with depression missed an average of 8.5 and 10 days of work and recreational activities, respectively.

### **Economic impact:**

Depression is associated with a wide range of functional impairments, including reduced work functioning, absenteeism, impaired productivity, decreased job retention, and early retirement. This impoverishes individuals economically, robbing them of social networks and community standing. Significantly contributing to the economic burden of depression are the high treatment gap, lost productivity, and comorbid conditions. As a comorbid condition, depression contributes to the rising economic burden, with 38% of the total costs attributable to depression itself. Recent evidence indicates that the average Indian family spends approximately Rs. 1500 per month on the care of affected family members, which includes consultation, medication, and transportation costs. Due to the large gap in treatment and the high indirect costs of morbidity, depression will have a big impact on India's social and economic life.

### **1.6.2 Depression and disabilities:**

Unquestionably, children play a central role in the family system, which is, in the broadest sense of the term, the most fundamental aspect of society. Numerous parents

have an innate desire to have children. Parenting, a great and rewarding experience, is frequently accompanied by high levels of stress due to the day-to-day problems, frustrations, and demanding conditions that parents encounter. The birth of a child with developmental problems presents parents with unanticipated expectations and difficulties. At the beginning of their pregnancies, parents seek a child who is healthy and free of deformity or impairment. If this goal is not met, or if the parents learn that their child has a disability, the happiness and joy that accompany the beginning of a pregnancy may be replaced by shock, rejection, and profound grief. Having a child with developmental disabilities has life-changing consequences and long-lasting repercussions for the entire family (Simmerman, 2001; Martin & Colbert, 1997). According to studies undertaken in this field, parents of children with disabilities are more depressed than parents of children with typical development (Sanders & Morgan, 1997; Roach et. al., 1999). The impact of a child with developmental disabilities on his or her family is not linear and does not occur in a single direction. The impact is multifaceted and reciprocal; it impacts the entire family structure and the interactions among family members (Harris, 1994; Rodrigue, Gefken& Morgan, 1994; Breslau, 1982; Breslau &Prabucki, 1987). In their respective studies, Kazak and Marvin, 1984; Hanson and Hanline, 1990; Beckman, 1991; Dumas et. al., 1991; Reddon et. al., 1992; Dyson, 1997; Sanders and Morgan, 1997; Browne and Bramston, 1998; Hoare et. al., 1998; Warfield et. al., 1999; discovered that parents of children with intellectual disabilities (ID) report higher levels of child-related stress than parents of children without disabilities. Although unfavourable life events are not inevitably followed by psychological anguish, chronic stress enhances the likelihood that psychological suffering will ensue (Thoits, 1995). For parents of disabled children, parenting is regarded as a constant source of stress (Quittner et al., 1990). Parental stress as a chronic strain not only has a detrimental effect on physical functioning but it also promotes psychological distress, according to numerous prior studies (Herbert & Cohen, 1994; Koeske&Koeske, 1990; Wilton &Renaut, 1986). Having a child with a disability in the family can disrupt normal family life, marital relationships, healthy communication, and a positive family atmosphere (zsenol, Işkhan, Unay, Aydin, Akn, and Gokcay, 2003). This can cause a lot of stress and changes in family life because of physical, financial, and mental problems (zsenol, Işkhan, Unay, Aydin, Akn, and Gokcay, 2000; zsenol, Işkhan, Ünay, Akn, and Gokcay, 2003; Seltzer, Greenberg, Floyd, Pettee, and Hong, 2001; Uuz, Toros, Yazgannanc, and Olakkadaglu, 2004). Multiple studies (Bebko, Konstantareas, and Springer, 1987; Beckman, 1983; Dyson,

1993; Esdaile and Greenwood, 2003; Glidden and Schoolcraft, 2003) show that parents of impaired children have more emotional problems and show more signs of depression than parents of generally functioning children.

Why are parents of children with impairments more likely to suffer from depression than parents of typically developing children? Cognitive models of depression (Clarke & Beck, 1999) accept that stressors have a significant role in the onset and progression of depressive disorders. However, the majority of people do not develop a depressive condition when confronted with unpleasant and stressful life events. An individual's reaction to a stressful incident is determined by the significance he or she assigns to it. A depressive response may be generated if a life event or stressor threatens or intrudes into personal issues or worries that are essential to an individual's self-perception. Parenting a child with a disability increases the risk of inducing feelings of loss (i.e. of the perfect child and of one's personal freedom), helplessness (i.e. experiencing high stress, being unable to change the situation, and being unable to get the help one needs), and failure (i.e. having a child with problem behaviour and being unable to pursue one's personal goals in life). Existing dysfunctional schemas can make certain parents extra vulnerable to these emotions, especially if they lack enough positive schema activation. Since parenting a child with a disability is more likely to provoke these feelings, there is a greater risk of repeated activation of dysfunctional depressive schemas, which may explain why the majority of studies find more depressive symptoms in parents of children with disabilities than in parents of typically developing children. Prior to the birth of their child, parents of children with disabilities probably did not have more dysfunctional schemas than other parents. But parents of children with disabilities are more likely to use dysfunctional schemas that don't show up in parents of children who develop normally.

Parents are constantly concerned about their children and have hopes, imaginations, and predictions about their future. Children are our second opportunity, our ultimate life's work, a mirror and extension of our self. Knowing that a human life exists, and that it is the product of our genes and bodies, builds a sense of spirituality in even the most indifferent person. When we observe the miracle of life's continuity, something fundamental to our experience of being is awoken. What occurs when this fundamental experience is irreparably altered by disability? How does a parent survive the heartbreak of a child's impairment, which dashes their most cherished dream? How can they continue? How can they assist their children, as well as their other children? These

aspirations are shattered by disability. The disability, not the child, destroys a parent's core genuine urge irreversibly. Disability shatters the hopes, fantasies, and predictions for the future that parents construct as a result of the agony of completing basic living tasks. Parents of disabled children grieve the loss of their children's dreams, which are fundamental to their life and sense of self; healing from such a loss depends on the ability to detach oneself from the lost dream and establish new, more realistic goals. As the fantasy is abruptly shattered, parents are faced with a difficult, exhausting, stressful, and time-consuming responsibility. They must accept the child they have and let go of the child they envisioned. They must live with their lives, accept their child as he or she currently is, and let go of their lost dreams. Typical responses to loss are frequently characterised by intense, painful sobbing. According to parents, there are times when it seems as if the crying will never end. There comes a moment of calm, but then, for no apparent reason, the parent is once again overcome by waves of melancholy and misery. Between the sobs, one is able to sit alone and observe in silence. These intervals of stillness may outlast the periods of weeping. The concept of depression dominates the mind. "What's the point in trying; it's too late or it doesn't matter because nothing can reverse what happened to my child?" Depression is rejected quietly and viewed as unhealthy. These emotions are worrisome for both parents and other individuals. Even when their child has disabilities that they can't fix (Olsson & Hawang, 2001), depression helps parents rethink what it means to be competent, capable, useful, and powerful.

A pessimistic view of oneself and the world is correlated with depression and self-blame. People not only feel inadequate, but they also hold themselves accountable for their deficiencies and failings. Cognitive distortions result in unnecessary self-recrimination and guilt. The greatest source of self-blame and shame is individualization. Personalization is the inclination to attribute negative outcomes to oneself despite having no control over them. Self-recrimination and remorse have resulted in a disordered outlook and sadness.

Depressive symptoms in parents affect not only the well-being of the individual but also that of the family, as well as the personality, behavioural patterns, and basic competencies of their children, which in turn influence classroom behaviour and academic performance. Due to the seriousness of the situation, it is very important for the parents to get over their depression as soon as possible so that it doesn't stop the child from growing up and becoming a better person.

### **1.6.3 Level of depression of the parents of children with disabilities:**

The majority of research that has examined the mental health of parents with disabled children has found that maternal depression is more prevalent than paternal depression (i.e., Breslau et al., 1982; Fisman et al., 1989; Harris & McHale, 1989; Dumas et al., 1991; Blacher & Lopez, 1997; Hoare et al., 1998; Veisson, 1998). In general, maternal reports of depression have been generalised to parental depression, and the rare studies that have included fathers have revealed that fathers of children with disabilities have either normal depression scores or fewer depressive symptoms than mothers (Bristol et al., 1998; Fisman et al., 1989; Wolf et al., 1989; Dumas et al., 1991; Gray & Holden, 1992; Veisson, 1999). According to research on disabled children's parents, between 35 and 53 percent of women suffer from depression (Bristol et al., 1988; Carpiniello et al., 1995; Blacher et al., 1997; Hoare et al., 1998; Veisson, 1999). Many of these studies, however, rely on tiny sample sizes, making it challenging to draw conclusions about the prevalence of depression. In large population studies, lifetime prevalence rates for diagnosable depressive disorders range between 2.6% and 12.7% for men and between 7% and 21.4% for women, depending on how depression is defined and measured (Clarke & Beck 1999). Margarida Pocinho (2018) discovered that parents of children with disabilities had higher levels of depression, anxiety, and stress than parents of typically developing children. These results align with those of Caruso (2017), Pereira & Kohlsdorf (2014), Shapiro et al. (1998), Hayes & Watson (2013), and Al-Farsi, Al-Farsi, Al-Sharbati, and Al-Adawi (2017). Why, then, are mothers of disabled children more likely than their partners to experience depression? The consistent result that mothers report more discomfort than fathers may be attributed to the fact that mothers provide a greater proportion of the extra care and practical chores required by a child with special needs (Bristol et al., 1998; Moes et al., 1992). They quit their employment and frequently feel unable to pursue their own interests (Breslau et al., 1982). In addition, the mother's self-competence may be more closely related to the parenting role than the father's; hence, mothers may be more prone to stress and issues within the parenting domain. Diverse investigations have discovered substantial variations between mothers of disabled and normally developing children (Shapiro et al., 1998; Slonims & McConachie, 2006, cited by Pereira-Silva & Dennes, 2006). Pereira-Silva and Dessen (2006) reported that the provision of care and obligations for the child has a greater impact on mothers of children with disabilities than on mothers of children without disabilities, and that this factor generates stress and fewer positive

feelings, frequently leading to anxiety and depression. Indeed, stress and depression are among the most researched variables in mothers of disabled children (Bryne and Cunningham, 1985, as cited in Pereira-Silva & Dessen, 2004; Caruso, 2017). As was said before, many studies have shown that mothers whose children develop normally have a lower risk of depression (Chouhan, Singh, and Kumar (2016); Pereira-Silva and Dessen (2004), for example). Sociodemographic and economic aspects have a considerable impact on a family's ability to adapt to the condition of raising impaired children. Llewellyn, McConnell, Gething, Kant, and Kendig (2010) found that the mental health of young parents of challenged children is deteriorating. Members of socioeconomically poor households endure higher levels of stress, which hinders their capacity to interact with their children (Rosenberg, 1979). According to longitudinal research by Chess and Kron (1978, quoted by Pereira, 1996), occupations linked to the middle class are related to greater family stress. (Turnbull & Turnbull, 1990) This is especially important because having a disabled person around makes more financial demands due to higher spending and less productivity.

Margarida Pocinho et al. (2018) found that the type of disability (intellectual deficit, multi-deficiency, or autism) is not linked to the levels of depression, stress, or anxiety in parents.

These findings contradict Dale's (1996, as referenced by Coutinho, 2004) conclusion that family distress increases with the severity of the disability. Cherubini, Bosa, and Bandeira (2008) and Holroyd and McArthur (1976, cited by Pereira, 1996) discovered that parents of autistic children suffer higher stress levels than parents of Trisomy 21 children. Additionally, Olsson and Hwang (2001) revealed that mothers of autistic children are at a larger risk than mothers of intellectually disabled children without autism. Schmidt and Bosa (2007) revealed further that mothers of autistic children and adolescents are at a high-risk category for developing stress. In contrast, the findings of Pereira-Silva and Dessen (2006) found no significant variations in parental stress between families with Trisomy 21 children and those with normal development.

In addition to psychological, social, economic, and cultural factors, the severity of their child's disability has a significant impact on the anxiety level of parents with a disabled child. Blacher, Nihira, and Meyers (1987) discovered that a child's reliance on family members increases with the severity of his or her disability, resulting in elevated levels of depression and anxiety among family members. In line with what Blacher, Nihira,



and Meyers found in their research, Gokhan (2018) found that the level of depression, anxiety, and stress in parents varies statistically based on the type of disability in their child.

Chou et.al.,'s study of 350 mothers of disabled adults revealed that 60–70 percent of older women who care for adults with disabilities are at high risk for depressive symptoms. Similarly, Martins and Couto (2014) concluded that the prevalence of depression and anxiety is higher among older parents with disabled adult children than among younger parents. Nonetheless, Hsieh et.al., (2009) discovered that the age of the children was negatively correlated with the family impact. They concluded that as children mature, family members gradually adapt. Margarida Pocinho et.al., (2018) discovered that stress, anxiety, and depression levels are correlated with parental age. Parents under the age of 50 are significantly less susceptible to anxiety and depression than their younger counterparts. According to Dave et.al., (2014), the prevalence of depression (63 percent) among parents of intellectually disabled children is strongly related to their age. and Couto (2014) reach the identical conclusion. Pereira's (1996) research shows that younger parents with disabled children are more stressed because they feel less prepared to deal with the situation.

According to Alarcao and Gaspar (2007), a low educational level is associated with disturbances in the family and individual development, and it has been confirmed that anxiety, depression, and stress decrease as the level of education of the parents increases. Sepehrmanesh (2003) and Ramazani (2001) both found that depression is common among parents who don't know how to read or write.

Due to a diminished sense of competence, restrictions placed on other social roles, marital discord, lack of social support, and depression, parents who worked as professionals, managers, or in small businesses experienced greater stress than those who worked as labourers or clerks. Gupta et.al., (2012) reported that parents with low socioeconomic status experience greater stress. Higher stress among parents with a prestigious occupation may be attributable to the disappointment of their generally higher expectations of their children, a greater perception of shame, frustration at being unable to improve the child's condition, and greater restrictions on their social and professional activities (Duncan et.al.,1972). Less prestigious occupations may have lower expectations for their children and be accustomed to feelings of helplessness (Lewis, 1998; Kumar, 2010).

According to Margarida Pocinho et al. (2018), there is no correlation between the gender of the disabled child and their parents' anxiety, depression, or stress. These results contradict the findings of Lamb and Bilings (1997, cited in Pereira-Silva & Dessen, 2001), who discovered that parents of disabled daughters experience greater anxiety, depression, and/or stress than parents of disabled sons.

Jennifer et al. (2005) conducted a study to investigate the relationship between child behaviour problems and various positive and negative stress and support outcomes in 100 Canadian parents of children with intellectual disability, including mental retardation. On the Total Problem Scale, parents of children with intellectual disabilities scored higher than parents of children without intellectual disabilities. This means that these parents have more stress and less well-being and social support than parents of children without intellectual disabilities.

The birth of a disabled child into a family can disrupt the family's normal routine, the marital relationship between the parents, the family's healthy communication, and the family's positive atmosphere. It is stated that this results in significant family discord and changes. The presence of a disabled child in the family causes physical, financial, and psychological difficulties. Having a disabled sibling in the family may cause stress for the parents of the child with disabilities due to the roles they must assume. In addition, the absence of staff or specialists who can comprehend the family, as well as the reactions of close friends and acquaintances, contribute to the stress of parents of children with disabilities. (Ozşenol, Işkhan, Unay, Aydin, Akn&Gokcay, 2003).

The widespread belief in the context of parenting is that impairment causes caregivers stress and burdens (Sethi & Sitholey, 1986; Sethi et al., 2007). Occasionally, the effects of impairment might be complex (Kishore et al., 2004; Datta et al., 2002). For many, it appears that the impact begins immediately upon receiving the diagnosis, prompting a variety of negative emotions. Sometimes bad feelings might finally reach the level of a disorder (Trute & Heiburt-Murphy, 2002; Majumdar et al., 2005; Kumar and Akhtar, 2001; Webster et al., 2008). In addition, parents may have financial difficulties, limited social interactions, mental health challenges, etc. (Peshawaria et al., 2000). There may be disparities in parents' needs and perceptions of disability impact, but they appear to converge over time (Azar & Badr, 2010; Pelchat et al., 2009; Trute et al., 2007). We may contemplate whether disability is the sole source of all family dysfunctions. According to Neely-Barnes and Dia's (2008) comprehensive assessment, the answer is "no." By

facing the crisis, some will exhibit a feeling of purpose, psychological development, tolerance, sensitivity, and enhanced family functioning (Scorgie&Sobsey, 2000; Stainton & Besser, 1998; Taunt & Hastings, 2002; Trute&Heiburt-Murphy, 2002). Numerous individuals viewed their children as a source of happiness or satisfaction, as well as strength and family cohesion (Felicity et.al.,2006). Thus, it appears that stress and depression are detrimental, whereas disability may have both negative and beneficial consequences on parenting (Folkman &Maskowitz, 2000; Neely-Barnes &Dia, 2008; Singh et.al.,2008; Kishore et.al.,2004). In order to establish a more balanced understanding of families and disability, it is vital to know both the good and negative aspects of impairment (Blacher et. al., 2007). Otherwise, if we just evaluate the negative effects, we may gravitate toward a charity-based style of intervention, which is inappropriate in a framework based on human rights. If, on the other hand, we just consider the positives, we may opt not to assist.

#### **1.6.4 Parental depression of children without disabilities:**

According to a large and growing body of research evidence, parental depression is a significant risk factor for a child's day-to-day functioning, health, and education. According to Megan Smith, PhD, co-director of the Parenting Center at the Yale Medicine Child Study Center and director of the New Haven Mental Health Outreach for Mothers (MOMS) Partnership, "Depression disrupts a parent's ability to work, parent, and participate in the community," defining "parent" broadly to include pregnant women, grandmothers, and other relatives caring for children. It is extremely functionally inhibiting. Parental depression influences not only a parent's perception of the world but also a child's internal and external experience of the world. According to Smith, depressed parents interact with their children differently, which impacts child development. Studies have linked parental depression (including prenatal depression) to a variety of problems, some of which are lifelong. Depression not only makes it more difficult for parents to bond with and care for their children, but it also makes them less likely to take the necessary precautions to ensure their children's safety and wellbeing. According to a number of studies, school-aged children whose parents are depressed may struggle academically, are more likely to exhibit behavioural issues, and have poorer overall health.

Parental depression impacts a parent's disposition, sleep, appetite, and vigour. Depression is characterised by persistent sadness and loss of interest in formerly

pleasurable activities, as well as sleeping too little or too much, difficulty concentrating, changes in appetite (eating a lot or very little), low energy, and suicidal thoughts. Untreated depression increases the risk of substance abuse.

Among the specific indicators of depression related to parenting are:

- **Lack of responsiveness to a child.** "Parents who are depressed are more likely to react badly to their young children's signs, like crying, making eye contact, or making gestures."
- **Inappropriate parenting behaviors.** Smith says that some depressed parents aren't interested in or pay attention to their children, while others are too involved and pushy.
- **A child's tardiness or truancy at school.** Because their parents lack the stamina or organizational skills to leave the house on time, their children may arrive late or miss school frequently.

Jaser and colleagues (2008) used direct observations of mothers with and without a history of depression interacting with their adolescent children during a positive and negative task to examine the associations between maternal mood and parenting behaviours. Across the two interactions, mothers with a history of depression were significantly more likely than mothers without a history of depression to exhibit depression and disengaged and antisocial parenting behaviours, but these differences were largely explained by mothers' current depressive symptoms. Children's and mothers' self-reports of current depressive symptoms were also associated with elevated levels of observed sadness and antisocial behaviour, as well as children's and mothers' reports of maternal intrusive and withdrawn parenting behaviours. Higher levels of parent-reported and self-reported internalising problems in adolescents were associated with mothers' history of depression and current depressive symptoms. Researchers have provided an abundance of information regarding the mental and physical health of depressed parents' children. Understandably, much emphasis has been placed on the risk of children developing depression. The scope of psychological outcomes studied in children of depressed parents was also expanded to include other aspects of psychopathology, such as internalising disorders and externalising disorders. This review also includes other aspects of psychological functioning, some of which may be developmental precursors, vulnerabilities, or early signs of disorder (England, M. J., Sim, L. J., & National Research Council, 2009).

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## CHAPTER-II

### REVIEW OF RELATED LITERATURE

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## CHAPTER-II

### REVIEW OF RELATED LITERATURE

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#### **2.1 Introduction:**

Over the past decade, a substantial amount of research has been undertaken, and numerous written regulations have been formulated, in an effort to alter the perspectives and philosophies around the education of children with special needs. Numerous organisations around the world have taken the initiative to play a crucial role in promoting inclusive education as part of the human rights agenda, which pushes for the increased inclusion of all students in regular schools. In this chapter, the researcher examined numerous studies conducted in the field of inclusive education in various contexts, globally, regionally, and locally, in order to determine the status of inclusive education in elementary schools, the obstacles teachers face, and the gains they have made in implementing inclusive education.

Literature review is an essential component of any research report. It provides important hints to the investigator. In accordance with Good "The keys to the large storehouse of published literature can unlock the doors to sources of major problems and explanatory hypotheses and provide helpful orientation for problem description, problem process context, and comparative data interpretation of results."

The examined literature pertaining to this study is divided into two categories: "studies done abroad" and "studies conducted in India".

#### **2.2. Studies conducted on attitude of parents towards inclusive education outside of India:**

**Breen and Goldthorpe (1997)** in a study on "Explaining educational differentials: towards a formal rational action theory" discovered that household wealth, educational level, and labour market position of the parents are expected to play a significant role in determining the educational level of the child. They stated that parents with a given degree of education may want their children to attain at least that level. For the enrollment of girls in school, mother's education may be very crucial. Mothers who



have completed a particular level of education have experienced its worth and are aware that it is possible for girls to attain that degree. Therefore, we want them to use the authority and wisdom gained from their advanced degrees to ensure that their daughters are also educated.

**Palmer, Borthwick-Duffy, Widaman and Best (1998)** in their study on "Influences on parent perceptions of inclusive practices for their children with mental retardation" found those parents of children with severe disabilities who met the following criteria had favourable attitudes toward inclusion. First, the parents viewed socialisation as a crucial educational objective. Second, their child had relatively superior cognitive abilities, less behavioural issues, and fewer features that required special education. Finally, their youngster spent more time in traditional classrooms.

**Balboni and Pedrabissi (2000)** investigated "The attitudes parents held toward the inclusion of children with cognitive disabilities in regular education". Through the mental retardation and inclusion questionnaire, parents indicated whether they agreed or disagreed with 26 statements regarding inclusive education, such as "the only benefit of enrolling pupils with mental retardation in regular classes is socialisation." Parents assessed their agreement or disagreement on a four-point Likert scale ranging from 1 (complete disagreement) to 4 (total agreement), with higher scores indicating more positive attitudes. The mean item score was 2.66 (SD = 0.37), indicating that parental opinions were neutral. The results suggested that special education teachers were the most positive; that school teachers with inclusion experience had a more positive attitude; and that age and years of service had no negative effect in comparison to teachers without such experience. The most favourable parents were those whose children had had MR kids in their classes. In addition, parents with a moderate to high socioeconomic position and moms were more favourable, but high school instructors and teachers older than 40 were less favourable and urged for additional training.

**Rafferty, Boettcher and Griffin (2001)** examined "Parents' attitudes towards inclusive education of preschoolers". Thirteen situations from the "attitudes towards integration opportunities for children with special needs" questionnaire were used to measure the attitudes of both groups of parents toward inclusion (developed by Miller and Phillips 1992). On a five-point Likert scale, parents indicated their level of agreement or disagreement with a given statement (1 = strongly disagree, 5 = strongly

agree). The score range was from 13 to 65, with higher scores indicating more positive opinions. The mean score of all parents was 52.91 (SD = 8.64), indicating favourable opinions. On the full scale, there was no statistically significant difference between the opinions of parents of generally developing children and those of parents of children with special needs. In addition to parental views, researchers questioned parents about the potential benefits and hazards of inclusion for children with and without disabilities. The majority of parents believed that inclusive education had benefits for usually developing children, including "accepting differences in people" (87%) and "growing sensitivity toward others" (90%). Regarding benefits of inclusion for children with disabilities, the majority of parents indicated that "more opportunities to participate in activities" (82%), and "successfully functioning in the real world" (82%). In addition, parents noted a number of potential hazards, such as the possibility that usually developing youngsters may be startled by odd behaviour (59%). In addition, 36% of parents stated that teachers may not be adequately equipped or trained to work with children with special needs, and that these students are less likely to receive enough specialised assistance or individual teaching from teachers.

**Palmer, Fuller, Arora and Nelson (2001)** in their study entitled "Taking sides: parents' views on inclusion for their children with severe disabilities" critically investigated the comments of 140 parents of students with severe disabilities who were in special education settings. They attempted to determine the basis for their support or opposition to inclusive education. Half of the parents who offered positive feedback about inclusive practises anticipated that their children would improve their academic performance and functional skills in normal classes as a result of higher expectations and additional stimulation.

**Pivik, McComas and Laflamme (2002)** in their study titled "Barriers and facilitators to inclusive education" investigated educational change in inclusive schools in Ottawa, Canada. 15 adolescents with mobility impairments (9–15 years) and 12 parents from eight different schools in the Ottawa-Carleton region were selected using a purposeful sampling technique. The information was gathered through focus group interviews. Parents and children in eight schools identified the following barriers to inclusive education: (a) environmental barriers, (b) purposeful attitude barriers of parents, (c) unintentional attitude barriers of parents, and (d) physical disability-related limits.

**Elkins, Kraayenoord and Jobling (2003)** in their study entitled, 'Parents' attitudes to inclusion of their children with special needs' employed a survey questionnaire to assess the attitudes of 354 Australian parents whose disabled child attends school in Queensland. The students were enrolled in a variety of programmes, including special schools and schools with aide teachers or special teachers. As a data gathering method, an open-ended questionnaire was used. According to the results of the study, the majority of parents supported inclusion, some would support it if greater resources were made available, and a small minority supported special placement. The parents reported a small number of negative views toward inclusion, and while some parents believed there was a need for in-service education regarding inclusion, this perspective was not prevalent.

**Eufimia Tafa and George Manolitsis (2003)** conducted a study titled "Attitudes of greek parents of usually developing children toward inclusive education in kindergarten standard" to examine the attitudes of Greek parents of typically developing children toward kindergarten inclusion. Two hundred and ninety parents (208 mothers, 82 fathers) with at least one generally developing pre-school kid participated in this study. Using two 5-point Likert scales and two open-ended questionnaires, opinions of parents toward kindergarten inclusion were analysed. On the first scale, parents were asked to indicate their level of agreement with different aspects of inclusion, and on the second scale, they were asked to indicate their level of concern when children with various special educational needs were included in their own child's classroom. Results indicated that: (a) Greek parents had positive attitudes toward inclusive education; (b) the more frequent the parent's contact with individuals with special needs, the less concern they had about their child's inclusion; (c) parents' attitudes did not differ based on gender or educational level; and (d) parents appear to recognise more advantages than disadvantages for their children's participation in inclusive programmes.

**Cuskelly and Gunn (2003)** on their studied on "Sibling relationships of children with down syndrome: perspectives of mothers, fathers, and siblings" examined the attitudes of experienced teachers and the community to the inclusion of students with Down syndrome in regular classroom settings. Parents recognised the educational, social, and emotional benefits of inclusive education for all students, with and without disabilities. Despite these findings, the majority of parents believed that special education classes might better meet the needs of students with disabilities. The authors discovered that

those who supported inclusive behaviours held fewer negative perceptions about Down syndrome.

**Kalyva, Georgiadi and Tsakiris (2007)** in their study on "Attitudes of greek parents of primary school children without special educational needs to inclusion" investigated the attitudes of Greek parents of primary school children without SEN toward inclusion. 338 parents between the ages of 27 and 58 (mean age = 39 years and 5 months) participated in the study. They were requested to complete their thinking about inclusion scale as well as a second brief questionnaire. It was observed that Greek parents of elementary school-aged children without disabilities had an overall positive attitude toward inclusion. Fathers held more positive attitudes about inclusion than mothers, adjusted for age, educational level, and the presence of a child with SEN in the classroom. In general, though, mothers were more likely than fathers to interact with a child with SEN along with their own children.

**Dimitrios, Georgia, Eleni and Asterios (2008)** in their study entitled "Parental attitudes regarding inclusion of children with disabilities in Greek education settings" examined parents' attitudes toward the inclusion of their children with disabilities in general education and sought to correlate their perspectives with parent variables (e.g., education) and child variables (e.g., age, severity of disability). The sample consisted of Thessaly-based parents (51 mothers and 68 fathers) of children with impairments. The Attitude Toward Inclusion/Mainstreaming Scale (Leyser and Kirk, 2004) is comprised of 18 items selected and customised for parent responses in order to assess scores for the variables of advantages, satisfaction, teacher ability and inclusion support, and child rights. The study's findings indicated the following:

- The parents in this study do not exhibit significant concern about whether inclusion will emotionally harm their child. Parents of children with disabilities are uncertain about the positive or negative effects of inclusion techniques due to the quality of instruction and the availability of support services. They are anxious that their children will not be socially accepted by peers without impairments. But parents are very much in favour of their kids going to regular classrooms. This might be because they aren't happy with the special policies Greece has to offer.

- Parents appear more confident because their children are treated fairly and equally by teachers in regular classrooms, and their children are accepted by parents of peers who do not have disabilities.
- The age of the student appeared as the most influential factor on parents' impressions of inclusion, with parents of kids younger than 18 years old seeming more emotionally connected and concerned about the future of their children as a result of inclusion policies.
- The degree of parental education and the type of the child's disability did not emerge as factors influencing parental perspectives on inclusion.

**UNESCO (2009)** in their policy guidelines on inclusion in education, observed guidelines, explained the relevance of inclusive education and described the link of inclusion to 'Education for All'. They described the major components of the transition towards inclusion, with an emphasis on teaching for inclusion and the roles of educators, teachers, non-teaching support staff, parents, and communities. In addition, it offered some straightforward techniques for policymakers and school planners to use in analysing education programmes in light of inclusive education.

The purpose of the guidelines was to assist countries in increasing the emphasis on inclusion in their education strategies and plans; to introduce the expanded concept of inclusive education; and to highlight the areas that require special attention to promote inclusive education and strengthen policy development. It also advised the following methods for reducing obstacles to inclusion:

- Performing local situation analyses on the issue, available resources and their utilisation in support of inclusion and inclusive education.
- Mobilizing public opinion on the right to education.
- Establishing consensus for inclusive and quality education ideals.
- Reforming laws to facilitate inclusive education in accordance with international declarations, treaties, and recommendations.
- Support local capacity-building to promote inclusive education development.
- Establishing methods for evaluating the impact of inclusive and quality education.
- Creating ways to find kids who aren't in school and help them sign up for and stay in school.

- Assisting educators in understanding their role in education and convincing them that inclusion in the classroom is an opportunity, not a challenge.

The report identified the following as the primary concerns and actionable areas:

- Behavioural changes and policy development—through inclusive education clarification, regional and national advocacy and dialogue, the establishment of sustainable socioeconomic policies, and the use of a comprehensive multisectoral and collaborative approach.
- Ensuring inclusion by identifying and caring for people with disabilities early on, as well as enhancing their education through early interventions.
- Modifying curricula for integrated transition and articulation; making curricula less academic; creating opportunities for formal and informal education; and encouraging participation in curriculum design from various stakeholders.
- Ensuring quality instructors and teacher education—by improving teacher education programs, training all education professionals, and improving teacher welfare.
- Resources and legislation: include inclusive education concepts in national legislation, sign, ratify, and domesticate international treaties, and allocate equitable, transparent, responsible, and efficient budgetary resources for inclusive education.
- It is recommended that teachers be given the necessary supports, such as professional development, assistance, a reduction in their workload, and a higher adult-to-child ratio in the classroom.

**Lzein (2009)** in his case study entitled " Attitudes toward inclusion of children with special needs in regular schools (a case study from parents' perspective)" was to determine the attitudes of parents regarding the inclusion of children with special needs in two private elementary schools in Sidon, Lebanon, that adhere to the regular curriculum. Out of 35 parents whose children have learning disabilities, 15 were questioned. The subjects were selected to assist in the collection of a variety of data pertinent to the goal issue. The collected data was analysed with the intention of determining: (a) the attitudes of parents toward various aspects of inclusion, namely cooperation, academic improvement, and social adaptation of special and regular students, and modification of teaching methods; and (b) the attitudes regarding

information on types of inclusion, types of special needs to be included, and the recommended level of inclusion. Respondents exhibited a positive attitude toward the inclusion aspects of academic improvement, social adaptation, and teacher collaboration. The majority of respondents viewed the resource room as a sort of inclusion positively. The two forms of special needs to be mentioned are mild mental retardation and motor-related disability. Regarding the acceptance of children with special needs at the various school levels, respondents demonstrate a positive attitude toward inclusion at all grade levels, although there is some reluctance in upper-level courses.

**Loreman, McGhie-Richmond, Barber and Lupart (2009)** studied "Parent perspectives on inclusive education" in Rural Alberta, Canada. This is one of a series of articles investigating inclusive education in a rural Canadian school system that has adopted an inclusive ideology. The results of a survey of 438 parents regarding their perspectives on issues of inclusive education at the school of their youngest child are provided. The results indicate that the majority of parents held generally good opinions and had positive experiences with the inclusive school environment and connections to the local community. However, parents' comfort levels with inclusive education were not uniform. It was discovered that tensions occur, and that parents of children with identified exceptionalities have distinct experiences. This paper talked about how little research there is on parents and inclusive education and gives ideas for future research in the field.

**Sip Jan Pijl and Alexander Minnaert (2010)** conducted a literature review titled "Attitudes of parents towards inclusive education: a literature review" to investigate parents' attitudes towards inclusive education. Special consideration is given to parental attitudes and their impact on children with special needs' social involvement in mainstream schools. A literature study yielded research indicating that the majority of parents had positive attitudes. However, parents of children with special needs expressed worries regarding the availability of resources in mainstream schools and individualised education. Several characteristics related to parental attitudes were identified, including socioeconomic position, amount of education, experience with inclusion, and kind of impairment. No research has studied how parental views affect the social involvement of children with exceptional needs. In the conversation, the significance of positive parental attitudes is explored.

**Glazzard (2011)** in his study entitled, "Perceptions of the barriers to effective inclusion in one primary school: Voices of teachers and teaching assistants" explored the challenges to inclusion in a northern England primary school. Through the use of focus group interviews, qualitative data was gathered from instructors and teaching assistants. The evidence indicated that the school's procedures were diverse, ranging from highly inclusive to highly exclusive. Some teachers worked in good faith to create successful inclusion for students with special needs. In contrast, other teachers had unfavourable attitudes toward these students, which significantly impacted the school's commitment to inclusion. Lack of finance, resources, and training were recognised as significant impediments to inclusion. In the context of this school, parental opposition to inclusion was also visible, and the inclusion agenda was viewed as problematic in relation to the standards agenda. The study suggested that a shift in policy is required to remove these barriers, and that practitioners on the ground must be encouraged to adopt alternative pedagogies.

**Obiakor and Offor (2011)** in their study entitled, "Special education provision in Nigeria: analyzing contexts, problems, and prospects" analysed the pre-colonial and British colonial impacts on Nigeria's education. The report indicated that Nigeria is a multiethnic nation in which each tribe teaches and practises its own culture, which influences tribal members' attitudes toward people with disabilities. There is no unified Nigerian cultural stance toward anything, and European culture seems to permeate all elements of daily life. Nigerians view disability as (a) a curse on the family or the wider community for offences against God or the gods, (b) the anger of the ancestors or ancestral gods for neglect or breach of promises, (c) a punishment of the child for offences committed in the previous incarnation, (d) a punishment for a parent's misdemeanour, (e) a way to identify a potential evil person curtailed by the gods, (f) by publishing a commendable special education policy, Nigeria acknowledged the necessity of special education for its residents with disabilities (Universal Basic Education Commission, 2008). The study argued that the government must be willing to provide the necessary funds to make the realisation of the commendable concepts a reality in order to develop cultural bridges. Negative attitudes toward people with disabilities in Nigeria are attributed to a lack of parental involvement in the education of their children. Furthermore, many parents are inadequately informed and unaware of the role of special education in providing equal educational opportunities for children



with disabilities. The conclusion of the research is that the failure of the implementation of special education can be partially attributed to a lack of resources, educational philosophy, a high illiteracy rate, and political will. It is recommended that the Nigerian government develop laws and policies to guide the appropriate implementation of special education, as well as establish a national commission for people with disabilities and public education. People and private sectors were strongly encouraged to teach parents and the general public about different disabilities and what they mean in order to change the way people think about people with disabilities.

**Leyser and Kirk (2011)** investigated "Parents' perspectives on inclusion and schooling of students with angelman syndrome: suggestions for educators" to examine the perspectives on inclusion and schooling of a sample of 68 parents of children with Angelman Syndrome (a severe and complex disability), and to solicit their recommendations and suggestions for educators. Perceptions of parents of children with Angelman Syndrome towards school, derived from two previously created questionnaires, were administered to participants (Leyser & Kirk, 2004; Salend, 2001). Additionally, parents answered some open-ended questions. The findings revealed not just overwhelming support for the philosophical and legislative concepts of inclusion but also major issues such as a lack of knowledge and abilities on the part of teachers and the possibility of the child being rejected. Significant numbers of parents continue to support segregated special education settings for their children. The majority of parents were pleased with their child's education but were concerned about the lack of services and communication challenges with the school and district. Parents provided insightful information regarding their children and families. This includes a discussion of the study's findings and their implications for pre-service and in-service training.

**Ananti and Nisreenand (2012)** in their descriptive study entitled, "Including students with disabilities in uae schools: a descriptive study" described the current practices that shape the nature of inclusive education in UAE schools from the teachers' perspective. A bilingual Arabic-English survey targeting teachers at 26 public and private schools in the UAE was designed. According to the answers to this questionnaire, a number of public and private organisations under the jurisdiction of the UAE ministry of education are devoted to ensuring the full participation of students with special needs in mainstream schools. A lack of qualified special education professionals to work with students with disabilities, a lack of proper training for teachers in mainstream

classrooms, a lack of knowledge about inclusion among senior-level administrators, a lack of financial support for resources and services in private schools, and a lack of parental and societal awareness of the inclusion issues that students with and without disabilities may face contributed to teachers' dissatisfaction. They found that most parents have negative feelings about including children with special needs in regular schools.

**Chireshe (2013)** in his study, "The state of inclusive education in Zimbabwe: Bachelor of Education (special needs education) students' perceptions" tried to determine the present state of inclusive education in Zimbabwe. The study centred on the perceived benefits of inclusive education, impediments to its implementation, and solutions to the obstacles. A qualitative survey method was applied. 42 Bachelor of Education (Special Needs Education) students from Great Zimbabwe University were carefully selected to participate in the study. The information was obtained using an open-ended questionnaire and then subjected to content analysis. The results revealed that the participants faced obstacles due to the absence of a specific policy on inclusive education, the scarcity of resources such as special-needs education-trained teachers and assistive devices, the existence of negative attitudes among some stakeholders, including parents, and a lack of understanding of the meaning of inclusive education. The participants proposed numerous solutions to some of the aforementioned difficulties. These included enacting a specific policy on inclusive education, training more teachers in special education, implementing more parental sensitization and community awareness programmes, employing itinerant specialist teachers, adequately funding the entire education system, and providing more resources for inclusion.

**Gasteiger-Klicpera, Klicpera, Gebhardt and Schwab (2013)** in their study on "Attitudes and experiences of parents regarding inclusive and special school education for children with learning and intellectual disabilities", 840 parents of children with cognitive deficits who attended special schools or inclusive classes were asked to evaluate their children's school experiences. Overall, the results indicated a high level of parental satisfaction with the schooling, but there were significant disparities in parental opinions based on the severity of learning difficulties and the type of school. These two criteria determine parental satisfaction with their children's social experiences and the special education curriculum. Parents of children in inclusive classes were often more happy with their children's education than those of children in

special schools. The research of discontent's root causes revealed that unsatisfied parents chose a type of school with less favourable conditions, and a majority of them are still not convinced of the need for more assistance. This was applicable to parents of students in inclusive courses and students in special schools. In addition, parents of children who speak German as a second language were more dissatisfied than other parents.

**Dimitrova-Radojichich Daniela, Chichevska and Natasha (2014)** in their study on "Parents attitude: inclusive education of children with disability" designed to explore the attitudes of parents of "typically developing" children toward the inclusion of children with disabilities into mainstream education in Macedonia. Specifically, the purpose of the study was to investigate the similarities and differences in the attitudes of two groups of parents: parents of preschool-aged children and parents of school-aged children. Participants included 88 parents. A questionnaire consisting of six questions and a list of ten statements regarding the education of children with disabilities in ordinary classrooms was intended to be used. In general, many parents accept inclusive education, although the majority continues to believe that special schools are superior for educating children with disabilities. The survey found that parents of typically developing children are concerned that their children will not be challenged in an inclusive classroom because the teacher will have adapted the curriculum for the entire class. Parents are also concerned that their child who does not have a disability would receive less individual attention as a result of the instructor devoting all extra time to the child with a disability. It doesn't look like children with average development who are in inclusive classrooms do worse than their peers who are in non-inclusive classrooms.

**Hilbert (2014)** examined "Perceptions of parents of young children with and without disabilities attending inclusive preschool programs" to identify the characteristics of parents whose young children attend an inclusive early childhood education programme that influence their perceptions of inclusion and inclusive preschool programmes. Parents of preschool children without disabilities (n = 64) and parents of preschool children with disabilities (n = 84) who attended inclusive preschool programmes comprised the participants. The participants responded to a 120-question survey evaluating parental traits and their influence on parental perceptions of inclusion and inclusive preschool programmes. In addition, the significance of child characteristics

(disability status, kind of disability, severity of the impairment, and disability category) from a parental perspective was investigated. Analysis found that parents of disabled children were less likely to support an inclusive programme that served children with severe disabilities, such as autism and behavioural disorders.

**Meng Ee Wong, Kenneth, Sarinajit Kaur and Zi Jia Ng (2015)** in their study on "Parental perspectives and challenges in inclusive education in Singapore" explored the experiences and attitudes of parents whose children with disabilities attend mainstream secondary schools in Singapore. Interviews with 13 parents of children with modest impairments yielded data. Parental perspectives on inclusive education in Singapore are not only concerned with classroom help but also with whether their children with disabilities will leave school as contributing members of society. While parents strive to effectively integrate their disabled children into mainstream classrooms, there are gaps in their (a) understanding of impairments, (b) expectations of school support, and (c) expectations of their disabled child. Given that academic and social prowess are crucial requirements for entry into Singapore's meritocratic society, the tension parents face is determining a reasonable amount of pressure to exert on their children, the school, and themselves in order to assert their children's educational entitlements within a flawed but evolving state of inclusion.

**Al Neyadi and Ali (2015)** in their study on "Parent's attitude towards inclusion of students with disabilities into the general education classrooms" studied parents' attitudes regarding the inclusion of students with disabilities in general education classrooms. The aims of this study include the following: a) investigating parents' attitudes toward including children with disabilities in general education classrooms; b) examining whether there is a difference in attitudes between parents of children with and without disabilities; and c) investigating the impact of the child's severity level on parents' attitudes toward inclusion. Participants were one hundred parents (50 parents of children with disabilities from rehabilitation centres and 50 parents of children without disabilities). Quantitative analysis was utilised to address the study questions. According to the findings of this study, parental attitudes toward inclusion are generally favourable.

In addition, there were some disparities in the views of parents of disabled and non-disabled children. Lastly, the data suggested that the sort of disability a kid has

influences parental attitudes toward inclusion. This study provides recommendations for school inclusion methods and further research and investigations. Regarding future research, the present study can be repeated by focusing on the attitudes of teachers, students, and administration regarding inclusion in ADEC schools.

**Stevens and Wurf (2018)** investigated "Perceptions of inclusive education: a mixed methods study of parental attitudes in three Australian primary schools." This study aimed to evaluate the perceptions of 44 Australian parents, eight of whom had children with impairments and 36 of whom had generally developing children. Questionnaires containing the Attitudes towards Inclusion/Mainstreaming scale and a focus group with parents of children with disabilities were used to collect data. All parents believed that inclusive education is advantageous for their children. Although parents of typically developing children showed greater satisfaction with inclusion scores, the difference was not statistically significant. Significantly more parents of children with disabilities strongly agreed that children had the right to inclusive education. The majority of parents thought that teachers in inclusive classes were not adequately trained to support the wide variety of pupils with disabilities. Four topics related to prejudice, frustration, restricted practises, and programme quality were identified by the focus group. Parents praised individualised, well-coordinated, and consistently given educational programmes. Parents believe that resource distribution is neither transparent nor well-targeted.

**Albuquerque, Pinto and Ferrari (2019)** examined "Attitudes of parents of usually developing children toward school inclusion: the role of personality factors and positive descriptors." This study looked at how parents of children who are developing normally (TDC) feel about a child with a disability going to school with them. Additionally, the impact of the type of disability and the neutral or positive description of the child with a disability is analysed. Examining the relationships between parental attitudes and the Big Five personality traits By means of the survey, Children with Difficulties at School, the opinions of 360 TDC parents were evaluated. In addition, the NEO Five Factor Inventory was employed. The majority of parents exhibited indifferent opinions toward the inclusion of children with disabilities. Attitudes toward children with hearing impairment were more favourable than attitudes toward children with Down syndrome or behavioural disorders; parental attitudes were also more favourable when the child with a disability was described in a way that highlighted his or her talents. There were

modest but statistically significant correlations between personality traits and parental attitudes. The findings indicate that disability should be depicted positively.

**Bopota, Loukovitis, Barkoukis and Tsorbatzoudis (2020)** investigated "Differences in views toward inclusion among parents of children with and without impairments." The purpose of the present study was to determine whether parents of children with and without impairments hold distinct views about inclusion. This sample included 332 parents (127 parents of children with disabilities and 205 parents of children without disabilities). All pupils attended elementary schools with a general curriculum. Participants completed the Greek version of the Attitude Survey towards Inclusive Education—Parents. The findings revealed no significant differences between parents of children with and without disabilities in attitudes toward inclusion. However, significant disparities were discovered in the attitudes of parents regarding inclusion based on their acquaintance with challenged individuals and the types of disabilities (congenital or acquired). These results show that parents' and children's factors need to be taken into account when designing interventions to change attitudes toward inclusion.

**Angelika Paseka and Susanne Schwab (2020)** investigated on "Parents' attitudes towards inclusive education and their perceptions of inclusive teaching practices and resources". Angelika Paseka and Susanne Schwab (2020) explored parents' perspectives on inclusive educational strategies and resources. Commonly, inclusive education refers to a school paradigm in which children with special needs (SEN) spend most of their school day with pupils who do not have SEN. According to the research, attitudes toward inclusive education and perceptions of inclusive teaching techniques and resources are crucial for the implementation of inclusion. This paper examines these three factors from the perspective of parents. 2000 parents participated in a representative nationwide German survey (JAKO-O) and their responses were analysed. The data was acquired through semi-structured telephone interviews that were digitally recorded. The descriptive results revealed that parents' attitudes regarding the inclusion of a student with a physical handicap or learning disability were somewhat positive, whereas attitudes toward students with behavioural disorders or mental disabilities were relatively neutral. According to teaching practises, parents whose children attend an inclusive class (with at least one student with SEN) perceive more inclusive practises (e.g., teachers recognising the students' abilities and supporting

them) than parents whose children attend a standard class (where not a single student with SEN is included). However, parents of children attending either inclusive or traditional courses do not notice any changes in terms of resources. In addition, regression analysis reveals that the predictors of parental views on inclusive education vary depending on the type of impairment.

### **2.3 Studies conducted on attitude of parents towards inclusive education in India**

- **UNICEF (2003)** in their report, In their 2003 report, "Examples of inclusive education in India," UNICEF assessed the situation of special and inclusive education, as well as the documentation of inclusive model practises in India, and made the following important observations.
- In India, the central and state governments have taken a number of steps to increase the enrollment, retention, and academic performance of children with disabilities. To avoid overlap, duplication, and inconsistencies in the way programmes were run, it was important for different groups to work together and build links with each other.
- The majority of services for children with disabilities are located in major metropolitan areas or in close proximity to district offices. The vast majority of disabled children living in rural areas didn't even receive these services.
- Community engagement and cooperation between government agencies and non-governmental organisations have proven crucial in fostering inclusive education.
- Different disabilities require different services. The number of qualified and trained workers supporting inclusive practises is insufficient to satisfy the requirements of individuals with various types of impairments.
- The programme lacks the necessary adaptability to accommodate children with disabilities.
- There were few teaching–learning materials that were developmentally appropriate for children with and without impairments. The teaching–learning process was inadequate in addressing the unique learning demands of children.

- Families lacked sufficient knowledge regarding their child's specific handicap, its repercussions, and its impact on their child's capacity. This frequently results in a feeling of hopelessness. Through early detection and intervention programs, parents and other people in the community learned about how to help children with disabilities learn.

**Das and Kattumuri (2011)** in their qualitative study entitled, "Children with disabilities in private inclusive schools in Mumbai: experiences and challenges" analyzed the status of children with disabilities studying in private inclusive schools of Mumbai. It discussed the development of self concept, elucidates the benefits and challenges of children with disabilities in inclusive education.

The paper identified that education structures, systems and methodologies to meet the needs of all children, act as the support for implementing inclusion in schools. The barriers identified for educating children with disabilities in regular classrooms were scarcity of resources, negative attitudes of teachers, non-disabled peers and their parents. It was also found that since the teachers were not trained and sensitized they had an indifferent attitude towards special children.

The main recommendations of the study were to enhance the participation of children with disabilities and foster their aspiration included recruitment of resource teachers in proportion to the numbers and needs of the enrolled children with disabilities in a school; pre-service and regular in-service training of regular teachers on issues related to managing inclusive classrooms, peer sensitization; introducing relevant alternative activities for children with disabilities and parental training.

**Bhargava and Narumanchi (2011)** in their study entitled, "Perceptions of parents of typical children towards inclusive education" aimed explore the perceptions of parents of typical children towards inclusive education and children with special needs. The research design was exploratory and descriptive in nature. Fifty parents of typical children of an inclusive school and 5 experts heading an organisation for children with special needs formed the sample. In-depth interviews were conducted to gather information on knowledge and understanding of an inclusion classroom, descriptions and explanations of children with special needs, and the benefits and drawbacks of an inclusive environment for children. In addition to the interviews, the draw and dialogue technique was employed with parents and experts to gather descriptions and



understanding of children with exceptional needs. Results indicated that parents of typically developing children had a good attitude toward inclusion but proposed separate courses for academics, whereas experts cited education as one of the fundamental requirements for a child with special needs to become independent. Both groups agreed that children and society would benefit from inclusion.

**Mohsin, Ghafar and Tabsum (2012)** investigated on "Attitude of parents and teachers towards inclusive education". The study's aims were to determine the attitudes and reactions of parents and educators in Punjab towards the implementation of inclusive education. The primary objective of this exercise was to examine the attitudes of parents and children with special needs, as well as teachers from special-needs schools and traditional schools. For data collection, 100 parents of children with and without impairments and 100 teachers (50 from special schools and 50 from ordinary schools) were picked at random. Two questionnaires, one for parents and one for teachers, were administered to participants to collect data and feedback. From the analysis of participant responses, it was determined that both parents and teachers were supportive. The results of this study also show that parents' and teachers' responses are very important for the success of inclusive education.

**Gupta and Buwade (2013)** studied "Parents' attitudes towards inclusion for their children with disabilities in general education". This study's objectives were to explore parents' opinions toward the inclusion of their children with disabilities in general education and to correlate those attitudes with parent variables such as sex and education and child variables such as age, gender, and disability type. The sample was taken from 119 parents (51 mothers and 68 fathers) of disabled children in Hyderabad. "Attitude toward Inclusion/ Mainstreaming" scale (Leyser and Kirk, 2004), composed of 18 items was selected and adapted for collection of data. It had four sub-factors i.e. benefits, satisfaction, teacher ability & inclusion support, and child rights. The results of the study revealed children's age and gender as the factors that mainly influence parents' views regarding inclusion. No differences were found on the subscales of the questionnaire related to parents' sex, educational level and children's type of disability.

**Saikia (2016)** in his study on "Attitude of parents towards inclusive education for cwsn: a study in Kamrup District, Assam, India" aimed to determine the attitude of parents toward children with special needs in Kamrup District, Assam, India. A

descriptive survey was utilised as a research method to describe the difficulties prevailing in the study area, Kamrup District, Assam, India. The researcher created a self-structured attitude scale in order to collect the pertinent data. The investigator additionally created a checklist of observations to collect relevant data. He said that inclusion is the process of understanding and reacting to the diverse needs of all students by expanding their engagement in learning, cultures, and communities and decreasing their exclusion from education. Parents play a significant role in the challenging and dynamic inclusion process, which begins with the parents' decision to place their child in a mainstream setting. Common parents' concerns include safety, attitudes of other students, staff and programme quality, transportation, district commitment, and the possibility of failure based on the severity of the child's disability. The majority of parents supported inclusive education for their children. Also, it was found that inclusive education in regular schools was better for children's overall development than special education schools.

**Sharma (2016)** studied "Attitudes of parents on the inclusion of children with intellectual disability in education" to determine the attitude of parents of non-intellectually disabled children regarding the inclusion of children with intellectual disability in inclusive education in Nagpur, Maharashtra. The second objective is to determine the perspectives of parents of children with disabilities on the inclusion of intellectually challenged children. Compare the perspectives of parents with and without disabilities about the inclusion of children with intellectual disabilities in inclusive education. This study reveals that the majority of parents without disabilities believe inclusive education will not benefit students with impairments in conventional classrooms. The majority of parents with disabilities who responded to a survey believed inclusive education would benefit students without impairments in regular classes. Third, researchers found that some parents of children without disabilities thought inclusive education was good for students with disabilities, while most parents of children with intellectual disabilities thought it was good for students without disabilities in regular classes.

**Mathur and Koradia (2018)** studied on "Parents' attitude toward inclusion of their children with autism in mainstream classrooms". In spite of the rise of inclusive education programmes in India, they reported that students with special needs are rarely involved. Due to the pervasiveness of autism, it is difficult for autistic children to

communicate in a socially acceptable manner. Consequently, the goal of this study was to evaluate parents' perceptions on the inclusion of children with autism in conventional classrooms. Total number of 20 parents whose children were already enrolled in a mainstream school was selected as a sample from a school in Jaipur, Rajasthan, India. Participants were assessed by using Parent's Attitudes to Inclusion (PATI, 1998) scale. The study found that parents have a negative view concerning the quality of educational services in mainstream education, but a positive attitude toward the acceptance and treatment of their children in mainstream schools. In addition, it was discovered that parents of children with autism have a neutral view on the reciprocal benefits of inclusive schooling. The research also suggested that, despite their optimistic view, parents had significant suspicions over such inclusiveness. These pertained primarily to childcare responsibilities, children's transition tasks and teachers' challenges of managing everything effectively while teaching both students with and without diagnosis of autism in the same classroom. This study can be used by special educators, school authorities and teachers teaching in an inclusive classroom to better understand the concerns of parents of children with Autism Spectrum Disorder (ADS).

**Dash, Neena and Mallick (2018)** in their study on "Perception of parents of children with special needs towards educational inclusion in neighborhood elementary schools" tried to determine the perception of parents of CWSN toward the educational inclusion of children with special needs in neighbourhood elementary schools. The researchers chose to use a descriptive survey method. A total of 40 parents have been sampled for the study. Three data collection instruments, including a perception assessment for parents, an interview schedule for parents, and guidelines for focus group discussions with parents, have been produced. In consideration of the triangulation technique, three instruments have been developed in order to provide a comprehensive and balanced image of parents' perceptions of CWSN, to provide a richer perspective, and to address the issue's complexity. The majority of CWSN enrolled in elementary schools are visually impaired (23.75%), followed by those with hearing impairment (12.5%), language and speech impairment (10%), and physical impairment (3.75%). 45% of CWSN parents are aware of educational inclusion in their area elementary schools, whereas 55% of CWSN parents are unaware of educational inclusion in their neighbourhood elementary schools. Sixty-two percent of CWSN parents are aware of

their children's academic success in nearby elementary schools. 37% of CWSN parents are unaware of their child's academic progress. The majority of parents report that a lack of proper infrastructure facilities for CWSN, a rigid curriculum, unwilling teachers, an unfamiliar language, a lack of funds, and the absence of initiatives from high-level authorities are obstacles to educational inclusion in neighbourhood elementary schools.

**Kharat, Jyoti and Gangadhar (2018)** studied on "Attitude of parents towards inclusion of their children with intellectual disability in primary school under Navi Mumbai". The study was based on descriptive research design by employing the survey method. The sample for the present study consisted of 60 parents of children with intellectual disability whose children were enrolled in an inclusive school under Navi Mumbai. The purposive sampling technique was utilised for the selection of the samples. The age category of the children is between (6-12) years. The investigator has designed the questionnaire on the attitude of parents towards inclusion of their children with intellectual disability to find out the extent of the attitude of parents towards inclusion of their children with intellectual impairment in primary school. The questionnaire comprises six domains such as attitude towards rights, admission process, inclusive education training, barrier-free environment, schemes and benefits, and peer group support. The scores were one for agreeing and zero for disagreeing. The maximum score was 42, and the minimum was 0. The results revealed that most parents of children with intellectual disability had favourable attitudes toward inclusion in elementary school under Navi Mumbai. An examination of the responses to the domain wise expressing benefits showed that the null hypothesis, there is no significant difference in the attitude of parents towards inclusion of their children with intellectual disability with respect to their parents' age, is accepted at a 0.05 level of significance.

**Bhuyan and Mandira (2019)** studied on "Parents attitude towards inclusive education". Objectives of the study were to study the attitude of parents towards inclusive education based on their gender and habitat. 200 parents from five urban and five rural area of Dhemaji district of Assam were selected for the study. It was found that there is no significance difference of parental attitude based on their habitat but had significance difference in male and female parents in their attitude towards inclusive education.

## **2.4 Studies conducted on depression of parents outside of India**

The purpose of this study was to determine the level of stress, anxiety, and depression experienced by parents of children with intellectual disabilities and parents of children without intellectual disabilities, as well as to better understand how they adjust socially. This section includes studies on stress, anxiety, depression, and social adjustment among parents of children with developmental disabilities, intellectual disabilities, autism, and other types of disabilities, as well as the factors that influence them.

**Olsson and Hwang (2001)** conducted a study entitled "The level of depression experiencing mothers and fathers of intellectually disabled children". The objective of the present study was to investigate severity of parental depression in families of children with ID and in control families and the prevalence of depression among them. "The Beck Depression Inventory (BDI) was used to assess parental depression in 216 families with children who had either autism or an intellectual disability, as well as 214 control families. Mothers of children with autism (mean = 11.8) and mothers of children with intellectual disability without autism (mean = 9.2) had significantly higher depression scores than fathers of children with autism (mean = 6.2), fathers of children with intellectual disability without autism (mean = 5.0), and fathers (mean = 4.1). In comparison to the other groups, 45 percent of mothers of children with intellectual disability without autism and 50 percent of mothers of autistic children had elevated depression scores ( $BDI > 9$ ), compared to 15–21 percent in the other groups. Single mothers of disabled children are more likely to suffer from severe depression than mothers who live with a partner.

**Boyd (2002)** investigated "The relationship between stress and a lack of social support among mothers of children with autism, with a particular emphasis on autism and other developmental disabilities". A selective, critical review of the literature on the relationship between stress, depression and the scarcity of social support available to mothers of autistic children is presented. The reviewed published literatures demonstrate a link between challenging child characteristics and a mother's proclivity to seek social support, with mothers who are more stressed being more likely to seek social support. Informal support appeared to be a more effective stress reliever than formal support for mothers of children with autism. Numerous studies have demonstrated that parents who receive support have a more positive emotional

connection with their children. Additionally, low social support was the strongest predictor of depression and anxiety in mothers.

**Weiss (2002)** conducted a study titled "Hardiness and social support as predictors of stress in mothers of typical children, autism children, and mental retardation children." The impact of social support and hardiness on the level of stress in mothers of typical and developmentally disabled children were examined. The study enrolled 120 mothers, 40 of whom were mothers of children with autism, 40 of whom were mothers of children with mental retardation, and 40 of whom were mothers of typically developing children. Researchers used regression analysis to determine the best predictors of the dependent variables. The findings indicated that there were significant group differences in the way depression; anxiety, somatic complaints, and burnout were rated. Both hardiness and social support were found to be predictors of successful adaptation.

**Glidden and Schoolcraft (2003)** focused on depressive symptoms and how they changed over time in their longitudinal study "Depression: its trajectory and correlates in mothers rearing children with intellectual disability." 187 mothers were included in the samples. The purpose of this study was to determine whether initial differences in depression between adoptive mothers who knowingly and willingly chose to raise disabled children and biological mothers who received an unexpected and frequently crisis-inducing diagnosis of disability would persist over time. A longitudinal approach was used. The collected data was analysed through variance and regression techniques. At the 11-year follow-up, both adoptive and biological mothers reported low depression levels that were not significantly different from one another. They found that neuroticism was the best predictor of both adoptive and birth mothers' depression, but not of the mother's subjective well-being in relation to the child. This was true for both adoptive and birth mothers.

**Serr, Mandleco, Olsen and Dyches, (2003)** studied on "Caregiver burden and depression in parents raising children with disabilities or chronic conditions". The researchers examined family adaptation to disability or chronic conditions. The sample for this quantitative descriptive study consisted of 132 families who were raising a child with a disability or chronic condition. *The Center for Epidemiological Studies Depression (CES-D) Scale (Radloff, 1977)*, which was developed for general

population use, was used to assess mothers' depression levels. Mothers of children with disabilities or chronic conditions rated themselves higher than fathers for depression and burden frequency. Also, they found that parents of children with autism rated themselves higher in terms of mother-father burden frequency and father-burden hassle than parents of children with Down syndrome or other developmental disabilities.

**Singer (2006)** conducted a Meta-Analysis of Comparative Studies on "Depression in mothers of children with and without developmental disabilities." A meta-analysis technique was applied to summarise the findings from these studies on depression in mothers of children with and without developmental disabilities. Between 1984 and 2003, 18 studies were conducted to determine effect sizes. A weighted effect size of 0.39 indicated an increased level of depression in mothers of children with developmental disabilities. Comparisons revealed that the child's age and disability category moderated the magnitude of the effect. The findings indicate that mothers of developmentally disabled children face a greater risk of depression than mothers of typically developing children. Depression in mothers of children with developmental disabilities is a condition that isn't getting enough attention, even though there are some effective ways to help them.

**Benson (2006)** conducted a study titled "The impact of child symptom severity on depressed mood in parents of children with autism spectrum disorders: the mediating role of stress proliferation." Stress proliferation (the proclivity of stressors to generate additional stressors in other life domains) is investigated in a sample of 68 parents of children diagnosed with autism spectrum disorder. Stress proliferation partially mediated the effect of child symptom severity on parent depression, according to regression analyses, which also showed that both child symptom severity and stress proliferation were predictors of parent depression. Additionally, it has been discovered that informal social support lowers parent sadness and stress. Contrary to the stress buffering hypothesis, however, support had the largest ameliorative effect on stress proliferation when reported child symptomatology was less severe (rather than more severe). The implications of the study's findings for upcoming investigations in this area are discussed.

**Olsen, Dyches, Jenna Serr and Barbara Mandleco (2003)** studied on the "Connections between depression and caregiver burden in parents of disabled

children". The study's objectives were to determine: (1) whether there are correlations between depression and burden of caregiver; (2) whether there are differences in depression and burden of caregiver based on their gender; and (3) whether there are differences in depression and burden of caregiver based on type of disability or chronic condition. 114 fathers and 122 mothers completed questionnaires assessing depression and caregiver burden. The findings indicated that parents were depressed on a rare or occasional basis, occasionally felt caregiver burden, and occasionally perceived a trouble related to care for their child with a disability or chronic condition. On the other hand, they felt (occasionally or much of the time) that they were not burdened by the responsibility of caring for their child. Mothers rated themselves higher in terms of depression, burden frequency, and burden hassle than fathers. The frequency and inconvenience of burdens on mothers and fathers were related to depression in the expected direction. Parents of children with autism rated themselves higher than parents of children with Down syndrome or other developmental disabilities in terms of mother/frequency of burden and father's hassle of burden. The results suggest that interventions, particularly for mothers and families caring for children with autism, should involve support groups that encourage communication and interaction, disseminate knowledge about the condition of the child, and help parents create effective coping mechanisms for caring for a child with a disability or chronic condition. Support groups can also help people make new friends, which can help with caregiving and give people time off.

**Bailey Jr, Golden, Roberts and Ford (2007)** published research reviews on "Maternal depression and developmental disability: research critique." *is* aimed at describing the maternal depression literature, critically evaluating its research methodology, identifying common findings across studies, and making recommendations for future research. The contrast between presenting depressed symptoms and meeting clinical criteria for a depressive disorder, how or whether research studies made this distinction, and the significance of this discrepancy for our knowledge of maternal adaptation to impairment in a family member are discussed. Only eight of the 42 papers examined addressed clinically diagnosed depression; the majority relied on a scale to rate depressive symptoms. Across studies, mothers of disabled children had a greater rate of depressed symptoms and were more likely to acquire clinical depression, but the frequency may be lower than previously reported. Depressive symptoms were



consistently connected with difficulties with child behaviour, parental stress, coping style, and support. We conclude that little is understood about clinical depression among moms of children with disabilities. The distinction between clinical depression and depressed symptoms may be crucial for understanding how a challenged child can impact family members and the type of assistance that may be required. Future studies should use gold-standard diagnostic instruments and evaluate the history, severity, and type of depression.

**Motamedi, Seyednour, Noori Khajavi and Afghah (2007)** conducted a study on "Depression levels among mothers of disabled children" to determine the extent to which depression affects mothers of disabled children, how it affects the mother's performance or function, and how it affects the child's treatment. The research is analytical in nature (cross-sectional), and in addition to depression, other demographic variables are also examined. Between 2002 and 2006, one hundred mothers of disabled children attended one of Karaj's rehabilitation centres. In this study, the Beck Depression Scale was used, and the test data was broken down and analysed using chi-squared and SPSS software. The findings of this study indicated that 73% of mothers suffered from mild to severe depression and that only one variable, mothers' depression, was associated with the type of disability of their children. The findings of this study indicated that depression levels among mothers of disabled children were comparable to those found in the general population, and given the detrimental effects of mothers' depression on these children's recovery processes, the need to support parents of disabled children, which would significantly reduce stress levels, is felt more strongly than ever.

**Bumin, Günal and Tükel (2008)** examined the relationship between anxiety and depression and quality of life in mothers of disabled children in their study "Anxiety, depression, and quality of life in mothers of disabled children." Three rehabilitation centres in Ankara were used for the study. The study enrolled 177 mothers of disabled children. The Beck Depression Inventory (BDI), the State Trait Anxiety Inventory (STAI), and the Nottingham Health Profile's Part-1 (NHP) were given to mothers to measure their depression, anxiety, and quality of life. The assessments were conducted while the children were receiving treatment in rehabilitation centres. The mean score on the BDI was 14.22, SD: 13.03; the mean score on the SAI was 41.95, SD: 6.55; and the mean score on the TAI was 47.27, SD: 7.94. The BDI and TAI had a significant

correlation ( $r: 0.348, p0.01$ ), as did all NHP subscales (emotional reaction-ER  $r: 0.622$ , energy level-EL  $r: 0.416$ , pain  $r: 0.463$ , sleep  $r: 0.429$ , physical mobility-PM  $r: 0.422$ , social isolation-SI  $r: 0.587, p0.01$ ). The correlation between TAI and ER ( $r = 0.271, p 0.01$ ), EL ( $r = 0.206, p 0.05$ ), and sleep ( $r = 0.252, p 0.01$ ) of NHP was significant. There was a significant correlation between the education level of the mother and the TAI ( $r: -0.209, p0.05$ ). A significant correlation existed between the mother's educational level and the NHP pain scale ( $r: -0.240, p0.05$ ). This study discovered that mothers of disabled children experience increased levels of anxiety and depression. Increased levels of depression and anxiety had a detrimental effect on the mother's quality of life. They said that in order for rehabilitation programmes to be effective, they should have a lot of follow-up interviews that give both information about the children's disabilities and psychological support for the mothers.

**Suttajit, Punpuing, Jirapramukpitak, Tangchonlatip, Darawuttimaprakorn, Stewart, and Abas (2010)** studied "Impairment, disability, social support, and depression among older parents in rural Thailand." The purpose of the study was to determine if social support impacts the relationship between depression and impairment or disability among older Asians from developing nations. They employed a Thai version of the EURO-D scale to measure depression in 1104 Thai parents over the age of 60 who resided in rural communities. All participants in a study of older people with at least one live child who provided depression data (biological, stepchild, or adopted child) were included. Using logistic regression, it was determined whether (a) impairment, disability, and social support deficits were linked with depression; and (b) if social support moderated this association. There were strong gradated links between impairment, disability, social support deficits, and EURO-Dcaseness. Level of impairment, but not disability, interacted with inadequate social support in that depression was more prevalent among those with more physical impairments and one or more social support deficiencies ( $p$  value for interaction = 0.018), even after correction for confounding variables. At the conclusion of their study, they discovered that social support is crucial for minimising the association between physical disability and depression in older Thai adults, particularly those with a high number of impairments. Those who wish to prevent depression in the elderly should concentrate on enhancing social support, healthcare, and disability facilities.

**Uskun and Gundogar (2010)** conducted a study on "The stress, depression, and anxiety levels of parents of disabled children in Turkey." The objectives of the study was to ascertain the circumstances under which parents experience elevated levels of stress and to examine the relationship between stress, depression, and anxiety. This cross-sectional study interviewed parents of children who attend special education and rehabilitation centres. 156 parents were taken for this study. Among those, 127 (81.4 percent) volunteered for this study. The participants were given a questionnaire containing items about the socio-demographic characteristics of disabled children and their parents. Additionally, participants were asked to rate ten hypothetical stressful situations (financial difficulties, interpersonal relationships, limited free time, inability to participate in social activities, etc.) on a scale of 0–10. Additionally, participants completed psychometric scales such as the Beck Depression Inventory (BDI) and the Spielberger State Trait Anxiety Inventory (STAI). The mean BDI score (SD) was determined to be 14.9. (10.9). The mean STAI-state and STAI-trait scores were, respectively, 55.1 and 12.2 and 48.6 and 8.8. Among the stressful experiences, parents gave the highest marks to "societal attitudes toward disabled people," "having limited free time," and "financial difficulties" (the top three situations). Multiple analyses revealed a relationship between financial difficulties (p 0.01), a decline in interpersonal relationships (p 0.05), having limited free time (p 0.05), and physical structure inadequacy (p 0.05). The relationships between financial difficulties (p 0.01) and having close relationships with disabled individuals other than one's parents (p 0.01) were defined using the STAI-state as effective variables. Negative attitudes toward disabled people in society (: 0.29; p 0.01) were defined using the STAI-trait as the only significant variable. They concluded by stating that financial difficulties are the most significant factor affecting the psychology of disabled parents. Social programmes that assist parents with both financial and home-care needs should be established.

**Rezenders and Scarpa (2011)** investigated "The associations between parental anxiety and depression and child behaviour problems associated with autism spectrum disorder, focusing on the roles of parental stress and self-efficacy". Parents of children diagnosed with autism spectrum disorder (ADS) have been shown to experience increased levels of stress, depression, and anxiety, all of which are associated with the child behavioural problems associated with ADS. There is a dearth of literature in this area examining the possible mechanisms underlying the relationship between child behavioural problems

and parental anxiety or depression. The purpose of this study was to investigate the role of parenting stress and self-efficacy as mediators of child behaviour problems and parental anxiety or depression. These potential mediators were evaluated using a sample of 134 mothers. The hypothesis that parenting stress mediated the relationship between child behaviour problems and decreased parenting self-efficacy and partially mediated the relationship between parenting stress and increased depression or anxiety was supported.

**Aaron, Elliott and Benz (2012)** examined "Depression among parents of children with disabilities". In this study, the frequency of depression among 110 parents of children with disabilities was investigated, and a model was evaluated to identify the specific characteristics linked with parental depression. Consenting parents answered assessments of child functional impairment, depression, family satisfaction, physical health, problem-solving skills, stress evaluations, and family satisfaction. Participants were classified as depressed or not depressed based on their Patient Health Questionnaire replies (PHQ9; Korenke, Spitzer & Williams, 2001). Nineteen percent of the parents met depression screening criteria. With an accuracy of 3%, regression analysis demonstrated that threat perceptions, poorer physical health, and lower family satisfaction were uniquely linked with depression status. These findings highlight the significance of family satisfaction, problem-solving capacity, and physical health, as well as the impact of assessment processes on depressive symptoms among parents of children with disabilities.

**Azeem, Dogar, Shah, Cheema, Asmat, Akbar and Haider (2013)** studied "Anxiety and depression among parents of children with intellectual disability in Pakistan" to determine the prevalence of psychopathology, specifically anxiety, depression, and both anxiety and depression, among parents of children with intellectual disabilities (ID). This was a cross-sectional study carried out in a Pakistani tertiary care hospital. The Institutional Research Committee approved the study. 198 parents (99 fathers and 99 mothers) of 100 children with an ID diagnosis participated in the study. Consent was obtained in an informed manner. The parents' anxiety and depression levels were assessed using DSM IV criteria. Mothers (89%) had significantly higher rates of anxiety, depression, or both anxiety and depression when compared to fathers (77%) (P-value 0.05). 35% of mothers met criteria for anxiety, 40% for depression, and 13% for both. 42% of fathers had anxiety, 31% had depression, and 3% had both anxiety and

depression. There was a significant relationship (p-value 0.05) between parent gender and an individual psychiatric diagnosis of anxiety, depression, or anxiety and depression combined. Additionally, a significant correlation was discovered between mothers' anxiety, depression, or both, and their children's degree of ID (p-value 0.05).

**Bawalsah (2014)** studied "Levels of depression in parents of children with attention deficit hyperactivity disorder in Jordan." The purpose of this study was to determine the prevalence of depression among parents of children diagnosed with attention deficit hyperactivity disorder in comparison to a control group and to determine whether these prevalence rates vary by age, sex, educational attainment, and years of marriage in the Jordanian population. The sample consisted of 152 participants divided into two groups: the ADHD group included 76 parents of children diagnosed with ADHD, while the comparator group included 76 parents of children diagnosed with non-ADHD. The Beck Depression Inventory and a researcher-developed inventory of demographic characteristics were utilised in this investigation. The results indicate that parents of children with ADHD had significantly greater levels of depression than parents in the control group. However, these levels of depression vary greatly by the age group of parents of ADHD children and by sex, as mothers demonstrated higher levels of depression than fathers. Additionally, those who have been married for more than 20 years have greater levels of depression. However, the findings indicated that there were no significant changes in depression levels according to educational attainment. The findings of the study were interpreted and recommendations were made to parents and special educators who work with ADHD children.

**Stephen Gallagher and Ailish Hannigan (2014)** conducted a study titled "Depression and chronic health disorders in parents of children with and without developmental disabilities: The Growing Up in Ireland cohort study." They compared 627 parents of children with developmental disabilities to 7941 parents of typically developing children on scores from the Center for Epidemiological Depression Scale, chronic health disorders, socio-demographics, and child behavioural variables. They discovered that parents of disabled children are more likely to suffer from depression than parents of typically developing children (odds ratio (OR) = 1.83, 95 percent confidence interval (CI): 1.43, 2.35). A portion of this increased risk was explained by adjusting for chronic health issues (OR = 1.77, 95 percent CI: 1.38, 2.27). However, after controlling for child problem behaviors, the link between having a disabled child and an increased risk

of depression was explained (OR = 1.07, 95% CI: 0.81, 1.43). After correcting for the existence of a chronic health condition, this study verified in a population-based sample the significant incidence of depression among parents caring for children with developmental disabilities. People who work in health care need to pay attention because poor mental health in these parents is linked to a long list of bad health and social family outcomes, so it's important that they pay attention to the mental health needs of these parents.

**Falk, Norris and Quinn (2014)** in their study titled "The factors predicting stress, anxiety, and depression in the parents of children with autism," examined the variables predicting stress, anxiety, and depression in the mothers and fathers of children with autism and evaluated the validity of a path model describing the relationship between these variables. Mothers (N = 250) and fathers (N = 229) of children with autism ranging in age from 4 to 17 years and 11 months filled out an online questionnaire measuring social and economic support, psychological distress, perceived parent-child attachment, parental locus of control, autism symptom severity, and child externalising behaviours. The link between independent and dependent variables was analysed using stepwise regression analysis. The results of Study 1, which focused on the mothers of children with autism, indicated a different pattern of predicting variables for stress, anxiety, and depression in this group of moms. Maternal anxiety was significantly predicted by the mother's age, the intensity of autistic symptoms, and perceived ability to establish limits, whereas maternal sadness was predicted by aggressive behavior, social support, and parental locus of control. The prediction model for maternal stress incorporated the predictive models for maternal anxiety and depression. In contrast, the prediction model for fathers of autistic children, as studied in Study Two, was consistent across dependent factors. Paternal stress, anxiety, and depression were the most significant predictors of paternal stress, anxiety, and depression. Conduct issues, a characteristic identified in the previous literature as a predictor of stress, anxiety, and depression among the parents of children with autism, did not emerge as a significant predictor in any of the six stepwise regression models. The results indicated that the association between "child-centric characteristics" (such as externalising behaviours and the severity of autistic symptoms) and mental health issues in parents may be mediated by other factors.

**Ramzan and Minhas (2014)** studied "Anxiety and depression in mothers of disabled and non-disabled children." The purpose of this cross-sectional comparative study was to determine the prevalence of anxiety and depression among mothers of disabled and special-needs children, as well as the association between anxiety and depression and demographic factors in the Sheikhpura area. As samples, 340 mothers from both groups (n = 170 in each group) were chosen. The data was gathered using a purposive sampling strategy and the Urdu version of the Hospital Anxiety and Depression Scale (HADS). An ANCOVA was used to analyse the results. The ANCOVA results revealed statistically significant differences in the levels of anxiety and depression in both groups of mothers (p.001). The majority of mothers (78%) of disabled children were concerned. Only 52% of mothers with non-disabled children reported experiencing anxiety. Similarly, 76 percent of mothers of challenged children developed depression, compared to 46 percent of mothers of non-disabled children. The correlation study found a statistically significant positive association between anxiety and depression and mothers' age (p.05), as well as a statistically significant inverse relationship between an impaired child's age, mothers' educational attainment (p.01), and family income status.

**Kazmi, Perveen, Karamat and Khan (2014)** studied "Depression and quality of life of parents of disabled children" to investigate and compare the prevalence of depression and quality of life among parents of disabled children. In this comparative study, 100 parents (50 mothers and 50 fathers) were chosen as samples. Their children ranged in age from three to twelve years (mean age = ten years), and the impaired children were those enrolled in Khyber Pakhtunkhwa's Special Education and Rehabilitation Centers. Two study instruments were used to collect data: the Center for Epidemiological Studies Depression Scale (CES-D) and the World Health Organization Quality of Life-Brief (WHOQOL-BREF) in Urdu. Both questionnaires were completed by parents during parent-teacher meetings. The independent "t-test" found that mothers of children with disabilities were more depressed than fathers of children with disabilities. Significantly, mothers of challenged children continued to have a lower quality of life than their fathers. Mothers of impaired children were shown to be more depressed and to have a lower quality of life than fathers of disabled children. The results indicated that parents of disabled children felt overburdened, which resulted in stress and sadness. Also, the sample characteristics indicated that they are a typical family that struggles to meet their fundamental demands.

**Dyhens, Fisher, Taylor, Labmert and Miodrag (2014)** conducted an experiment titled "Reducing distress in mothers of children with autism and other disabilities: a randomized trial, paediatrics." Parents of children with disabilities who consented (mindfulness practise) were randomly assigned to 243 mothers of children with disabilities who consented (positive psychology practice). Peer mentors who were well-trained and monitored led six-week group therapy sessions of five hours per week for six weeks, screening mothers six times before, throughout, and up to six months following treatment. At baseline, among mothers whose children had autism (65%) or other disabilities (35%), 85% of this community sample had significantly elevated stress, 48% were clinically depressed, and 41% had anxiety disorders. Using slopes-as-outcome mixed random effects models, both treatments resulted in significant decreases in stress, depression, and anxiety, as well as improved sleep and life satisfaction, with significant impacts on depression and anxiety. In comparison to Positive Adult Development, Mindfulness-Based Stress Reduction resulted in greater improvements in anxiety, depression, sleep, and well-being among mothers. In comparison to their contemporaries, mothers of children with autism spectrum disorder improved less in anxiety but showed no other difference. Future research on how skilled mentors and experts may address the unmet mental health needs of moms of children with developmental disabilities is necessary, the study concluded. Doing so enhances mothers' health and facilitates their long-term care of children with complex developmental, physical, and behavioural needs.

**Gopalan and Sieng (2015)** studied "Depression, anxiety, and stress among parents of disabled children" in order to determine the prevalence of depression, anxiety, and stress among parents of disabled children and the relationship between depression, anxiety, and stress levels among parents of disabled children. Thirty parents (25 mothers and 5 fathers) of children with autism, intellectual disability, and cerebral palsy participated in this cross-sectional survey study. Parents were randomly selected from a special school in Sabah, Malaysia, where their children attended. Individuals were handed a socio-demographic data sheet and the Depression, Anxiety, and Stress Scale (DASS) questionnaire. SPSS 16.0 was used to analyse the data. The socio-demographic data sheet and the Depression, Anxiety, and Stress Scale (DASS) questionnaire were administered individually. The data was analysed using SPSS 16.0. The result showed that the depression, anxiety, and stress levels of parents with disabled children are low.



The results also showed that there was a positive relationship between the level of depression, anxiety, and stress among parents with disabled children.

**Ntinda and Hlanze, (2015)** conducted a study on "Lived experiences of parents of children with disabilities" in Switzerland. The study sought to elicit information about the lived experiences of parents of disabled children in Swaziland. The study's primary purpose was to ascertain the obstacles that parents of disabled children face at home, school, and in the community, as these obstacles may impair their ability to collaborate with educators for the benefit of the children. A phenomenological design was chosen. Participants were parents who were randomly selected from a rural location (Maphalaleni area). It was composed of 16 females and 4 males, whose children attended one of the area's twenty primary schools. Data was collected using semi-structured interview guidelines and evaluated thematically. The investigations revealed that parents face a variety of difficulties at work, at home, at school, and in the community, including emotional stress, inability to manage their children's impairments, and financial difficulties. Additionally, the study found that parents were unsure of what was expected of them while making educational decisions on their children's behalf. Additionally, it was shown that parents of disabled children lacked knowledge on how to manage their children's disabilities and how to collaborate with educators due to their lack of training. The findings indicate a need for the establishment of training programmes that will equip parents with the knowledge necessary to collaborate more effectively with educators for the benefit of their children. In order to overcome these challenges, the government will need to put in place policies that will look at the needs of parents of children with disabilities.

**Pocinho, Fernandes and Lria (2018)** studied "Depression, stress, and anxiety among parents of sons with disabilities" to assess depression, stress, and anxiety in parents of sons or daughters with intellectual deficit, multiple deficiencies, or autism, taking into account the gender, age, and education level of both parents and sons or daughters. Self-administered questionnaires were used to collect data in this cross-sectional observational study at schools and special education institutes. The sample consisted of two distinct groups of participants: parents of sons or daughters with intellectual disabilities, multiple deficiencies, or autism, and parents of sons or daughters without disabilities. Participants were recruited using a stratified random sample technique (by age and gender of sons and daughters). With the assistance of special education

instructors and school psychologists, the Depression Anxiety Stress Scale (DASS-21) was administered to both groups of parents. SPSS version 21.0 was used to analyse the data. We used descriptive and inferential statistics (t-tests and ANOVA). Additionally, effect sizes based on variations in means were estimated. The study involved a total of 871 participants. Parents of children or adolescents with disabilities demonstrated much greater levels of anxiety, depression, and stress than other parents. Anxiety, depression, and stress levels are linked to the age of the son or daughter with a disability (higher levels are linked to older ages) and to the education level of the parent (higher levels are linked to less education).

**Scherer, Verhey and Kuper (2019)** studied "Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis". This systematic review examined the association between parenting an IDD kid and parental depression and anxiety. Five internet databases were combed for publications published in the English language between January 2004 and July 2018. All epidemiological study designs were eligible as long as the level of depression and/or anxiety was compared between parents of children with and without IDD (aged 18). There were no geographical restrictions. The proportion of favourable relationships between parenting an IDD kid and depression/anxiety was broken down by disability type, geographic region, and sample size. The percentage of parents at moderate risk of depression or anxiety was determined using widely accepted clinical cut-off scores for each screening test. A meta-analysis was undertaken across two IDD conditions, autism and cerebral palsy, to determine the pooled impact size of heightened depression and anxiety symptoms. They screened 5,839 unique records and determined that 19 studies met the inclusion criteria. The bulk of studies (n = 8, 42%) or upper-middle income countries (n = 10, 53%) were done in high-income countries. In 69 percent of the 19 studies, parents of children with cerebral palsy (n = 7, 37%) or autism (n = 6, 32%) were studied. Almost every study discovered a positive correlation between parenting an IDD child and depression (n = 18, 95%) and anxiety (n = 9, 90%) symptoms. Among parents of children with IDD, factors related to increased levels of depression symptoms included disability severity (n = 8, 78%) and poor family income (n = 4, 80%). Around a third (31%) of parents of children with IDD meet the clinical cutoff for moderate depression, compared to 7% of parents of children without IDD. 31% of parents of children with IDD meet the moderate anxiety cut-off, compared to 14% of

parents of children without IDD. The meta-analyses revealed that higher depression among parents of children with autism and cerebral palsy has a moderate impact size. The findings indicate that parents of children with IDD have greater levels of depression symptoms.

**Park and Nam (2019)** studied the "Time burden of caring and depression among parents of individuals with cerebral palsy" to find out whether the presence of an individual with disability in a family affects the whole family or not. The t-Test and ANOVA with post-hoc Tukey testing were used to assess parental care, time pressure, and depression using t-Tests and ANOVA with post-hoc Tukey tests. The influence of parental caregiving time and time pressure on parental depression was investigated using multivariate logistic regression. In terms of depression, 58 respondents (38.2%) scored a 16 on the Center for Epidemiological Studies–Depression scale. Respondents caring for preschoolers spent more time than those caring for adults; those caring for adults felt less time pressure than those caring for other age groups. The effect of caregiving time on depression was not substantiated; however, time pressure increased the likelihood of depression. The prevalence of depression among parents caring for children with cerebral palsy exceeds previous findings. Time constraints caused by support appear to predict depression directly. The duration of caregiving appears unrelated to depression.

**Park and Kim (2019)** in their study on "Depression and life satisfaction among parents caring for individuals with developmental disabilities in South Korea" examined the mediating effect of depression in the relationship between care-giving-related stressors (care-giving time and behaviour problems) and life satisfaction among parents caring for individuals with developmental disabilities. They conducted a secondary study of data from the Korean Ministry of Health and Welfare's 2011 Survey on the Actual Conditions of Individuals with Developmental Disabilities. The amount of time spent caring for others, behavioural difficulties, parental depression, and life satisfaction were all assessed. The hypothesized path model suited the data well: parental life satisfaction was influenced by caregiving time and the degree of behavioural issues in individuals with developmental impairments, and these associations were partially mediated by depression. These findings may aid healthcare practitioners in creating prevention and treatment programmes by providing a better understanding of the modifiable factors

associated with depression and life satisfaction among parents of children with developmental impairments.

**Bitsika and Sharpley (2021)** studied "Symptom profiles and correlates of anxiety and depression among parents of autistic girls and boys" to determine whether there were differences in anxiety and depression between parents of autistic girls and boys, as well as to determine whether there were any meaningful child-based correlates of those states. The GAD7 and PHQ9 were completed by 51 parents of young autistic boys (M age = 10.2 yr, SD = 2.8 yr, range: 6–17 yr) and 51 parents of autistic girls (M age = 10.1 yr, SD = 2.7 yr, range: 6–17 yr). Autistic children's intelligence and the severity of autism were tested. They discovered no significant differences in total GAD7 or PHQ9 scores between the two sets of parents, but significant and meaningful differences in individual GAD7 and PHQ9 item scores. Additionally, when investigated at the within-child-sex subgroup level, several characteristics of autistic sons and daughters' age and IQ were found to be associated with specific items from the GAD7 and PHQ9.

**Sitoula (2021)** study on "Prevalence of and factors associated with depression, anxiety, stress, and perceived family qol among primary caregivers of children with intellectual disabilities in Bagmati Province, Nepal" sought to determine the prevalence of anxiety, depression, stress, and perceived family quality of life (FQOL) in a population of primary caregivers of children with intellectual disabilities (CWID) in urban and rural areas of 3 provinces in Nepal. This cross-sectional study enrolled a total of 215 primary caregivers of children with CWID who enrolled their children in daycare centres. Telephone interviews were used to obtain socio-demographic and health-related data. The prevalence of anxiety and depressive symptoms, as measured by the Hopkins Symptoms Checklist-25, was included in the health-related data (HSCL-25). The Perceived Stress Scale (PSS) and Beach Centre Family Quality of Life (FQOL) scales were used to determine the carers' level of stress and satisfaction with their quality of life. A correlation matrix utilizing Cramer's V was used to quantify the relationships between mental distress and a variety of factors, including family income, disability severity, and employment. Anxiety and depression were found to be prevalent in 6% (N = 13) and 5.6 percent (N = 12), respectively, of the population. 98.1 percent (N = 211) of caregivers reported experiencing stress, whereas 3.7 percent (N = 8) reported experiencing less-than-satisfactory family life. Between dependent variables and covariates, no significant relationships were detected. Anxiety and depression were

found to be associated with caregivers' residence (rural or urban), employment status, family income, and health status. There was also a correlation between caregivers' FQOL and stress, but no correlation with any variables. Caregivers had low levels of anxiety and sadness, high levels of stress, and a favourable FQOL, according to the data. Given the established relationships between FQOL and perceived stress, the prevalence of stress and the broader consequences of mental illness should be addressed by focused interventions. A larger study with caregivers of children with CWID who do not attend school may be necessary to capture prevalence in a more representative sample of the country's population. Additionally, it becomes critical to investigate the elements that appear to protect this population from anxiety and depression in the face of stress.

## **2.5 Studies conducted on depression of parents in India**

**DeSousa and Sangoi (2010)** conducted a cross-sectional study titled "Depression in mothers of autistic children" to assess depression and factors affecting mothers of children with autism. The Beck Depression Inventory (BDI) was used to compare the depression scores of 180 mothers of autistic children and 180 mothers of children without disabilities. The study group's depression levels were then compared within the group on the basis of various maternal, child, and family factors. The results indicated that both groups were well matched in every way. Mothers of autistic children reported depression at a rate of 67.22 percent, compared to 31.66 percent in the control group. Increased maternal age, inadequate spousal support, unemployment, and low education appeared to exacerbate depression in these mothers. Having another child who developed normally, having supportive family members, and living in joint households all worked as protective factors, and the presence of epilepsy in the child, low IQ and behavioural difficulties, as well as inadequate toilet training, worsened depression scores in these mothers.

**Aaliya and Iqbal (2011)** in their study on "Depression level of mothers having children with disability with special reference to Kashmir," evaluated the depression level of mothers having a child with disability. 80 mothers having children with disabilities were selected as samples for this study. Out of these, 40 were employed and 40 were non-employed, and they came from nuclear and joint households. The Standardized Beck Depression Inventory was used to collect the data. According to the findings of the study, the mean depression score for working mothers with disabled

children is 25.45, for non-working mothers it is 18.30, for mothers with disabled children from nuclear families it is 24.70, for mothers with disabled children from joint families it is 19.2, for mothers with disabled daughters it is 20.4, and for mothers with disabled sons it is 20.4. (18.8). Overall, the findings indicate that mothers with a disabled daughter who live in nuclear homes have a greater rate of depression. The current findings of the study reveal that working women with children with disabilities who live in nuclear homes have, on average; possess higher depression scores than their counterparts.

**Tak, Mahawer, Suhil and Sanadhya (2012)** conducted a study on the "Prevalence of psychiatric morbidity among parents of children with intellectual disability." The purpose of this study was to determine the frequency of psychiatric morbidity in parents of children with intellectual disability and the relationship between socio-demographic parameters and psychiatric morbidity. The data was collected from 60 parents of children with intellectual disabilities at a tertiary care centre in India's outpatient department of psychiatry. Parents who met the study's inclusion and exclusion criteria were interviewed using a semi-structured questionnaire, the International Disease Classification-10 criteria for mental illness, the Beck Depression Inventory and Hamilton Anxiety Rating Scale, the Brief Psychiatric Rating Scale, and the Alcohol Use Disorder Identification Test. Parents of children with intellectual disability had a prevalence of depressive disorder of 28.33%, anxiety disorder of 18.33%, and other psychiatric disorders of 8.33% (psychotic disorders were 3.33 %, insomnia was 1.66 %, and alcohol use disorder was 3.33 %). The total psychiatric morbidity was about 55%.

**Tabassum and Mohsin (2013)** conducted a case study on "Depression and anxiety among parents of children with disabilities." The purpose of this study was to evaluate the association between depression and anxiety among parents of disabled children and to relate the parents' depression and anxiety to the type of disability present in their children. The sample consisted of 80 parents, 58.12 percent of whom were mothers and 41.875 percent of whom were fathers, who had one or more disabled children ranging in age from four to eighteen years. A purposive sampling technique was used to collect the relevant data from the samples. The Depression, Anxiety, and Stress Scale, (DASS) (Lonibond & Lonibond, 1995), was employed, which had 42 items. The link between depression and anxiety was determined using the Person Product Moment method. The independent sample t-test was used to compare parents of children with varying degrees

of disability. The findings of this study indicated that there is a highly significant positive link between depression and anxiety ( $r = .833$ ,  $p < .01$ ). On the depression subscale of the DASS, there was a significant difference between parents of boys with disabilities and girls with disabilities, with  $t(158) = 2.301$ ,  $p < .01$ . Significant differences in emotional maturity were identified between parents of children with disability and parents without disability in all independent variables except family type. The results showed that there were big differences in personality between parents of children with disabilities based on their gender, occupation, type of marriage, the type of disability their child had, and how old their child was.

**Jagjiwan Kaur and Nidhi Pandit (2014)** conducted a study on "Anxiety and depression in parents of children with visual impairments". The purpose of this study was to acquire insight into the prevalence of depression and anxiety among parents of children with disabilities and to ascertain the differences between the depression and anxiety reported by mothers and fathers. As samples, 120 mothers and 120 fathers of 60 boys and 60 girls in the age group of 5–14 years were randomly selected from Chandigarh's special schools. Beck's Depression Inventory (1996) and Sinha's Comprehensive Anxiety Test (1995) were used. Mothers reported higher levels of depression and anxiety than fathers. 40% of parents reported having mild depression, followed by moderate depression (33%), and mild depression (4%). (20% of the total). Only 7% of respondents reported experiencing severe depression. 35% of parents reported having a typical level of anxiety, followed by 29% who reported having a high level of anxiety, 17% who reported having a low level of anxiety, and 1% who reported having an extremely high level of anxiety (11.5 percent). Only 7% of parents reported having extremely low anxiety. For factors relating to irritability, loss of interest, and weeping, depression was significantly more prevalent among parents of children with physical disabilities than among parents of children with mental retardation, speech impairment, or visual impairment. Parents of intellectually disabled children had the most guilt and pessimism. Parents of visually challenged children expressed the most fatigue. Parents of kids who couldn't see had a lot more stress than parents of kids with physical disabilities, speech problems, or mental retardation.

**Dave, Mittal, Tiwari, Parmar, Gedan and Patel (2014)** study on "Anxiety and depression in caregivers of intellectually disabled children". The purpose of this study was to determine the prevalence, influence, and clinical association of various sociodemographic variables on anxiety and depression in caregivers of intellectually

impaired children. It was conducted at the G. G. Govt. Hospital's Outpatient Department (OPD) of Psychiatry in Jamnagar, Gujarat. As samples, caregivers who came to the certification process with their intellectually disabled children were chosen as samples. For this study, a semi-structured sociodemographic and clinical data sheet was developed, and data were collected using Zung's self-rated anxiety and depression scale. Anxiety was prevalent at 57 percent, while depression was prevalent at 63 percent. Family income and family type were significantly connected with a high anxiety score among caregivers, although other socio-demographic variables such as gender, religion, education, and marital status were not. Only the caregiver's age was significantly connected with a high depression score.

**Bhattacharjee and Chhetri (2014)** studied on "Who is more depressed?-a study among persons with disability". The purpose of this study was to determine the prevalence of depression among people with physical disabilities and to compare it to that of their non-disabled peers (people without any disability). Again, the study examined the effect of gender on disabled people's depressive feelings. The study was conducted on 100 people for the stated aim. 50 of them were physically disabled individuals, while the remainder were healthy individuals. Physically disabled individuals were purposively picked from the DDRC (District Disability Rehabilitation Centre) in Agartala, and the matched normal population was similarly selected from Agartala town. Data collection was conducted using the Beck Depression Inventory. The findings indicated that people with physical disabilities had a higher rate of depression than their non-disabled peers. Additionally, visually impaired individuals had a higher rate of depression than individuals with locomotor disabilities. However, the study found no effect of gender on disabled people's depressive feelings.

**Chouhan, Singh and Kumar (2016)** conducted a study entitled "Assessment of everyday parenting stress and depression symptoms in parents of children with intellectual disabilities." The purpose of this cross-sectional analytical observational study was to analyse and compare daily parenting stress and depression symptoms among parents of children with varying degrees of intellectual disability. The Family Interview for Stress and Coping and the Hamilton Depression Rating Scale were used to assess daily parenting stress and depressive symptoms in a total of 90 randomly selected respondents, both parents of mentally retarded (MR) and normal children. Three groups were formed based on the children's intelligence quotient (IQ): Group 'A' (30 parents of moderate to profound MR children), Group 'B' (30 parents of mild to



moderate MR children), and Group 'C' (30 parents of mild to borderline MR children) (30 parents of children with normal intelligence). The children's intelligence was evaluated by a competent clinical psychologist, and diagnoses were determined using ICD-10 criteria. Two psychiatrists assessed controls drawn from healthy volunteers. A self-designed, pre-tested, and semi-structured comprehensive questionnaire was employed for the socio-demographic and clinical profiles. The SPSS trial version was used to analyse the data. Parents in group 'A' experienced significantly more daily parenting stress and depressive symptoms than parents in groups 'B' and 'C'; parents in group 'B' experienced significantly more daily parenting stress and depressive symptoms than parents in group 'C'. Mothers reported far more depressive symptoms and daily parenting stress than fathers. A positive association between daily parenting stress and depressive symptoms was discovered, while a negative correlation between children's IQ and daily parenting stress and depressive symptoms was also discovered.

**Ganesan and Dhanesh (2016)** conducted a study on "Marital adjustment and depression among parents of special-needs children." The purpose of this study is to ascertain the prevalence of various sociodemographic characteristics in mothers of intellectually impaired children and their clinical association with depression. In this study, depression was shown to be significantly more prevalent among mothers of intellectually challenged children than in prior investigations. The identification of depression risk factors in mothers of intellectually impaired children may assist health practitioners in identifying at-risk mothers. Screening the mothers of children with intellectual disabilities on a regular basis should be part of the protocol for care.

**Vinayak, Dhanoa and Vinayak (2016)** in their study on "Relationship of hopelessness, depression and quality of life in mothers of persons with disabilities" tried to find out the relationship among quality of life, depression and hopelessness in mothers of children with hearing & orthopedic impaired. 150 mothers of children with disabilities were included in this study. They were taken from nuclear, urban literate families of Chandigarh. BDI, BHS and WHOQOL were used to collect the data from the participants. This study found that mothers with hearing and orthopaedic impairments have elevated levels of depression and hopelessness, which negatively impact their quality of life. Effective rehabilitation programmes should give many opportunities for regular follow-up interviews that provide both information about the children's problems and psychological support for the mothers.

**Singh, Ghosh and Nandi (2017)** studied "Subjective burden and depression in mothers of children with autism spectrum disorder in India: Moderating effect of social support." The quantitative study assessed subjective burden, depression, and the moderating effect of social support on mothers of children with autism spectrum disorder (ASD) in India. Seventy mothers were questioned utilising a structured interview schedule, which assessed their subjective burden, depression, and social support from family, friends, and significant others. Then descriptive statistics and multiple regression analysis with interaction terms were used to analyse the data. In the study, half of the mothers experienced clinically significant depression. Increased subjective burden was associated with increased depression in a substantial way. Only moderate or high family support had a direct effect on depression and also lessened the subjective burden of depression.

**Sapkota, Pandey, Deo and Shrivastava (2017)** in their study on "Anxiety, depression, and quality of life in mothers of intellectually disabled children," they described the clinico-socialo-demographic profile of mothers of children with intellectual disability and sought to investigate the relationship between anxiety and depression with quality of life in mothers of children with intellectual disability. Depression and anxiety disorders were diagnosed as per ICD 10. The severity of depression was measured with BDI and anxiety symptoms with STAI. Quality of life was assessed using WHOQOL-BREF. The participants' mean age was 50.23 (SD = 6.11), their BDI score was 13.65 (SD = 11.301), their STAI score was 53.90 (SD = 15.821), and their WHOQOL-BREF score across all four categories was 290.90 (SD = 49.42). Except for the Environment category, there was a significant association between BDI and STAI ( $P = 0.01$ ,  $r = 0.651$ ) and the three WHOQOL-BREF domains ( $P = 0.01$ ,  $r = 0.821, 0.843, 0.635$ ). 48.4 percent of patients (ICD 10) reported mild to moderate depression, compared to 54.8 percent who met the BDI cutoff score for depression. According to ICD 10, anxiety disorders were present in 22.6 percent of cases, but in 53.90 (SD = 15.821) cases according to STAI, a statistically significant difference ( $p = 0.01$ ,  $r = -0.507$ ). When compared to non-diagnosed individuals, depression results in a lower quality of life in the WHOQOL-BREF physical domain ( $p = 0.002$ ). However, this difference is not statistically significant when compared to anxiety or both. The results of this study showed that mothers of children with intellectual disabilities have higher rates of anxiety and depression, which hurts the quality of life of their children.

**Chandravanshi, Sharma, Jilowa, Meena, Jain and Prakash (2017)** in their cross-sectional study on "Prevalence of depression in mothers of intellectually disabled children," tried to investigate the phenomenology of ID and the prevalence of depression in their mothers and also tried to find the prevalence, influence of various socio-demographic variables, and its clinical correlation with depression in mothers of ID children. A total of 100 mothers of children with ID were included in the study as samples. Data was collected using Beck's Anxiety Inventory and Beck's Depression Inventory. The mean age of patients with ID was 11.52 years; they had completed an average of 3.01 years of schooling; their mean age at diagnosis was 6.01 years; their mean intelligence quotient was 45.17; and 79% had major co-morbidities. The prevalence of depression in mothers was 79%. Mothers with female ID children, ID children with major co-morbidities, and severe types of retardation had greater levels of anxiety and a higher prevalence of depression. In addition, depression seemed to be significantly more prevalent among mothers of ID children in the current study than in prior investigations. The identification of depression predictors in mothers of disabled children may aid health practitioners in identifying at-risk mothers. The approach to management should include routine screening of mothers of ID children.

**Gogoi, Kumar and Deuri (2017)** researched "Anxiety, depression, and quality of life of mothers of children with intellectual disability" to determine the psychological impact (i.e., anxiety, depression, and quality of life [QOL]) on mothers of children with ID. The Beck Depression Inventory (BDI-II); the State Trait Anxiety Inventory (STAI); and the World Health Organization Quality of Life-BREF (WHOQOL-BREF) were used to collect data from two groups of subjects: mothers of sixty children with ID and mothers of sixty healthy children. The study took place in the Lokopriya Gopinath Bordoloi Regional Institute of Mental Health's (LGBRIMH) Outpatient Department in Tezpur, Assam. Discrete statistics, correlation, and the t test were used to examine the data. The study's findings concluded that mothers of children with ID experienced much higher levels of anxiety and depression than mothers of healthy children. The anxiety and depression of moms of children with ID had a negative association with their quality of life.

**Das, Jain and Kale (2018)** investigated in a cross-sectional study on "Anxiety and depression in parents of children with intellectual disability" to assess anxiety and depression in parents of children with intellectual disability. After receiving approval from the Institutional Research Committee, the study will be conducted at a tertiary

care hospital. Depression and anxiety levels were examined in parents of children diagnosed with ID aged 2–18 years. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and Hamilton Anxiety Rating Scale were used to make the diagnosis. Pearson Chi-Square test was used to evaluate associations. So far, the parents of 27 children have been analysed. Compared to fathers (77%), 89% of women had anxiety, depression, or both anxiety and depression combined. 35% of mothers suffered from anxiety, 40% from depression, and 13% from both. 42% of fathers suffered from anxiety, 31% from depression, and 3% from both. 57% of mothers of children with moderate ID exhibited no link between anxiety and depression. There is a correlation between the anxiety or depression of a parent and the degree of ID in their children. Parental rates of anxiety and depression were high, especially among mothers. Caregivers of children with ID must undergo an appropriate mental health screening. The services given to these children must include interventions and caregiver support.

**Bramhe (2019)** studied "Depression and anxiety in mothers of children with autism spectrum disorders and intellectual disabilities". The purpose of the present study was to compare depression and anxiety levels among mothers of children with autism spectrum disorders and intellectual impairment. The sample was comprised of 60 mothers of children aged 6 to 12 years, of which 30 were mothers of children with autism spectrum disorder and 30 with intellectual disabilities. The information was acquired from Mumbai hospitals and special schools. The current study discovered that mothers of children with autism spectrum disorder experience significantly more depression and anxiety than mothers of children with intellectual disabilities. The elements that contributed to mothers' high levels of depression and anxiety were behavioural difficulties in their children, such as hyperactivity, aggression, self-injury, and stereotyped movements. Additionally, they face daily challenges such as juggling domestic tasks while caring for a child, financial troubles, and a limited social life. The results show that mothers whose children have autism spectrum disorder have more depression and anxiety than mothers whose children have intellectual disabilities.

**Bodke, Atram and Maidapwad (2019)** investigated a cross-sectional study on "Depression among caregivers of individuals with intellectual disability". The aim of this study is to assess the risk of depression among caregivers of individuals with an intellectual disability. A cross-sectional study was conducted on caretakers of intellectually disabled individuals who attended the Government Medical College's psychiatry outpatient department. By using a systematic random sampling procedure,

60 patients with ID were included. A unique proforma was used to obtain objective data. The Patient Health Questionnaire (PHQ-9) was used to measure caregivers of intellectually disabled individuals' risk of depression. For data entry and statistical analysis, MS Excel sheets and SPSS were employed. 71.7 percent of caregivers were depressed, with 26.6 percent having mild symptoms, 20% having moderate depression, 13.4 percent having moderately severe depression, and 11.6 percent having severe depression, while 28.3 percent were depressed. Females (36.6 percent) were more likely to be depressed than males (36.6 percent) (35 percent). In this study, depression was more prevalent among caretakers of intellectually impaired individuals. Female caregivers were found to be more likely to develop depression than male caregivers.

**Sahastrabhude, Umate, Nachane and Kale (2021)** studied on "Knowledge of Rights of persons with disability (RPwD) act and caregiver burden in depressed parents of children with intellectual disability". The purpose of this study was to determine caregiver burden and familiarity with the RPwD Act among depressed parents of children with ID. The current cross-sectional, observational study enrolled 50 parents of children diagnosed with major depressive disorder according to the DSM-5 criteria. They were assessed for depression severity using the Hamilton's Depression Scale (HAM-D) and caregiver burden using Pai and Kapur's Family Burden Interview Schedule (FBIS). A semi-structured questionnaire was created to assess understanding of the RPwD Act. As a result, 26% of depressed parents reported experiencing significant caregiver burden. Depression severity was found to be positively related to caregiver and child ages. While 88 percent of parents were aware of the RPwD Act and its certification process, more than half were not. Tax rebates were the subject of the least understanding (4 percent) and were met with misgivings (6 percent). Around one-fourth of caregivers who suffer from depression experienced caregiver strain. Depression is more severe in older children and their caretakers. The RPwD Act shows a low level of awareness among caregivers who are depressed regarding tax rebates and educational and financial benefits.

**Sharma, Singh, Murti, Chatterjee and Rakkar (2021)** study on "Depression and anxiety in parents of children and adolescents with intellectual disability". The purpose of this study was to ascertain the prevalence of depression and anxiety in these parents and their psychosocial correlates. The study was a cross-sectional observational study conducted in a tertiary care multi-specialty hospital in Maharashtra's Psychiatry unit. It assessed 99 parents (99 fathers and 98 mothers) of 99 children and adolescents (up to

the age of 18 years) with intellectual disability for signs of depression and anxiety. The Hospital Anxiety and Depression Scale was used for assessment (HADS). Anxiety, depression, or both were found in 94 percent of mothers and 66.7 percent of fathers. 91.8 percent of mothers reported anxiety symptoms, 66.3 percent reported depression symptoms, and 64.3 percent reported both. 57.6 percent of dads had anxiety-related symptoms, 35.4 percent had depression-related symptoms, and 26.3 percent had both. The relationship between parents' HADS Depression sub-scores and the severity of their child's ID, Down's syndrome diagnosis, and lack of family support was significant (P-value 0.05). Also, a significant relationship (P-value = 0.05) was found between the father's anxiety and depression ratings, his age, and the child's multiple medical conditions.

**Merla and Kumar (2021)** in their comparative study on "The levels of depression, stress and anxiety of parents have children with intellectual disability" attempted to uncover the psychological makeup of parents of intellectually disabled children in terms of their depression, stress, and anxiety levels, as well as the comparison between mothers and fathers. In Hyderabad, India, a random sample of 80 parents was collected, including 40 fathers and 40 mothers. On these samples, the DASS-21 scale was used to assess depression, stress, and anxiety in both mothers and fathers of intellectually challenged children. According to research, parents of children with intellectual disabilities, both fathers and mothers, suffered considerable levels of depression, stress, and anxiety. Statistical analysis of the results indicates that there is no statistically significant difference in the levels of Depression, Stress, and Anxiety experienced by mothers and fathers, and that Depression, Stress, and Anxiety endure in both female and male genders. Depression, Stress, and Anxiety all have a correlation; if one present in parents, the other to do as well.

## 2.6 Review of Related Literature Matrix

Table No: 2.1 showing Review of Related Literature Matrix

Studies conducted on Attitude of parents towards inclusive outside of India				
Title of the Article/Research /Paper	Author/s and Year	Journal/Book/Link	Objective/s	Findings
"Explaining educational differentials: towards a formal rational action theory."	Breen, R., and Goldthorpe, J. H. (1997).	<i>"Rationality and Society."</i>	To present an explanation for three empirical phenomena with extensive documentation. These includes: (i) Increasing educational participation rates ; (ii) Little change in class disparities in these rates; and (iii) a very recent and quick reduction of gender disparities in educational attainment levels..	They discovered that home wealth, educational level, and labour market position play a significant effect in determining the educational level of the child. For the enrollment of girls in school, mother's education may be very crucial.
"Influences on parent perceptions of inclusive	Palmer, D. S., Borthwick-Duffy, S.	<i>"American journal on</i>	To study parent perceptions towards inclusive practices for	They found that parents of children with severe disabilities

practices for their children with mend retardation."	A., Widaman, K. & Best, S. J. (1998)	<i>mental retardation."</i>	their children with mental retardation	had positive attitudes towards inclusion.
"The attitudes parents held toward the inclusion of children with cognitive disabilities in regular education."	Balboni & Pedrabissi (2000)	<i>"Education and Training in Mental Retardation and Developmental Disabilities."</i>	The attitudes of parents of non- disabled students about the inclusion of pupils with mental retardation (MR) in regular classes were examined.	It was discovered that women and parents with an average to high socioeconomic status were more supportive of inclusive schooling.
"Benefits and risks of reverse inclusion for preschoolers with and without disabilities: parents' perspectives."	Rafferty, Boettcher and Griffin (2001)	<i>"Journal of Early Intervention."</i>	To compare the reported benefits and issues of inclusion among 244 parents whose preschoolers with and without disabilities attended a community-based reverse inclusion program.	No statistically significant difference was found on the attitude scale between the attitudes of parents of children with and with out special needs.
"Taking sides: parents' views on inclusion for their children with severe disabilities."	Palmer, D. S., Fuller, K., Arora, T. & Nelson, M. (2001).	<i>"Exceptional Children"</i>	They tried to identify the reasons for their support of, or resistance to, inclusive education.	Parents assumed that increased expectations and additional stimulation in regular classrooms would help their children improve their



				academic performance and functional skills.
"Barriers and facilitators to inclusive education."	Pivik, J., McComas, J., Laflamme, M. (2002).	<i>"Exceptional Children"</i>	To find out the barriers to inclusive education physical disability.	Parents and children at eight schools recognised the following obstacles to inclusive education: (a) Environmental barriers, (b) Intentional attitudinal barriers of parents, (c) Unintentional attitudinal barriers of parents, and (d) Physical disability-related limitations.
"Parents' attitudes to inclusion of their children with special needs."	Elkins, J., Kraayenoord, E., Van, C. & Jobling, A.(2003).	<i>"Journal Of Research In Special Educational Needs"</i>	To examine the attitudes of Australian parents of children with disabilities attending school in Queensland.	According to the results of the survey, the majority of parents supported inclusion; some would support it if additional resources were made available; and a minority of parents

				supported special placement.
"Attitudes of Greek parents of typically developing kindergarten children towards."	Gnd GEORGE, E. T. (2003).	European Journal of Special Needs Education	To investigate the attitudes of Greek parents of typically developing children towards kindergarten inclusion.	Greek parents had positive attitudes towards inclusive education, parents' attitudes did not differ based on their gender and their educational level
"Sibling relationships of children with down syndrome: perspectives of mothers, fathers, and siblings."	Cuskelly, M., & Gunn, P. (2003).	"Sibling <i>American journal on mental retardation</i> "	Examined the perspectives of experienced instructors and the community regarding the inclusion of students with Down syndrome in regular school settings.	They discovered that parents acknowledged the educational, social, and emotional benefits of inclusive education for all students with and without impairments.
"Attitudes of Greek parents of primary school children without special educational needs to inclusion."	Kalyva, E., Georgiadi, M., & Tsakiris, V. (2007).	" <i>European Journal of Special Needs Education</i> "	Explored the attitudes of Greek parents of primary school children without SEN towards inclusion	It was found that Greek parents of primary school children without disabilities had an overall positive attitude towards inclusion.
"Parental attitudes regarding inclusion of children with disabilities in Greek	Dimitrios, K., Georgia, V., Eleni, Z., & Asterios, P.	" <i>Electronic Journal for Inclusive Education</i> "	Examined parents' attitudes toward the inclusion of their children with disabilities in	Students' age emerged as the principal factor that influenced parents' perceptions about

education settings."	(2008).		general education and correlated their views with parent characteristics (e.g., education) and child variables (e.g. age, severity of disability).	inclusion.
"Towards inclusive education for children with disabilities."	UNESCO (2009).	"A <i>Guideline Bangkok, Bangkok</i> "	The purpose of the guidelines was to assist countries in increasing the emphasis on inclusion in their education strategies and plans, to introduce the expanded concept of inclusive education, and to highlight the areas that require special attention to promote inclusive education and strengthen policy development.	Attitude shifts and policy formulation—through the clarification of inclusive education, regional and national advocacy and discourse, the formulation of sustainable socioeconomic policies, and the application of an interdisciplinary, multisectoral, and collaborative approach—are required.
"Attitudes toward inclusion of children with special needs in regular schools (a case study from parents'	Elzein, H.L. (2009).	" <i>Educational Research Review.</i> "	To determine the perspectives of parents towards the integration of children with special needs into two private elementary schools in Sidon,	Respondents displayed a positive attitude toward the inclusion aspects of academic improvement, social adaptation, and teacher collaboration. The

perspective)."			Lebanon.	majority of respondents viewed the resource room as a form of inclusion positively.
"Parent perspectives on inclusive education in Rural Alberta, Canada."	Loreman, T., McGhie-Richmond, D., Barber, J., & Lupart, J. (2009).	" <i>Exceptionality Education International.</i> "	To Examine inclusive education in the context of a rural school district in Canada that has adopted an inclusive philosophy.	It was found that the most of the parents showed positive views about the experiences with the inclusive school environment and links to the local community.
"Attitudes of parents towards inclusive education: A review of the literature."	De Boer, A., Pijl, S. J., & Minnaert, A. (2010).	" <i>European Journal of Special Needs Education.</i> "	In reviewing the research about parents' perspectives on inclusive education, special consideration is given to parental attitudes and their impact on children with special needs' social involvement in mainstream schools.	Several factors associated with parental views were identified, including socioeconomic status, level of education, inclusion experience, and kind of disability.
"Perceptions of the barriers to effective inclusion in one	Glazzard, J. (2011).	" <i>Support for Learning.</i> "	To examine the barriers to inclusion in one primary school	In the context of this school, parental opposition to

<p>primary school: voices of teachers and teaching assistants."</p>			<p>in the north of England</p>	<p>inclusion was also clear, and there was a strong perception that the inclusion agenda was problematic in relation to the standards agenda.</p>
<p>"Special education provision in Nigeria: analyzing contexts, problems, and prospects."</p>	<p>Obiakor E. F., &amp; Offor T. F. (2011).</p>	<p><i>"International Journal of special Education."</i></p>	<p>Examined the pre- colonial and British colonial influence on Nigeria's education.</p>	<p>Negative attitudes toward people with disabilities in Nigeria are attributed to a lack of parental involvement in the education of their children, and many parents are unaware of the role of special education in providing equal educational opportunities for their children with disabilities.</p>
<p>"Parents' perspectives on inclusion and schooling of students with angelman syndrome: suggestions for educators."</p>	<p>Leyser, Y., &amp; Kirk, R. (2011).</p>	<p><i>"International journal of special education."</i></p>	<p>To investigate the perspectives of parents of children with Angelman Syndrome (a severe and complex impairment) on inclusion and schooling, and to</p>	<p>The findings revealed not just overwhelming support for the philosophical and legislative concepts of inclusion, but also major issues such as a lack of</p>

			solicit their suggestions and recommendations for educators.	knowledge and abilities on the part of teachers and the possibility of the child being rejected.
"Including students with disabilities in UAE schools: A descriptive study."	Ananti, M., Nisreen & Ain Al. (2012).	<i>"International Journal of Special Education."</i>	The present practises that shape the nature of inclusive education in UAE schools were documented in a descriptive study.	They found that overall parental attitude towards inclusion education of children with special needs are not favourable
"The state of inclusive education in Zimbabwe: Bachelor of Education (special needs education) students' perceptions."	Chireshe, R. (2013).	<i>'Journal of Social Science.'</i>	The study centred on the perceived benefits of inclusive education, obstacles to its implementation, and solutions to the obstacles.	The findings demonstrated the existence of negative views among various stakeholders, particularly parents, as well as a lack of comprehension regarding the significance of inclusive education.
"Attitudes and experiences of parents regarding inclusive and special school education"	Gasteiger-Klicpera, B., Klicpera, C., Gebhardt, M., &	<i>"International Journal of Inclusive Education."</i>	To evaluate the experiences of parents whose children with cognitive disabilities attended	Overall, the results indicated a high level of parental satisfaction with the schooling,

for children with learning and intellectual disabilities."	Schwab, S. (2013).		special schools or inclusive programmes.	but there were significant disparities in parental opinions based on the severity of learning difficulties and the type of school.
"Parents attitude: inclusive education of children with disability."	Daniela, D. R., & Natasha, C. J. (2014).	<i>"International Journal of Cognitive Research in Science, Engineering and Education."</i>	To investigate the opinions of parents of children with "normal" development about the inclusion of children with disabilities into the general education system in Macedonia.	In general, many parents accept inclusive education, although the majority continues to believe that special schools are superior for educating children with disabilities.
"Perceptions of parents of young children with and without disabilities attending inclusive preschool programs."	Hilbert, D.D. (2014).	<i>"Journal of Education and Learning."</i>	To determine the characteristics of parents of children with and without disabilities whose young children are enrolled in an inclusive early childhood education programme that influence their attitudes towards inclusion and inclusive	Analysis found that parents of disabled children were less likely to support an inclusive programme that served children with severe disabilities, such as autism and behavioural disorders.

			preschool programmes.	
"Parental perspectives and challenges in inclusive education in Singapore."	Wong, M. E., Poon, K. K., Kaur, S., & Ng, Z. J. (2015).	" <i>Asia Pacific Journal of Education.</i> "	To investigate the opinions and experiences of parents in Singapore whose children with disabilities attend mainstream secondary schools.	Findings revealed that Parental perspectives on inclusive education in Singapore are not only concerned with classroom help but also with whether their children with disabilities will leave school as participating members of society.
"Parents attitude towards inclusion of students with disabilities into the general education classrooms."	Al Neyadi, Maitha Khalifa Ali, (2015).	"Theses."	To examine whether there is a difference in attitude between parents of children with and without disabilities.	The study revealed that there were some differences in the attitudes between parents of children with and without disabilities.
"Perceptions of inclusive education: a mixed methods investigation of parental attitudes in three Australian primary schools."	Stevens, L., & Wurf, G. (2018).	" <i>International Journal of Inclusive Education.</i> "	The objective of this research was to investigate the perceptions of parents of children with and without disabilities towards inclusive	Parents of children with disabilities were significantly more likely to strongly agree that children have the right to inclusive education.



			education .	
"Attitudes of parents of typically developing children towards school inclusion: the role of personality variables and positive descriptions."	P. Albuquerque, C., G. Pinto, I., & Ferrari, L. (2019).	<i>"European Journal of Special Needs Education."</i>	This study explored the attitudes of parents of Typically Developing Children (TDC) towards school inclusion of a child with some type of disability.	Attitudes were more positive towards children with Hearing Impairment than towards children with Down syndrome. Small but statistically significant associations were found between personality dimensions and parental attitudes.
"Differences in attitudes towards inclusion between parents of children with and without disabilities."	Bopota, O., Loukovitis, A., Barkoukis, V., & Tsorbatzoudis, H. (2020).	<i>"European Review of Applied Psychology."</i>	The current study was set out to assess if there are differences in attitudes towards inclusion between parents of children with and without disabilities.	The findings showed no significant differences in attitudes towards inclusion between parents of children with and without disabilities.
"Parents' attitudes towards inclusive education and their perceptions of inclusive teaching practices and	Paseka, A., & Schwab, S. (2020).	<i>"European Journal of Special Needs Education."</i>	To Determine the attitudes and opinions of parents regarding inclusive education and inclusive teaching strategies	The descriptive results indicated that parents' attitudes toward the inclusion of a student with a physical

resources."			and resources.	handicap or learning disability were somewhat positive, whereas attitudes toward children with behavioural disorders or mental disabilities were more neutral.
<b>Studies conducted on Attitude of parents towards inclusive in India</b>				
"Examples of inclusive education in india, for every child health, education, equality, protection. advance humanity."	United Nations Children's Fund Regional Office for South Asia (2003).	"UNICEF."	To examine the situation of special and inclusive education in India and the recording of inclusive model practises.	Families lacked sufficient knowledge about their child's specific handicap, its impacts, and its impact on their child's capacity. This frequently results in a feeling of hopelessness.
"Children with disabilities in private inclusive schools in mumbai: experiences and challenges."	Das Ph D, A., & Kattumuri, R. (2011).	" <i>Electronic Journal for Inclusive Education.</i> "	To analyze the status of children with disabilities studying in private inclusive schools of Mumbai.	Scarcity of resources, negative attitudes of teachers, non-disabled classmates, and parents were cited as obstacles to educating children with

				impairments in conventional classrooms.
"Perceptions of parents of typical children towards inclusive education."	Bhargava, S., & Narumanchi, A. (2011).	"Disability, <i>CBR &amp; Inclusive Development</i> ."	To investigate parents of typical children's attitudes regarding inclusive education and children with special needs.	Results showed that parents of typical children reflected a positive attitude towards inclusion
"Attitude of parents and teachers towards inclusive education."	Mohsin, N., Ghafar, A., & Tabsum, T. M. (2012).	' <i>Secondary Education Journal</i> ."	The purpose of the study was to determine the attitudes and reactions of parents and teachers in Punjab towards the implementation of inclusive education.	The results of this study also indicate that the responses of parents and teachers are crucial for the successful implementation of inclusive education.
"Parental attitude towards the inclusion education for their disabled children." .	Gupta, P., & Buwade, J. (2013).	' <i>Inclusion Education</i> ."	This study's objectives were to explore parents' opinions toward the inclusion of their children with disabilities in general education and to correlate those attitudes with parent variables such as Sex,	The results of the study revealed that the age and gender of children have the greatest impact on parental attitudes toward inclusion. On the subscales of the questionnaire pertaining to

			education, and child variables such as age, gender, and kind of impairment. .	parents' gender, educational level, and children's handicap type, no differences were detected.
"Attitude of parents towards inclusive education for cwsn: a study in Kamrup District, Assam, India."	Saikia, P. (2016).	" <i>International Journal of Humanities and Social Science Invention.</i> "	Attempted to find out the attitude of parents towards Children with Special Needs in Kamrup District, Assam, India.	Most of the parents were favouring inclusive education for their children. It was also revealed that inclusive education in general schools were more helpful than in special school for total development of their children.
"Attitudes of parents on the inclusion of children with intellectual disabled in education."	Sharma, M. (2016).	" <i>International Journal of Advanced Educational Research.</i> "	To determine the attitudes of parents of non-intellectually handicapped children towards the inclusion of children with and without intellectual disability in inclusive education in Nagpur, Maharashtra.	Some parents of children without disabilities believe inclusive education is good for students with disabilities, whereas the majority of parents of children with intellectual disabilities believe inclusive education is beneficial for children without disabilities in

				regular class.
"Parents' attitude toward inclusion of their children with autism in mainstream classrooms."	Mathur, S., & Koradia, K. (2018).	" <i>IAFOR Journal of Psychology &amp; the Behavioral Sciences.</i> "	This study aimed to investigate the perspectives of parents towards the inclusion of children with autism in regular schools.	The study found that parents have a negative view concerning the quality of educational services in mainstream education, but a positive attitude toward the acceptance and treatment of their children in mainstream school.
"Perception of parents of children with special needs towards educational inclusion in neighborhood elementary schools."	Dash, Neena & Mallick, Sujata. (2018).	" <i>PEDAGOGY OF LEARNING (POL) International Refereed Journal of Education.</i> "	To Determine the attitudes of CWSN parents concerning the educational inclusion of children with special needs in local elementary schools.	The majority of parents report that a lack of proper infrastructure facilities for CWSN, a rigid curriculum, unwilling teachers, an unfamiliar language, a lack of funds, and the absence of initiatives from high-level authorities are obstacles to educational inclusion in neighbourhood elementary

				schools.
"Attitude of parents towards inclusion of their children with intellectual disability in primary school under Navi Mumbai."	VKharat, Jyoti & U, Gangadhar. (2018).	" <i>International Journal of Advanced Research.</i> "	To determine the level of parental support for the inclusion of their children with intellectual disabilities in elementary school.	There is no significant difference between the attitudes of parents towards the inclusion of their children with intellectual disability and their age.
"Parents attitude towards inclusive education"	Bhuyan, Mandira. (2019).	" <i>International Journal of Scientific and Research Publications (IJSRP).</i> "	To study the attitude of parents towards inclusive education based on their gender and habitat.	It was found that there is no significance difference of parental attitude based on their habitat but had significance difference in male and female parents in their attitude towards inclusive education

<b>Studies conducted on Depression of parents outside of India</b>				
<b>Title of the Article/Research /Paper</b>	<b>Author/s and Year</b>	<b>Journal/Book/Lin k</b>	<b>Objectives and Methodology</b>	<b>Findings</b>
"Depression in mothers and	Olsson, M.B., &	" <i>Journal of</i>	The objective of the present study	Mothers of children with autism

fathers of children with intellectual disability."	Hwang, C.P. (2001).	<i>Intellectual Disability Research.</i> "	was to investigate severity of parental depression in families of children with ID and in control families and the prevalence of depression among them.	(mean = 11.8) and mothers of children with intellectual disability without autism (mean = 9.2) had significantly higher depression scores than fathers of children with autism (mean = 6.2), fathers of children with intellectual disability without autism (mean = 5.0), and fathers (mean = 4.1).
"Examining the relationship between stress and lack of social support in mothers of children with autism."	Boyd, B. A. (2002).	<i>"Focus on autism and other developmental disabilities."</i>	A selective, critical review of the literature tried to find out the relationship between stress, depression and the scarcity of social support available to mothers of autistic children is presented.	The reviewed published literatures demonstrate a link between challenging child characteristics and a mother's proclivity to seek social support, with mothers who are more stressed being more likely to seek social support.
"Hardiness and social support	Weiss, M. J. (2002).	<i>"Autism."</i>	The effects of social support and	The findings indicated that

<p>as predictors of stress in mothers of typical children, children with autism, and children with mental retardation."</p>			<p>hardiness on the level of stress in mothers of typical and developmentally disabled children were examined.</p>	<p>there were significant group differences in the way depression; anxiety, somatic complaints, and burnout were rated. Both hardiness and social support were found to be predictors of successful adaptation.</p>
<p>"Depression: its trajectory and correlates in mothers rearing children with intellectual disability."</p>	<p>Glidden, L. M., &amp; Schoolcraft, S. A. (2003).</p>	<p><i>"Journal of Intellectual Disability Research."</i></p>	<p>The purpose of this study was to determine whether initial differences in depression between adoptive mothers who knowingly and willingly chose to raise disabled children and biological mothers.</p>	<p>They found that neuroticism was the best predictor of both adoptive and birth mothers' depression, but not of the mother's subjective well-being in relation to the child.</p>
<p>"Caregiver burden and depression in parents raising children with</p>	<p>Serr, J., Mandleco, B., Olsen, S., &amp; Dyches, T. (2003).</p>	<p><i>"Problems and Perspectives Conference."</i></p>	<p>Objective of this quantitative descriptive study was to find out the depression levels based on</p>	<p>Mothers of children with disabilities or chronic conditions rated themselves</p>



disabilities/chronic conditions."		Saint-Petersburg Mechnikov State Medical Academy, Nursing Department, Saint-Petersburg, Russia.	their gender.	higher than fathers for depression and burden frequency.
"Meta-analysis of comparative studies of depression in mothers of children with and without developmental disabilities."	Singer, G. H. (2006).	<i>"American Journal on Mental Retardation."</i>	A meta-analysis was used to summarise the findings from these studies on depression in mothers of children with and without developmental disabilities.	The findings indicate that mothers of developmentally disabled children face a greater risk of depression than mothers of typically developing children.
"The impact of child symptom severity on depressed mood among parents of children with ASD: The mediating role of stress proliferation."	Benson, P. R. (2006).	<i>"Journal of Autism and Developmental Disorders."</i>	To assess the Impact of Child Symptom Severity on Depressed Mood in Parents of Children with Autism Spectrum Disorders .	Regression analyses revealed that both child symptom severity and stress proliferation were predictive of parent depression, and that stress proliferation partially mediated the effect of child symptom

				severity on parent depression.
"Linkages between depression and caregiver burden in parents raising children with disabilities."	Serr, J., Mandleco, B. L., & Roper, S. O. (2007).	<i>"18th International Nursing Research Congress Focusing on Evidence-Based Practice."</i>	The study's objectives were to determine: (1) Whether there are correlations between depression and caregiver burden; (2) Whether there are differences in depression and caregiver burden by parent gender.	The frequency and inconvenience of burdens on mothers and fathers were related to depression in the expected direction. Parents of children with autism rated themselves higher than parents of children with Down syndrome or other developmental disabilities in terms of mother/frequency of burden and father's hassle of burden.
"Maternal depression and developmental disability: research critique."	Bailey Jr, D. B., Golden, R. N., Roberts, J., & Ford, A. (2007).	<i>"Mental retardation and developmental disabilities research"</i>	Aimed at describing the maternal depression literature, critically evaluating its research methodology, identifying common findings across studies, and	Across studies, mothers of disabled children had a higher than average rate of depressive symptoms and were more likely to develop clinical depression,

		<i>reviews."</i>	making recommendations for future research.	but the incidence may be lower than previously reported.
"A study in depression levels among mothers of disabled children."	Motamedi, S. H., Seyednour, R., Noori Khajavi, M., & Afghah, S. (2007).	<i>"Iranian Rehabilitation Journal."</i>	To determine the extent to which depression affects mothers of disabled children, how it affects the mother's performance or function, and how it affects the child's treatment.	The findings of this study indicated that 73% of mothers suffered from mild to severe depression and that only one variable, mothers' depression, was associated with the type of disability of their children.
"Anxiety, depression and quality of life in mothers of disabled children.."	Bumin, G., Günal, A., & Tükel, Ş. (2008).	<i>"SDÜ Tıp Fakültesi Dergisi."</i>	To measure depression, anxiety, and quality of life in mothers of disabled children.	This study discovered that mothers of disabled children experience increased levels of anxiety and depression. Increased levels of depression and anxiety had a detrimental effect on the mother's quality of life.

<p>"Impairment, disability, social support and depression among older parents in rural Thailand."</p>	<p>Suttajit, S., Punpuing, S., Jirapramukpitak, T., Tangchonlatip, K., Darawuttimaprakorn, N., Stewart, R., &amp; Abas, M. A. (2010).</p>	<p><i>"Psychological Medicine."</i></p>	<p>The objective of the study was to identify whether social support modifies the association between depression and impairment or disability in older people from developing countries in Asia.</p>	<p>There were strong graded relationships between impairment, disability, social support deficits, and EURO-Dcaseness.</p>
<p>"The levels of stress, depression and anxiety of parents of disabled children in Turkey."</p>	<p>Uskun, E., &amp; Gundogar, D. (2010).</p>	<p><i>"Disability and Rehabilitation."</i></p>	<p>The objectives of the study was to ascertain the circumstances under which parents experience elevated levels of stress and to examine the relationship between stress, depression, and anxiety.</p>	<p>They concluded by stating that financial difficulties are the most significant factor affecting the psychology of disabled parents.</p>
<p>"Associations between parental anxiety/ depression and child behaviour problems Related to autism spectrum disorders: the roles of parenting stress and parenting</p>	<p>Rezendes, D.L., &amp; Scarpa, A. (2011).</p>	<p><i>"Autism Research and Treatment."</i></p>	<p>Investigated the associations between parental anxiety and depression and child behaviour problems associated with autism spectrum disorder, focusing on the roles of parental stress and self-</p>	<p>These potential mediators were evaluated using a sample of 134 mothers. The hypothesis that parenting stress mediated the relationship between child behaviour problems and</p>

self-efficacy."			efficacy.	decreased parenting self-efficacy and partially mediated the relationship between parenting stress and increased depression or anxiety was supported.
"Depression among parents of children with disabilities."	Resch, J. A., Elliott, T. R., & Benz, M. R. (2012).	<i>"Families, Systems, &amp; Health."</i>	The prevalence of depression among parents of children with disabilities was examined, and a model to determine the unique factors associated with parental depression was tested.	Regression analyses revealed that threat appraisals, poorer physical health, and lower family satisfaction were uniquely associated with depression.
"Anxiety and depression among parents of children with intellectual disability in Pakistan."	Azeem, M.W., Dogar, I.A., & Haiden, I.I. (2013).	<i>"Journal of the Canadian Academy of Child and Adolescent Psychiatry."</i>	" To determine the prevalence of psychopathology, specifically anxiety, depression, and both anxiety and depression, among parents of children with intellectual disabilities (ID).	There was a significant relationship (p-value 0.05) between parent gender and an individual psychiatric diagnosis of anxiety, depression, or anxiety and depression combined.

<p>"Depression and chronic health conditions in parents of children with and without developmental disabilities: the growing up in Ireland"</p>	<p>Gallagher, S., &amp; Hannigan, A. (2014).</p>	<p><i>"Research in developmental disabilities."</i></p>	<p>The purpose of this study was to determine the prevalence of depression among parents of children diagnosed with ADHD in comparison to a control group and to determine whether these prevalence rates vary by age, sex, educational attainment, and years of marriage in the Jordanian population.</p>	<p>The results indicate that parents of children with ADHD had significantly greater levels of depression than parents in the control group. However, these levels of depression vary greatly by the age group, sex and year of marriage of parents of ADHD children.</p>
<p>"The factors predicting stress, anxiety and depression in the parents of children with autism."</p>	<p>Falk, N. H., Norris, K., &amp; Quinn, M. G. (2014).</p>	<p><i>"Journal of Autism and Developmental Disorders."</i></p>	<p>Examined the variables predicting stress, anxiety, and depression in the mothers and fathers of children with autism, and tested the validity of a path model describing the relationship between these variables.</p>	<p>The results showed that the link between "child-centric variables" (such as externalizing behaviours and the severity of autism symptoms) and mental health problems in parents may be mediated by other factors.</p>

<p>"Anxiety and depression in mothers of disabled and non-disabled children."</p>	<p>Ramzan, N., &amp; Minhas, K. (2014).</p>	<p><i>"Annals of King Edward Medical University"</i></p>	<p>The purpose of this cross-sectional comparative study was to determine the prevalence of anxiety and depression among mothers of disabled and special-needs children, as well as the association between anxiety and depression and demographic factors in the Sheikhpura area.</p>	<p>The correlation study found a statistically significant positive association between anxiety and depression and mothers' age (p.05), as well as a statistically significant inverse relationship between an impaired child's age, mothers' educational attainment (p.01), and family income status.</p>
<p>"Depression and quality of life of parents of disabled children."</p>	<p>Kazmi, S. F., Perveen, S., Karamat, S., &amp; Khan, A. B. (2014).</p>	<p><i>"Annals of Pakistan Institute of Medical Sciences."</i></p>	<p>To investigate and compare the prevalence of depression and quality of life among parents of disabled children.</p>	<p>The independent "t-test" found that mothers of children with disabilities were more depressed than fathers of children with disabilities. Significantly, mothers of challenged children continued to have a lower quality of life than their fathers.</p>

<p>"Reducing distress in mothers of children with autism and other disabilities: a randomized trial."</p>	<p>Dykens, E. M., Fisher, M. H., Taylor, J. L., Lambert, W., &amp; Miodrag, N. (2014).</p>	<p>" <i>Pediatrics.</i>"</p>	<p>Reducing distress in mothers of children with autism and other disabilities through Mindfulness-Based Stress Reduction (mindfulness practice) or Positive Adult Development (positive psychology practice).</p>	<p>Using slopes-as-outcome mixed random effects models, both treatments led to significant reductions in stress, depression, and anxiety, and improved sleep and life satisfaction, with large effects on depression and anxiety.</p>
<p>"Depression, anxiety and stress among parents of disabled children."</p>	<p>Gopalan, R. T., &amp; Sieng, S. M. (2015).</p>	<p>"<i>Indian Journal of Health and Wellbeing.</i>"</p>	<p>To determine the prevalence of depression, anxiety, and stress among parents of disabled children and the relationship between depression, anxiety, and stress levels among parents of disabled children.</p>	<p>The result showed that the depression, anxiety, and stress levels of parents with disabled children are low. The results also showed that there was a positive relationship between the level of depression, anxiety, and stress among parents with disabled children.</p>
<p>"Lived experiences of parents of children with disabilities in Swaziland."</p>	<p>Ntinda, K., &amp; Hlanze, B. (2015).</p>	<p>"<i>Journal of Education and Training Studies.</i>"</p>	<p>The study's primary purpose was to ascertain the obstacles that parents of disabled children face at</p>	<p>The investigations revealed that parents face a variety of difficulties at work, at home, at</p>



			home, school, and in the community, as these obstacles may impair their ability to collaborate with educators for the benefit of the children.	school, and in the community, including emotional stress, inability to manage their children's impairments, and financial difficulties.
"Depression, stress and anxiety among parents of sons with disabilities."	Pocinho, Margarida & Fernandes, Líria. (2018).	<i>"The Psychologist: Practice &amp; Research Journal."</i>	To assess depression, stress, and anxiety in parents of sons or daughters with intellectual deficit, multiple deficiencies, or autism, taking into account the gender, age, and education level of both parents and sons or daughters.	Anxiety, depression, and stress levels are linked to the age of the son or daughter with a disability (higher levels are linked to older ages) and to the education level of the parent (higher levels are linked to less education).
"Depression and anxiety in parents of children with intellectual and developmental disabilities: a systematic review and meta-analysis."	Scherer, N., Verhey, I., & Kuper, H. (2019).	<i>" PloS one. "</i>	This systematic review examined the association between parenting an IDD kid and parental depression and anxiety.	The meta-analyses revealed that higher depression among parents of children with autism and cerebral palsy has a moderate impact size. The findings indicate that parents of

				children with IDD have greater levels of depression symptoms.
"Time burden of caring and depression among parents of individuals with cerebral palsy."	Park, E. Y., & Nam, S. J. (2019).	<i>"Disability and Rehabilitation."</i>	To find out whether the presence of an individual with disability in a family affects the whole family or not.	The frequency of depression among parents supporting individuals with CP exceeded preceding findings. Time pressure due to support appears to directly predict depression. Total time spent caring appears unrelated to depression.
"Depression and life satisfaction among parents caring for individuals with developmental disabilities in South Korea."	Park, E. Y., & Kim, J. H. (2019).	<i>"Journal of Developmental and Physical Disabilities."</i>	Examined the mediating effect of depression in the relationship between care-giving-related stressors (care-giving time and behaviour problems) and life satisfaction among parents caring for individuals with developmental disabilities.	The hypothesized path model suited the data well: parental life satisfaction was influenced by caregiving time and the degree of behavioural issues in individuals with developmental impairments, and these associations were partially mediated by depression.

"Symptom profiles and correlates of anxiety and depression among parents of autistic girls and boys."	Bitsika, V., & Sharpley, C. F. (2021).	<i>"Research in Developmental Disabilities."</i>	To determine whether there were differences in anxiety and depression between parents of autistic girls and boys, as well as to determine whether there were any meaningful child-based correlates of those states.	They discovered no significant differences in total GAD7 or PHQ9 scores between the two sets of parents, but significant and meaningful differences in individual GAD7 and PHQ9 item scores.
"Prevalence of and factors associated with depression, anxiety, stress, and perceived family QOL among primary caregivers of children with intellectual disabilities in Bagmati Province, Nepal"	Sitoula, S. (2021).	<i>"Master's thesis."</i>	To determine the prevalence of anxiety, depression, stress, and perceived family quality of life (FQOL) in a population of primary caregivers of children with intellectual disabilities (CWID) in urban and rural areas of 3 provinces in Nepal.	Anxiety and depression were found to be associated with caregivers' residence (rural or urban), employment status, family income, and health status.
<b>Studies conducted on Depression of parents in India</b>				
"Depression in mothers of autistic children."	DeSousa, A., & Sangoi, M. K. (2010).	<i>"Ponga."</i>	To compare the depression scores of 180 mothers of autistic children and 180	Mothers of autistic children reported depression at a rate of 67.22 percent, compared to

			mothers of children without disabilities.	31.66 percent in the control group. Increased maternal age, inadequate spousal support, unemployment, and low education appeared to exacerbate depression in these mothers.
"Depression level of mothers having children with disability with special reference to Kashmir."	Aaliya, L., & Iqbal, M. Z. (2011).	<i>"Indian Journal of Health and Wellbeing."</i>	Evaluated the depression level of mothers having a child with disability. 80 mothers having children with disabilities were selected as samples for this study.	Overall, the findings indicate that mothers with a disabled daughter who live in nuclear homes have a greater rate of depression. The current findings of the study reveal that working women with children with disabilities who live in nuclear homes have, on average; possess higher depression scores than their counterparts.
"Prevalence of psychiatric	Tak, N. K., Mahawer,	<i>"Industrial</i>	The purpose of this study	Parents of children with

morbidity among parents of children with intellectual disability."	B. K., Sushil, C. S., & Sanadhya, R. (2018).	<i>Psychiatry Journal.</i> "	was to determine the frequency of psychiatric morbidity in parents of children with intellectual disability and the relationship between socio-demographic parameters and psychiatric morbidity.	intellectual disability had a prevalence of depressive disorder of 28.33%,.
"Depression and anxiety among parents of children with disabilities: a case study from developing world."	Tabassum, R. A. B. I. A., & Mohsin, N. A. E. E. M. (2013).	" <i>International Journal of Environment, Ecology, Family and Urban Studies.</i> "	The purpose of this study was to evaluate the association between depression and anxiety among parents of disabled children and to relate the parents' depression and anxiety to the type of disability present in their children.	The findings of this study indicated that there is a highly significant positive link between depression and anxiety (r =.833, p.01). On the depression subscale of the DASS, there was a significant difference between parents of boys with disabilities and girls with disabilities.
"Anxiety and depression in	Kaur, J., & Pandit, N.	" <i>International</i>	The purpose of this study	It was found that depression

parents of children with impairments."	(2014).	<i>Journal of Scientific &amp; Engineering Research.</i> "	was to acquire insight into the prevalence of depression and anxiety among parents of children with disabilities and to ascertain the differences between the depression and anxiety reported by mothers and fathers.	was significantly more prevalent among parents of children with physical disabilities than among parents of children with mental retardation, speech impairment, or visual impairment.
"Study of anxiety and depression in caregivers of intellectually disabled children"	Dave, D., Mittal, S., Tiwari, D., Parmar, M., Gedan, S., & Patel, V. (2014).	" <i>Journal of Research in Medical and Dental Science.</i> "	The purpose of this study was to determine the prevalence, influence, and clinical association of various sociodemographic variables on anxiety and depression in caregivers of intellectually impaired children.	Only the caregiver's age was significantly connected with a high depression score.
"Who is more depressed?: a study among persons with disability."	Bhattacharjee, A., & Chhetri, K. (2014).	" <i>Indian Journal of Health &amp; Wellbeing.</i> "	The purpose of this study was to determine the prevalence of depression	The findings indicated that people with physical disabilities had a higher rate of depression

			among people with physical disabilities and to compare it to that of their non-disabled peers (people without any disability).	than their non-disabled peers. Additionally, visually impaired individuals had a higher rate of depression than individuals with locomotor disabilities.
"Assessment of daily parenting stress and depressive symptoms among parents of children with intellectual disability."	Chouhan, S. C., Singh, P., & Kumar, S. (2016).	<i>"International Multispecialty Journal of Health."</i>	The purpose of this cross-sectional analytical observational study was to analyse and compare daily parenting stress and depression symptoms among parents of children with varying degrees of intellectual disability.	A positive association between daily parenting stress and depressive symptoms was discovered, while a negative correlation between children's IQ and daily parenting stress and depressive symptoms was also discovered.
"Marital adjustment and depression among parents of children with special needs."	Ganesan, R., & Dhanesh, K. G. (2016).	<i>"Indian Journal of Community Psychology."</i>	The purpose of this study is to ascertain the prevalence of various sociodemographic characteristics in mothers of intellectually impaired	Depression was shown to be significantly more prevalent among mothers of intellectually challenged children than in prior investigations.

			children and their clinical association with depression.	
"Relationship of hopelessness, depression and quality of life in mothers of persons with disabilities."	Vinayak, S., Dhanoa, S. K., & Vinayak, R. (2016).	" <i>International Journal of Innovation and Applied Studies.</i> "	To find out the relationship among depression with quality of life and hopelessness in mothers of hearing & orthopedic impaired.	The results of this study indicated that mothers of hearing and orthopedic impairment have high level of depression and hopelessness which affects their quality of life.
"Subjective burden and depression in mothers of children with autism spectrum disorder in India: moderating effect of social support."	Singh, P., Ghosh, S., & Nandi, S. (2017).	" <i>Journal of Autism and Developmental Disorders.</i> "	The quantitative study assessed subjective burden, depression, and the moderating effect of social support on mothers of children with Autism Spectrum Disorder (ASD) in India.	In the study, half of the mothers experienced clinically significant depression. Increased subjective burden was associated with increased depression in a substantial way.



<p>"Anxiety, depression and quality of life in mothers of intellectually disabled children."</p>	<p>Sapkota, N., Pandey, A. K., Deo, B. K., &amp; Shrivastava, M. K. (2017).</p>	<p><i>"Journal of Psychiatrists' Association of Nepal."</i></p>	<p>To investigate the relationship between anxiety and depression with quality of life in mothers of children with intellectual disability.</p>	<p>The results of this study showed that mothers of children with intellectual disabilities have higher rates of anxiety and depression, which hurts the quality of life of their children.</p>
<p>"Prevalence of depression in mothers of intellectually disabled children: A cross-sectional study."</p>	<p>Chandravanshi, G., Sharma, K.K., Jilowa, C.S., Meena, P.S., Jain, M., Prakash, O. (2017).</p>	<p><i>"Medical Journal of Dr. D.Y. Patil Vidyapeeth."</i></p>	<p>The Study aims to find the prevalence influence of various sociodemographic variables and their clinical correlation with depression in mothers of intellectually disabled children.</p>	<p>It has been found that the prevalence of depression in mothers of intellectually disabled children in the present study seems to be much greater than that reported in previous studies.</p>
<p>"Anxiety, depression, and quality of life in mothers of children with intellectual disability."</p>	<p>Gogoi, R. R., Kumar, R., &amp; Deuri, S. P. (2017).</p>	<p><i>"Open J Psychiatry Allied Sci."</i></p>	<p>The objectives were to examine the psychological impact (i.e., anxiety, depression, and quality of life) on mothers of children</p>	<p>The study's findings firmly established that mothers of children with ID experienced significantly higher levels of anxiety and depression than</p>

			with intellectual disabilities.	mothers of healthy children. Anxiety and depression had a negative impact on the quality of life of mothers of children with ID.
"A cross-sectional study to assess anxiety and depression in parents of children with intellectual disability. "	Das, A., Jain, P., & Kale, V. P. (2018).	" <i>Indian J Psychiatry.</i> "	To assess anxiety and depression in parents of children with intellectual disability.	There was no correlation between anxiety and depression among mothers of children with moderate ID (57%).association between a father's anxiety or depression and the degree of ID in their children. High rates of anxiety and depression were seen among parents of children with ID, especially mothers.
"Depression and anxiety in mothers of children with autism spectrum disorders and intellectual disabilities."	Bramhe, V. (2019).	" <i>Indian Journal of Mental Health.</i> "	The aim of the current study was to assess the levels of depression and anxiety in mothers of children with autism spectrum disorders	The current study discovered that mothers of children with autism spectrum disorder experience significantly more depression and anxiety than

			and intellectual impairment and compare the same.	mothers of children with intellectual disabilities.
"A Study of depression among caregivers of individuals with intellectual disability—a cross sectional study."	Bodke, P. S., Atram, U. B., & Maidapwad, S. L. (2019).	<i>"Indian Journal of Mental Health."</i>	The aim of this study is to assess the risk of depression among caregivers of individuals with an intellectual disability.	In this study, depression was more prevalent among caretakers of intellectually impaired individuals. Female caregivers were found to be more likely to develop depression than male caregivers.
"Knowledge of Rights of Persons with Disability (RPwD) Act and caregiver burden in depressed parents of children with intellectual disability."	Sahastrabhude, D. S., Umate, M. S., Nachane, H. B., & Kale, V. P. (2021).	<i>"Indian Journal of Mental Health."</i>	The purpose of this study was to determine caregiver burden and familiarity with the RPwD Act among depressed parents of children with ID.	Depression is more severe in older children and their caretakers. The RPwD Act shows a low level of awareness among caregivers who are depressed regarding tax rebates and educational and financial benefits.

<p>"Depression and anxiety in parents of children and adolescents with intellectual disability."</p>	<p>Sharma, R., Singh, H., Murti, M., Chatterjee, K., &amp; Rakkar, J. S. (2021).</p>	<p><i>"Industrial Psychiatry Journal."</i></p>	<p>The purpose of this study was to ascertain the prevalence of depression and anxiety in these parents and their psychosocial correlates.</p>	<p>The relationship between parents' HADS Depression sub-scores and the severity of their child's ID, Down's syndrome diagnosis, and lack of family support was significant (P-value 0.05).</p>
<p>"A study on the levels of depression, stress and anxiety of parents having children with intellectual disability."</p>	<p>Merla, S., &amp; Kumar, S. N. (2021).</p>	<p><i>"International Journal of Indian Psychology."</i></p>	<p>Tried to unearth the psychological components in parenting in terms of their depression, stress and anxiety levels that parents of children with intellectual disabled have and comparison levels of those depression, stress and anxiety between mothers and fathers.</p>	<p>Statistical analysis of the results indicates that there is no statistically significant difference in the levels of Depression, Stress, and Anxiety experienced by mothers and fathers, and that Depression, Stress, and Anxiety endure in both female and male genders.</p>

## **2.7 Emergence of the research problem:**

Education in the twenty-first century is undergoing rapid and startling changes. Students are not only merely learners but challengers in education for innovative and altruistic excellence. "Removing barriers and bringing all children together in school irrespective of their physical and mental abilities, or social and economic status on securing their participation in learning activities leads to the imitation of the process of inclusive education" (Jha, 2002).

Education has been given an exalted position since the ancient times. From the time of neglect to the current time of right-based inclusive education for integrating all types of exceptional children into regular schools, the education of children with special needs has passed through several critical periods.

There still exist many special schools and institutions where children with disabilities are placed for learning. It is of course unrealistic to expect inclusive education to take place overnight when the system is not prepared to absorb the change. Inclusive education, as a matter of fact requires school teachers and schools to be prepared and be equipped to absorb the differently able students. Various studies on special education and inclusion suggested that the programme of inclusion faces many challenges. It demands special equipment, requires further training among already trained teachers to engage these children productively in the classroom.

The parents' behaviour shows how supportive their family is of their children's education. Positive or negative parenting styles are also possible. Parents' negative attitudes toward education and learning may discourage their children from receiving an education. Parents' positive attitudes can often be beneficial to their children and can be seen in improved class performance, specially those children who are more interested in learning, and achieve higher scores in reading and writing. With less parental support in school work, children may have low levels of motivation and poor self-esteem. Many families now place a high value on their children's education and support their schooling and education as a result of the increased awareness of education issues. They take part in the decision-making process at the school and determine where their children will receive their education in the future. Holden (1995) suggested that the attitudes and behaviours of parents may have an impact on how their children develop and its affect later on in their lives. This finding suggests that parents

who do not support inclusive education may have a negative impact on how their children develop their attitudes and behaviours.

Parental depressive symptoms have a significant impact on children's personalities, behavioural patterns, and foundational skills, which in turn have an impact on how they behave in school and how well they perform academically. Given the severity of the issue, it is crucial to treat parental depression as soon as possible in order to ensure that the child's development into a better person is not hampered. Sadly, we are too preoccupied with the here and now to care for the future. Children should be seen as valuable assets and the wealth of a country that need to be cared for, fed, and protected.

Over the past two decades, inclusive education's underlying philosophies have undergone significant development (Avramidis & Kalyva, 2007). Instead of focusing on a small portion of the school system, inclusive education should serve as a framework for all future educational development programmes (Booth, 1999). The goal of inclusive education is to increase the involvement of students in governmental educational institutions' curricula, cultures, and communities (Booth, 1999; Landsberg, 2005; & Gross, 1996). Inclusion can be achieved by fostering an environment where all students can feel emotionally supported and get the necessary accommodations for learning. Most importantly, these students need to be seen and appreciated for who they are as unique individuals (Hammond, Ingalls, 2003 & Gaad, 2004). When reviewing previous research done in this area, it was found that various aspects of inclusive education have been studied in the previous research like educators' perceptions/attitude towards inclusive education and connection between educators' attitudes and the implementation of inclusive education (Parasuram, 2006; Gaad, 2004; Hammond et al., 2003), conflict, contradiction or opportunity (Miles, & Singal, 2010; Fox, & Ysseldyke., 1997), international perspective of inclusive education (Miles, & Singal, 2010; Mitchell, 2005; Mittler, 2005), historical analysis of inclusive education (Peters, 2007; Reindal, 2016, Ferguson, 2008), parental views, perception and attitudes towards inclusive education (Tafa, & Manolitsis, 2003; Leyser, & Kirk., 2004; Kalyva, Georgiadi, & Tsakiris, 2007; Anke de Boer, Pijl & Minnaert, 2010 ).

Previous research has been conducted on various aspects of depression like meta-analysis of comparative studies of depression in mothers of children with and without

developmental disabilities (Singer, 2006; Das, Jain, & Kale, 2018; Park, & Kim, 2019; Bitsika, & Sharpley, 2021). Anxiety, depression, and quality of life in mothers of children with intellectual disability (Kazmi, Perveen, Karamat, & Khan, 2014; Gogoi, Kumar, & Deuri, 2017)

There is limited research in the field of special education, rehabilitation of children with disabilities and inclusive education in India. Furthermore, only a few studies have been conducted on parental depression and parental attitudes towards inclusive education in this country and also in West Bengal. But specifically parental depression and attitude and their relationship has not been found or are not available to the present investigator. Therefore, the present investigators after a detailed theoretical study and long discussion with his supervisor and related field experts have formulated the research problem. This current study aims to add insight into parental depression and attitude towards inclusion of children with and without disabilities and also to observe the impact of depression on individual to formulate the attitude towards inclusion of children with and without disabilities.

## **2.8 Statement of the research problem:**

By this study the researcher intends to know parents' depression and attitude towards inclusion of children with and without disabilities in schools.

## **2.9 Objectives of the study:**

The objectives of the study are as follows:

1. To investigate parents' attitude towards various aspects of the inclusion of children with and without disabilities, viz, benefits, ability and support, satisfaction and rights.
  - 1.1 To study parental attitude towards inclusion of children with and without disabilities on the basis of their gender.
  - 1.2 To study parental attitude towards inclusion of children with and without disabilities on the basis of their age group.
  - 1.3 To study parental attitude towards inclusion of children with and without disabilities on the basis of their highest educational qualification.

- 1.4 To study parental attitude towards inclusion of children with and without disabilities on the basis of their family structure.
  - 1.5 To study parental attitude towards inclusion of children with and without disabilities on the basis of their occupation.
  - 1.6 To study parental attitude towards inclusion of children with and without disabilities on the basis of their monthly income.
  - 1.7 To study parental attitude towards inclusion of children with and without disabilities on the basis of gender of their children.
  - 1.8 To study parental attitude towards inclusion of children with and without disabilities on the basis of age group of their children.
  - 1.9 To study parental attitude towards inclusion of children with and without disabilities on the basis of children enrolled in the class.
  - 1.10 To study parental attitude towards inclusion of children with and without disabilities on the basis of types of disabilities of their children.
  - 1.11. To study parental attitude towards inclusion of children with and without disabilities on the basis of degree of disability of their children.
2. To investigate the attitude of parents of children with and without disabilities towards the inclusive education.
3. To investigate the parental level of depression
    - 3.1 To study parental level of depression of children with and without disabilities on the basis of their gender.
    - 3.2 To study parental level of depression of children with and without disabilities on the basis of their age group
    - 3.3 To study parental level of depression of children with and without disabilities on the basis of their highest educational qualification.
    - 3.4 To study parental level of depression of children with and without disabilities on the basis of their family structure.
    - 3.5 To study parental level of depression of children with and without disabilities on the basis of their occupation.
    - 3.6 To study parental level of depression of children with and without disabilities on the basis of their monthly income.



- 3.7 To study parental level of depression of children with and without disabilities on the basis of gender of their children.
  - 3.8 To study parental level of depression of children with and without disabilities on the basis of age group of their children.
  - 3.9 To study parental level of depression of children with and without disabilities on the basis of children enrolled in the class.
  - 3.10 To study parental level of depression of children with and without disabilities on the basis of types disabilities of their children.
  - 3.11 To study parental level of depression of children with and without disabilities on the basis of degree of disability of their children.
- 4. To examine the different level of depression between parents of children with and without disabilities.
  - 5. To investigate the correlation between the parental level of depression and attitude towards inclusion of children with and without disabilities.

## **2.10 Hypotheses:**

- $H_01$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.
- $H_02$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.
- $H_03$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualification.
- $H_04$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.
- $H_05$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their occupation.
- $H_06$**  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.

- H<sub>0</sub>7*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children.
- H<sub>0</sub>8*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.
- H<sub>0</sub>9*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.
- H<sub>0</sub>10*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.
- H<sub>0</sub>11*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.
- H<sub>0</sub>12*** There is no significant mean difference in attitude of parents of children with and without disabilities towards inclusive education.
- H<sub>0</sub>13*** There is no significant mean difference in level of depression between mothers and fathers with disabilities and without disabilities.
- H<sub>0</sub>14*** There is no significant mean difference in level of depression among parents of various age groups.
- H<sub>0</sub>15*** There is no significant mean difference in level of depression among parents of different categories based on their highest educational qualification.
- H<sub>0</sub>16*** There is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.
- H<sub>0</sub>17*** There is no significant mean difference in level of depression among parents of different categories on the basis of their occupation
- H<sub>0</sub>18*** There is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income
- H<sub>0</sub>19*** There is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children
- H<sub>0</sub>20*** There is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.

- H<sub>0</sub>21* There is no significant mean difference in level of depression among parents of different categories on the basis of children enrolled in the class.
- H<sub>0</sub>22* There is no significant mean difference in level of depression among parents of different categories on the basis of types of disability of their children.
- H<sub>0</sub>23* There is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.
- H<sub>0</sub>24* There is no significant mean difference in level of depression between parents of children with and without disabilities.
- H<sub>0</sub>25* There is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.

## **2.11 Operational definitions of the key words:**

### **Inclusion:**

Inclusive education is a process of enabling all children to learn and participate effectively within mainstream school systems. It does not exclude the challenged or socio-economically deprived children from the mainstream learning environment. It means that there is a shift of thinking from unnatural segregation of the challenged and deprived toward supporting inclusion in the mainstream schools so that the ultimate objective of social inclusion can be achieved.

### **Attitude:**

An attitude is a manner of acting, feeling or thinking that shows one's disposition opinion etc. In this context the opinion of the parents of children with and without disabilities towards education and training of the children with disabilities in inclusive schools has been considered.

### **Parents:**

Biological and/or legal parents of children with and without disabilities whose child is in a regular school.

### **Disability:**

Disability has been defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being, generally taken to be at the level of the individual.

**Depression:**

Parents with and without disabilities who score equal to or above 10 score on Center for Epidemiologic Studies Depression Scale Revised (CESD-R-10) are considered children with depression, reflecting unusual levels of sadness, limited energy, and low self esteem.

**2.12 Delimitation of the study:**

- Attitude and depression of parents with disabilities and without disabilities will be only considered in this study.
- The investigator will work with only 600 samples due to some constraints like paucity of time.
- Since is not possible to cover each and every district of the state of West Bengal, representative districts from east, west, north and southern parts have been selected for the study.
- The study will be conducted within the state of West Bengal.

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## CHAPTER –III

### RESEARCH METHODOLOGY

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## CHAPTER –III

### RESEARCH METHODOLOGY

#### 3.1 Population:

Population means the area of the study concerned and in this present study, parents of children with and without disabilities from different district of West Bengal were the population.

#### 3.2 Selection of the samples:

The samples consist of 600 parents of children with disabilities and without disabilities from state of West Bengal were selected randomly. Since it was not possible to cover each and every district of the state, representative districts from Eastern, Western, Northern and Southern parts of West Bengal have been selected for the study. The investigators adopted purposive sampling techniques for the sample selection.

**Table No. - 3.1 showing the demographic characteristics of the samples**

Independent Variables N= 600	Types	Parents of children with disabilities		Parents of children without disabilities	
		Total No	Percentage (%)	Total No	Percentage (%)
Gender	Male	124	44.6	113	35.1
	Female	154	55.4	209	64.9
Age group	20-30 years	17	6.1	19	5.9
	31-40 years	119	42.8	164	50.9
	41-50 years	122	43.9	113	35.1
	50+ years	20	7.2	26	8.1
Highest educational qualification	Upto HS	73	26.3	45	14.0
	Graduate	96	34.5	84	26.1
	Post Graduate	109	39.2	193	59.9
Family structure	Joint	86	30.9	158	49.1
	Nuclear	192	69.1	164	50.9
Occupation	Govt. Service	43	15.5	76	23.6
	Private Service	74	26.6	100	31.1
	Business	54	19.4	61	18.9
	Daily Workers	42	15.1	27	8.4
	Others	65	23.4	58	18.0

Independent Variables N= 600	Types	Parents of children with disabilities		Parents of children without disabilities	
		Total No	Percentage (%)	Total No	Percentage (%)
<b>Monthly income</b>	Below Rs. 10,000	66	23.7	37	11.5
	Rs. 10,001 to Rs. 20,000	37	13.3	42	13.0
	Rs. 20,001 to Rs.30,000	39	14.0	41	12.7
	Rs. 30,001 to Rs. 40,000	31	11.2	46	14.3
	above Rs. 40,000	105	37.8	156	48.4
<b>Gender of the children</b>	Boys	196	70.5	150	46.6
	Girls	82	29.5	172	53.4
<b>Age group of the children</b>	5-10 yrs	143	51.4	172	53.4
	11-15 yrs	77	27.7	81	25.2
	15 yrs & above	58	20.9	69	21.4
<b>Children enrolled in the Class</b>	Class - I-IV	159	57.2	155	48.1
	Class - V-VIII	72	25.9	79	24.5
	Class - IX-X	47	16.9	88	27.3
<b>Types of disability of the children</b>	Intellectual Disability	236	84.9	-	-
	Physical Disability	20	7.2	-	-
	Sensory Disability	22	7.9	-	-
<b>Degree of disability of children</b>	Mild	139	50.0	-	-
	Moderate	99	35.6	-	-
	Severe	33	11.9	-	-
	Profound	7	2.5	-	-
<b>Nature of parents</b>		278	46.33	322	53.67

### **3.3. Variables:**

#### **Dependent variables:**

- I. Attitude of parents of children with and without disabilities
- II. Depression of parents of children with and without disabilities

#### **Independent variables:**

##### **Related to the parents:**

- I. Gender
- II. Age Group
- III. Highest Educational qualification
- IV. Family structure
- V. Occupation
- VI. Income
- VII. Nature of parents

##### **Related to the child:**

- I. Gender
- II. Age Group
- III. Enrolled in the Class
- IV. Types of disability
- V. Degree of disability

### **3.4 Selection of research tools:**

The investigator collected pertinent data from the samples using two standard tools, the details of which are described below. The survey's brief introduction was used to indicate the objectives of the study.

#### **a. The Attitude toward Inclusion/ Mainstreaming Scale (Leyser and Kirk, 2004)**

For collection of relevant data about parental views and thoughts regarding inclusion or the placement of their child in regular education classroom from the samples the investigator used **The Attitude toward Inclusion/ Mainstreaming Scale (Leyser and Kirk, 2004)**, the details of which are as follows:

It is composed of 18 items which assess scores for the following factors:

- a) Benefits of inclusion for children with and without disabilities as perceived by parents (7 items),
- b) Parent satisfaction with their child's progress and special education services compared to inclusion (5 Items),
- c) Parent perceptions of teacher ability and inclusion support by parents of children without disabilities (4 Items) and
- d) The child rights factor related to the philosophical and legal justification of inclusion (2 Items).

The participants responded on a 5-point Likert-type scale, anchored by strongly agree (1 point) and strongly disagree (5 points) for each item. Eight items were statements in favour of inclusion and 10 items that express negative attitudes were reverse-coded during the analyses so that low ratings can be interpreted as favorable to inclusion. Reliability and validity of the tool has been established. Reliability and validity of the tool has been established. Cronbach alpha reliability analyses resulted in the following alphas- .86, .74, .70 and .63 for the four factors respectively. Cronbach alpha for the total scale was .83. The tool was adapted before using in the present study.

#### **b. The Center for Epidemiological Studies Depression Scale (CESDR)**

The Center for Epidemiologic Studies Depression Scale (CESD) was created in 1977 by Laurie Radloff and revised in 2004 by William Eaton and others. The CESD has been the workhorse of depression epidemiology since its first use in the Community Mental Health Assessment Surveys in the 1970's and use in the National Health and Nutrition Examination Surveys. The scale is well-known and continues to be one of the most widely used instruments in psychiatric epidemiology. It is a popular assessment tool that has wide applicability in the general population. It has 10 items, and there are positive and negative items in the tool. The positive item score is 3, 2, 1, and the negative item score is 1, 2, 3. The total score is calculated by finding the sum of 10 items. Do not score the form if more than 2 items are missing. Any score equal to or above 10 is considered depressed. The reliability and validity of the tool have been established.

**Reliability:**

Internal consistency for the CES-D-10 = (Cronbach's  $\alpha=0.86$ ) Test-retest reliability for the CES-D-10 = (ICC=0.85). Test-retest reliability for individual items = (ICC=0.11-0.73) (Miller et al. 2008)

**Validity:** Convergent validity = .91 Divergent validity = .89 Correlation of the CES-D-10 to SF-36 subscales varies depending on the subscale. Physical Function (Pearson's  $r=0.37$ ) Mental Health (Pearson's  $r=0.71$ ) (Miller et al. 2008)

**3.5 Collection of data:**

The ethics of social science research were adhered to throughout the study by respecting the rights and dignity of all participants, avoiding harm to participants caused by their involvement, and carrying out the research honestly. All the participants had been informed about the objectives of the study and its importance in the education of special-needs learners, and they were asked if they agreed to take part in the research work. It was assured that the identity of all samples would be kept confidential.

The tools were personally administered to the parents of children with and without disabilities under assurance of confidentiality and explained wherever necessary. Some were also mailed to respondents. Sufficient time was given to the respondents for thoughtful responses. Telephonic conversation was allowed for any clarification and discussion. Finally, after the collection of data, the investigators cleaned, quantified, and tabulated the collected data as much as possible to prepare it for further analysis and interpretation.

**3.6 Statistical analysis:**

Statistical analysis included the use of the Statistical Package of Social Sciences (SPSS) 25.0. A Cronbach's reliability analysis was used in order to determine the internal consistency of the questionnaire. The Pearson correlation coefficient provided estimates of associations among the subscales of the questionnaire. A *two-way ANOVA* was carried out to compare the influence of selected parent and child variables on depression and attitudes towards inclusion of children with and without disabilities and their correlation.

**3.7 Research design:**

A descriptive survey method was adopted in this study.

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## CHAPTER –IV

### ANALYSIS AND INTERPRETATION OF DATA

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## CHAPTER –IV

### ANALYSIS AND INTERPRETATION OF DATA

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#### 4.1 Introduction:

Analysis of the data was conducted in two parts. At the beginning, total score and item analysis were conducted using descriptive statistics percentage and later the hypotheses were tested using descriptive statistics mean, SD, and inferential statistics independent t-test, one way ANOVA, Two way ANOVA and Pearson product moment correlation (r). Some excerpts of parental attitude and parental depression having children with intellectual and developmental disabilities are also included in this chapter.

#### 4.2 Total attitude score of the samples and item wise analysis on attitude scale:

Table No. 4.1 showing the total attitude score of the samples

		Attitude Total
N	Valid	600
	Missing	0
Median		52.00
Minimum		29
Maximum		79
Percentiles	25	45.00
	50	52.00
	75	56.00

**Table No. 4.1a Showing the total frequency and percentage of attitude score of the samples**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Valid</b>	29	1	.2	.2	.2
	31	2	.3	.3	.5
	32	2	.3	.3	.8
	33	2	.3	.3	1.2
	34	3	.5	.5	1.7
	35	3	.5	.5	2.2
	36	5	.8	.8	3.0
	37	4	.7	.7	3.7
	38	8	1.3	1.3	5.0
	39	3	.5	.5	5.5
	40	3	.5	.5	6.0
	41	13	2.2	2.2	8.2
	42	28	4.7	4.7	12.8
	43	20	3.3	3.3	16.2
	44	22	3.7	3.7	19.8
	45	34	5.7	5.7	25.5
	46	22	3.7	3.7	29.2
	47	19	3.2	3.2	32.3
	48	7	1.2	1.2	33.5
	49	28	4.7	4.7	38.2
	50	32	5.3	5.3	43.5
	51	34	5.7	5.7	49.2
	52	39	6.5	6.5	55.7
	53	30	5.0	5.0	60.7
	54	41	6.8	6.8	67.5
	55	30	5.0	5.0	72.5
	56	25	4.2	4.2	76.7
	57	35	5.8	5.8	82.5
58	27	4.5	4.5	87.0	

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
	59	12	2.0	2.0	89.0
	60	12	2.0	2.0	91.0
	61	12	2.0	2.0	93.0
	62	6	1.0	1.0	94.0
	63	12	2.0	2.0	96.0
	64	4	.7	.7	96.7
	65	4	.7	.7	97.3
	66	4	.7	.7	98.0
	67	1	.2	.2	98.2
	68	2	.3	.3	98.5
	70	2	.3	.3	98.8
	71	2	.3	.3	99.2
	72	2	.3	.3	99.5
	77	2	.3	.3	99.8
	79	1	.2	.2	100.0
	<b>Total</b>	<b>600</b>	<b>100.0</b>	<b>100.0</b>	

**Table No. 4.2 showing the item wise correlations with total attitude score**

		Item1	Item2	Item3	Item4	Item5	Item6	Item7	Item8	Item9	Item 10	Item 11	Item 12	Item 13	Item 14	Item 15	Item 16	Item 17	Item 18	attiTotal
Item1	Pearson Correlation	1	.571**	.507**	.444**	.281**	-.030	-.019	.006	.151**	.026	.070	.042	.149**	.181**	.341**	.112**	.333**	.161**	.533**
	Sig. (2-tailed)		.000	.000	.000	.000	.465	.638	.885	.000	.518	.089	.302	.000	.000	.000	.006	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item2	Pearson Correlation	.571**	1	.480**	.421**	.277**	.012	.050	-.017	.189**	-.043	.050	.011	.196**	.091*	.300**	.007	.255**	.056	.475**
	Sig. (2-tailed)	.000		.000	.000	.000	.767	.220	.686	.000	.293	.222	.794	.000	.026	.000	.857	.000	.174	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item3	Pearson Correlation	.507**	.480**	1	.467**	.201**	.068	.084*	.065	.279**	.027	.015	-.077	.078	.068	.188**	.048	.158**	.118**	.464**
	Sig. (2-tailed)	.000	.000		.000	.000	.096	.041	.109	.000	.502	.720	.061	.056	.094	.000	.238	.000	.004	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item4	Pearson Correlation	.444**	.421**	.467**	1	.397**	.036	.097*	.052	.167**	.000	-.038	-.096*	.100*	.006	.297**	.016	.272**	.093*	.453**
	Sig. (2-tailed)	.000	.000	.000		.000	.379	.018	.207	.000	.995	.353	.019	.014	.885	.000	.702	.000	.023	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item5	Pearson Correlation	.281**	.277**	.201**	.397**	1	.009	.018	-.097*	.029	-.133**	-.063	-.072	.121**	-.007	.187**	.029	.145**	.091*	.295**

	Sig. (2-tailed)	.000	.000	.000	.000		.827	.661	.017	.482	.001	.122	.077	.003	.862	.000	.486	.000	.026	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item6	Pearson Correlation	-.030	.012	.068	.036	.009	1	.431**	.079	-.035	.195**	.058	-.021	.240**	.192**	-.007	.195**	-.031	.223**	.381**
	Sig. (2-tailed)	.465	.767	.096	.379	.827		.000	.054	.391	.000	.155	.599	.000	.000	.869	.000	.444	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item7	Pearson Correlation	-.019	.050	.084*	.097*	.018	.431**	1	.102*	.017	.256**	.073	-.012	.147**	.112**	-.027	.098*	-.099*	.089*	.345**
	Sig. (2-tailed)	.638	.220	.041	.018	.661	.000		.013	.677	.000	.075	.774	.000	.006	.508	.016	.015	.029	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item8	Pearson Correlation	.006	-.017	.065	.052	-.097*	.079	.102*	1	-.114**	.091*	.465**	.327**	.228**	.221**	.017	.068	.071	.044	.350**
	Sig. (2-tailed)	.885	.686	.109	.207	.017	.054	.013		.005	.026	.000	.000	.000	.000	.684	.097	.084	.286	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item9	Pearson Correlation	.151**	.189**	.279**	.167**	.029	-.035	.017	-.114**	1	.230**	-.074	.052	.063	.043	.166**	.063	.107**	.093*	.308**
	Sig. (2-tailed)	.000	.000	.000	.000	.482	.391	.677	.005		.000	.071	.203	.121	.288	.000	.121	.009	.022	.000
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item10	Pearson Correlation	.026	-.043	.027	.000	-.133**	.195**	.256**	.091*	.230**	1	.140**	.093*	.239**	.278**	.080	.258**	.075	.228**	.435**

	Sig. (2-tailed)	.518	.293	.502	.995	.001	.000	.000	.026	.000		.001	.023	.000	.000	.050	.000	.068	.000	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item11	Pearson Correlation	.070	.050	.015	-.038	-.063	.058	.073	.465**	-.074	.140**	1	.307**	.283**	.284**	-.015	.053	-.001	.113**	.370**	
	Sig. (2-tailed)	.089	.222	.720	.353	.122	.155	.075	.000	.071	.001		.000	.000	.000	.710	.194	.975	.005	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item12	Pearson Correlation	.042	.011	-.077	-.096*	-.072	-.021	-.012	.327**	.052	.093*	.307**	1	.115**	.193**	-.079	.158**	-.055	.105**	.251**	
	Sig. (2-tailed)	.302	.794	.061	.019	.077	.599	.774	.000	.203	.023	.000		.005	.000	.053	.000	.181	.010	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item13	Pearson Correlation	.149**	.196**	.078	.100*	.121**	.240**	.147**	.228**	.063	.239**	.283**	.115**	1	.418**	.176**	.261**	.100*	.272**	.583**	
	Sig. (2-tailed)	.000	.000	.056	.014	.003	.000	.000	.000	.121	.000	.000	.005		.000	.000	.000	.015	.000	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item14	Pearson Correlation	.181**	.091*	.068	.006	-.007	.192**	.112**	.221**	.043	.278**	.284**	.193**	.418**	1	.101*	.336**	.088*	.243**	.547**	
	Sig. (2-tailed)	.000	.026	.094	.885	.862	.000	.006	.000	.288	.000	.000	.000	.000		.014	.000	.032	.000	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item15	Pearson Correlation	.341**	.300**	.188**	.297**	.187**	-.007	-.027	.017	.166**	.080	-.015	-.079	.176**	.101*	1	.007	.562**	.062	.407**	

	Sig. (2-tailed)	.000	.000	.000	.000	.000	.869	.508	.684	.000	.050	.710	.053	.000	.014		.856	.000	.129	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item16	Pearson Correlation	.112**	.007	.048	.016	.029	.195**	.098*	.068	.063	.258**	.053	.158**	.261**	.336**	.007	1	.027	.379**	.449**	
	Sig. (2-tailed)	.006	.857	.238	.702	.486	.000	.016	.097	.121	.000	.194	.000	.000	.000	.856		.512	.000	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item17	Pearson Correlation	.333**	.255**	.158**	.272**	.145**	-.031	-.099*	.071	.107**	.075	-.001	-.055	.100*	.088*	.562**	.027	1	.023	.362**	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.444	.015	.084	.009	.068	.975	.181	.015	.032	.000	.512		.581	.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Item18	Pearson Correlation	.161**	.056	.118**	.093*	.091*	.223**	.089*	.044	.093*	.228**	.113**	.105**	.272**	.243**	.062	.379**	.023	1	.500**	
	Sig. (2-tailed)	.000	.174	.004	.023	.026	.000	.029	.286	.022	.000	.005	.010	.000	.000	.129	.000	.581		.000	
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
attiTotal	Pearson Correlation	.533**	.475**	.464**	.453**	.295**	.381**	.345**	.350**	.308**	.435**	.370**	.251**	.583**	.547**	.407**	.449**	.362**	.500**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
	N	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
<b>**.</b> Correlation is significant at the 0.01 level (2-tailed).																					
<b>*</b> . Correlation is significant at the 0.05 level (2-tailed).																					



**Table No. 4.2.1 showing the Item wise correlations with total attitude score under sub domain benefits of inclusion.**

		<b>Item1</b>	<b>Item2</b>	<b>Item3</b>	<b>Item4</b>	<b>Item5</b>	<b>Item13</b>	<b>Item14</b>	<b>BENEFITS</b>
Item1	Pearson Correlation	1	.571**	.507**	.444**	.281**	.149**	.181**	.716**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000
	N	600	600	600	600	600	600	600	600
Item2	Pearson Correlation	.571**	1	.480**	.421**	.277**	.196**	.091*	.691**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.026	.000
	N	600	600	600	600	600	600	600	600
Item3	Pearson Correlation	.507**	.480**	1	.467**	.201**	.078	.068	.623**
	Sig. (2-tailed)	.000	.000		.000	.000	.056	.094	.000
	N	600	600	600	600	600	600	600	600
Item4	Pearson Correlation	.444**	.421**	.467**	1	.397**	.100*	.006	.631**
	Sig. (2-tailed)	.000	.000	.000		.000	.014	.885	.000
	N	600	600	600	600	600	600	600	600
Item5	Pearson Correlation	.281**	.277**	.201**	.397**	1	.121**	-.007	.521**
	Sig. (2-tailed)	.000	.000	.000	.000		.003	.862	.000
	N	600	600	600	600	600	600	600	600
Item13	Pearson Correlation	.149**	.196**	.078	.100*	.121**	1	.418**	.543**
	Sig. (2-tailed)	.000	.000	.056	.014	.003		.000	.000

		Item1	Item2	Item3	Item4	Item5	Item13	Item14	BENEFITS
	N	600	600	600	600	600	600	600	600
Item14	Pearson Correlation	.181**	.091*	.068	.006	-.007	.418**	1	.487**
	Sig. (2-tailed)	.000	.026	.094	.885	.862	.000		.000
	N	600	600	600	600	600	600	600	600
BENEFITS	Pearson Correlation	.716**	.691**	.623**	.631**	.521**	.543**	.487**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	
	N	600	600	600	600	600	600	600	600
<b>**.</b> Correlation is significant at the 0.01 level (2-tailed).									
<b>*.</b> Correlation is significant at the 0.05 level (2-tailed).									

**Table No. 4.2.2 showing the item wise correlations with total attitude score under sub domain ability & support system in inclusion**

		<b>Item6</b>	<b>Item7</b>	<b>Item9</b>	<b>Item10</b>	<b>ABILITY_SUPPORT</b>
Item6	Pearson Correlation	1	.431**	-.035	.195**	.648**
	Sig. (2-tailed)		.000	.391	.000	.000
	N	600	600	600	600	600
Item7	Pearson Correlation	.431**	1	.017	.256**	.696**
	Sig. (2-tailed)	.000		.677	.000	.000
	N	600	600	600	600	600
Item9	Pearson Correlation	-.035	.017	1	.230**	.461**
	Sig. (2-tailed)	.391	.677		.000	.000
	N	600	600	600	600	600
Item10	Pearson Correlation	.195**	.256**	.230**	1	.682**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	600	600	600	600	600
ABILITY_SUPPORT	Pearson Correlation	.648**	.696**	.461**	.682**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	600	600	600	600	600

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

**Table No. 4.2.3 showing the item wise correlations with total attitude score under sub domain satisfaction in inclusion**

		<b>Item8</b>	<b>Item11</b>	<b>Item12</b>	<b>Item16</b>	<b>Item18</b>	<b>SATISFACTION</b>
Item8	Pearson Correlation	1	.465**	.327**	.068	.044	.600**
	Sig. (2-tailed)		.000	.000	.097	.286	.000
	N	600	600	600	600	600	600
Item11	Pearson Correlation	.465**	1	.307**	.053	.113**	.612**
	Sig. (2-tailed)	.000		.000	.194	.005	.000
	N	600	600	600	600	600	600
Item12	Pearson Correlation	.327**	.307**	1	.158**	.105**	.547**
	Sig. (2-tailed)	.000	.000		.000	.010	.000
	N	600	600	600	600	600	600
Item16	Pearson Correlation	.068	.053	.158**	1	.379**	.587**
	Sig. (2-tailed)	.097	.194	.000		.000	.000
	N	600	600	600	600	600	600
Item18	Pearson Correlation	.044	.113**	.105**	.379**	1	.634**
	Sig. (2-tailed)	.286	.005	.010	.000		.000
	N	600	600	600	600	600	600
SATISFACTION	Pearson Correlation	.600**	.612**	.547**	.587**	.634**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	600	600	600	600	600	600

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

**Table No. 4.2.4 showing the item wise correlations with total attitude score under sub domain child's rights in inclusion**

		<b>Item15</b>	<b>Item17</b>	<b>RIGHTS</b>
Item15	Pearson Correlation	1	.562**	.882**
	Sig. (2-tailed)		.000	.000
	N	600	600	600
Item17	Pearson Correlation	.562**	1	.885**
	Sig. (2-tailed)	.000		.000
	N	600	600	600
RIGHTS	Pearson Correlation	.882**	.885**	1
	Sig. (2-tailed)	.000	.000	
	N	600	600	600
**. Correlation is significant at the 0.01 level (2-tailed).				

### 4.3 Analysis conducted based on hypothesis testing on attitude score

H<sub>01</sub> There is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.

Table No. 4.3 .1 showing gender wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Gender	Male	124	52.16	7.035	113	49.58	7.135
	Female	154	54.14	7.461	209	51.38	7.956

**Interpretation:** From the above table , it was observed that fathers of children with & without disabilities showed more favourable attitude than mothers towards inclusive education.

Table No. 4.3.2 showing Two-way ANOVA between gender of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	.012	1	.012	.039	.843**
Main effect – Disability-non-disability	1.243	1	1.243	<b>4.225</b>	<b>.040*</b>
Interaction effect - Gender*Disability-non-disability	1.154	1	1.154	<b>3.922</b>	<b>.048*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.2 shows that in tests of between subject effects there is no significant main effect of gender of parent on attitude towards inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents

towards inclusion at 0.05 level. There is also a significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-nondisability) on attitude towards inclusion at 0.05 level.

Therefore,  $H_{01}$  is rejected, that there is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.

**Table No. 4.3.2a showing Two-way ANOVA between gender of parent as independent variable and attitude towards benefits of inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	.492	1	.492	.031	.860**
Main effect – Disability-non-disability	132.647	1	132.647	8.434	.004*
Interaction effect - Gender*Disability-non-disability	157.024	1	157.024	9.984	.002*

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.2a shows that in tests of between subject effects there is no significant main effect of gender of parent on attitude towards benefits of inclusion but there is significant main effect of presence of disability (disability-Non-disability) and also a significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level.

**Table No. 4.3.2b showing Two-way ANOVA between gender of parent as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	30.903	1	<b>30.903</b>	<b>4.535</b>	<b>.034*</b>
Main effect – Disability-non-disability	3.326	1	3.326	.488	.485**
Interaction effect - Gender*Disability-non-disability	3.107	1	3.107	.456	.500**

**\* Significant at the 0.05 level**

**\*\* Not Significant**

**Interpretation:**

Table No. 4.3.2b shows that in tests of between subject effects there is significant main effect of gender of parent on attitude towards Ability & Support system in inclusion at 0.05 level but there is no significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards ability & support system in inclusion. There is also no significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-nondisability) on attitude towards ability & support system in inclusion.

**Table No. 4.3.2c showing Two-way ANOVA between gender of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	76.778	1	76.778	8.041	<b>.005*</b>
Main effect – Disability-non-disability	19.763	1	19.763	2.070	.151**
Interaction effect - Gender*Disability-non-disability	7.046	1	7.046	.738	.391**

**\* Significant at the 0.05 level**

**\*\* Not Significant**



**Interpretation:**

Table No. 4.3.2c shows that in tests of between subject effects there is a significant main effect of gender of parent on attitude towards satisfaction in inclusion at 0.05 level but there is no significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards satisfaction in inclusion and no significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.2d showing Two-way ANOVA between gender of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	4.708	1	4.708	2.084	.149**
Main effect – Disability-non-disability	14.327	1	<b>14.327</b>	<b>6.342</b>	<b>.012*</b>
Interaction effect - Gender*Disability-non-disability	.021	1	.021	.009	.923**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.2d shows that in tests of between subject effects there is no significant main effect of gender of parent on attitude towards child's rights in inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards child's rights in inclusion at 0.05 level. There is no significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion.

**$H_02$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.**

**Table No. 4.3.3 showing age group wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Age Group	20-30 years	17	50.19	9.072	19	50.16	7.040
	31-40 years	119	50.66	7.193	164	51.66	7.336
	41-50 years	122	53.39	6.846	113	49.73	8.151
	50+ years	20	47.80	7.984	26	48.23	8.576

**Interpretation:**

From the above table, it was found that the parents of children with and without disabilities who were in the 50 years and above age group showed more favourable attitude than others age groups towards inclusive education followed by parents of children with disabilities of 20-30 years age group and parents of children without disabilities of 41-50 years age groups respectively.

**Table No. 4.3.4 showing Two-way ANOVA between age groups of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	.519	4	.130	.443	.777**
Main effect – Disability-non-disability	.065	1	.065	.221	.639**
Interaction effect - Age Group *Disability-non-disability	3.075	4	.769	<b>2.624</b>	<b>.034*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.4 shows that in tests of between subject effects there is no significant main effect of age groups of parent on attitude towards inclusion and no significant main effect of presence of disability (disability-non-disability) on attitude of parents towards inclusion. But there is a significant interaction effect of age groups of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion at 0.05 level.

Therefore,  $H_{02}$  is rejected, that there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.

**Table No. 4.3.4a showing Two-way ANOVA between age groups of parent as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	200.637	4	<b>50.159</b>	<b>3.246</b>	<b>.012*</b>
Main effect – Disability-non-disability	21.697	1	21.697	1.404	.237**
Interaction effect - Age Group *Disability-non-disability	208.835	4	<b>52.209</b>	<b>3.378</b>	<b>.010*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.4a shows that in tests of between subject effects there is a significant main effect of gender age groups of parent on attitude towards benefits of inclusion at 0.05 level but there is no significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards benefits of inclusion. There is also a significant interaction effect of age groups of parent and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level.

**Table No. 4.3.4b showing Two-way ANOVA between age groups of parent as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	60.577	4	15.144	2.243	.063**
Main effect – Disability-non-disability	.639	1	.639	.095	.759**
Interaction effect - Age Group *Disability-non-disability	48.813	4	12.203	1.808	.126**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.4b shows that in tests of between subject effects there is no significant main effect of age groups of parent , main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of age groups of parent and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.4.4c showing Two-way ANOVA between age groups of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	3.857	4	.964	.100	.982**
Main effect – Disability-non-disability	.039	1	.039	.004	.949**
Interaction effect - Age Group *Disability-non-disability	86.007	4	21.502	2.231	.064**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.4c shows that in tests of between subject effects there is no significant main effect of age groups of parent , main effect of presence of disability (disability-non-disability) and also no significant interaction effect of age groups of parent and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.4d showing Two-way ANOVA between age groups of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	13.571	4	3.393	1.498	.201**
Main effect – Disability-non-disability	1.923	1	1.923	.849	.357**
Interaction effect - Age Group *Disability-non-disability	.422	4	.105	.047	.996**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.4d shows that in tests of between subject effects there is no significant main effect of age groups of parent , main effect of presence of disability (disability-non-disability) and also no significant interaction effect of age groups of parent and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion.

**$H_{03}$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualification.**

**Table No.4.3.5 showing highest educational qualification wise mean, standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
<b>Highest Educational Qualification</b>	Upto HS	73	51.64	8.757	45	49.38	6.297
	Graduate	96	52.48	6.420	84	50.85	7.931
	Post Graduate	109	50.81	6.871	193	51.02	7.919

**Interpretation:**

From the above table , it was observed that post graduate parents of children with disabilities and parents of children without disabilities whose highest academic qualification upto HS passed showed more favourable attitude towards inclusive education than their counter part.

**Table No. 4.3.6 showing Two-way ANOVA between highest educational qualification of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualification	3.261	4	.815	2.797	.025*
Main effect – Disability-non-disability	2.300	1	2.300	7.890	.005*
Interaction effect - Highest educational qualification*Disability-non-disability	1.354	4	.338	1.161	.327**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.6 shows that in tests of between subject effects there is a significant main effect of highest educational qualifications of parent on attitude towards inclusion and significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards inclusion at 0.05 level. But there is no significant interaction effect of highest educational qualifications of parents and presence of disability in the child (disability-nondisability) on attitude towards inclusion.

Therefore,  $H_03$  is accepted; that there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualifications.

**Table No. 4.3. 6a showing Two-way ANOVA between highest educational qualifications of parent as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualification	115.535	4	28.884	1.837	.120
Main effect – Disability-non-disability	140.005	1	<b>140.005</b>	<b>8.902</b>	<b>.003</b>
Interaction effect - Highest educational qualification*Disability-non-disability	162.450	4	<b>40.613</b>	<b>2.582</b>	<b>.036</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.6a shows that in tests of between subject effects there is no significant main effect of highest educational qualification of parent on attitude towards benefits of inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards benefits of inclusion and also significant interaction effect of highest educational qualification of parent and presence of

disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level.

**Table No. 4.3.6b showing Two-way ANOVA between highest educational qualifications as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualification	74.141	4	18.535	2.768	.027*
Main effect – Disability-non-disability	17.745	1	17.745	2.650	.104**
Interaction effect - Highest educational qualification*Disability-non-disability	55.331	4	13.833	2.066	.084**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.6b shows that in tests of between subject effects there is significant main effect of highest educational qualification of parent on attitude towards ability & support in inclusion at 0.5 level but there is no significant main effect of presence of disability (disability-Non-disability) and significant interaction effect of highest educational qualification of parent and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.3.6c showing Two-way ANOVA between highest educational qualifications of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualifications	99.471	4	24.868	2.596	.035*
Main effect – Disability-non-disability	2.452	1	2.452	.256	.613**
Interaction effect - Highest educational qualifications*Disability-non-disability	24.608	4	6.152	.642	.633**

\* Significant at the 0.05 level

\*\* Not Significant



**Interpretation:**

Table No. 4.3.6c shows that in tests of between subject effects there is significant main effect of highest educational qualification of parent on attitude towards satisfaction in inclusion at 0.5 level but there is no significant main effect of presence of disability (disability-Non-disability) and significant interaction effect of highest educational qualification of parent and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.6d showing Two-way ANOVA between highest educational qualifications of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualification	7.529	4	1.882	.839	.501**
Main effect – Disability-non-disability	1.506	1	1.506	.671	.413**
Interaction effect - Highest educational qualification*Disability-non-disability	18.595	4	4.649	2.073	.083**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.6d shows that in tests of between subject effects there is no significant main effect of highest educational qualifications of parent , no significant main effect of presence of disability (disability-Non-disability) and no significant interaction effect of highest educational qualifications of parent and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion.

**$H_04$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.**

**Table No. No. 4.3.7 showing family structure wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Family Structure	Joint	86	52.90	7.994	158	51.05	6.870
	Nuclear	192	51.02	6.877	164	50.45	8.460

**Interpretation:** From the above table, it was noticed that parents of children with & without disabilities from nuclear families showed more favourable attitude than towards inclusive education than parents from joint families.

**Table No. 4.3.8 showing Two-way ANOVA between family structure of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	1.882	1	<b>1.882</b>	<b>6.457</b>	<b>.011*</b>
Main effect – Disability-non-disability	1.873	1	<b>1.873</b>	<b>6.428</b>	<b>.011*</b>
Interaction effect - Family Structure *Disability-non-disability	1.320	1	<b>1.320</b>	<b>4.529</b>	<b>.034*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.8 shows that in tests of between subject effects there is a significant main effect of family structure of parent , a significant main effect of presence of disability

(disability-Non-disability) and a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion at 0.05 level.

Therefore,  $H_04$  is rejected; that there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.

**Table No. 4.3.8a showing Two-way ANOVA between family structure of parent as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	56.796	1	56.796	3.601	.058*
Main effect – Disability-non-disability	148.137	1	148.137	<b>9.393</b>	<b>.002*</b>
Interaction effect - Family Structure *Disability-non-disability	93.309	1	93.309	<b>5.916</b>	<b>.015*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.8a shows that in tests of between subject effects there is a significant main effect of family structure , a significant main effect of presence of disability (disability-Non-disability) and a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level.

**Table No. 4.3.8b showing Two-way ANOVA between family structure of parent as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	5.285	1	5.285	.771	.380**
Main effect – Disability-non-disability	8.326	1	8.326	1.215	.271**
Interaction effect - Family Structure *Disability-non-disability	6.524	1	6.524	.952	.330**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.8b shows that in tests of between subject effects there is no significant main effect of family structure , no significant main effect of presence of disability (disability-Non-disability) and no significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.3.8c showing Two-way ANOVA between family structure of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	20.857	1	20.857	2.167	.142**
Main effect – Disability-non-disability	9.625	1	9.625	1.000	.318**
Interaction effect - Family Structure *Disability-non-disability	13.776	1	13.776	1.432	.232**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.8c shows that in tests of between subject effects there is no significant main effect of family structure , no significant main effect of presence of disability (disability-Non-disability) and no significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.8d showing Two-way ANOVA between family structure of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	.008	1	.008	.004	.952**
Main effect – Disability-non-disability	16.613	1	<b>16.613</b>	<b>7.335</b>	<b>.007*</b>
Interaction effect - Family Structure *Disability-non-disability	1.036	1	1.036	.457	.499**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.8d shows that in tests of between subject effects there is no significant main effect of family structure , and no significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards child's rights in inclusion at 0.05 level.

**$H_{05}$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their occupation.**

**Table No. 4.3.9 showing occupation wise mean, standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
<b>Occupation</b>	Govt. Service	43	51.21	6.805	76	51.17	6.359
	Private Service	74	50.99	5.735	100	50.64	7.113
	Business	54	53.65	7.889	61	49.26	7.403
	Daily Workers	42	50.62	7.954	27	52.89	9.078
	Others	65	51.48	8.035	58	50.93	9.695

**Interpretation:**

From the above table , it was found that daily workers parents of children with disabilities and parents of children without disabilities whose occupation was business show more favourable attitude towards inclusive education than the parents with others occupation.

**Table No. 4.3.10 showing Two-way ANOVA between occupation of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	1.152	4	.288	.980	.418**
Main effect – Disability-non-disability	.437	1	.437	1.489	.223**
Interaction effect - Occupation *Disability-non-disability	2.091	4	.523	1.780	.131**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.10 shows that in tests of between subject effects there is no significant main effect of occupation of parent , no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion.

Therefore,  $H_05$  is accepted, that is there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their occupation.

**Table No. 4.3.10a showing Two-way ANOVA between occupation of parent as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	63.434	1	<b>63.434</b>	<b>4.101</b>	<b>.043*</b>
Main effect – Disability-non-disability	23.678	4	5.920	.868	.483**
Interaction effect - Occupation *Disability-non-disability	392.793	4	<b>98.198</b>	<b>6.349</b>	<b>.000**</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.10a shows that in tests of between subject effects there is a significant main effect of occupation of parent, and a significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level. But there is no significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards benefits of inclusion.

**Table No. 4.3.10b showing Two-way ANOVA between occupation of parent as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	23.678	4	5.920	.868	.483**
Main effect – Disability-non-disability	.344	1	.344	.050	.822**
Interaction effect - Occupation *Disability-non-disability	54.628	4	13.657	2.003	.093**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.10b shows that in tests of between subject effects there is no significant main effect of occupation of parent , no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.3.10c showing Two-way ANOVA between occupation of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	28.804	4	7.201	.740	.565**
Main effect – Disability-non-disability	7.398	1	7.398	.761	.383**
Interaction effect - Occupation *Disability-non-disability	8.541	4	2.135	.220	.928**

\* Significant at the 0.05 level

\*\* Not Significant



**Interpretation:**

Table No. 4.3.10c shows that in tests of between subject effects there is no significant main effect of occupation of parent , no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.10d showing Two-way ANOVA between occupation of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	14.853	4	3.713	1.656	.159**
Main effect – Disability-non-disability	18.062	1	<b>18.062</b>	<b>8.056</b>	<b>.005*</b>
Interaction effect - Occupation *Disability-non-disability	14.878	4	3.719	1.659	.158**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.10d shows that in tests of between subject effects there is no significant main effect of occupation of parent, and no significant interaction effect of occupation of parent of parent and presence of disability in the child (disability-nondisability) on attitude towards Child's Rights in inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards Child's Rights in inclusion at 0.05 level.

**$H_{06}$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.**

**Table No.4.3.11 showing monthly income wise mean, standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Monthly Income	Below Rs. 10,000	66	50.98	6.655	37	51.03	5.620
	Rs. 10,001 to Rs. 20,000	37	53.46	7.723	42	52.55	8.016
	Rs. 20,001 to Rs.30,000	39	51.10	7.960	41	52.98	10.086
	Rs. 30,001 to Rs. 40,000	31	54.65	7.910	46	49.72	7.816
	above Rs. 40,000	105	50.61	6.801	156	49.91	7.191

**Interpretation:**

From the above table , it was found that parents of children with disabilities whose family income was below 10,000 and parents of children without disabilities whose family income was Rs. 30,001 to Rs. 40,000 showed more favourable attitude towards inclusive education than the parents with others monthly family income groups.

**Table No. 4.3.12 showing Two-way ANOVA between monthly income of parent as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	1.494	4	.373	1.272	.280**
Main effect – Disability-non-disability	1.126	1	<b>1.126</b>	<b>3.834</b>	<b>.051*</b>
Interaction effect - Monthly Income *Disability-non-disability	1.745	4	.436	1.485	.205**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.12 shows that in tests of between subject effects there is no significant main effect of monthly income of parent on attitude towards inclusion but there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards inclusion at 0.05 level. There is no significant interaction effect of monthly income of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion.

Therefore,  $H_06$  is accepted, that is there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.

**Table No. 4.3.12a showing Two-way ANOVA between Monthly Income of parent as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	183.268	4	<b>45.817</b>	<b>2.936</b>	<b>.020*</b>
Main effect – Disability-non-disability	114.248	1	<b>114.248</b>	<b>7.322</b>	<b>.007*</b>
Interaction effect - Monthly Income *Disability-non-disability	157.235	4	<b>39.309</b>	<b>2.519</b>	<b>.040*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.12a shows that in tests of between subject effects there is significant main effect of Monthly Income of parent , significant main effect of presence of disability (disability-Non-disability) and also a significant interaction effect of Monthly Income of parent and presence of disability in the child (disability-nondisability) on attitude towards benefits inclusion at 0.05 level.

**Table No. 4.3.12b showing Two-way ANOVA between monthly income of parent as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	12.812	4	3.203	.467	.760**
Main effect – Disability-non-disability	.433	1	.433	.063	.802**
Interaction effect - Monthly Income *Disability-non-disability	33.921	4	8.480	1.238	.294**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.12b shows that in tests of between subject effects there is no significant main effect of monthly income of parent, no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of monthly income of parent and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.3.12c showing Two-way ANOVA between monthly income of parent as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	114.436	4	<b>28.609</b>	<b>3.016</b>	<b>.018*</b>
Main effect – Disability-non-disability	3.328	1	3.328	.351	.554**
Interaction effect - Monthly Income *Disability-non-disability	59.124	4	14.781	1.558	.184**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.12c shows that in tests of between subject effects there is a significant main effect of monthly income of parent on attitude towards Satisfaction in inclusion at 0.5 level. But there is no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of monthly income of parent and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion. .

**Table No. 4.4.12d showing Two-way ANOVA between monthly income of parent as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	11.638	4	2.909	1.311	.264**
Main effect – Disability-non-disability	9.934	1	<b>9.934</b>	<b>4.476</b>	<b>.035*</b>
Interaction effect - Monthly Income *Disability-non-disability	28.214	4	<b>7.054</b>	<b>3.179</b>	<b>.013*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.12d shows that in tests of between subject effects there is no significant main effect of monthly income of parent on attitude towards child's rights in inclusion but there is significant main effect of presence of disability (disability-Non-disability) and also significant interaction effect of monthly income of parent and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion at 0.05 level.

***H<sub>07</sub>* There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children**

**Table No. 4.3.13 showing gender of the children wise mean, standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Gender of the children	Boys	196	52.16	7.647	150	51.47	6.897
	Girls	82	50.26	6,148	172	50.12	8.332

**Interpretation:**

When gender of the children were considered, it was found that parents of girls with & without disabilities showed more favourable attitude towards inclusive education than parents of boys.

**Table No. 4.3.14 showing Two-way ANOVA between gender of the children as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	3.233	1	3.233	<b>11.120</b>	<b>.001*</b>
Main effect – Disability-non-disability	.160	1	.160	.549	.459**
Interaction effect - Gender of the Children *Disability-non-disability	.096	1	.096	.329	.567**

**\* Significant at the 0.05 level**

**\*\* Not Significant**

**Interpretation:**

Table No. 4.3.14 shows that in tests of between subject effects there is a significant main effect of gender of the children on attitude towards inclusion at 0.05 level but there is no significant main effect of presence of disability (disability-Non-disability)

on attitude of parents towards and no significant interaction effect of gender of the children and presence of disability in the child (disability-nondisability) on attitude towards inclusion.

Therefore,  $H_08$  is accepted, that there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children.

**Table No. 4.3.14a showing Two-way ANOVA between gender of the children as independent variable and attitude towards benefits of inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	9.090	1	9.090	.573	.449**
Main effect – Disability-non-disability	88.959	1	<b>88.959</b>	<b>5.611</b>	<b>.018*</b>
Interaction effect - Gender of the Children *Disability-non-disability	63.070	1	<b>63.070</b>	<b>3.978</b>	<b>.047*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.14a shows that in tests of between subject effects there is no significant main effect of gender of the children on attitude towards benefits of inclusion but there is significant main effect of presence of disability (disability-Non-disability and a significant interaction effect of gender of the children and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion at 0.05 level.

**Table No. 4.3.14b showing Two-way ANOVA between gender of the children as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	17.484	1	17.484	2.562	.110**
Main effect – Disability-non-disability	.074	1	.074	.011	.917**
Interaction effect - Gender of the Children *Disability-non-disability	15.274	1	15.274	2.239	.135**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.14b shows that in tests of between subject effects there is no significant main effect of gender of the children, no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of gender of the children and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion inclusion.

**Table No. 4.3.14c showing Two-way ANOVA between gender of the children as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	69.646	1	<b>69.646</b>	<b>7.310</b>	<b>.007*</b>
Main effect – Disability-non-disability	.019	1	.019	.002	.965**
Interaction effect - Gender of the Children *Disability-non-disability	43.818	1	<b>43.818</b>	<b>4.599</b>	<b>.032*</b>

\* Significant at the 0.05 level

\*\* Not Significant



**Interpretation:**

Table No. 4.3.14c shows that in tests of between subject effects there is a significant main effect of gender of the children on attitude towards satisfaction in inclusion at 0.5 level but there is no significant main effect of presence of disability (disability-non-disability) and also significant interaction effect of gender of the child and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion at 0.5 level.

**Table No. 4.3.14d showing Two-way ANOVA between gender of the children as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	10.931	1	<b>10.931</b>	<b>4.862</b>	<b>.028*</b>
Main effect – Disability-non-disability	22.564	1	<b>22.564</b>	<b>10.036</b>	<b>.002*</b>
Interaction effect - Gender of the Children *Disability-non-disability	.373	1	.373	.166	.684**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.14d shows that in tests of between subject effects there is a significant main effect of gender of the children and a significant main effect of presence of disability (disability-non-disability) on attitude of parents towards child's rights in inclusion at 0.05 level. But there is no significant interaction effect of gender of the children and presence of disability in the children (disability-nondisability) on attitude towards child's rights in inclusion.

**$H_0$ 8 There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.**

**Table No.4.3.15 showing age group of children wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Age Group of children	5-10 yrs	143	51.52	6.767	172	50.92	7.578
	11-15 yrs	77	52.45	7.928	81	50.41	7.951
	15 yrs & above	58	50.66	7.594	69	50.71	7.870

**Interpretation:** When age group of children was considered, it was found that parents of 15 years and above children with disabilities & parents 11-15 years age group children of without disabilities showed more favourable attitude towards inclusive education than parents of children with other age groups.

**Table No. 4.3.16 showing Two-way ANOVA between age group of children as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	.238	2	.119	.402	.669**
Main effect – Disability-non-disability	.633	1	.633	2.132	.145**
Interaction effect - Age Group of Children *Disability-non-disability	.048	2	.024	.080	.923**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.16 shows that in tests of between subject effects there is no significant main effect of age group of children , no significant main effect of presence of disability (disability-non-disability) and no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on attitude towards inclusion

Therefore,  $H_0$  is accepted, that there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.

**Table No. 4.3.16a showing Two-way ANOVA between age group of children as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	22.787	2	11.394	.713	.491**
Main effect – Disability-non-disability	72.419	1	<b>72.419</b>	<b>4.529</b>	<b>.034*</b>
Interaction effect - Age Group of Children *Disability-non-disability	11.143	2	5.572	.348	.706**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.16a shows that in tests of between subject effects there is no significant main effect of age group of children and no significant interaction effect of age group of children and presence of disability in the child (disability-non-disability) on attitude towards benefits of inclusion but there is significant main effect of presence of disability (disability-non-disability) on attitude of parents towards benefits of inclusion at 0.05 level.

**Table No. 4.3.16b showing Two-way ANOVA between age group of children as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	36.098	2	18.049	2.655	.071**
Main effect – Disability-non-disability	.472	1	.472	.069	.792**
Interaction effect - Age Group of Children *Disability-non-disability	22.433	2	11.217	1.650	.193**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.16b shows that in tests of between subject effects there is no significant main effect of age group of children, no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on attitude towards ability & support in inclusion.

**Table No. 4.3.16c showing Two-way ANOVA between age group of children as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	11.507	2	5.754	.593	.553**
Main effect – Disability-non-disability	11.449	1	11.449	1.180	.278**
Interaction effect - Age Group of Children *Disability-non-disability	3.072	2	1.536	.158	.854**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.16c shows that in tests of between subject effects there is no significant main effect of age group of children, no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.16d showing Two-way ANOVA between age group of children as independent variable and attitude towards child's rights in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	7.431	2	3.715	1.652	.193**
Main effect – Disability-non-disability	7.722	1	7.722	3.433	.064**
Interaction effect - Age Group of Children *Disability-non-disability	8.601	2	4.300	1.912	.149**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.16d shows that in tests of between subject effects there is no significant main effect of age group of children, no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on attitude towards child's rights in inclusion

**$H_0$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.**

**Table No. 4.3.17 showing children enrolled in the class wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
<b>Children Enrolled in the Class</b>	Class - I-IV	159	51.71	6.829	155	51.01	7.582
	Class - V-VIII	72	51.89	8.128	79	50.48	7.953
	Class - IX-X	47	50.77	7.481	88	50.51	7.804

**Interpretation:**

When children enrolled in the class were considered, it was found that parents of children with disabilities who studied in class IX-X & parents of children of without disabilities who studied in call V-VIII showed more favourable attitude towards inclusive education than others parents of children with & without disabilities whose children studied in another classes.

**Table No. 4.3.18 showing Two-way ANOVA between children enrolled in the class as independent variable and attitude towards inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - children enrolled in the class	.163	2	.081	.274	.760**
Main effect – Disability-non-disability	.687	1	.687	2.315	.129**
Interaction effect - children enrolled in the class *Disability-non-disability	.009	2	.005	.016	.984**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.18 shows that in tests of between subject effects there is no significant main effect of children enrolled in the class, no significant main effect of presence of disability (disability-non-disability) on attitude of parents towards inclusion and no significant interaction effect of child enrolled in the class and presence of disability in the child (disability-nondisability) on attitude towards inclusion.

Therefore,  $H_{01}$  is accepted, there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.

**Table No. 4.3.18a showing Two-way ANOVA between children enrolled in the class as independent variable and attitude towards benefits inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - children enrolled in the class	43.363	2	21.682	1.358	.258**
Main effect – Disability-non-disability	56.117	1	56.117	3.515	.061**
Interaction effect - children enrolled in the class *Disability-non-disability	5.133	2	2.566	.161	.852**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.18a shows that in tests of between subject effects there is no significant main effect of children enrolled in the class, no significant main effect of presence of disability (disability-Non-disability) and also no significant interaction effect of children enrolled in the class and presence of disability in the child (disability-nondisability) on attitude towards benefits of inclusion.

**Table No. 4.3.18b showing Two-way ANOVA between children enrolled in the class as independent variable and attitude towards ability & support in inclusion as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - children enrolled in the class	71.048	2	35.524	5.259	.005*
Main effect – Disability-non-disability	.254	1	.254	.038	.846**
Interaction effect - children enrolled in the class *Disability-non-disability	22.730	2	11.365	1.682	.187**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.18b shows that in tests of between subject effects there is significant main effect of children enrolled in the class on attitude towards ability & support system in inclusion at 0.05 level but there is no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of children enrolled in the class and presence of disability in the child (disability-non-disability) on attitude towards ability & support system in inclusion.

**Table No. 4.3.18c showing Two-way ANOVA between children enrolled in the class as independent variable and attitude towards satisfaction in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - children enrolled in the class	17.107	2	8.554	.883	.414**
Main effect – Disability-non-disability	10.109	1	10.109	1.044	.307**
Interaction effect - children enrolled in the class *Disability-non-disability	4.726	2	2.363	.244	.784**

\* Significant at the 0.05 level

\*\* Not Significant



**Interpretation:**

Table No. 4.3.18c shows that in tests of between subject effects there is no significant main effect of children enrolled in the class, no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of children enrolled in the class and presence of disability in the child (disability-nondisability) on attitude towards satisfaction in inclusion.

**Table No. 4.3.18d showing Two-way ANOVA between children enrolled in the class as independent variable and attitude towards Child's Rights in inclusion as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - children enrolled in the class	8.550	2	4.275	1.905	.150**
Main effect – Disability-non-disability	5.636	1	5.636	2.511	.114**
Interaction effect - children enrolled in the class *Disability-non-disability	10.140	2	5.070	2.259	.105**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.3.18d shows that in tests of between subject effects there is no significant main effect of children enrolled in the class, no significant main effect of presence of disability (disability-non-disability) and also no significant interaction effect of children enrolled in the class and presence of disability in the child (disability-nondisability) on attitude towards Child's Rights in inclusion

**$H_0$ 10 There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.**

**Table No. 4.3.19 showing types of disability of children wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive education.**

Independent Variables	Types	Parents of Children with Disabilities		
		Total No	Mean Score	SD
Types of Disability of children	Intellectual Disability	236	51.77	6.964
	Physical Disability	20	50.20	7.723
	Sensory Disability	22	51.00	9.976

**Interpretation:**

When types of disability of children was considered, it was found that parents of children with physical disabilities showed more favourable attitude towards inclusive education than others parents of children with intellectual and sensory disabilities.

**Table No. 4.3.20 showing One-way ANOVA score between types of disability of their children as independent variable and attitude towards inclusion as dependent variable**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.911	2	.456	1.631	.198**
Within Groups	76.848	275	.279		
Total	77.759	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant.

Therefore,  $H_0$  is accepted, that is there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.

**Table No. 4.3.20a showing One-way ANOVA score between types of disability of their children as independent variable and attitude towards benefits inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	27.624	2	13.812	.929	.396**
Within Groups	4089.066	275	14.869		
Total	4116.691	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards benefits inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.20b showing One-way ANOVA score between types of disability of their children as independent variable and attitude towards ability & support in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	1.823	2	.911	.127	.881**
Within Groups	1978.551	275	7.195		
Total	1980.374	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards ability & support in inclusion of children with and without disabilities among parents of different

categories on the basis of types of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.20c showing One-way ANOVA Score between types of disability of their children as independent variable and attitude towards Satisfaction in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	16.770	2	8.385	.812	.445**
Within Groups	2839.604	275	10.326		
Total	2856.374	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards satisfaction in inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.20d showing One-way ANOVA score between types of disability of their children as independent variable and attitude towards child's Rights in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	17.426	2	8.713	3.686	.026*
Within Groups	650.056	275	2.364		
Total	667.482	277			

**\* Significant at the 0.05 level**

**Interpretation:**

From the above table it is found that mean difference of attitude towards child's rights in inclusion of children with and without disabilities among parents of different

categories on the basis of types of disability of their children do exist and this result is statistically significant at 0.05 level.

**$H_{011}$  There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.**

**Table No. 4.3.21 showing degree of disability of child wise mean , standard deviation score of attitude of parents of children with & without disabilities towards the inclusive Education**

Independent Variables	Types	Parents of Children with Disabilities		
		Total No	Mean Score	SD
Degree of Disability of child	Mild	139	<b>51.58</b>	6.197
	Moderate	99	<b>51.83</b>	7.507
	Severe	33	<b>51.10</b>	8.028
	Profound	7	<b>52.14</b>	15.225

**Interpretation:**

When degree of disability of children was considered, it was found that parents of children with Mild, Moderate & Severe degree of disabilities showed similar attitude towards inclusive education than parents of children with profound degree of disabilities.

**Table No. 4.3.22 showing One-way ANOVA score between degree of disability of their children as independent variable and attitude towards inclusion as dependent variable**

	Sum of Squares	df	Mean Square	F	Sig. .747**
Between Groups	.548	3	.137	.484	
Within Groups	77.211	274	.283		
Total	77.759	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant.

Therefore,  $H_{011}$  is accepted; as a result, there is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.

**Table No. 4.3.22a showing One-way ANOVA score between degree of disability of their children as independent variable and attitude towards benefits inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	83.121	3	20.780	1.406	.232**
Within Groups	4033.569	274	14.775		
Total	4116.691	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards benefits inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.22b showing One-way ANOVA Score between degree of disability of their children as independent variable and attitude towards Ability & Support in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	7.805	3	1.951	.270	.897**
Within Groups	1972.569	274	7.226		
Total	1980.374	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards Ability & Support in inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.22c showing One-way ANOVA Score between degree of disability of their children as independent variable and attitude towards satisfaction in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	62.787	3	15.697	1.534	.193**
Within Groups	2793.587	274	10.233		
Total	2856.374	277			

**\*\* Not Significant**

**Table No. 4.3.22c**

**Interpretation:**

From the above table it is found that mean difference of attitude towards benefits Satisfaction in inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant.

**Table No. 4.3.22d showing One-way ANOVA Score between degree of disability of their children as independent variable and attitude towards child's rights in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	10.408	3	2.602	1.081	.366**
Within Groups	657.074	274	2.407		
Total	667.482	277			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude towards child's rights in inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant.

**$H_{012}$  There is no significant mean difference between attitude of parents of children with and without disabilities towards inclusive education.**

**Table No.4.3.23 showing parents of children with and without disabilities wise mean, standard deviation score of attitude of parents towards the inclusive education**

Independent Variables	Types	Parents of Children with Disabilities		
		Total No	Mean Score	SD
Parents of children with and without disabilities	Parents of children with Disability	278	51.60	7.279
	Parents of children without Disability	322	50.75	7.715

**Interpretation:**

When nature of parent was considered, it was found that parents of children without disabilities showed more favourable attitude towards inclusive education than other parents of children with disabilities.

**Table No. 4.3.24 showing One-way ANOVA score between parents of children with and without disabilities as independent variable and attitude towards inclusion as dependent variable.**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	108.244	1	108.244	1.916	.167*
Within Groups	33779.996	598	56.488		
Total	33888.240	599			

\* Significant at the 0.05 level

\*\* Not Significant



**Interpretation:**

From the above table , it is found that mean difference of attitude of parents of children with and without disabilities towards inclusive education do not exist and this result is insignificant.

Therefore,  $H_{012}$  is accepted, that there is no significant mean difference between attitude of parents of children with and without disabilities towards inclusive education.

**Table No. 4.3.24a showing One-way ANOVA score between parents of children with and without disabilities as independent variable and attitude towards benefits inclusion as dependent variable**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	85.931	1	85.931	5.391	.021*
Within Groups	9531.163	598	15.938		
Total	9617.093	599			

\* Significant at the 0.05 level

**Interpretation:**

From the above table it is found that mean difference of attitude between parents of children with and without disabilities towards benefits inclusion inclusive education do exist and this result is significant at 0.05 level.

**Table No. 4.3.24b showing One-way ANOVA score between parents of children with and without disabilities as independent variable and attitude towards ability & support in inclusion as dependent variable**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.184	1	4.184	.611	.435**
Within Groups	4094.775	598	6.847		
Total	4098.958	599			

\*\* Not Significant

**Interpretation:**

From the above table it is found that mean difference of attitude of parents of children with and without disabilities towards ability & support in inclusion do not exist and this result is insignificant.

**Table No. 4.3.24c showing One-way ANOVA score between parents of children with and without disabilities as independent variable and attitude towards satisfaction in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	9.932	1	9.932	1.028	.311**
Within Groups	5776.362	598	9.659		
Total	5786.293	599			

**\*\* Not Significant**

**Interpretation:**

From the above table it is found that mean difference of attitude of parents of children with and without disabilities towards Satisfaction in inclusion do not exist and this result is insignificant.

**Table No. 4.3.24d showing One-way ANOVA score between parents of children with and without disabilities as independent variable and attitude towards child's rights in inclusion as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	16.505	1	16.505	7.306	.007*
Within Groups	1351.013	598	2.259		
Total	1367.518	599			

**\* Significant at the 0.05 level**

**Interpretation:**

From the above table, it is found that mean difference of attitude between parents of children with and without disabilities towards Child's Rights in inclusive education do exist and this result is significant at 0.05 level.

#### 4.4 Total depression score of the samples and item wise analysis on depression scale:

Table No. 4.4.1 showing the total depression score of the samples

N	Valid	600
	Missing	0
Median		8.00
Minimum		1
Maximum		27
Percentiles	25	4.25
	50	8.00
	75	12.00

Table No. 4.4.1a showing the total frequency and percentage of depression total score of the samples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	30	5.0	5.0	5.0
	2	22	3.7	3.7	8.7
	3	56	9.3	9.3	18.0
	4	42	7.0	7.0	25.0
	5	48	8.0	8.0	33.0
	6	55	9.2	9.2	42.2
	7	38	6.3	6.3	48.5
	8	37	6.2	6.2	54.7
	9	32	5.3	5.3	60.0
	10	31	5.2	5.2	65.2
	11	33	5.5	5.5	70.7
	12	29	4.8	4.8	75.5
	13	24	4.0	4.0	79.5
	14	15	2.5	2.5	82.0
	15	19	3.2	3.2	85.2
	16	16	2.7	2.7	87.8
	17	13	2.2	2.2	90.0
	18	16	2.7	2.7	92.7
	19	11	1.8	1.8	94.5
	20	10	1.7	1.7	96.2
21	7	1.2	1.2	97.3	
22	4	.7	.7	98.0	
23	5	.8	.8	98.8	
24	5	.8	.8	99.7	
27	2	.3	.3	100.0	
Total		600	100.0	100.0	

**Table No. 4.4.2 showing the item wise correlations with total depression score**

		<b>D1</b>	<b>D2</b>	<b>D3</b>	<b>D4</b>	<b>D5</b>	<b>D6</b>	<b>D7</b>	<b>D8</b>	<b>D9</b>	<b>D10</b>	<b>DepTotal</b>
D1	Pearson Correlation	1	.360**	.363**	.201**	.061	.314**	.252**	.070	.248**	.234**	.525**
	Sig. (2-tailed)		.000	.000	.000	.134	.000	.000	.089	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D2	Pearson Correlation	.360**	1	.546**	.183**	.122**	.391**	.348**	.124**	.351**	.374**	.647**
	Sig. (2-tailed)	.000		.000	.000	.003	.000	.000	.002	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D3	Pearson Correlation	.363**	.546**	1	.249**	.086*	.472**	.452**	.244**	.527**	.437**	.756**
	Sig. (2-tailed)	.000	.000		.000	.034	.000	.000	.000	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D4	Pearson Correlation	.201**	.183**	.249**	1	-.129**	.207**	.173**	-.001	.195**	.141**	.408**
	Sig. (2-tailed)	.000	.000	.000		.002	.000	.000	.988	.000	.001	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D5	Pearson Correlation	.061	.122**	.086*	-.129**	1	.128**	-.013	.631**	.027	.168**	.368**
	Sig. (2-tailed)	.134	.003	.034	.002		.002	.755	.000	.508	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D6	Pearson Correlation	.314**	.391**	.472**	.207**	.128**	1	.452**	.224**	.383**	.349**	.681**
	Sig. (2-tailed)	.000	.000	.000	.000	.002		.000	.000	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D7	Pearson Correlation	.252**	.348**	.452**	.173**	-.013	.452**	1	.122**	.441**	.266**	.613**
	Sig. (2-tailed)	.000	.000	.000	.000	.755	.000		.003	.000	.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D8	Pearson Correlation	.070	.124**	.244**	-.001	.631**	.224**	.122**	1	.146**	.146**	.481**
	Sig. (2-tailed)	.089	.002	.000	.988	.000	.000	.003		.000	.000	.000

		D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	DepTotal
	N	600	600	600	600	600	600	600	600	600	600	600
D9	Pearson Correlation	.248**	.351**	.527**	.195**	.027	.383**	.441**	.146**	1	.471**	.663**
	Sig. (2-tailed)	.000	.000	.000	.000	.508	.000	.000	.000		.000	.000
	N	600	600	600	600	600	600	600	600	600	600	600
D10	Pearson Correlation	.234**	.374**	.437**	.141**	.168**	.349**	.266**	.146**	.471**	1	.604**
	Sig. (2-tailed)	.000	.000	.000	.001	.000	.000	.000	.000	.000		.000
	N	600	600	600	600	600	600	600	600	600	600	600
DepTotal	Pearson Correlation	.525**	.647**	.756**	.408**	.368**	.681**	.613**	.481**	.663**	.604**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	
	N	600	600	600	600	600	600	600	600	600	600	600

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

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

#### 4.5 Analysis conducted based on hypothesis testing on depression score:

$H_0$ 13 There is no significant mean difference in level of depression between mothers and fathers of children with and without disabilities.

Table No.4.5.1 showing gender wise mean , standard deviation score of depression of parents of children with & without disabilities.

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Gender	Male	124	8.70	5.496	113	8.06	4.514
	Female	154	11.26	6.602	209	7.81	4.991

#### Interpretation:

From the above table, it was observed that mothers of children with disabilities and fathers of children without disabilities had more depression than their counter parts.

**Table No. 4.5.2 showing Two-way ANOVA between gender of parent as independent variable and level of depression as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender	.562	1	.562	2.545	.111**
Main effect – Disability-non-disability	2.072	1	2.072	<b>9.387</b>	<b>.002*</b>
Interaction effect - Gender*Disability-non-disability	1.417	1	1.417	<b>6.420</b>	<b>.012*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.2 shows that in tests of between subject effects there is no significant main effect of gender of parent on parental level of depression but there is significant main effect of presence of disability (disability-Non-disability) on parental level of depression at 0.05 level. There is also a significant interaction effect of gender of parent and presence of disability in the child (disability-nondisability) on parental level of depression at 0.05 level.

Therefore,  $H_013$  is rejected, that there is no significant mean difference in level of depression between mothers and fathers of children with disabilities and without disabilities.

**$H_014$  There is no significant mean difference in level of depression among parents of various age groups.**

**Table No.4.5.3 showing gender wise mean , standard deviation score of depression of parents of children with & without disabilities**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Age Group	20-30 years	17	9.81	6.635	19	7.63	4.379
	31-40 years	119	10.21	6.095	164	7.76	4.546
	41-50 years	122	9.57	6.361	113	7.55	4.738
	50+ years	20	13.85	6.158	26	8.69	5.214

**Interpretation:**

From the above table , it was found that the parents of children with and without disabilities who were in the 50 years and above age group had more depression than their counter parts.

**Table No. 4.5.4 showing Two-way ANOVA between age groups of parent as independent variable and Level of Depression as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Groups	1.471	4	.368	1.660	.158**
Main effect – Disability-non-disability	.551	1	.551	2.488	.115**
Interaction effect - Age Group *Disability-non-disability	1.475	4	.369	1.665	.157**

**\*\* Not significant at the 0.05 level Interpretation:**

Table No. 4.5.4 shows that in tests of between subject effects there is no significant main effect of gender of parent on parental level of depression and there is no significant main effect of presence of disability (disability-Non-disability) on parental level of depression. There is also no significant interaction effect of gender of parent

and presence of disability in the child (disability-nondisability) on parental level of depression.

Therefore,  $H_014$  is accepted, that is there is no significant mean difference in level of depression among parents of children with and without disabilities of various age groups.

**$H_015$  There is no significant mean difference in level of depression among parents of different categories based on their highest educational qualification.**

**Table No. 4.5.5 showing highest educational qualification wise mean, standard deviation score of depression of parents of children with & without disabilities.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Highest educational qualification	Upto HS	73	8.84	6.252	45	9.45	5.044
	Graduate	96	11.28	5.982	84	6.71	4.348
	Post Graduate	109	9.95	6.360	193	8.04	4.865

**Interpretation:**

From the above table, it was observed that graduate parents of children with disabilities and parents of children without disabilities whose highest academic qualification upto HS passed had more depression than their counter parts.



**Table No. 4.5.6 showing Two-way ANOVA between highest educational qualification of parent as independent variable and Level of Depression as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Highest educational qualification	.296	4	.074	.341	.851**
Main effect – Disability-non-disability	.036	1	.036	.168	.682**
Interaction effect - Highest educational qualification*Disability-non-disability	4.526	4	<b>1.132</b>	<b>5.204</b>	<b>.000**</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.6 shows that in tests of between subject effects there is no significant main effect of highest educational qualification of parent on parental level of depression and there is no significant main effect of presence of disability (disability-Non-disability) on parental level of depression. But there is a significant interaction effect of highest educational qualification of parent and presence of disability in the child (disability-nondisability) on parental level of depression at 0.5 level.

Therefore,  $H_{015}$  is rejected; that there is no significant mean difference in level of depression among parents of different categories based on their highest educational qualification.

**$H_{016}$  There is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.**

**Table No. 4.5.7 showing Family structure wise mean, standard deviation score of depression of parents of children with & without disabilities.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Family Structure	Joint	86	11.76	5.899	158	7.94	4.853
	Nuclear	192	9.39	6.284	164	7.85	4.799

**Interpretation:**

From the above table , it was noticed that parents of children with & without disabilities form joint families had more depression than parents from nuclear families.

**Table No. 4.5.8 showing Two-way ANOVA between family structure of parent as independent variable and level of depression as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Family Structure	1.326	1	<b>1.326</b>	<b>6.027</b>	<b>.014*</b>
Main effect – Disability-non-disability	4.094	1	<b>4.094</b>	<b>18.608</b>	<b>.000*</b>
Interaction effect - Family Structure *Disability-non-disability	1.374	1	<b>1.374</b>	<b>6.247</b>	<b>.013*</b>

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.8 shows that in tests of between subject effects there is a significant main effect of family structure of parent on parental level of depression and there is significant main effect of presence of disability (disability-non-disability) on parental level of depression at 0.5 level. There is also a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on parental level of depression at 0.5 level.

Therefore,  $H_016$  is rejected; that there is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.

**$H_017$  There is no significant mean difference in level of depression among parents of different categories on the basis of their occupation.**

**Table No.4.5.9 showing occupation wise mean, standard deviation score of depression of parents of children with & without disabilities.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
<b>Occupation</b>	Govt. Service	43	8.30	5.854	76	7.75	4.770
	Private Service	74	10.00	6.307	100	8.00	4.452
	Business	54	9.85	5.336	61	8.03	5.154
	Daily Workers	42	10.19	7.520	27	7.93	5.629
	Others	65	11.63	6.084	58	7.76	4.919

**Interpretation:**

From the above table , it was found that parents of children with disabilities who didn't attached with specific occupation and parents of children without disabilities whose occupation was business had more depression than the parents with others occupation.

**Table No. 4.5.10 showing Two-way ANOVA between occupation of parent as independent variable and level of depression as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Occupation	1.089	4	.272	1.220	.301**
Main effect – Disability-non-disability	2.008	1	<b>2.008</b>	<b>8.998</b>	<b>.003*</b>
Interaction effect - Occupation *Disability-non-disability	.818	4	.204	.916	.454**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.10 shows that in tests of between subject effects there is no significant main effect of occupation of parent on parental level of depression but there is significant main effect of presence of disability (disability-Non-disability) on parental level of depression at 0.05 level. There is no significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on parental level of depression.

Therefore,  $H_{017}$  is accepted, there is no significant mean difference in level of depression among parents of different categories on the basis of their occupation.

**$H_{018}$  There is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income.**

**Table No. No. 4.5.11 showing monthly income wise mean, standard deviation score of depression of parents of children with & without disabilities**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Monthly Income	Below Rs. 10,000	66	8.82	5.409	37	8.97	5.284
	Rs. 10,001 to Rs. 20,000	37	11.78	7.454	42	8.69	5.895
	Rs. 20,001 to Rs.30,000	39	10.31	5.745	41	9.45	5.187
	Rs. 30,001 to Rs. 40,000	31	9.65	6.390	46	7.30	3.595
	above Rs. 40,000	105	10.42	6.371	156	7.19	4.481

**Interpretation:**

From the above table , it was found that parents of children with disabilities whose monthly family income was between Rs. 10,001 to Rs. 20,000 and parents of children

without disabilities whose monthly family income was between Rs. 20,001 to Rs.30,0000 had more depression than the parents with others monthly family income groups.

**Table No. 4.5.12 showing Two-way ANOVA between monthly income of parent as independent variable and level of depression as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Monthly Income	1.580	4	.395	1.788	.130**
Main effect – Disability-non-disability	1.986	1	1.986	8.990	.003*
Interaction effect - Monthly *Disability-non-disability	1.469	4	.367	1.662	.157**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.12 shows that in tests of between subject effects there is no significant main effect of monthly income of parent on parental level of depression but there is significant main effect of presence of disability (disability-non-disability) on parental level of depression at 0.05 level. There is no significant interaction effect of monthly income of parent and presence of disability in the child (disability-nondisability) on parental level of depression.

Therefore,  $H_{018}$  is accepted, there is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income.

**$H_{019}$  There is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children.**

**Table No. 4.5.13 showing gender of the children wise mean, standard deviation score of depression of parents of children with & without disabilities.**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No.	Mean Score	S.D.	Total No.	Mean Score	S.D.
Gender of the children	Boys	196	10.56	6.399	150	8.17	4.632
	Girls	82	9.06	5.796	172	7.66	4.986

**Interpretation:**

When gender of the child was considered, it was found that parents of boys with & without disabilities had more depression than parents of girls.

**Table No. 4.5.14 showing Two-way ANOVA between gender of the children as independent variable and level of depression as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Gender of the Children	.774	1	.774	3.480	.063**
Main effect – Disability-non-disability	1.647	1	<b>1.647</b>	<b>7.400</b>	<b>.007*</b>
Interaction effect - Gender of the Children *Disability-non-disability	.181	1	.181	.813	.368**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.14 shows that in tests of between subject effects there is no significant main effect of gender of the children on parental level of depression and interaction effect of gender of the children and presence of disability in the child (disability-nondisability) on parental level of depression, but there is a significant main effect of

presence of disability (disability-non-disability) on parental level of depression at 0.05 level.

Therefore,  $H_019$  is accepted, that, there is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children.

**$H_020$  There is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.**

**Table No. 4.5.15 showing age group of children wise mean , standard deviation score of depression of parents of children with & without disabilities**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Age Group of Children	5-10 yrs	143	10.01	6.134	172	7.72	4.644
	11-15 yrs	77	9.34	6.108	81	7.31	4.587
	15 yrs & above	58	11.43	6.634	69	9.03	5.388

**Interpretation:**

When age group of children was considered, it was found that parents of 15 years and above children with & without disabilities had more depression than parents of children with other age groups.

**Table No. 4.5.16 showing Two-way ANOVA between age group of children as independent variable and Level of Depression as dependent variable in relation to presence of disability in the child**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - Age Group of Children	1.752	2	.876	3.957	.020*
Main effect – Disability-non-disability	1.975	1	1.975	8.925	.003*
Interaction effect - Age Group of Children *Disability-non-disability	.183	2	.091	.413	.662**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5:16 shows that in tests of between subject effects there is a significant main effect of age group of children on parental level of depression and presence of disability (disability-Non-disability) on parental level of depression at 0.05 level. But there is no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on parental level of depression.

Therefore,  $H_{020}$  is accepted, that, there is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.

**$H_{021}$  There is no significant mean difference in level of depression among parents of different categories on the basis of class standard of their children.**



**Table No. 4.5.17 showing children enrolled in the class wise mean, standard deviation score of depression of parents of children with & without disabilities**

Independent Variables	Types	Parents of Children with Disabilities			Parents of Children without Disabilities		
		Total No	Mean Score	SD	Total No	Mean Score	SD
Children Enrolled in the Class	Class - I-IV	159	9.97	6.121	155	7.78	4.710
	Class - V-VIII	72	9.99	6.383	79	7.28	4.317
	Class - IX-X	47	10.81	6.586	88	8.66	5.375

**Interpretation:**

When Class Standard of children was considered, it was found that parents of children with & without disabilities who studied in class IX-X had more depression than others parents of children with & without disabilities whose children studied in another classes.

**Table No. 4.5.18 showing Two-way ANOVA between children enrolled in the class as independent variable and level of depression as dependent variable in relation to presence of disability in the child.**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Main effect - - Children enrolled in the class	.361	2	.180	.811	.445**
Main effect – Disability-non-disability	2.238	1	<b>2.238</b>	<b>10.057</b>	<b>.002*</b>
Interaction effect - Children enrolled in the class *Disability-non-disability	.668	2	.334	1.502	.224**

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

Table No. 4.5.18 shows that in tests of between subject effects there is no significant main effect of children enrolled in the class on parental level of depression and significant interaction effect of children enrolled in the class and presence of disability in the child (disability-nondisability) on parental level of depression. But there is a significant main effect of presence of disability (disability-non-disability) on parental level of depression at 0.05 level.

Therefore,  $H_{021}$  is accepted, There is no significant mean difference in level of depression among parents of different categories on the basis of class standard of their children.

**$H_{022}$  There is no significant mean difference in level of depression among parents of different categories on the basis of types of disability of their children**

**Table No.4.5.19 showing nature of disability of child wise mean, standard deviation score of depression of parents of children with & without disabilities .**

Independent Variables	Types	Parents of Children with Disabilities		
		Total No	Mean Score	SD
Types of Disability of Children	Intellectual Disability	236	10.06	6.269
	Physical Disability	20	9.55	4.639
	Sensory Disability	22	11.32	7.409

**Interpretation:**

When types of disability of children was considered, it was found that parents of children with sensory disabilities had more depression than others parents of children with intellectual and physical disabilities.

**Table No. 4.5.20 showing One-way ANOVA score between types of disability of their children as independent variable and level of depression among parents as dependent variable**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.014	2	.007	.028	.973**
Within Groups	67.745	275	.246		
Total	67.759	277			

**\*\*\* Not Significant**

### Interpretation:

From the above table it is found that mean difference of parental level of depression among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant.

Therefore,  $H_{022}$  is accepted, that, is there is no significant mean difference in level of depression among parents of different categories on the basis of nature of disability of their children.

**$H_{023}$  There is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.**

**Table No.4.5.21 showing degree of disability of children wise mean, standard deviation score of depression of parents of children with & without disabilities.**

Independent Variables	Types	Parents of Children with Disabilities		
		Total No	Mean Score	SD
Degree of Disability of children	Mild	139	9.54	6.110
	Moderate	99	10.66	6.540
	Severe	33	9.98	4.577
	Profound	7	14.14	8.859

### Interpretation:

When degree of disability of children was considered, it was found that parents of children with profound degree of disabilities had more depression followed by moderate, severe and mild degree of disabilities.

**Table No. 4.5.22 showing One-way ANOVA Score between degree of disability of their children as independent variable and level of depression among parents as dependent variable**

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.331	3	.583	2.432	.048*
Within Groups	65.428	274	.240		
Total	67.759	277			

\* Significant at the 0.05 level

\*\* Not Significant

**Interpretation:**

From the above table it is found that mean difference of parental level of depression among parents of different categories on the basis of degree of disability of their children do exist and this result is significant at 0.5 level.

Therefore,  $H_{023}$  is rejected, that is there is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.

**$H_{024}$  There is no significant mean difference in level of depression between parents of children with and without disabilities.**

**Table No. 4.5.23 showing mean, standard deviation score of depression of parents of children with and without disabilities**

<b>Independent Variables</b>	<b>Types</b>	<b>Total No</b>	<b>Mean Score</b>	<b>SD</b>
Parents of children with and without disabilities	Parents of children with Disability	278	10.12	6.254
	Parents of children without Disability	322	7.90	4.823

**Interpretation:**

When nature of parent was considered, it was found that parents of children with disabilities had more depression than parents of children without disabilities.

**Table No. 4.5.24 showing One-way ANOVA score between parents of children with and without disabilities as independent variable and level of depression among parents as dependent variable**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	736.073	1	736.073	24.050	000*
Within Groups	18302.701	598	30.607		
Total	19038.773	599			

\* **Significant at 0.5 level**

**Interpretation:**

From the above table, it is found that mean difference of parental level of depression among parents of children with and without disabilities do exist and this result is significant at 0.5 level.

Therefore,  $H_{024}$  is rejected, that there is no significant mean difference in level of depression between parents of children with and without disabilities.

#### **4.6. Correlations between total score of depression and attitude total score**

$H_{025}$  There is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.

**Table No.4.6.1 showing Correlations between total score of depression and attitude total score**

		<b>attiTotal</b>	<b>DepTotal</b>
attiTotal	Pearson Correlation	1	.203**
	Sig. (2-tailed)		.000
	N	600	600
DepTotal	Pearson Correlation	.203**	1
	Sig. (2-tailed)	.000	
	N	600	600
<b>**.</b> Correlation is significant at the 0.01 level (2-tailed).			

**Interpretation:**

From the above table it is found that there is a correlation between attitude of parents towards inclusion of children with and without disabilities and parental level of depression at 0.01 level.

Therefore,  $H_{027}$  is rejected, that there is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.

**Table no. 4.6.1a showing pearson correlation score between the parental level of depression and attitude towards benefits inclusion of children with and without disabilities.**

		<b>DepTotal</b>	<b>BENEFITS</b>
DepTotal	Pearson Correlation	1	.147**
	Sig. (2-tailed)		.000
	N	600	600
BENEFITS	Pearson Correlation	.147**	1
	Sig. (2-tailed)	.000	
	N	600	600

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

**Interpretation:**

From the above table it is found that there is a correlation between parental level of depression and attitude of parents towards benefits of inclusion of children with and without disabilities and parental level of depression at 0.01 level.

**Table No.4.6.1b showing Pearson correlation score between the parental level of depression and attitude towards ability & support in inclusion of children with and without disabilities.**

		<b>DepTotal</b>	<b>ABILITY_SUPPORT</b>
DepTotal	Pearson Correlation	1	.092*
	Sig. (2-tailed)		.024
	N	600	600
ABILITY_SUPPORT	Pearson Correlation	.092*	1
	Sig. (2-tailed)	.024	
	N	600	600

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

**Interpretation:**

From the above table it is found that there is a correlation between parental level of depression and attitude of parents towards Ability & Support in inclusion of children with and without disabilities and parental level of depression at 0.05 level.

**Table No. 4.6.1c showing Pearson correlation score between the parental level of depression and attitude towards satisfaction in inclusion of children with and without disabilities.**

		<b>DepTotal</b>	<b>SATISFACTION</b>
DepTotal	Pearson Correlation	1	.203**
	Sig. (2-tailed)		.000
	N	600	600
SATISFACTION	Pearson Correlation	.203**	1
	Sig. (2-tailed)	.000	
	N	600	600

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

**Interpretation:**

From the above table, it is found that there is a correlation between parental level of depression and attitude of parents towards Satisfaction in inclusion of children with and without disabilities and parental level of depression at 0.01 level.

**Table No. 4.6.1d showing Pearson correlation score between the parental level of depression and attitude towards child's rights in inclusion of children with and without disabilities.**

		<b>DepTotal</b>	<b>RIGHTS</b>
DepTotal	Pearson Correlation	1	.043
	Sig. (2-tailed)		.290
	N	600	600
RIGHTS	Pearson Correlation	.043	1
	Sig. (2-tailed)	.290	
	N	600	600

**Interpretation:**

From the above table , it is found that correlation between parental level of depression and attitude of parents towards Child's Rights in inclusion of children with and without disabilities is not statistically significant.

## 4.7 Summary of the hypotheses tested at a glance

Table No. 4.7 showing Summary of the hypotheses tested at a glance

Sl. No	Hypotheses	Main Effect	Main Effect -Disability- Non disability	Interaction- Effect
1.	$H_{01}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.	Accepted	Rejected	Rejected
2.	$H_{02}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.	Accepted	Accepted	Rejected
3.	$H_{03}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualification.	Rejected	Rejected	Accepted
4.	$H_{04}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.	Rejected	Rejected	Rejected
5.	$H_{05}$ There is no significant mean difference in attitude towards inclusion of children with and	Accepted	Accepted	Accepted



<b>Sl. No</b>	<b>Hypotheses</b>	<b>Main Effect</b>	<b>Main Effect -Disability- Non disability</b>	<b>Interaction- Effect</b>
	without disabilities among parents of different categories on the basis of their occupation.			
6.	$H_{06}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.	Accepted	Rejected	Accepted
7.	$H_{07}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children.	Rejected	Accepted	Accepted
8.	$H_{08}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.	Accepted	Accepted	Accepted
9.	$H_{09}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.	Accepted	Accepted	Accepted

<b>Sl. No</b>	<b>Hypotheses</b>	<b>Main Effect</b>	<b>Main Effect -Disability- Non disability</b>	<b>Interaction- Effect</b>
10.	$H_{010}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.	-	-	Accepted
11.	$H_{011}$ There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.	-	-	Accepted
12.	$H_{012}$ There is no significant mean difference between attitude of parents of children with and without disabilities towards inclusive education.	-	-	Accepted
13.	$H_{013}$ There is no significant mean difference in level of depression between mothers and fathers with and without disabilities.	Accepted	Rejected	Rejected
14.	$H_{014}$ There is no significant mean difference in level of depression among parents of various age groups.	Accepted	Accepted	Accepted
15.	$H_{015}$ There is no significant mean difference in level of depression among parents of different categories based on their highest educational qualification.	Accepted	Accepted	Rejected

<b>Sl. No</b>	<b>Hypotheses</b>	<b>Main Effect</b>	<b>Main Effect -Disability- Non disability</b>	<b>Interaction- Effect</b>
16.	$H_{016}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.	Rejected	Rejected	Rejected
17.	$H_{017}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their occupation.	Accepted	Rejected	Accepted
18.	$H_{018}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income.	Accepted	Rejected	Accepted
19.	$H_{019}$ There is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children.	Accepted	Rejected	Accepted
20.	$H_{020}$ There is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.	Rejected	Rejected	Accepted
21.	$H_{021}$ There is no significant mean difference in level of depression among parents of different categories on the basis of children enrolled in the class.	Accepted	Rejected	Accepted

<b>Sl. No</b>	<b>Hypotheses</b>	<b>Main Effect</b>	<b>Main Effect -Disability- Non disability</b>	<b>Interaction- Effect</b>
22.	$H_{022}$ There is no significant mean difference in level of depression among parents of different categories on the basis of types of disability of their children.	-	-	Accepted
23.	$H_{023}$ There is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.	-	-	Rejected
24.	$H_{024}$ There is no significant mean difference in level of depression between parents of children with and without disabilities.	-	-	Rejected
25.	$H_{025}$ There is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.	Rejected	Rejected	Rejected

#### **4.8 Excerpts of parental attitude and parental depression:**

Some excerpts of parental attitude and parental depression having children with intellectual and developmental disabilities are given below. Parents presented these remarks in their response sheets.

### **Parental favourable attitudes towards inclusive education:**

*"Bisesh chahida somponno shishuder baba maa hishebe nijeke bhaggoban mone kori je amader shishura r paanch jon sadharon shishur sathe eki school e porashona korar sujog pacche."*

*"Protibondhi shishuder jokhon school er sokoler sathe mile mishe eksathe porashona naach gaan khela dhulo korte dekhi tokhon mon ta anonde bhore othe."*

*" Inclusive set up e bacchara eksathe lekhopora korar sujog paae. Ekta shabhabik jibon japon er sathe nijeke toiri korar sujog paae . Protiti bisesh chahida somponno shishuder tader chahidar matra onusare, tader chahida puron kora hoe, jerom wheelchair er proyojon metano, boro black board er bebostha kora, gripper dewa pencil use krte dewa proyojon hole writer ero bebostha kora hoe. Protiti bisesh chahida somponno shishu der onnyanno shishu der sathe soamaan gurutto dewa hoe. bisesh chahida somponno shishu der tader boyosh o karjodokkhota onusare bibidh sanskritik o samajik onushthane ongshogrohon korano hoe."*

*"Ami ei shikkha bebosthae jothesto khushi o ashabaadi je ei shikkhabebosthar fole bishesh chahida somponno shishuder alada kore rakhar probonota onek onke kom ebong prithokikoronar manushikota na thakar karone onnyanno bishesh chahida somponnohin shishura tader sathe bishesh shishuder parthyokkota onek ongshe seta bondhuttoपूर्णo somporke porinoti pacche, jar fole tara bondhu der kono somossha hole ta metanor jonno nijerai nijeder kadhe daitto tule nicche jeta amader somaje parosparik bojay rekhe bhobisshoter dike egiye niye jawa onekangshe sohoj hocche ebong sokol shishu der moddhe sohojogitar porichoydekha jacche, ja ekti projonmoke onekdur egiye nie jete pare. "*

*"Inclusive education is highly needed for all types of children/student whether they are special child or normal/regular child. It is very important to keep them under a single roof & provide all necessary things, materials in the classroom. Teacher should focus on each and every student with utmost care & provide best guidance throughout."*

*"Sadharon shishuder sathe eisob bishesh chahida somponno shishuder eksathe boshiye mid day meal dewa hoe jeta amader shishuder manoshik bikasher khetre sahajjo kore ebong ottonto proyojoniyo."*

*"Shuru thekei somosto dhoroner sahojogita, school, shikkhok shikkika r obhibhabok der theke sohojogita peyechi tai bishesh kono somossar sommukhin hote hoeni."*

*"shikkhok o shikkhikagon vidyalayer protiti bisesh chahida somponno shishur chahida onusare tader proyojonyota metanor chesta koren."*

*" School e prothom bar jedin amar autistic chele drawing competition e r panchta shishur songe protijogitae onshogrohon kore prothom hoe sedin Or anondo dekhe amar chokhe jol eshe gechilo."*

*"Sob miliye ami inclusive education nie bhishon bhabe khushi."*

#### **The parental unfavorable attitude towards inclusive education:**

*"Prothomoto vidyalay er bishoy ti bojate somae lege jae. Autistic bacchader bondhu banate somossa hoe. Ta chara shikkhika der satheo manushik bhabe somporko toiri korte badha hoe."*

*"School ba teacher ra meyeke bharti kore nileo roj school e aste mana koren. Tara bolen o school e esheo kichu shikhbena tar theke or barite thakai bhalo. Sorkari aain ache bole oke amra bharti nite baddho hoechi kintu oke poranor khomota amader nei. R nahole oke pasher kono special school e nie jaan."*

*"There are some teachers who are well trained, helpful and are conversant with inclusive training but they are very few. Majority are indifferent."*

*"Special educated teacher can teach more fruitful than regular teachers. Every regular teacher must be trained to be taught to differently abled child."*

*"Inclusion is what is needed. But, to make that work we should have a proper mechanism in place. The mechanism should enable teachers to*

*deal properly with all the students with special needs and at the same time not discriminate them from others due to their weaknesses. All parents should also be sufficiently oriented with this scenario of inclusive education."*

*"Every system has its pros and cons. Even inclusive education has its benefits and disadvantages. Only developing infrastructures will not help to meet the needs of the special children. So every aspect needed to be taken care of skillfully. Each child is different and his or her needs are different. So the system needs a customized format for each child."*

*"Inclusion is necessary. But the problem is, we don't have adequate numbers of good sensitive teachers who can teach special children in an inclusive school. Behaviour of other normal children towards the special children is another big concern. They may tease the special children which may be very dangerous to the special children. Infrastructure needs to be developed for CWSN students."*

*"Teachers should be provided special training for empathetic communication with the CWSN students in regular classroom situation. The quality of teaching staff in our country is so pathetic that they cannot even take care of the regular children. Inclusion of special children along with normal children is a fanciful copying of the west without realizing the actual ground realities of our own country."*

*"Bishesh chahida somponno shishuder jonno sorkarer sohayota ba oder sadharon jibon jatarar khetre jei subidha gulo thaka dorkar segulo puropuri pawa jaena. "*

*"Koekjon shikkhok jara bishesh chahida somponno shishuder nie kaj koren tader onekei chesta koren kintu sobar theke sahajjo pawa jaena. "*

*"Sadharon shishuder obhibhabok ra onek somoyei bishesh chahida somponno shishuder obhibhabok der sohayota daan kora ba sohojogita korte onicchuk thaken."*

### **View point of parents on stress, anxiety and depression:**

*"Ektai bhabna, seti holo, amra amader moton chesta korte parchi, kintu se kotota nite parbe seta onekta bhabnar bishoy. Amader chara jibone eka kotota lorai korte parbe, seta ekta dushchintar karon. Swabolombi hobar pothe kotota egote parbe."*

*"Public place e jokon ami amar sontoan k niye beroi tokhn char pasher lokjon jerom bhabe amar dike takae ebong tader ohetuk koutuhol amake bibroto kore".*

*"I remain tensed about my child, more so because she is an innocent."*

*"Amidst all despair "We" must all look forward for a better future .... Thus leaving behind all the impossibilities let's just make it possible. And help to develop each child with their unique identities."*

*"We must understand that sadness is an ocean & sometimes we drown, while other days we are forced to swim..."*

*"I feel depressed when he doesn't perform his activity which he knows very well even after repeating 10 to 20 times".*

*"Sontoaner jonno ami ekhon r kothao berote parina emonki or babar satheo choto choto bishoy niye jhamela hoe jae"*

*"Baccha take nie emni kichu amar osubidhe hoena kintu para- protibeshi ra jokhn amar sontoan k nie kono comment koren tokhn seta ekta moner moddhe kharap laga toiri kore."*

*"Amar sontoan k nie samanno chinta to obosshoi ache.. Bhobisshote jokhon uccho vidyalay jabe tokhon kotota sohojogita pabe seta niyeo mone shonshoy ache. Tachara o jibone konodin kichhui korte parbe kina seta niye amra khub e chintito"*

*"Protidin sobkichu samle amar sontoan ke sothik bhabe dekha shona kore uthte parina tate kore majhe moddhe mone hoe sob kichu chere chure diye chole jai onek dure abong nijeke sesh kore pheli"*



# CHAPTER –V

## FINDINGS AND DISCUSSION

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## CHAPTER –V

### FINDINGS AND DISCUSSION

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#### **5.1 Findings related to attitude of parents towards inclusive education:**

- i. Fathers of children with and without disabilities showed more favourable attitude towards inclusive education than mothers of children with and without disabilities.
- ii. 50 years and above aged parents of children with and without disabilities showed more favourable attitude than other age groups towards inclusive education followed by parents of children with disabilities of 20-30 years age group and parents of children without disabilities of 41-50 years age groups respectively.
- iii. Post graduate educated parents of children with disabilities and HS passed parents of children without disabilities showed more favourable attitude towards inclusive education than their counter parts.
- iv. Parents of children with and without disabilities form nuclear families showed more favourable attitude towards inclusive education than parents from joint families.
- v. Daily worker parents of children with disabilities and parents of children without disabilities whose occupation was business showed more favourable attitude towards inclusive education than the parents with other occupation.
- vi. Parents of children with disabilities whose family income was below 10,000 and parents of children without disabilities whose family income was Rs. 30,001 to Rs. 40,000 showed more favourable attitude towards inclusive education than the parents with other monthly family income groups.
- vii. Parents of female children with and without disabilities showed more favourable attitude towards inclusive education than parents of male children.
- viii. Parents of 15 years and above children with disabilities and parents of 11-15 years age group children of without disabilities showed more favourable attitude towards inclusive education than parents of children with other age groups.
- ix. Parents of children with disabilities who studied in class IX-X and parents of children without disabilities who studied in class V-VIII showed more

favourable attitude towards inclusive education than other parents of children with and without disabilities whose children studied in another classes.

- x. Parents of children with physical disabilities showed more favourable attitude towards inclusive education than other parents of children with intellectual and sensory disabilities.
- xi.* Parents of children with Mild, Moderate and Severe degree of disabilities showed similar favourable attitude .
- xii. Parents of children without disabilities showed more favourable attitude towards inclusive education than other parents of children with disabilities.

## **5.2 Findings related to depression of parents:**

- i. Mothers of children with disabilities and fathers of children without disabilities have more depression than their counter parts.
- ii. Parents of children with and without disabilities who were in the 50 years and above age group have more depression than parents of other age groups.
- iii. Graduate parents of children with disabilities and HS passed parents of children without disabilities have more depression than parents with other academic qualifications.
- iv. Parents of children with and without disabilities form joint families have more depression than parents from nuclear families.
- v. Parents of children with disabilities who didn't attached with specific occupation and parents of children without disabilities whose occupation was business have more depression than the parents with other occupation.
- vi. Parents of children with disabilities whose monthly family income is between Rs. 10,001 to Rs. 20,000 and parents of children without disabilities whose monthly family income was between Rs. 20,001 to Rs.30,0000 have more depression than the parents with others monthly family income groups.
- vii. Parents of boys with and without disabilities have more depression than parents of girls.
- viii. Parents of 15 years and above aged children with and without disabilities have more depression than parents of children with other age groups.

- ix. Parents of children with and without disabilities who studied in class IX-X have more depression than other parents of children with and without disabilities whose children studied in another classes.
- x. Parents of children with sensory disabilities have more depression than other parents of children with intellectual and physical disabilities.
- xi. Parents of children with profound degree of disabilities have more depression followed by moderate, severe and mild degree of disabilities.
- xii. Parents of children with disabilities have more depression than parents of children without disabilities.

### **5.3 Finding related to correlation between depression and attitude of parents:**

- i. There is a positive and statistically significant correlation between the depression and attitude of parents towards inclusion of children with and without disabilities.

### **5.4 Discussion:**

#### **5.4.1 Discussion related to attitude of parents towards inclusive education:**

The results suggested that the median score of the entire sample was not very high (52), given that the greatest possible score on the scale is 79 and the minimum possible score is 29. The median score revealed that the respondents' attitude cannot be described as extremely favourable, but neither it is unfavourable. Even though the government was attempting to make education free for all, the responses indicated that the public did not support this initiative.

Overall, respondents' attitudes toward the inclusion of children with and without disabilities in schools were moderately positive. The study provides insight into the fact that increased literacy and education awareness, constant media campaigns across the country, and efforts to mainstream children with disabilities have made a substantial impact on all segments of society. In the past, illiteracy and a negative attitude towards education were the primary obstacles to sending children, especially those with special needs, to mainstream schools. However, the emphasis placed on schooling and education has increased dramatically, including for children with disabilities. Previously, education for children with disabilities was considered a waste of time,

money, and effort due to its unpredictable and unimportant perceived consequences. Presently, the importance and the outcomes of education are highly appreciated by people through persistent efforts at compulsory education and increased awareness through the information and technology revolution.

**Gender:**

Results indicated that there was significant main effect of presence of disability (disability-non-disability) on attitude of parents towards inclusion. There is also a significant interaction effect of gender of parent (gender) and presence of disability in the child (disability-non-disability) on attitude towards inclusion. Present research showed that fathers of children with and without disabilities showed more favourable attitude towards inclusive education than mothers of children with and without disabilities. The findings of Balboni and Padrabissi (2000) were contradictory. Their research revealed that the attitude of Italian mothers was substantially more favourable than that of Italian fathers. However, Kalyva et. al. (2007) found that Greek fathers held more favourable opinions toward the inclusion of children with special needs than did Greek mothers. On the "core perspectives" subscale of the MTAI questionnaire, fathers' attitudes were much more positive than mothers' towards inclusive education. Now a days, females enjoy almost equal status and opportunities as male in households in terms of income and decision-making. They are not confined to the four walls of the house still in term of decision making about the child education, they may depend on the male persons and are not aware of the value of inclusive education, as a result they showed less favourable attitude towards inclusion of children with and without disabilities. Another reason may be they are expecting more form the inclusive education for their children which compel them to perceive the inclusive education negatively. As a result, mothers were found to be at par with the fathers so far as the intensity of the attitude towards child's education was concerned. According to Srivastava (2005), the growth of higher education of women in the post-independent India has been very gradual. Policy planners and educationists have realized that without promoting education of this important section of humanity, growth and development of the society cannot take place. Further, it has been realized that social change can take place only if both men and women are educated.

**Age group:**

When age group of the parents were considered, it was noted that, there is no main effect of age group of parents significant on attitude of parents towards inclusion and no significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards inclusion. But there is a significant interaction effect of age groups of parents and presence of disability in the child (disability-non-disability) on attitude towards inclusion. From the mean score of the respondent it was found that those having parents whose age 50 years or above posses favourable attitude than other others age groups parents. Regarding the age of parents, Balboni and Padrabissi (2000) showed that the opinions of younger parents do not differ from those of older parents. The same conclusion was noted by Kalyva et. al. (2007), who also determined that the age of parents have no impact on their attitudes. The reason for this may be seen that parents who are above 50 years are often reluctant as their children may have almost completed the schooling years or are in their advanced period of school years. On a positive note, it is also possible that, their years of struggle with the children with disabilities have made them open towards inclusive education as the latter caters to the services with competent teachers and is cost effective as compared to special education services.

**Educational qualification:**

Bogunovi Blanka and Polovina Nada (2007) found in their research that family stimulation is a result of the cultural and educational profile of the family and active parental attitudes regarding the educational attainment of their children. Present study showed that in tests of between subject effects, there is a significant main effect of educational qualifications of parent on attitude towards inclusion and significant main effect of presence of disability (disability-non-disability) on attitude of parents towards inclusion but there is no significant interaction effect of educational qualifications of parents and presence of disability in the child (disability-non-disability) on attitude towards inclusion. Based on mean score it was found that the parents of children with disabilities wha have post graduate degree and HS passed parents of children without disabilities showed more favourable attitude towards inclusive education than their counter parts. Multiple studies have found a correlation between parental education and their attitudes. According to Leyser and Kirk (2004), college-educated parents were

significantly more positive about the benefits of inclusion than high school-educated parents. Similarly, Tafa and Manolitsis (2003) obtained comparable results. They determined that women with the highest level of education showed more favourable attitudes toward the inclusion of children with physical disabilities or blind children than mothers with a lower level of education. Stoiber et. al. (1998) and Palmer et. al. (1998) similarly reported that parents with a higher level of education (college) had more favourable attitudes toward inclusive education than parents with a high school education or less. However, Kalyva et. al. (2007) found no correlation between parental education and attitudes toward children without special needs.

Families' possess positive and favourable attitude when schools build partnership programmes that incorporate techniques for various forms of parental involvement. Different school programmes have a favourable impact on parental attitudes toward education. This shows that if comprehensive programmes are supported in schools and parental participation and input in decision-making are encouraged, then a greater number of parents are interested in their children's education in a variety of ways. The majority of parents have limited understanding of school course offerings, the consequences of special school programmes for student advancement or remediation, and the requirements for promotion, graduation, and postsecondary education. As a result, they are ill-equipped to effectively participate in their children's education. This is especially true for parents with lower educational attainment (Sanders, Epstein, & Connors-Tadros, 1999).

### **Family structure:**

When family structure was considered, it was noticed that parents of children with and without disabilities from nuclear families showed more favourable attitude towards inclusive education than parents from joint families. Present study revealed that there is a significant main effect of family structure of parent, a significant main effect of presence of disability (disability-non-disability) and a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion and its benefits. Also there is significant main effect of presence of disability (disability-Non-disability) on attitude of parents towards Child's Rights in inclusion. It can be derived that parents from nuclear families are expecting that their children with disabilities should get necessary support from the

nearby school. Moreover, they usually don't have any other family members to rely upon. Hence, they are positive towards inclusion of children with and without disabilities.

### **Occupation:**

Daily worker parents of children with disabilities and parents of children without disabilities whose occupation was business showed more favourable attitude towards inclusive education than the parents with others occupation. Results support the finding that farmers and business owners may feel less need to invest in their children's education than people in dependent employment. Also, for small farmers the opportunity costs of sending their children to special school may be high, since they are more likely to expect their children to help out tending the land and rearing livestock, especially during peak working times and also they may prefer to get the educational support nearby home (Bhalotra, & Heady, 2003; Basu, Das, & Dutta, 2003). It is generally observed that most of the extensive special educational service centres are located in the cities which are really too costly. Due to distance and financial constraint daily workers parents are unable to bring their children in the special service centres and even are unable to pay the services. As a result, they are supporting inclusive education.

### **Family income:**

Results supported the earlier studies (Evangelista de Carvalho Filho, 2012; Mingat, 2007; Shavit & Blossfeld, 1993; Jencks, 1972; Coleman et. al., 1966) that low socio-economic status can adversely affect the attitude towards schooling and education. Present research also supported the previous study. It was showed that in tests of between subject effects there is a significant main effect of family structure of parent , a significant main effect of presence of disability (disability-non-disability) and a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on attitude towards inclusion of children with and without disabilities. It was found that parents of children with disabilities whose family income is below 10,000 and parents of children without disabilities whose family income is Rs. 30,001 to Rs. 40,000 showed more favourable attitude towards inclusive education than the parents with other monthly family income groups. Balboni and Padrabissi (2000) found that parents with a high and average socio-economic status



(SES) were significantly showed more positive attitude towards inclusion than parents with a low Socio-economic Status (SES). In addition, high SES parents expected more need for collaboration with general and special educators than low- and average-level parents. Stoiber et al. (1998) found that parents with higher or middle incomes expressed more positive attitudes toward inclusive education than parents with low incomes, although the difference was not statistically significant. The finding of moderately favourable attitude of the parents refute the earlier findings that parental attitude and involvement is generally negative or low in minority and low socio-economic status families (Dornbusch & Ritter, 1988).

Though the value attached to schooling and education of children with disabilities has substantially improved than earlier times when sending children to regular school was an exception and engagement of children with disabilities in special schools was considered to be more beneficial and kept them in home without providing any training. Now a days due to the government provisions and benefits, parents from lower socio-economic background also sending their children in inclusive schools. As service cost in special school are relatively high and parents from lower socio-economic background are more interested in sending their children in inclusive schools which was reflected in their attitude. On the other hand parents of children without disabilities with average income per month ranging from Rs 30000/- to 40000/- had more knowledge about facilities of the recent development in the field of education and special education which have created a broad mentality towards schooling where they successfully perceived a direct relationship between their children's education and a better future in inclusive set up which was created their positive outlook towards the inclusion of children with and without disabilities.

#### **Gender of the children:**

Present study showed that in tests of between subject effects there is a significant main effect of Gender of the Children on attitude towards inclusion but there is no significant main effect of presence of disability (disability-non-disability) on attitude of parents towards and no significant interaction effect of Gender of the Children and presence of disability in the child (disability-nondisability) on attitude towards inclusion. Based on mean score it was observed that parents of female children with and without disabilities

showed more favourable attitude towards inclusive education than parents of male children.

There are numerous social prejudices, social conventions, and social norms that limit girls' access to education, particularly higher education. Age-old customs and beliefs, such as i) the seclusion and veiling of women, ii) the world of women as separate from that of men, and iii) women eventually marrying and the futility of investing in their education, are significant factors in the attitude of parents, particularly for uneducated parents, towards the education of women. The unequal levels of socio-economic growth and social stratification have a negative impact on the position of women. Spurious development leads to poverty, and poverty and illiteracy maps usually coincide. Poverty affects female education as the first thing that is dropped is the investment in females. Education for boys and girls has different goals in society. The education of males is viewed as an investment in the family's future source of income, whereas the education of females is viewed as a responsibility and is the obligation most likely to be neglected in times of hardship. However, contrary evidence was discovered in this investigation. Parents of girls all agreed that children with and without disabilities should be included.

This finding is a positive sign so far as mass awareness is concerned, since girls' children were not normally sent to school as compared to boys. Mothers who have completed a particular level of education have experienced its worth and are aware that it is possible for girls to attain that degree. So, we want them to use the power and knowledge they've gained from going to college to make sure that their daughters also go to school (Smits and Gündüz-Hodor, 2006).

#### **Age group of the children:**

When age group of children was considered, it was found that parents of 15 years and above children with disabilities and parents age group 11-15 years having children without disabilities showed more favourable attitude towards inclusive education than parents of children with other age groups. Though there is very little difference in mean score of attitude of parents of children with and without disabilities. The result is not statistically significant. Dimitrios, et.al., (2008) found that students' age emerged as the principal factor that influenced parents' perceptions about inclusion, with parents of students aged below 18 years appearing more emotionally involved and concerned

about the future of their children through inclusion practices. Boer, Pijl, and Minnaert (2010) in their study revealed that the parents' attitudes are more positive if they are educated to a higher level and if they had already experienced inclusive education. Based on the fact that inclusive classes include students with a wide diversity in educational needs, previous research indicated that different teaching practices were needed within inclusive schooling (Paseka & Schwab, 2020). Tjernberg and Mattson (2014) emphasized that inclusive teaching practices require more personalized instruction, a large variety of differentiation and cooperation to be implemented successfully. They also mentioned that generally, a major barrier to successful inclusion seems to be the lack of resources or that resources are not addressing students' concrete needs at the initial stage. That is why parents of children with lower age group may not showing favourable attitude towards inclusion of children with and without disabilities in schools.

#### **Children enrolled in the class:**

When children enrolled in the class were considered, it was found that parents of children with disabilities who studied in class IX-X and parents of children without disabilities who studied in class V-VIII showed more favourable attitude towards inclusive education than other parents of children with and without disabilities whose children enrolled in another classes. This result is not statically significant. But when ability & support system in inclusion was considered, it was found in tests of between subject effects that there is significant main effect of children enrolled in the class on parental attitude. That's means when children spending more time in inclusive schools, it helps in formulating parental favourable attitude towards inclusive education for children with and without disabilities. Balboni and Padrabissi (2000) discovered similar results in their investigation. They discovered a direct correlation between children's experiences with inclusive education and the opinions of parents of children with and without disabilities:  $F(1, 643) = 4.83, p = .05$ . Palmer et. al. (1998) found that the longer a child attends special education classes, the more negative their parents' attitudes are towards inclusive education. In addition, there was a substantial positive link between the inclusion history of the child and parents' attitudes toward full inclusion in general ( $r = .17, p.001$ ) and full inclusion for their own child ( $r = .23, p.001$ ). This data implies that a history of inclusion is positively associated with parental attitudes.

### **Types of disabilities of the children:**

It is found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant. Based on mean score, parents of children with physical disabilities showed more favourable attitude towards inclusive education than the parents of children with intellectual and/or sensory disabilities. Several studies showed that the type of disability is related to parents' attitudes. Rafferty et. al. (2001) examined the effects of disability type and severity on parental attitudes toward inclusion. The study found that parents of children with and without disabilities were the least enthusiastic about the inclusion of children with emotional issues, cognitive impairment, and autism. The majority of parents favoured the inclusion of children with physical and sensory problems. Tafa and Manolitsis (2003) found that parents of typically developing children were more concerned about the inclusion of children with behaviour problems or severe cognitive disabilities than they were about the inclusion of children with moderate or mild cognitive disabilities, physical disabilities, blindness, or visual impairments. It is generally observed that even before the legal implementation of inclusive education in India, children with physical disabilities have been getting regular educational supports from the mainstream classroom. They were also getting benefits of advanced assistive devices or technological support. However when it comes to educating children with intellectual disability, then the need for competent human resources, innovative aids and appliances, accessible infrastructure, positive attitude of the teachers, administrators and parents of children without disabilities, accessible curriculum are essential. As per Indian law such provision should be available but in reality, there is a disparity between provision and implementation. As a result parents of children with sensory and intellectual disabilities showed less favourable attitude towards inclusive education.

### **Degree of disabilities of the children:**

Regarding the severity level of the disability, several studies have examined the impact of the child's severity level on parents' attitude. Results of these studies have indicated that the child's severity level is an important factor that affects parents' attitude toward inclusion. It was found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of

degree of disability of their children do not exist and this result is insignificant. Parents of children with mild, moderate and severe degree of disabilities showed similar favourable attitude. Leyser and Kirk (2004) evaluated the perspectives of parents of children with special needs across three levels of severe impairment (mild, moderate, and severe). Their questionnaire contained four factors, including 'benefits', 'teacher competency' and 'inclusion support'. Parents of children with mild disabilities were significantly more positive regarding both 'benefits' ( $t(412)= 2.93, p =.004$ ) and 'teaching capacity' ( $t(412)= 5.80, p =.001$ ) than parents of children with moderate and severe disabilities. In addition, Rafferty et. al. (2001) found that parents of children with mild disabilities were marginally more optimistic than parents of generally developing children. Tafa and Manolitsis (2003) found that parents of typically developing children were more concerned about the inclusion of children with behaviour problems or severe cognitive disabilities than they were about the inclusion of children with moderate or mild cognitive disabilities, physical disabilities, blindness, or visual impairments. According to a number of studies, parents of children with severe disabilities have a favourable view of inclusion. (e.g., Gallagher et. al., 2000; Hanline & Halvorsen, 1989; McDonnell, 1987; Palmer, Borthwick-Duffy, & Widaman, 1998; Ryndak, Downing, Jacqueline, & Morrison, 1995). However, a few researchers revealed that some parents of children with severe disabilities opposed inclusion (Palmer, Fuller, Arora, & Nelson, 2001).

### **Parents of children with and without disabilities:**

The best thing about inclusion is that when it is done well, everyone wins. This includes children with and without disabilities or giftedness, teachers, and the wider school community (in terms of building a more accepting school climate). There are, however, some long-held beliefs that children with diverse abilities will disrupt classes and impair the learning of other children in a class, teachers will be unable to cope with the extra tasks expected of them, and children with diverse abilities will ultimately receive an inferior education and possibly come through the process with damaged self-esteem. A growing body of research, however, seems to indicate that many of these beliefs are found more on preconceived notions than on any solid experience or evidence.

When nature of parent was considered, it was found that parents of children without disabilities showed more favourable attitude towards inclusive education than other parents of children with disabilities and this result is statistically insignificant. This finding is differed with the study of Eiserman et al, (1995); Stoiber et. al.,(1998) and supported by the study by Kokaridas, et. el., (2008) and Kalyva et. al. (2007), Tafa and Manolitsis (2003), who found that Greek parents of preschool children without disabilities were positive towards inclusive education and the studies of Guralnick, (1994); McCoy, (1995) got the similar findings. That means parents of children with disabilities are not satisfied with inclusive education.

That means parents of children with disabilities needs more support and teachers competencies for including their children in the mainstream class room. This result is supported by the many earlier studies of Leyser and Kirk (2004); Seery, Davis, and Johnson (2000). These studies suggested that parents of children with disabilities expressed a number of issues related to inclusive education like the lack of proper knowledge and practical skills by general education teachers, inadequate resources, and a fear that their child may be socially rejected and bullied by classroom peers (Davern, (1999); Jenkinson, (1998); Leyser & Kirk, (2004); Lovitt & Cushing, (1999); Runswick-Cole, (2008). Several researchers (Croll & Moses, 2000; Grove & Fisher, 1999; Jenkinson, 1998) noticed that there is a disparity between the ideology or philosophy of inclusion and the actual reality of day-to-day life practice of inclusion. Present study also revealed such thing.

#### **5.4.2 Discussion related to depression of parents of children with and without disabilities:**

##### **Gender:**

Present research showed that in tests of between subject effects there is no significant main effect of gender of parent on parental level of depression but there is significant main effect of presence of disability (disability-non-disability) on parental level of depression and interaction effect of gender of parent and presence of disability in the child (disability-nondisability) on parental level of depression. From the mean score it was found that mothers of children with disabilities had more depression than their counter parts. Pereira-Silva & Dessen (2006) reported a similar conclusion, stating that mothers are overburdened with the care of children with impairments, resulting in

emotions of worry, despair, and stress. Cherubini, Bosa, and Bandeira (2008) reached a similar conclusion that boys exhibit fewer psychiatric symptoms than females. Bailey et al. (2007) and Olsson and Hwang (2001) both concluded that fathers exhibit lower depression levels than mothers. Most research examining the mental health of parents with disabled children has indicated that female depression is more prevalent than paternal depression ( Breslau et.al.,1982; Fisman et.al.,1989; Harris & McHale, 1989; Dumas et.al.,1991; Blacher & Lopez, 1997; Hoare et. al.,1998; Veisson, 1998). Generally, maternal reports of depression have been generalised to parental depression, and the few studies that have included males have revealed that fathers of children with disabilities have either normal depression scores or less symptoms of depression than mothers (Bristol et.al.,1998; Fisman et.al.,1989;Wolf et.al.,1989; Dumas et.al.,1991; Gray & Holden, 1992; Veisson, 1999). Studies of parents with disabled children indicate that 35–53% of women with disabled children meet the criteria for depression (Bristol et.al.,1988; Carpiniello et.al.,1995; Blacher et.al.,1997; Hoare et.al.,1998; Veisson, 1999). However, many of these studies rely on tiny sample sizes, making it difficult to draw conclusions regarding the prevalence of depression. Depending on how depression is defined and measured, lifetime prevalence rates for diagnosable depressive disorders in large population studies range between 2.6% and 12.7% in men and between 7% and 21% in women (Clarke & Beck, 1999). The research by Okewale et. al. (2011) somewhat validated the present conclusion. They were saying that caregivers of children with special needs are affected the same way, no matter what gender they are.

Why, therefore, are mothers with disabled children more likely to experience depression than their partners? This may be the result of the limitations imposed by the disability. The child's dependency and special requirements may have a detrimental impact on the mother's mental health, and mothers shoulder a lot of the burden of caring for the disabled child. According to previous research, mothers experience more distress than fathers because they handle a greater proportion of the additional care and practical work that a disabled child necessitates (Bristol et. al.,1998; Moes et. al.,1992). They quit their employment more frequently and complain that they can't pursue their own interests (Breslau et. al.,1982). Mothers may be more vulnerable when stress and issues arise in the parenting domain because they may have higher levels of self-competence than fathers have in relation to the parenting role. It's also possible that

fathers express their unhappiness in ways other than depression, in which case future research should include measures of psychological health other than depression. Emerson et. al. (2004) found that 22% of American women went to see a doctor because their disabled children caused them psychological problems.

**Age group:**

The present research finding showed that in tests between subject effects there is no significant main effect of age group of parent, main effect of presence of disability (disability-non-disability) and interaction effect of age group of parent and presence of disability in the child (disability-nondisability) on parental level of depression. There is no significant mean difference in level of depression among parents of children with and without disabilities of various age groups. But from the mean score it was found that parents of children with and without disabilities who were in the 50 years of age and above age had more depression than parents of other age groups. Similar results found in other research too that depression is associated with the age of the parents of children with disabilities. Younger parents are much less susceptible to the depression than parents of 50 years age or older. These findings are in line with those of Dave et al. (2014), who demonstrated a strong relationship between the caregivers' ages and the depression levels (a prevalence of 63%) in parents of children with impairments. Martins and Couto (2014) reach the same conclusions. These could be the result of their way of thinking about what will happen to the disabled child when they pass away. The main worry of parents of disabled children is who will care for their child if they are not there. In contrast, Pereira (1996) disproves these findings by demonstrating that younger parents of disabled children exhibit higher levels of despair because they feel less equipped to handle the circumstance. Caldwell and others (2008) discovered that age has a significant correlation with having a high depressive score; they discovered that younger caregivers are more affected by anxiety initially and later exhibit more depressive symptoms compared to older caregivers because they are more concerned about the future of their intellectually disabled child. Elder caretakers may be concerned despite the fact that they also have a lot of coping mechanisms (Dave et. al., 2014). Results from Njeri Mbugua et. al. (2011) asserted that all age groups are equally vulnerable and that the age group of caregivers who experience depression the most frequently is that of 35 to 50 years old.



**Educational qualification:**

Present study showed that in tests between subject effects there is no significant main effect of educational qualification of parent on parental level of depression and there is no significant main effect of presence of disability (disability-Non-disability) on parental level of depression. But there is a significant interaction effect of educational qualification of parent and presence of disability in the child (disability-nondisability) on parental level of depression. That means there is a direct relationship of parental depression and their educational qualification. From the means score of the samples it was found that graduate parents of children with disabilities and HS passed parents of children without disabilities had more depression than parents with other academic qualifications.

According to Alarcao and Gasper (2007), who observed that low educational levels are related to problems in the family and individual development, it was confirmed that depression decreases as the level of education improves while taking into account parents' education levels. The concomitant low financial situation, poor socioeconomic background, less capacity to take advantage of the opportunity, and accessible resources result in high Zung's anxiety and depression scores that are equal to or slightly higher than those of illiterate and mostly educated care givers. However, educated caregivers are not exceptions, and regardless of their higher education, they also experience more worries, anxiety, and ultimately more Zung's high anxiety and depression scores. This finding is consistent with the study by Charnsil et. al. (2010), which found that caregivers may experience depression regardless of their level of education. However, Yildirim et. al. (2008) found that caregivers with low educational status and those who were illiterate had high depressive scores and needed some intervention. This might be the case because educated parents may be better equipped than uneducated parents to handle their disabled children. Parents who know a lot can also choose the best tools to help them manage and help their kids get better.

**Family structure:**

According to the present research findings, the nature of the family are directly associated with level of depression of the parents of children with disabilities. Present study revealed that in tests between subject effects there is a significant main effect of family structure of parent, main effect of presence of disability (disability-non-

disability) on parental and also a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on parental level of depression. It was discovered that parents from joint families were more susceptible to depression than parents from nuclear families. If parents and families are not supported in satisfying their requirements, it may further hinder a child's development, leading to stressful conditions for the parents and family (Azar & Badr, 2006). In this context, if the parents are from traditional or joint family systems, the needs of grandparents are prioritised because they influence the decisions of the parents and family (Peshawaria et. al., 1995), which may lead to family conflict and depression among the caregivers of children with special needs. As evidenced by a number of studies, parents' needs in this sense refer to the needs they experience for their children and not their own personal needs (Azar & Badr, 2010; Goldbart & Mukherjee, 1999; Kermanshahi et. al., 2008; Verma & Kishore, 2009). In contrast to parents living in joint families, parents living in nuclear families scored much higher on the Zung's anxiety and depression scales in earlier studies (Dave et. al., 2014). It was determined that the Indian tradition and culture of living in a joint family is extremely protective and that caregivers of nuclear families have a higher prevalence of psychiatric co-morbidities than caregivers of joint families.

### **Occupation:**

Present investigation revealed that in tests between subject effects there is no significant main effect of occupation of parent on parental level of depression but there is significant main effect of presence of disability (disability-Non-disability) on parental level of depression. There is no significant interaction effect of occupation of parent and presence of disability in the child (disability-nondisability) on parental level of depression. Form the mean calculation it was found that parents of children with disabilities who didn't attached with specific occupation and parents of children without disabilities whose occupation was business had more depression than the parents with others occupation which confirmed the findings of some studies (Gohel et.al., 2011; Ribeiro et. al., 2014). They found that fathers without jobs had significantly more negatively affected in terms of depression than the rest of the fathers. An interesting finding given by Ribeiro et. al. (2014) that paid work and leisure activities contributed most to reduce the parental stress in mothers of children and adolescents with cerebral palsy. Bolhari (2001), Ramazani (2001) did not find any significant relationship

between the mothers' employment situation with depression, which is in disagreement with several previous studies. Also a study in Malaysia indicated that mothers of children with intellectual disabilities in comparison with the control group suffer from further stress, particularly if the mothers are unemployed, this stress is more severe. Employment has very high correlation with high Zung's anxiety score, which is highly indicative that unemployed or non-earning caregiver has significantly more Zung's anxiety score while caring their intellectually disabled child and this result is consistent with findings of study by Bradshaw et.al. (1978), that care-giver develops more anxiety when daily expenses do not cover their basic daily needs. But in contrast to this no statistical significant correlation is found between high Zung's depressive score and employment. In contrast, Chou et.al. (2010) and Olsson et.al. (2011) found that depression is more common among non earning and unemployed caregivers.

#### **Family income:**

The present findings indicated that in tests between subject effects there is no significant main effect of monthly income of parent on parental level of depression but there is significant main effect of presence of disability (disability-non-disability) on parental level of depression at 0.05 level. There is no significant interaction effect of monthly income of parent and presence of disability in the child (disability-non-disability) on parental level of depression. It is also observed that parents of children with disabilities whose monthly family income was between Rs. 10,001 to Rs. 20,000 and parents of children without disabilities whose monthly family income was between Rs. 20,001 to Rs.30,0000 had more depression than the parents with others monthly family income groups. Findings are supplemented by early researches (Arjum et. al., 2010 & Lawoko et.al., 2003). They found an inverse connection between maternal anxiety and depression and family income. Mothers from low-income families reported higher levels of anxiety and sadness than mothers from higher-income families. The findings are supported by other studies that found a link between socioeconomic level, maternal stress, and children's behavioural difficulties in children with ADHD. The conclusion of the present study showed that socioeconomic level was not consistently connected to parental depression in families with intellectually disabled children. This provides support for Blacher et. al.'s (2014) theory that socioeconomic position may not function as a barrier against depression. The fact that all families have access to free services may reduce the impact of parents' socioeconomic level in Sweden. The

majority of parents also received a monthly cash stipend to compensate for expenses and reduced income caused by caregiving duties, which may lessen extreme stress and financial pressure in low-income families (Olsson & Hwang). Raising a kid with a disability may be more expensive, threatening the financial stability of the family. These costs may include medical equipment and supplies, medical caregiving fees, private education tutoring, adaptive learning equipment, and specialised transportation (Shyam & Govil, 2004).. In addition, studies revealed that parents emphasised the necessity of making concessions in other areas in order to meet the financial demands of child care (Nimbalkar, Raithatha, Shah, & Panchal, 2014). It was shown that financial and physical care had the greatest detrimental influence on caregivers (Shyam & Govil, 2014). Similar results have been seen in other investigations (Nimbalkar, Raithatha, Shah, & Panchal, 2014).

### **Gender of the children:**

Present study showed that in tests of between subject effects there is no significant main effect of gender of the children on parental level of depression and interaction effect of gender of the children and presence of disability in the child (disability-nondisability) on parental level of depression, but there is a significant main effect of presence of disability (disability-non-disability) on parental level of depression. It is also observed from the mean score of the samples that parents of male children with and without disabilities had more depression than parents of female children. This result contradicts the findings of Lamb and Billing (1997, quoted in Pereira-Silva & Dessen, 2001), who discovered that parents with disabled daughters experience greater anxiety, depression, and/or stress than parents with disabled sons. Children with disabilities are universally associated with parental stress and despair (Padencheri & Russell, 2004; Rao et. al., 2005; Shin et. al., 2006; Verma & Kishore, 2009). They came to the conclusion that depression in girls may be caused by the idea in some cultures that a girl is a burden on the family. The result of the present study is contradictory with the previous studies as it is observed that parents of boys with and without disabilities remain more depressed in comparison to parents of girls with and without disabilities. It may be due to parental high expectations from boys which is often the outcome of incompleteness of unrealistic goals usually associated with boys. Begetting progeny for the next generation, being taken care of in their old age along

with the social stigma associated with bearing a disabled boy child can often lead to depression.

**Age group of the children:**

Considering the age group of children with and without disabilities present research revealed that in tests between subject effects there is a significant main effect of age group of children on parental level of depression and presence of disability (disability-Non-disability) on parental level of depression at 0.05 level. But there is no significant interaction effect of age group of children and presence of disability in the child (disability-nondisability) on parental level of depression. Present study found out that anxiety and depression scores of parents of older sons/daughters' with & without disabilities are higher than the corresponding scores for parents of younger sons/daughters with and without disabilities. These data are consistent with the study of Chou et.al. (2010). Sixty to seventy percent of elderly female caregivers of disabled people were found to be at high risk of developing depressive symptoms. Similarly, Martins and Couto (2014) observed that the prevalence of depression and anxiety is higher among older parents with disabled adult children than among younger parents. However, Hsich et. al. (2009) discovered a negative correlation between the age of the children and their influence on the family. They concluded that as children mature, family members gradually adapt. It may be stated that parents of children of 15 years and above remain more depressed as they are concerned about their future as well as about that of their children. Usual line of thought originates from the worry of care of their children after their demise.

**Children enrolled in the class:**

Present study showed that parents of children with and without disabilities who studied in class IX-X had more depression than other parents of children with and without disabilities whose children studied in another classes. It also showed that in tests between subject effects there is no significant main effect of children enrolled in the class on parental level of depression and significant interaction effect of children enrolled in the class and presence of disability in the child (disability-nondisability) on parental level of depression. But there is a significant main effect of presence of disability (disability-non-disability) on parental level of depression at 0.05 level. It may be due to the thought resulting from future concern of the children with disabilities.

### **Types of disabilities of children:**

It is found that mean difference of parental level of depression among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant. But from the mean score of the samples it was found that parents of children with sensory disabilities had more depression than other parents of children with intellectual and physical disabilities. These findings contradict Dale's (1996, cited in Coutinho, 2004) conclusion that the more severe the disability, the greater the distress suffered by families. A similar finding was observed in the research conducted by Cherubini, Bosa, and Bandeira (2008), Holroyd and McArthur, and others (1976, cited by Pereira, 1996). The results demonstrated that parents of autistic children are more stressed than parents of children with Trisomy 21. Olsson and Hwang (2001) also revealed that mothers of autistic children are at a greater risk than mothers of intellectually disabled children without autism. Schmidt and Bosa (2007) have also demonstrated that mothers of children and adolescents with autism are at a high-risk category for developing stress. In contrast, the findings of Pereira-Silva and Dessen (2006) are consistent with our findings: they found that there are no significant variations in the functioning of families with Trisomy-21 children compared to those with normal development in terms of parental stress. It has been claimed that parents of children with physical impairments have a greater degree of depression than parents of children with other types of impairments since their children are more dependent on them for their daily needs. In addition, it has been noted that their handicap is more noticeable, which frequently prompts verbal ridicule or derision from their social group. Physically impaired children are mentally and socially capable. Parents frequently feel depressed when they find that, despite their abilities, their social contacts and career placements are affected (Kaur & Pandit, 2014).

### **Degree of disability of the children:**

Considering the degree of disabilities of child present research revealed that parents of children with profound degree of disabilities had more depression followed by moderate, severe and mild degree of disabilities and mean difference of parental level of depression among parents of different categories on the basis of degree of disability of their children is significant. According to Adib Sereshki (1999) severe and /or multiple disabilities, of a child and parental /family depression is positively related.

Same result was found in the study of Motamedi (2007). Since children with profound disabilities require more day to day life supports which are usually quite expensive and the parents are also worried about their future, the effect of depression is more visible in such parents.

### **Parents of children with and without disabilities:**

When nature of parent was considered, it was found that parents of children with disabilities had more depression than parents of children without disabilities which is highly statistically significant. Most studies investigating the mental health of parents with children with disabilities have found higher depression scores of parents of children with disabilities as compared to paternal depression of children without disabilities (i.e. Breslau et al. 1982; Fisman et al. 1989; Harris & McHale 1989; Dumas et al. 1991; Blacher & Lopez 1997; Hoare et al. 1998; Veisson 1998). This may be the result of the limitations brought on by the impairment. Additionally, the child's reliance and special requirements may have a severe impact on the mental health of parents, particularly women, who bear the heavy burden of caring for the disabled child. Emerson et al. (2004) discovered that 22% of American women sought doctors owing to psychological issues related to their disabled children. According to Martins and Couto (2014), parents of children with impairments are more likely to experience anxiety and depression because they are worried about who will care for their child if they are not there. However, Pereira (1996) disproves these findings by demonstrating that younger parents of disabled children exhibit higher levels of despair because they feel less equipped to handle the circumstance. A child with developmental difficulties has an impact on the family that is both nonlinear and nondirectional. The impact is multidimensional, reciprocal, it affects the whole family system, and it affects the relationships between the family members (Harris 1994; Rodrigue, Gefken & Morgan 1994; Breslau 1982; Breslau & Prabucki 1987). Kazak & Marvin 1984; Hanson & Hanline 1990; Beckman 1991; Dumas et al. 1991 ; Reddon et al. 1992; Dyson 1997; Sanders & Morgan 1997 ; Browne & Bramston 1998; Hoare et al. 1998; Warfield et al. 1999 in their studies found that parents of children with intellectual disability (ID) report higher levels of child-related stress than parents of normally developing children.

### **5.4.3 Discussion on correlation between depression and attitude of parents:**

There is a positive and highly statistically significant correlation between the depression and attitude of parents towards inclusion of children with & without disabilities. It is also found that there is a highly statistically significant correlation between parental level of depression and attitude of parents towards various domain of inclusion i.e. Benefits, Ability & Support system available, and Satisfaction in inclusion of children with and without disabilities. That means parents are not fully satisfied with the support system and outcomes of inclusive education for their children with and without disabilities which may be created anxiety, stress which lead to depression. Few studies reported that one of the major concern areas of parents of children with disabilities is their dissatisfaction with the relationship, communication and partnership between home and school (Davern, 1999; Frederickson et. al., 2004; Lovitt & Cushing, 1999). Parents were often found to express frustrations with the process used to develop the individualized support provided to the children with disabilities in regular schools, reporting a lack of respect and receptivity toward their views, feelings of intimidation, and a lack of understanding of their needs. They also reported they are not treated as an equal partner in the inclusive system (Childre & Chambers, 2005; Soodak & Ervin, 2000; Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005)

Having a child with a disability can also disrupt the normal activities in the family, the marital relations between the couples, the healthy communication in the family, and the positive family atmosphere, leading to great distress and changes in the family life in terms of physical, financial, and psychological problems (Ozşenol, Işkhan, Unay, Aydin, Akn, and Gokcay, 2003). Yldrm Doru and Arslan, (2008) reported that a number of changes caused by the disabled child are likely to have a negative impact on the family's economic situation and the relationships within and outside the family; parents have low self-esteem; there is a decline in marital satisfaction and a decline in personal adjustment; and many parents exhibit signs of increased anxiety, depression, and stress.

Negative views of oneself, the world, and of others constitute a cycle that leads to despair and self-criticism; not only do individuals feel inadequate, but they also blame themselves for their shortcomings and failings. Cognitive distortions result in



unwarranted self-blame and guilt, with personalising being the most significant source of self-blame and guilt. Personalization is the tendency to attribute events to oneself even when there is no connection, i.e., blaming oneself for uncontrollable undesirable outcomes. Self-blame and guilt have resulted in dysfunctional behaviour and depression. Depressive symptoms of parents are not only detrimental to the well-being of the individual, but also to the family, and have a significant impact on children's personalities, behavioural patterns, and basic competencies, which in turn affect the classroom behaviour and academic achievement of children with and without disabilities.

## **5.5 Conclusion:**

For including children with disabilities in schools various key players are involved: teachers, students, parents and external groups, such as psychologists or other professional. All of them have been considered as important and influencing variables for successful inclusion over the years. This research has been conducted to examine the parental level of depression and their attitudes towards various factors of inclusion of children with and without disabilities viz. Benefits, Ability & Support, Satisfaction. This present research showed that there is a direct relationship with parental attitude and the various dimensions of inclusive education viz. Benefits of the system, Ability & Support provided by the school and teachers, Satisfaction of the parents and ethical and legal rights of the child to be included in the mainstream education. Based on the present research it can be concluded that in general the efforts to implement the inclusive programme received positive as well as negatives responses from parents with and without disabilities. Statistically significant relationship has been found between the parental attitude towards inclusion of children with and without disabilities with their gender, age, and nature of family. Highly statistical relationship has been found in the attitude towards inclusive education between the parents of children with and without disabilities. In India inclusive education is still progressing and there is an immediate need to develop a long-term strategy in which every step taken ads to the sound base for inclusive education. There is a challenge to overcome a major legislative hurdle to make inclusive education more successful. An attitudinal barrier is another obstacle to reach the goal. Proper provision should be made to change the attitude of parents as well as the society through education and awareness programmes. On the

other hand the present research revealed that parental level of depression is associated with their gender, education qualifications and degree of disability of their children. Parental level of depression is highly statistical significant between the parents of children with and without disabilities. There is also a positive and statistically significant correlation between the depression and attitude of parents towards inclusion of children with & without disabilities.

## **5.6 Recommendations:**

The present investigator humbly recommended following points.

- i. Intensive sensitization training on various areas of inclusive education must be continued among the parents, teachers, policy makers, and administrator's ets.
- ii. Peer group sensitization programme can be organized.
- iii. Psychological intervention may be introduced among the parents of children with and without disabilities to reduce their level of depression and improve their quality of life.
- iv. Formation of parental groups in schools which will provide support and assistance to the parents for communication of their problems, sharing their incidents with one another, and try to solve the problems.
- v. Regular parent teachers meeting should be conducted to discuss the various issues among the children with and without disabilities which may create conducive environment for both of them at home and school.
- vi. Different stakeholders, special education centers, rehabilitation professionals, should struggle and advocate for the rights of children with disabilities and for their parents to promote inclusive education.

## **5.7 Significance of the study:**

### **5.7.1 Success:**

- i. Present researcher has examined the parental attitude towards inclusion of children with and without schools and depression in relation to their demographic variables. Mixed results have been found in this context.
- ii. Differences in attitude towards inclusive education and depression have been revealed between the parents of children with and without disabilities.

- iii. Significant correlation has been identified between the parental level of depression and attitude towards inclusion of children with and without disabilities

#### **5.7.2 Limitations:**

- i. Sample size could be increased.
- ii. Random sampling procedures might be followed.
- iii. The scarcity of time and resources prevented the wider coverage of locality and sample, and the results, therefore, could not be highly generalized.
- iv. There may be wide differences between education levels of the different sub groups and provisions available in schools for children with disabilities which might have affected the results. This has not been taken care of in this study.
- v. More dependent variables like parental job stress, professional training in the field of disabilities, marital discord, and parental mental and physical illness, birth order of the child may be measured in influencing attitude of parents towards inclusive education and parental depression.
- vi. Standardized tools could be developed by the present researcher to assess the parental attitude towards inclusive education.

#### **5.8 Scope of further studies:**

- i. Parental attitude towards inclusion of other marginalized section i.e. S.C., S.T., Street children, platform children, children from brothel in mainstream classroom.
- ii. Issues and concerns of parents with disabilities about inclusive education.
- iii. Parental anxiety and attitude towards inclusion of children with disabilities in schools.
- iv. Comparative study on attitude between rural and urban parents towards inclusion of children with and without disabilities in schools.
- v. Parental involvement in inclusive practice for their children with and without disabilities.
- vi. Parental depression and their involvement in education and training of their children with disabilities.

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## Summary

### Chapter – I: Introduction

According to the Indian census 2011, a total population of 26.8 million is living with impairments. They often lag behind and face more difficulties as compare to their peer group without disabilities in use of mental abilities, physical developmental milestones, social skills and emotional maturity and this causes additional stress, anxiety, depression and lack of confidence in parents as to the parenting practices. This is likely to affect their mental health. Since there is no cure, parents and families have to learn to live with a member who has a permanent condition that is chronic and disabling which combine to create pressure on the parents which tends to disrupt the normal family equilibrium.

The present national laws like RTE Act 2009 and RPWD Act 2016 stated that inclusive education is a legal obligation in India, which has increased accessibility of education for children with disabilities in regular schools. Various challenges have been encountered in the implementation and success of inclusive education in our country. A large volume of researches suggested that successful implementation of the inclusion policy is largely dependent on parents' positive attitude toward the inclusion of children with special needs in the mainstream school. Parents of children with disabilities in our country are rarely partners in the process of education in which their children are involved, while the role and place of parents of children with disabilities in inclusive education has remained very important.

The attitude of parents can have a profound effect on the social and educational integration of children. It makes a great difference to these children whether the attitude and actions of parents reflect considerations for their real needs or are merely prompted by pity or monetary limitations. It is a determinant of behaviour. Our behaviour depends upon our attitude, which is holding positive and negative belief regarding any concept. All these three components are affects the parental attitude towards their children's education. If all the three components are positive then the individual's action, belief and feeling towards education should be positive. The belief component of attitude affects the action component. If a person perceives something favourable then his/her action must be favourable. In this situation if the parent's belief towards

education is favourable then it affects their action component, and it must be positive and favourable.

The aim of the present study is to examine the level of depression on parents of children with disabilities and also to find out the of impact of independence variables like age, gender, education qualifications, nature of the family of the parents and gender of the child with disability in creating depression among the parents of children with dishabilles.

## Chapter – II: Review of Related Literature

Numerous organizations around the world have taken the initiative to play a crucial role in promoting inclusive education as part of the human rights agenda, which pushes for the increased inclusion of all students in regular schools. In this chapter, the researcher examined numerous studies conducted in the field of inclusive education in various contexts, globally, regionally, and locally, in order to determine the status of inclusive education in elementary schools, the obstacles parents face, and the gains they have made in implementing inclusive education. This chapter is also examined the level depression experienced by parents of children with intellectual disabilities and parents of children without disabilities, as well as to better understand how they adjust socially. The examined literature pertaining to this study is divided into two categories: "studies done out of India" and "studies conducted in India". The summery of review related literature is given below in table:

Area	Total literature reviewed	Duration	Common independent variables found	Research design
<b>Attitude of parents towards inclusive education</b>				
Out of India	31	1997-2020	Age, Gender, Educational Qualification, Nature of parents, Nature of family, Gender of the child, Age , Nature and Degree of Disability	Case Study, Survey Method, Exploratory & Descriptive Study.
Within India	11	2003-2019		

<b>Parental level of depression</b>				
Out of India	30	2001-2021	Age, Gender,	Longitudinal
Within India	22	2010-2021	Educational Qualification, Nature of parents, Nature of family, Gender of the child, Age of the child, Nature and Degree of Disability	Approach, Regression Analysis, Quantitative Descriptive Study, Meta-analysis of comparative study , Regression analysis, Cross –sectional Comparative Study

**Emergence of the research problem:**

Over the past two decades, inclusive education's underlying philosophies have undergone significant development (Avramidis & Kalyva, 2007). When reviewing previous research done in this area, it was found that various aspects of inclusive education have been studied in the previous research like educators' perceptions/attitude towards inclusive education and connection between educators' attitudes and the implementation of inclusive education (Parasuram, 2006; Gaad, 2004; Hammond et al., 2003), conflict, contradiction or opportunity (Miles, & Singal, 2010; Fox, & Ysseldyke., 1997), international perspective of inclusive education (Miles, & Singal, 2010; Mitchell, 2005; Mittler, 2005), historical analysis of inclusive education (Peters, 2007; Reindal, 2016, Ferguson, 2008), parental views, perception and attitudes towards inclusive education (Tafa, & Manolitsis, 2003; Leyser, & Kirk., 2004; Kalyva, Georgiadi, & Tsakiris, 2007; Anke de Boer, Pijl & Minnaert, 2010 ).

Previous research has been conducted on various aspects of depression like meta-analysis of comparative studies of depression in mothers of children with and without developmental disabilities (Singer, 2006; Das, Jain, & Kale, 2018; Park, & Kim, 2019; Bitsika, & Sharpley, 2021). Anxiety, depression, and quality of life in mothers of

children with intellectual disability (Kazmi, Perveen, Karamat, & Khan, 2014; Gogoi, Kumar, & Deuri, 2017).

There is limited research in the field of special education, rehabilitation of children with disabilities and inclusive education in India. Furthermore, only a few studies have been conducted on parental depression and parental attitudes towards inclusive education in this country and also in West Bengal. But specifically parental depression and attitude and their relationship has not been found or are not available to the present investigator. Therefore, the present investigators after a detailed theoretical study and long discussion with his supervisor and related field experts have formulated the research problem. This current study aims to add insight into parental depression and attitude towards inclusion of children with and without disabilities and also to observe the impact of depression on individual to formulate the attitude towards inclusion of children with and without disabilities.

**Statement of the research problem:**

By this study the researcher intends to know parents' depression and attitude towards inclusion of children with and without disabilities in schools.

**Objectives of the study:**

The objectives of the study are as follows:

2. To investigate parents' attitude towards various aspects of the inclusion of children with and without disabilities, viz, benefits, ability and support, satisfaction and rights.
- 1.7 To study parental attitude towards inclusion of children with and without disabilities on the basis of -
  - Their Gender.
  - Their Age group.
  - Their Highest educational qualification.
  - Their Family structure.
  - Their Occupation.
  - Their Monthly income.
  - Gender of their children.



- Age group of their children.
  - Their Children enrolled in the class.
  - Types of disabilities of their children.
  - Degree of disability of their children.
2. To investigate the attitude of parents of children with and without disabilities towards the inclusive education.
3. To investigate the parental level of depression
- 3.4 To study parental level of depression of children with and without disabilities on the basis of-
- Their Gender.
  - Their Age group.
  - Their Highest educational qualification.
  - Their Family structure.
  - Their Occupation.
  - Their Monthly income.
  - Gender of their children.
  - Age group of their children.
  - Their Children enrolled in the class.
  - Types of disabilities of their children.
  - Degree of disability of their children.
6. To examine the different level of depression between parents of children with and without disabilities.
7. To investigate the correlation between the parental level of depression and attitude towards inclusion of children with and without disabilities.

**Hypotheses:**

*H<sub>0</sub>1* There is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.

*H<sub>0</sub>2* There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.

***H<sub>03</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualification.

***H<sub>04</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.

***H<sub>05</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their occupation.

***H<sub>06</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.

***H<sub>07</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children.

***H<sub>08</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.

***H<sub>09</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.

***H<sub>010</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.

***H<sub>011</sub>*** There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.

***H<sub>012</sub>*** There is no significant mean difference in attitude of parents of children with and without disabilities towards inclusive education.

***H<sub>0</sub>13*** There is no significant mean difference in level of depression between mothers and fathers with disabilities and without disabilities.

***H<sub>0</sub>14*** There is no significant mean difference in level of depression among parents of various age groups.

***H<sub>0</sub>15*** There is no significant mean difference in level of depression among parents of different categories based on their highest educational qualifications.

***H<sub>0</sub>16*** There is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.

***H<sub>0</sub>17*** There is no significant mean difference in level of depression among parents of different categories on the basis of their occupation

***H<sub>0</sub>18*** There is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income

***H<sub>0</sub>19*** There is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children

***H<sub>0</sub>20*** There is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.

***H<sub>0</sub>21*** There is no significant mean difference in level of depression among parents of different categories on the basis of children enrolled in the class.

***H<sub>0</sub>22*** There is no significant mean difference in level of depression among parents of different categories on the basis of types of disability of their children.

***H<sub>0</sub>23*** There is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.

***H<sub>0</sub>24*** There is no significant mean difference in level of depression between parents of children with and without disabilities.

***H<sub>0</sub>25*** There is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.

### **Chapter –III: Research Methodology**

#### **Population:**

Population means the area of the study concerned and in this present study, parents of children with and without disabilities from different district of West Bengal were the population.

#### **Selection of the samples:**

The samples consist of 600 parents of children with disabilities (n=278) and without disabilities (n=322) from state of West Bengal were selected randomly. The investigators adopted purposive sampling techniques for the sample selection.

#### **Variables:**

##### **Dependent variables:**

- I. Attitude of parents of children with and without disabilities
- II. Depression of parents of children with and without disabilities

##### **Independent variables:**

##### **Related to the parents:**

- VIII. Gender
- IX. Age Group
- X. Highest Educational qualification
- XI. Family structure
- XII. Occupation
- XIII. Monthly income
- XIV. Nature of parents

##### **Related to the child:**

- VI. Gender

- VII. Age Group
- VIII. Enrolled in the Class
- IX. Types of disability
- X. Degree of disability

**Selection of research tools:**

The investigator collected pertinent data from the samples using two standard tools, the details of which are described below.

**a. The Attitude toward Inclusion/ Mainstreaming Scale (Leyser and Kirk, 2004)**

It is composed of 18 items which assess scores for the following factors:

- a) Benefits of inclusion for children with and without disabilities as perceived by parents (7 items),
- b) Parent satisfaction with their child's progress and special education services compared to inclusion (5 Items),
- c) Parent perceptions of teacher ability and inclusion support by parents of children without disabilities (4 Items) and
- d) The child rights factor related to the philosophical and legal justification of inclusion (2 Items).

The participants responded on a 5-point Likert-type scale, anchored by strongly agree (1 point) and strongly disagree (5 points) for each item. Eight items were statements in favour of inclusion and 10 items that express negative attitudes were reverse-coded during the analyses so that low ratings can be interpreted as favorable to inclusion. Reliability and validity of the tool has been established. Reliability and validity of the tool has been established. Cronbach alpha reliability analyses resulted in the following alphas- .86, .74, .70 and .63 for the four factors respectively. Cronbach alpha for the total scale was .83. The tool was adapted before using in the present study.

## **b. The Center for Epidemiological Studies Depression Scale (CESDR)**

The Center for Epidemiologic Studies Depression Scale (CESD) was created in 1977 by Laurie Radloff and revised in 2004 by William Eaton and others. The CESD has been the workhorse of depression epidemiology since its first use in the Community Mental Health Assessment Surveys in the 1970's and use in the National Health and Nutrition Examination Surveys. The scale is well-known and continues to be one of the most widely used instruments in psychiatric epidemiology. It is a popular assessment tool that has wide applicability in the general population. It has 10 items, and there are positive and negative items in the tool. The positive item score is 3, 2, 1, and the negative item score is 1, 2, 3. The total score is calculated by finding the sum of 10 items. Do not score the form if more than 2 items are missing. Any score equal to or above 10 is considered depressed. The reliability and validity of the tool have been established. Reliability and Validity of the tool is established.

### **Collection of data:**

The tools were personally administered to the parents of children with and without disabilities under assurance of confidentiality and explained wherever necessary. Some were also mailed to respondents. Sufficient time was given to the respondents for thoughtful responses. Telephonic conversation was allowed for any clarification and discussion. Finally, after the collection of data, the investigators cleaned, quantified, and tabulated the collected data as much as possible to prepare it for further analysis and interpretation.

### **Statistical analysis:**

Statistical analysis included the use of the Statistical Package of Social Sciences (SPSS) 25.0. A Cronbach's reliability analysis was used in order to determine the internal consistency of the questionnaire. The Pearson correlation coefficient provided estimates of associations among the subscales of the questionnaire. A two-way ANOVA was carried out to compare the influence of selected parent and child variables on depression and attitudes towards inclusion of children with and without disabilities and their correlation.

### Research design:

A descriptive survey method was adopted in this study.

### Chapter –IV: Analysis and Interpretation of Data

Analysis of the data was conducted in two parts. At the beginning, total score and item analysis were conducted using descriptive statistics percentage and later the hypotheses were tested using descriptive statistics mean, SD, and inferential statistics independent t-test, one way ANOVA, Two way ANOVA and Pearson product moment correlation (r). Some excerpts of parental attitude and parental depression having children with intellectual and developmental disabilities are also included in this chapter. The outcomes have been presented in the summarized format below:

<b>Summary of the hypotheses tested at a glance</b>				
<b>Sl. No</b>	<b>Hypotheses</b>	<b>Main Effect</b>	<b>Main Effect –Disability -Non disability</b>	<b>Interaction-Effect</b>
	<i>H</i> <sub>01</sub> There is no significant mean difference in attitude towards inclusion of children with and without disabilities between mothers and fathers.	Accepted	Rejected	Rejected
	<i>H</i> <sub>02</sub> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of various age groups.	Accepted	Accepted	Rejected
	<i>H</i> <sub>03</sub> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories based on highest educational qualification.	Rejected	Rejected	Accepted
	<i>H</i> <sub>04</sub> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their family structure.	Rejected	Rejected	Rejected
	<i>H</i> <sub>05</sub> There is no significant mean	Accepted	Accepted	Accepted

	difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their occupation.			
	<i>H<sub>06</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of their monthly income.	Accepted	Rejected	Accepted
	<i>H<sub>07</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of gender of their children.	Rejected	Accepted	Accepted
	<i>H<sub>08</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of age group of children.	Accepted	Accepted	Accepted
	<i>H<sub>09</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of children enrolled in the class.	Accepted	Accepted	Accepted
	<i>H<sub>010</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children.	-	-	Accepted
	<i>H<sub>011</sub></i> There is no significant mean difference in attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children.		-	Accepted
	<i>H<sub>012</sub></i> There is no significant mean difference between attitude of	-	-	Accepted



	parents of children with and without disabilities towards inclusive education.			
	$H_{013}$ There is no significant mean difference in level of depression between mothers and fathers with and without disabilities.	Accepted	Rejected	Rejected
	$H_{014}$ There is no significant mean difference in level of depression among parents of various age groups.	Accepted	Accepted	Accepted
	$H_{015}$ There is no significant mean difference in level of depression among parents of different categories based on their highest educational qualification.	Accepted	Accepted	Rejected
	$H_{016}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their family structure.	Rejected	Rejected	Rejected
	$H_{017}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their occupation.	Accepted	Rejected	Accepted
	$H_{018}$ There is no significant mean difference in level of depression among parents of different categories on the basis of their monthly income.	Accepted	Rejected	Accepted
	$H_{019}$ There is no significant mean difference in level of depression among parents of different categories on the basis of gender of their children.	Accepted	Rejected	Accepted
	$H_{020}$ There is no significant mean difference in level of depression among parents of different categories on the basis of age group of their children.	Rejected	Rejected	Accepted
	$H_{021}$ There is no significant mean difference in level of depression among parents of different categories on the basis of children enrolled in the class.	Accepted	Rejected	Accepted
	$H_{022}$ There is no significant mean	-	-	Accepted

	difference in level of depression among parents of different categories on the basis of types of disability of their children			
	$H_{023}$ There is no significant mean difference in level of depression among parents of different categories on the basis of degree of disability of their children.	-	-	Rejected
	$H_{024}$ There is no significant mean difference in level of depression between parents of children with and without disabilities.	-	-	Rejected
	$H_{025}$ There is no significant mean difference between the parental level of depression and attitude towards inclusion of children with and without disabilities.	Rejected	Rejected	Rejected

## Chapter –V: Findings and Discussion

### Findings related to attitude of parents towards inclusive education:

- xiii. Fathers of children with and without disabilities showed more favourable attitude towards inclusive education than mothers of children with and without disabilities.
- xiv. 50 years and above aged parents of children with and without disabilities showed more favourable attitude than other age groups towards inclusive education followed by parents of children with disabilities of 20-30 years age group and parents of children without disabilities of 41-50 years age groups respectively.
- xv. Post graduate educated parents of children with disabilities and HS passed parents of children without disabilities showed more favourable attitude towards inclusive education than their counter parts.
- xvi. Parents of children with and without disabilities from nuclear families showed more favourable attitude towards inclusive education than parents from joint families.

- xvii. Daily worker parents of children with disabilities and parents of children without disabilities whose occupation was business showed more favourable attitude towards inclusive education than the parents with other occupation.
- xviii. Parents of children with disabilities whose family income was below 10,000 and parents of children without disabilities whose family income was Rs. 30,001 to Rs. 40,000 showed more favourable attitude towards inclusive education than the parents with other monthly family income groups.
- xix. Parents of female children with and without disabilities showed more favourable attitude towards inclusive education than parents of male children.
- xx. Parents of 15 years and above children with disabilities and parents of 11-15 years age group children of without disabilities showed more favourable attitude towards inclusive education than parents of children with other age groups.
- xxi. Parents of children with disabilities who studied in class IX-X and parents of children without disabilities who studied in class V-VIII showed more favourable attitude towards inclusive education than other parents of children with and without disabilities whose children studied in another classes.
- xxii. Parents of children with physical disabilities showed more favourable attitude towards inclusive education than other parents of children with intellectual and sensory disabilities.
- xxiii. Parents of children with Mild, Moderate and Severe degree of disabilities showed similar favourable attitude .
- xxiv. Parents of children without disabilities showed more favourable attitude towards inclusive education than other parents of children with disabilities.

**Findings related to depression of parents:**

- xiii. Mothers of children with disabilities and fathers of children without disabilities have more depression than their counter parts.
- xiv. Parents of children with and without disabilities who were in the 50 years and above age group have more depression than parents of other age groups.
- xv. Graduate parents of children with disabilities and HS passed parents of children without disabilities have more depression than parents with other academic qualifications.
- xvi. Parents of children with and without disabilities form joint families have more depression than parents from nuclear families.

- xvii. Parents of children with disabilities who didn't attached with specific occupation and parents of children without disabilities whose occupation was business have more depression than the parents with other occupation.
- xviii. Parents of children with disabilities whose monthly family income is between Rs. 10,001 to Rs. 20,000 and parents of children without disabilities whose monthly family income was between Rs. 20,001 to Rs.30,0000 have more depression than the parents with others monthly family income groups.
- xix. Parents of boys with and without disabilities have more depression than parents of girls.
- xx. Parents of 15 years and above aged children with and without disabilities have more depression than parents of children with other age groups.
- xxi. Parents of children with and without disabilities who studied in class IX-X have more depression than other parents of children with and without disabilities whose children studied in another classes.
- xxii. Parents of children with sensory disabilities have more depression than other parents of children with intellectual and physical disabilities.
- xxiii. Parents of children with profound degree of disabilities have more depression followed by moderate, severe and mild degree of disabilities.
- xxiv. Parents of children with disabilities have more depression than parents of children without disabilities.

**Finding related to correlation between depression and attitude of parents:**

- ii. There is a positive and statistically significant correlation between the depression and attitude of parents towards inclusion of children with and without disabilities.

**Discussion**

**Discussion related to attitude of parents towards inclusive education:**

Overall, respondents' attitudes toward the inclusion of children with and without disabilities in schools were moderately positive. The study provides insight into the fact that increased literacy and education awareness, constant media campaigns across the country, and efforts to mainstream children with disabilities have made a substantial impact on all segments of society. In the past, illiteracy and a negative attitude towards

education were the primary obstacles to sending children, especially those with special needs, to mainstream schools. However, the emphasis placed on schooling and education has increased dramatically, including for children with disabilities. Previously, education for children with disabilities was considered a waste of time, money, and effort due to its unpredictable and unimportant perceived consequences. Presently, the importance and the outcomes of education are highly appreciated by people through persistent efforts at compulsory education and increased awareness through the information and technology revolution.

**Gender:**

Present research showed that fathers of children with and without disabilities showed more favourable attitude towards inclusive education than mothers of children with and without disabilities. This result is statistically significant. The findings of Balboni and Padrabissi (2000) were contradictory. However, Kalyva et. al. (2007) found that Greek fathers held more favourable opinions toward the inclusion of children with special needs than did Greek mothers.

**Age group:**

When age group of the parents were considered, it was noted that, there is a significant interaction effect of age groups of parents and presence of disability in the child (disability-non-disability) on attitude towards inclusion. From the mean score of the respondent it was found that those having parents whose age 50 years or above possess favourable attitude than other others age groups parents. Regarding the age of parents, Balboni and Padrabissi (2000) showed that the opinions of younger parents do not differ from those of older parents. The same conclusion was noted by Kalyva et. al. (2007), who also determined that the age of parents have no impact on their attitudes.

**Educational qualification:**

Present study showed that there is no significant interaction effect of educational qualification of parents and presence of disability in the child (disability-non-disability) on attitude towards inclusive education. Based on mean score it was found that the parents of children with disabilities who have post graduate degree and HS passed parents of children without disabilities showed more favourable attitude towards inclusive education than their counter parts. According to Leyser and Kirk (2004),

college-educated parents were significantly more positive about the benefits of inclusion than high school-educated parents. However, Kalyva et. al. (2007) found no correlation between parental education and attitudes toward children without special needs.

### **Family structure:**

When family structure was considered, it was noticed that parents of children with and without disabilities from nuclear families showed more favourable attitude towards inclusive education than parents from joint families which is statistically significant. It can be derived that parents from nuclear families are expecting that their children with disabilities should get necessary support from the nearby school. Moreover, they usually don't have any other family members to rely upon. Hence, they are positive towards inclusion of children with and without disabilities.

### **Occupation:**

Daily worker parents of children with disabilities and parents of children without disabilities whose occupation was business showed more favourable attitude towards inclusive education than the parents with others occupation. It is generally observed that most of the extensive special educational service centres are located in the cities which are really too costly. Due to distance and financial constraint daily workers parents are unable to bring their children in the special service centres and even are unable to pay the services. As a result, they are supporting inclusive education.

### **Family income:**

Results supported the earlier studies (Evangelista de Carvalho Filho, 2012; Mingat, 2007; Shavit & Blossfeld, 1993; Jencks, 1972; Coleman et. al., 1966) that low socio-economic status can adversely affect the attitude towards schooling and education. Present research also supported the previous study. It was found that parents of children with disabilities whose family income is below 10,000 and parents of children without disabilities whose family income is Rs. 30,001 to Rs. 40,000 showed more favourable attitude towards inclusive education than the parents with other monthly family income groups.

**Gender of the children:**

Based on mean score it was observed that parents of female children with and without disabilities showed more favourable attitude towards inclusive education than parents of male children. The education of males is viewed as an investment in the family's future source of income, whereas the education of females is viewed as a responsibility and is the obligation most likely to be neglected in times of hardship. However, contrary evidence was discovered in this investigation. Parents of girls all agreed that children with and without disabilities should be included. This finding is a positive sign so far as mass awareness is concerned, since girls' children were not normally sent to school as compared to boys.

**Age group of the children:**

When age group of children was considered, it was found that parents of 15 years and above children with disabilities and parents age group 11-15 years having children without disabilities showed more favourable attitude towards inclusive education than parents of children with other age groups. Though there is very little difference in mean score of attitude of parents of children with and without disabilities. The result is not statistically significant. Dimitrios, et.al., (2008) found that students' age emerged as the principal factor that influenced parents' perceptions about inclusion, with parents of students aged below 18 years appearing more emotionally involved and concerned about the future of their children through inclusion practices.

**Children enrolled in the class:**

When children enrolled in the class were considered, it was found that parents of children with disabilities who studied in class IX-X and parents of children without disabilities who studied in class V-VIII showed more favourable attitude towards inclusive education than other parents of children with and without disabilities whose children enrolled in another classes. This result is not statically significant. Balboni and Padrabissi (2000) discovered similar results in their investigation. They discovered a direct correlation between children's experiences with inclusive education and the opinions of parents of children with and without disabilities:  $F(1, 643) = 4.83, p = .05$ . Palmer et. al. (1998) found that the longer a child attends special education classes, the more negative their parents' attitudes are towards inclusive education..

**Types of disabilities of the children:**

It is found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant. Rafferty et. al. (2001) examined the effects of disability type and severity on parental attitudes toward inclusion. The study found that parents of children with and without disabilities were the least enthusiastic about the inclusion of children with emotional issues, cognitive impairment, and autism. Tafa and Manolitsis (2003) found that parents of typically developing children were more concerned about the inclusion of children with behaviour problems or severe cognitive disabilities than they were about the inclusion of children with moderate or mild cognitive disabilities, physical disabilities, blindness, or visual impairments.

**Degree of disabilities of the children:**

It was found that mean difference of attitude towards inclusion of children with and without disabilities among parents of different categories on the basis of degree of disability of their children do not exist and this result is insignificant. Parents of children with mild, moderate and severe degree of disabilities showed similar favourable attitude. Leyser and Kirk (2004) evaluated the perspectives of parents of children with special needs across three levels of severe impairment (mild, moderate, and severe). According to a number of studies, parents of children with severe disabilities have a favourable view of inclusion. (e.g., Gallagher et. al., 2000; Hanline & Halvorsen, 1989; McDonnell, 1987; Palmer, Borthwick-Duffy, & Widaman, 1998; Ryndak, Downing, Jacqueline, & Morrison, 1995). However, a few researchers revealed that some parents of children with severe disabilities opposed inclusion (Palmer, Fuller, Arora, & Nelson, 2001).

**Parents of children with and without disabilities:**

When nature of parent was considered, it was found that parents of children without disabilities showed more favourable attitude towards inclusive education than other parents of children with disabilities and this result is statistically insignificant. This finding is differed with the study of Eiserman et al, (1995); Stoiber et. al.,(1998) and supported by the study by Kokaridas, et. el., (2008) and Kalyva et. al. (2007), Tafa and



Manolitsis (2003), who found that Greek parents of preschool children without disabilities were positive towards inclusive education and the studies of Guralnick, (1994); McCoy, (1995) got the similar findings. That means parents of children with disabilities are not satisfied with inclusive education.

### **Discussion related to depression of parents of children with and without disabilities:**

#### **Gender:**

Present research showed there is a statistically significant interaction effect of gender of parent and presence of disability in the child (disability-non disability) on parental level of depression. From the mean score it was found that mothers of children with disabilities had more depression than their counter parts. Pereira-Silva & Dessen (2006) and Cherubini, Bosa, and Bandeira (2008) reported a similar conclusion. Bailey et al. (2007) and Olsson and Hwang (2001) both concluded that fathers exhibit lower depression levels than mothers. Most research examining the mental health of parents with disabled children has indicated that female depression is more prevalent than paternal depression (Breslau et.al., 1982; Fisman et.al., 1989; Harris & McHale, 1989; Dumas et.al., 1991; Blacher & Lopez, 1997; Hoare et. al., 1998; & Veisson, 1998).

#### **Age group:**

The present research finding showed that there is no significant mean difference in level of depression among parents of children with and without disabilities of various age groups. But from the mean score it was found that parents of children with and without disabilities who were in the 50 years of age and above age had more depression than parents of other age groups. These findings are in line with those of Dave et al. (2014). In contrast, Pereira (1996) disproved these findings by demonstrating that younger parents of disabled children exhibit higher levels of despair because they feel less equipped to handle the circumstance.

#### **Educational qualification:**

Present study showed that there is a significant interaction effect of educational qualification of parent and presence of disability in the child (disability-non disability) on parental level of depression. According to Alarcao and Gasper (2007), who observed

that low educational levels are related to problems in the family and individual development, it was confirmed that depression decreases as the level of education improves while taking into account parents' education levels. However, Yildirim et. al. (2008) found that caregivers with low educational status and those who were illiterate had high depressive scores and needed some intervention.

### **Family Structure:**

According to the present research findings, the types of the family are directly associated with level of depression of the parents of children with disabilities. Present study revealed that there is a significant interaction effect of family structure of parent and presence of disability in the child (disability-nondisability) on parental level of depression. It was discovered that parents from joint families were more susceptible to depression than parents from nuclear families. The parents are from traditional or joint family systems, the needs of grandparents are prioritized because they influence the decisions of the parents and family (Peshawaria et. al., 1995), which may lead to family conflict and depression among the caregivers of children with special needs.

### **Occupation:**

Present investigation revealed that there is no significant main effect of occupation of parent on parental level of depression. Form the mean calculation, it was found that parents of children with disabilities who didn't attached with specific occupation and parents of children without disabilities whose occupation was business had more depression than the parents with others occupation which confirmed the findings of some studies (Gohel et.al., 2011; Ribeiro et. al., 2014). Although Bolhari (2001), Ramazani (2001) did not find any significant relationship between the mothers' employment situation with depression, which is in disagreement with several previous studies.

### **Family Income:**

From the present finding it is also observed that parents of children with disabilities whose monthly family income was between Rs. 10,001 to Rs. 20,000 and parents of children without disabilities whose monthly family income was between Rs. 20,001 to Rs.30,0000 had more depression than the parents with others monthly family income

groups. This result is not statistically significant. Findings are supplemented by early researches (Arjum et. al., 2010 & Lawoko et.al., 2003).

#### **Gender of the children:**

Present study showed that there is no significant main effect of gender of the child on parental level of depression. It is also observed from the mean score of the samples that parents of male children with and without disabilities had more depression than parents of female children. This result contradicts the findings of Lamb and Billing (1997, quoted in Pereira-Silva & Dessen, 2001), who discovered that parents with disabled daughters experience greater anxiety, depression, and/or stress than parents with disabled sons.

#### **Age group of the children:**

Considering the age group of children it is found out that anxiety and depression scores of parents of older sons/daughters' with & without disabilities are higher than the corresponding scores for parents of younger sons/daughters with and without disabilities. These data are consistent with the study of Chou et.al. (2010). However, Hsieh et. al. (2009) discovered a negative correlation between the age of the children and their influence on the family.

#### **Children enrolled in the class:**

Present study showed that parents of children with and without disabilities who studied in class IX-X had more depression than other parents of children with and without disabilities whose children studied in another classes. This result is not statistically significant. It may be due to the thought resulting from future concern of the children with disabilities.

#### **Types of Disabilities of the children:**

It is found that mean difference of parental level of depression among parents of different categories on the basis of types of disability of their children do not exist and this result is insignificant. But from the mean score of the samples it was found that parents of children with sensory disabilities had more depression than other parents of children with intellectual and physical disabilities. These findings contradict Dale's (1996, cited in Coutinho, 2004) conclusion that the more severe the disability, the

greater the distress suffered by families. In contrast, the findings of Pereira-Silva and Dessen (2006) are consistent with our findings: they found that there are no significant variations in the functioning of families with Trisomy-21 children compared to those with normal development in terms of parental stress.

#### **Degree of disability of the children:**

Considering the degree of disabilities of child present research revealed that parents of children with profound degree of disabilities had more depression followed by moderate, severe and mild degree of disabilities and this result is statistically significant. According to Adib Sereshki (1999) severe and /or multiple disabilities, of a child and parental /family depression is positively related. Same result was found in the study of Motamedi (2007). Since children with profound disabilities require more day to day life supports which are usually quite expensive and the parents are also worried about their future, the effect of depression is more visible in such parents.

#### **Parents of children with and without disabilities:**

When nature of parent was considered, it was found that parents of children with disabilities had more depression than parents of children without disabilities which is highly statistically significant. Most studies investigating the mental health of parents with children with disabilities have found higher depression scores of parents of children with disabilities as compared to paternal depression of children without disabilities (i.e. Breslau et al. 1982; Fisman et al. 1989; Harris & McHale 1989; Dumas et al. 1991; Blacher & Lopez 1997; Hoare et al. 1998; Veisson 1998).

#### **Discussion on correlation between depression and attitude of parents:**

There is a positive and highly statistically significant correlation between the depression and attitude of parents towards inclusion of children with & without disabilities. It is also found that there is a highly statistically significant correlation between parental level of depression and attitude of parents towards various domain of inclusion i.e. Benefits, Ability & Support system available, and Satisfaction in inclusion of children with and without disabilities. Few studies reported that one of the major concern areas of parents of children with disabilities is their dissatisfaction with the relationship, communication and partnership between home and school (Davern, 1999; Frederickson et. al., 2004; Lovitt & Cushing, 1999).

Having a child with a disability can also disrupt the normal activities in the family, the marital relations between the couples, the healthy communication in the family, and the positive family atmosphere, leading to great distress and changes in the family life in terms of physical, financial, and psychological problems (Ozşenol, Işkhan, Unay, Aydin, Akn, and Gokcay, 2003). Negative views of oneself, the world, and of others constitute a cycle that leads to despair and self-criticism; not only do individuals feel inadequate, but they also blame themselves for their shortcomings and failings. Cognitive distortions result in unwarranted self-blame and guilt, with personalizing being the most significant source of self-blame and guilt. Depressive symptoms of parents are not only detrimental to the well-being of the individual, but also to the family, and have a significant impact on children's personalities, behavioural patterns, and basic competencies, which in turn affect the classroom behaviour and academic achievement of children with and without disabilities.

### **Conclusion:**

For including children with disabilities in schools various key players are involved: teachers, students, parents and external groups, such as psychologists or other professional. This present research showed that there is a direct relationship with parental attitude and the various dimensions of inclusive education viz. Benefits of the system, Ability & Support provided by the school and teachers, Satisfaction of the parents and ethical and legal rights of the child to be included in the mainstream education. Based on the present research it can be concluded that in general the efforts to implement the inclusive programme received positive as well as negatives responses from parents with and without disabilities. Statistically significant relationship has been found between the parental attitude towards inclusion of children with and without disabilities with their gender, age, and nature of family. Highly statistical relationship has been found in the attitude towards inclusive education between the parents of children with and without disabilities. On the other hand the present research revealed that parental level of depression is associated with their gender, education qualifications and degree of disability of their children. Parental level of depression is highly statistical significant between the parents of children with and without disabilities. There is also a positive and statistically significant correlation between the depression and attitude of parents towards inclusion of children with & without disabilities.

### **Recommendations:**

The present investigator humbly recommended following points.

- vii. Intensive sensitization training on various areas of inclusive education must be continued among the parents, teachers, policy makers, and administrator's ets.
- viii. Peer group sensitization programme can be organized.
- ix. Psychological intervention may be introduced among the parents of children with and without disabilities to reduce their level of depression and improve their quality of life.
- x. Formation of parental groups in schools which will provide support and assistance to the parents for communication of their problems, sharing their incidents with one another, and try to solve the problems.
- xi. Regular parent teachers meeting should be conducted to discuss the various issues among the children with and without disabilities which may create conducive environment for both of them at home and school.
- xii. Different stakeholders, special education centers, rehabilitation professionals, should struggle and advocate for the rights of children with disabilities and for their parents to promote inclusive education.

### **Significance of the study:**

#### **Success:**

- iv. Present researcher has examined the parental attitude towards inclusion of children with and without schools and depression in relation to their demographic variables. Mixed results have been found in this context.
- v. Differences in attitude towards inclusive education and depression have been revealed between the parents of children with and without disabilities.
- vi. Significant correlation has been identified between the parental level of depression and attitude towards inclusion of children with and without disabilities

#### **Limitations:**

- vii. Sample size could be increased.
- viii. Random sampling procedures might be followed.

- ix. The scarcity of time and resources prevented the wider coverage of locality and sample, and the results, therefore, could not be highly generalized.
- x. There may be wide differences between education levels of the different sub groups and provisions available in schools for children with disabilities which might have affected the results. This has not been taken care of in this study.
- xi. More dependent variables like parental job stress, professional training in the field of disabilities, marital discord, and parental mental and physical illness, birth order of the child may be measured in influencing attitude of parents towards inclusive education and parental depression.
- xii. Standardized tools could be developed by the present researcher to assess the parental attitude towards inclusive education.

**Scope of further studies:**

- vii. Parental attitude towards inclusion of other marginalized section i.e. S.C., S.T., Street children, platform children, children from brothel in mainstream classroom.
- viii. Issues and concerns of parents with disabilities about inclusive education.
- ix. Parental anxiety and attitude towards inclusion of children with disabilities in schools.
- x. Comparative study on attitude between rural and urban parents towards inclusion of children with and without disabilities in schools.
- xi. Parental involvement in inclusive practice for their children with and without disabilities.
- xii. Parental depression and their involvement in education and training of their children with disabilities.

# **APPENDICES**



# PARENTS' DEPRESSION AND ATTITUDE TOWARDS INCLUSION OF CHILDREN WITH AND WITHOUT DISABILITIES IN SCHOOLS

ORIGINALITY REPORT

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কলকাতা - ৭০০ ০৩২, ভারত



\*JADAVPUR UNIVERSITY  
KOLKATA-700 032, INDIA

DEPARTMENT OF EDUCATION

Date: 14.01.2019

To  
The Commissioner  
Director of School Education  
Government of West Bengal  
Bikash Bhavan  
Kolkata

Subject: Prayer seeking permission for Ph.D. Research Scholars regarding conducting survey and collecting data in Secondary / Higher Secondary Schools across West Bengal

Respected Sir,

This is to inform you that SHRI PARIMAL BERA is a registered Ph.D. research scholar under the Faculty of Interdisciplinary Studies Law & Management, Jadavpur University. He is pursuing his research on the topic '*Parents' Depression and Attitude towards Inclusion of Children With and Without Disabilities in Schools*', under my guidance.

In order to successfully complete his Ph.D. research Shri Parimal Bera needs to conduct his research survey and collect relevant data from different Secondary / Higher Secondary Schools across West Bengal, which are under your jurisdiction. In this regard, I would like to request you to kindly grant him the necessary permission so that he may conduct the aforementioned research survey.

I sincerely hope that you will give your kind permission in this regard and do the needful to this effect.

Thanking you  
With regards

*Branda* 14.01.2019,  
(Prof. Bishnupada Nanda)  
Head  
Department of Education  
Jadavpur University

\* Established on and from 24th December, 1955 vide Notification No. 10986/1U-42/55 dated 6th December, 1955 under Jadavpur University Act, 1955 (West Bengal Act XXXIII of 1955) followed by Jadavpur University Act, 1981 (West Bengal Act XXIV of 1981)

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E-mail : [education.ju@gmail.com](mailto:education.ju@gmail.com)

Phone : (91) 033 2457-2882  
Fax : (91) 033 2414-6008

## To whom it may concern

This is to inform you that SHRI PARIMAL BERA is a registered Ph.D. research scholar under the faculty of interdisciplinary studies law and Management, Jadavpur University. He is pursuing his research on the topic **“Parents’ Depression and Attitude towards Inclusion of Children With and Without Disabilities in Schools”**, under my guidance.

You are cordially requested to support Sri Parimal Bera for collecting data from your well reputed school, so that Sri Bera can complete his Ph.D. research within the due time.

I sincerely hope that you will give your kind permission in this regard and do the needful to this effect.

Thanking you

With regards

*Banda 14.01.2019*

(Prof. Bishnupada Nanda)

Professor, Dept. of Education

Jadavpur University

To  
The Officer In-charge  
NIEPID, RC, Kolkata  
B.T. Road, Bonhooghly  
Kolkata- 90

2/03/2020

**Sub: Permission for Data Collection**

Dear Sir,

This is to inform you that I, Mr. Parimal Bera, is doing Ph.d from Interdisciplinary Studies Law and Management, Jadavpur University under the guidance of Prof. Bishnupada Nanda, HOD, Department of Education, Jadavpur University. The topic of my research work is **“PARENTS’ DEPRESSION AND ATTITUDE TOWARDS INCLUSION OF CHILDREN WITH AND WITHOUT DISABILITIES IN SCHOOLS.”** For this reason I need to interact with the parents of children with disabilities attending remedial education classes of your Institute as well as collect some relevant data from them.

I shall be highly obliged if you kindly accord necessary permission to me for the above purpose. The obtained information will be used for research purposes only and remain confidential.

Thanking you,

Yours Sincerely

*Parimal Bera*

(Parimal Bera)

Ph. D Scholar

Jadavpur University

*Permission granted as per rules & ethics*

*02/3/2020*

*प्रमारी अधिकारी  
Officer Incharge  
रा. बी. दि. व. सं. श्रे. के. कोलकाता  
NIEPID RC, KOLKATA*

(A)

## **QUESTIONNAIRE ON INCLUSIVE EDUCATION**

### **PARTICIPANT INFORMATION SHEET**

**Respected Sir/Madam,**

I, Parimal Bera, am doing Ph.D. from Interdisciplinary Studies Law and Management (ISLM), Jadavpur University under the guidance of Prof. Bishnupada Nanda, HOD, Department of Education, Jadavpur University. The topic of my research work is **“PARENTS’ DEPRESSION AND ATTITUDE TOWARDS INCLUSION OF CHILDREN WITH AND WITHOUT DISABILITIES IN SCHOOLS.”**

The present study is being conducted by researcher to examine the effects of depression on child’s academic achievement and classroom behavior and also the impact on individual to formulate the attitude towards inclusion of children with and without disabilities.

You are being invited to take part in this research study. Participation is voluntary. Participation involves filling up two questionnaires where in you have to give some details about yourself and answer some questions best on your belief and knowledge. I assure you, all the information furnished in this Questionnaire will be kept confidential and it will be used only for research and academic purpose. Please be aware that this study may not directly benefit you personally, but it is being undertaken with a view point to benefit the society at large. The personal details given by you will not be disclosed to anyone under any circumstance. If you have any query, please feel free to ask me (Mobile No. 9836534445).

Thanking You,

Yours Sincerely  
Parimal Bera  
Research Scholar  
ISLM, Jadavpur University

**If you are interested to take part in the study, you are requested to sign the consent form provided below.**

I confirm that I have read and understood the information about the research study as provided in the Participant Information Sheet and have had the chance to ask questions about this study. I understand that my participation is voluntary and I am free to withdraw from the study at any time, without having to give a reason and without any consequences. I understand that any information recorded in the investigation will remain confidential. I consent to use of the data in research, publications, sharing and archiving as explained in the Participant Information Sheet. I consent to being audio/ video/ interviews being recorded as part of the project.

I hereby willingly agree to take part in the above study.

---

Signature of the participant

Date:

**PART – A**  
**Demographic Information**

**Related to the parents:**

**District:**

**a. Gender**

Male / Female

**b. Age Group**

20-30 years / 31-40years / 41-50 years / 50 + years

**c. Educational qualification**

Upto HS / Graduate / Post Graduate

**d. Family structure**

Joint / Nuclear

**e. Occupation**

Govt. Service / Private Service / Business / Daily Workers/ Others

**f. Family Income (Monthly)**

Below Rs. 10000 / Rs. 10001 to Rs. 20000 / Rs. 20001 to Rs.30000/  
Rs. 30001 to Rs. 40000 / above Rs. 40000

**g. Marital status**

**Related to the child:**

**a. Gender**

Male / Female

**b. Age**

**c. Children enrolled in the class**

**d. Types of disability**

Intellectual disability/Physical Disability/ Sensory Disability/ Not Applicable

**e. Degree of disability**

Mild / Moderate / Severe / Profound / Not Applicable



## PART – B

**Please select any one of the corresponding options which best applies to you.**

<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SA</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Sl. No	Statement	SA	A	U	D	SD
1.	Inclusion is more likely to prepare children with disabilities for the real world.					
2.	Inclusion is more likely to make children with disabilities to feel better about themselves.					
3.	The inclusion provides children with disabilities a chance to participate in a wide variety of activities. (i.e creative, dramatic etc).					
4.	Inclusion is more likely to prepare classmates without disabilities for the real world.					
5.	In inclusion, children without disabilities are more likely to learn about differences.					
6.	In inclusion, children with disabilities are less likely to receive special help and individualized instruction.					
7.	In inclusion, children with disabilities are less likely to receive enough special services such as physical therapy and speech therapy.					
8.	I am more satisfied with the progress of children in special education classes than in regular education classes.					
9.	Teachers are able to adopt regular classroom programs to accommodate students who are mainstreamed or included.					
10.	Teachers do not understand how they are to integrate students with disabilities.					

11.	Special needs students will probably develop academic skills more rapidly in special classrooms than in regular classrooms.					
12.	Special education teaching is better done by special education teachers than by regular teachers.					
13.	Mainstreaming and inclusion are likely to hurt the emotional development of the special needs child.					
14.	The special needs child will be socially isolated by regular classroom students.					
15.	Special needs students should be given every opportunity to function in the regular classroom setting where possible.					
16.	Regular classroom teachers treat parents of special needs children differently than they treat others parents.					
17.	I feel child with a disability should have the same privileges and advantages as other children have in school.					
18.	I feel parents of children without disabilities resent children with disabilities being in their child's classroom.					

**Part –C**

**Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.**

<i>Sl. No</i>	<i>Item</i>	<b>Rarely or none of the time</b> (less than 1 day)	<b>Some or a little of the time</b> (1- 2 days)	<b>Occasionally or a moderate amount of time</b> (3- 4 days)	<b>All of the time</b> (5- 7 days)
<b>1</b>	I was bothered by things that usually don't bother me.				
<b>2</b>	I had trouble keeping my mind on what I was doing.				
<b>3</b>	I felt depressed.				
<b>4</b>	I felt that everything I did was an effort.				
<b>5</b>	I felt hopeful about the future.				
<b>6</b>	I felt fearful.				
<b>7</b>	My sleep was restless.				
<b>8</b>	I was happy.				
<b>9</b>	I felt lonely.				
<b>10</b>	I could not "get going."/I thought of quitting /giving up				

***Thanks for your cooperation.***

# অন্তর্ভুক্ত শিক্ষার প্রশ্নাবলী

## অংশগ্রহণকারী তথ্য পত্রিকা

### শ্রদ্ধেয়মহাশয় /মহাশয়া

আমি শ্রী পরিমল বেরা, অধ্যাপক শ্রী বিষ্ণুপদ নন্দ (বিভাগীয় প্রধান, শিক্ষা বিভাগ, যাদবপুর বিশ্ববিদ্যালয়) মহাশয়ের তত্ত্বাবধানে, আন্তঃশৃঙ্খলা অধ্যয়ন আইন এবং পরিচালনা (আই. এস. এল. এম.) বিভাগ, যাদবপুর বিশ্ববিদ্যালয় থেকে গবেষণার কাজ করছি। আমার গবেষণার বিষয় হল “ অভিব্যক্তদের বিষয়তা এবং অক্ষমতা যুক্ত ও অক্ষমতাহীন শিশুদের বিদ্যালয়ের অন্তর্ভুক্তিকরণ সম্পর্কে অভিব্যক্তদের মনোভাব”।

বর্তমান গবেষণাটির দ্বারা শিশুর শিক্ষায়তনের কৃতিত্ব ও শ্রেণিকক্ষের আচরণের উপর বিষয়তার প্রভাব এবং ব্যক্তির মনোভাব গঠনের উপর অক্ষমতা যুক্ত ও অক্ষমতাহীন শিশুদের অন্তর্ভুক্তিকরণের প্রভাব অনুধাবন করা।

আপনাকে এই সমীক্ষায় অংশ নিতে সাদর আমন্ত্রণ জানাই। আপনাকে প্রশ্নাবলীটি দুটি অংশে পূরণ করতে হবে, যার একটিতে আপনার নিজের সম্পর্কে কিছু তথ্য পূরণ করতে হবে ও অন্যটিতে আপনার জ্ঞান ও বিশ্বাসের ওপর ভিত্তি করে কয়েকটি প্রশ্নের উত্তর দিতে হবে। আমি আপনাকে আশ্বস্ত করছি যে এই প্রশ্নাবলীতে আপনার দেওয়া সমস্ত তথ্যের গোপনীয়তা বজায় রাখা হবে এবং তথ্যগুলি কেবলমাত্র এই গবেষণা ও শিক্ষামূলক কাজের উদ্দেশ্যে ব্যবহার করা হবে। আপনাকে অবগত করা হচ্ছে যে এই সমীক্ষাটির দ্বারা হয়তো আপনি সরাসরি ব্যক্তিগতভাবে উপকৃত হতে পারবেন নাকিন্তু এর দ্বারা সমাজের দৃষ্টিভঙ্গির উপর ব্যাপকভাবে প্রভাব ফেলবে। আপনার দেওয়া ব্যক্তিগত বিবরণ কোন পরিস্থিতিতেই কারোর কাছে প্রকাশ করা হবে না। যদি আপনার কোন প্রশ্ন থাকে দয়া করে নির্দিধায় আমাকে জিজ্ঞাসা করুন (মোবাইল নং : ৯৮৩৬৫৩৪৪৪৫ )

ধন্যবাদ,

আপনার বিশ্বস্ত

পরিমল বেরা

গবেষক

আই. এস. এল. এম. যাদবপুর বিশ্ববিদ্যালয়

আপনি যদি এই সমীক্ষাটিতে অংশগ্রহণ করতে আগ্রহী হন তবে আপনাকে সম্মতি পত্রের নিম্নলিখিত স্থানে স্বাক্ষর করার জন্য অনুরোধ করা হচ্ছে।

আমি নিশ্চিত করছি যে আমি এই গবেষণার অংশগ্রহণকারী তথ্য পত্রিকার সকল তথ্য গুলি পড়েছি ও বুঝতে পেরেছি এবং এই সমীক্ষা সম্পর্কে প্রশ্ন জিজ্ঞাসা করার সুযোগ পেয়েছি। আমি স্বেচ্ছায় এই সমীক্ষায় অংশগ্রহণ করছি এবং যেকোনো সময় যেকোনো পরিস্থিতিতেই আমি আমার অংশগ্রহণ প্রত্যাহার করতে পারি। আমি গবেষণা অংশগ্রহণকারী তথ্য পত্রিকায় দেওয়া সমস্ত তথ্যগুলিকে গবেষণার উদ্দেশ্যে, প্রকাশনার স্বার্থে ব্যবহার করার জন্য সম্মতি জানাচ্ছি।

আমি স্বেচ্ছায় উপরের এই গবেষণায় অংশগ্রহণ করতে সম্মত হচ্ছি।

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অংশগ্রহণকারীর স্বাক্ষর

তারিখ :

অংশ - ক

জনতাত্ত্বিক তথ্য

অভিভাবক সম্পর্কিত তথ্য:

জেলা :

নাম (ঐচ্ছিক) :

ফোন নং / ই-মেল(ঐচ্ছিক) :

অ) বয়স

২০থেকে৩০বছর/ ৩১থেকে৪০বছর/ ৪১থেকে৫০বছর/ ৫০বছরের উপরে

আ) লিঙ্গ

স্ত্রী / পুরুষ

ই) শিক্ষাগত যোগ্যতা

উচ্চমাধ্যমিক / স্নাতক / স্নাতকোত্তর

ঈ)পারিবারিক গঠন

যৌথ / ক্ষুদ্র

উ)পারিবারিক আয় (মাসিক)

১০০০০টাকার নিচে/ ১০০০১টাকা থেকে২০০০০টাকা/ ২০০০১টাকা

থেকে৩০০০০টাকা / ৩০০০১টাকা থেকে৪০০০০টাকা / ৪০০০০টাকার উপরে

সন্তান সম্পর্কিত তথ্য:

অ) বয়স

আ) লিঙ্গ

পুরুষ / স্ত্রী

ই) শ্রেণী

ঈ) অক্ষমতার প্রকৃতি

বৌদ্ধিক অক্ষমতা (Intellectual Disability) / শ্রবণ অক্ষমতা (Hearing Impairment) / দৃষ্টিগত অক্ষমতা (Visual Impairment) / শারীরিক অক্ষমতা (Physical Disability) / (Not Applicable)

উ) অক্ষমতার মাত্রা

অনুগ্রহ (Mild) / মধ্যমস্থী (Moderate) / তীব্র (Severe) /প্রগাঢ় (Profound)/ প্রযোজ্য নয় (Not Applicable)

অংশ - খ

দয়া করে আপনারমতেযেইবিকল্পটি প্রযোজ্য সেটিকে বেছে নিন।

Strongly Agree (SA)	Agree (A)	Undecided (U)	Disagree (D)	Strongly Disagree (SD)
দৃঢ়ভাবে সম্মত	সম্মত	অনিশ্চিত	অসম্মত	দৃঢ়ভাবে অসম্মত

নং	বিবৃতি	SA	A	U	D	SD
১	অন্তর্ভুক্তির দ্বারা অক্ষমতা যুক্ত শিশুদের বাস্তব জগতের জন্য প্রস্তুত করা হয়।					
২	অন্তর্ভুক্তি, অক্ষমতা যুক্ত শিশুদের নিজেদের সম্পর্কে ভালো অনুভব করতে সাহায্য করে।					
৩	অন্তর্ভুক্তি, অক্ষমতা যুক্ত শিশুদের বিভিন্ন ধরনের ক্রিয়াকলাপের(সৃজনশীল, নাটকীয় ইত্যাদি) অংশগ্রহণ করার সুযোগ সরবরাহ করে।					
৪	অন্তর্ভুক্তির দ্বারা অক্ষমতাহীন সহপাঠীদের বাস্তব জগতের জন্য প্রস্তুত করা হয়।					
৫	অন্তর্ভুক্তিতে অক্ষমতা হীনশিশুরা ব্যক্তি পার্থক্য সম্পর্কে জানতে পারে।					
৬	অন্তর্ভুক্তির মাধ্যমে অক্ষমতা যুক্ত শিশুদের বিশেষ সহায়তা এবং ব্যক্তিগত নির্দেশনা লাভের সম্ভাবনা কম থাকে।					
৭	অন্তর্ভুক্তির মাধ্যমে অক্ষমতা যুক্ত শিশুদের বিশেষ পরিষেবা যেমন ফিজিওথেরাপি ওস্পিচ থেরাপি লাভের সম্ভাবনা কম থাকে।					
৮	নিয়মিত শিক্ষার তুলনায় বিশেষ শিক্ষায় অক্ষমতা যুক্ত শিশুর অগ্রগতি অনেক বেশি হয়।					
৯	শিক্ষকরা নিয়মিত শ্রেণিকক্ষের কার্যক্রমকে মূলধারার ও অন্তর্ভুক্ত শিক্ষার্থীর গ্রহণযোগ্য করার জন্যসমন্বয় সাধন করতে সক্ষম।					
১০	শিক্ষকরা অক্ষমতা যুক্ত শিক্ষার্থীদের কিভাবে একীভূত করতে হয় তা বুঝতে পারেন না।					
১১	বিশেষ চাহিদা সম্পন্ন শিক্ষার্থীদের শিক্ষাগত দক্ষতা নিয়মিত শ্রেণিকক্ষের তুলনায় বিশেষ শিক্ষা শ্রেণিকক্ষে অনেক দ্রুত					



	বিকাশ ঘটে।					
১২	নিয়মিত শিক্ষকদের তুলনায় বিশেষ শিক্ষার শিক্ষকরা আরো ভালো করে বিশেষ শিক্ষা পাঠদান করতে সক্ষম।					
১৩	মূলধারা এবং অন্তর্ভুক্তি, বিশেষ চাহিদা সম্পন্ন শিশুদের আবেগের বিকাশকে ক্ষতিগ্রস্ত করে।					
১৪	নিয়মিত শিক্ষার শিক্ষার্থীরা, বিশেষ চাহিদা সম্পন্ন শিশুদের সামাজিকভাবে পৃথক করে থাকে।					
১৫	বিশেষ চাহিদা সম্পন্ন শিশুদের নিয়মিত শিক্ষা শ্রেণিকক্ষের প্রতিটি কাজে যতদূর সম্ভব অংশগ্রহণ করার সুযোগ প্রদান করা উচিত।					
১৬	নিয়মিত শিক্ষা শ্রেণিকক্ষের শিক্ষকরা বিশেষ চাহিদা সম্পন্ন শিক্ষার্থীদের অভিভাবকদের সাথে অন্যান্য শিক্ষার্থীদের অভিভাবকের থেকে পৃথক আচরণ করেন।					
১৭	আমি অনুভব করি, বিদ্যালয়ের অন্যান্য শিশুদের মত অক্ষমতায়ুক্ত শিশুরসমান সুযোগ-সুবিধা পাওয়া উচিত।					
১৮	আমি অনুভব করি, অক্ষমতাহীন শিশুদের অভিভাবকরা অক্ষমতা যুক্ত শিশুরা একই শ্রেণিকক্ষে থাকে বলে তাদের প্রতিবিরূপ মনোভাব পোষণ করেন।					

অংশ - গ

গত সপ্তাহে কতবার আপনি এটি অনুভব করেছেন তার উপর ভিত্তি করে দয়া করে সঠিক বিকল্পটি বেছে নিন।

নং	বিষয়	কদাচিৎ বা কখনোই না (১দিনের কম)	কিছুদিন বা সামান্য কয়েক দিন ধরে (১একে২দিন)	মাঝে মাঝে বা বেশ কিছুদিন ধরে (৩থেকে৪দিন)	সব সময় (৫থেকে৭দিন)
১	আমি যেই জিনিসগুলোর দ্বারা বিরক্ত হচ্ছি সাধারণত সেই জিনিসগুলো দ্বারা আমি বিরক্ত হই না।				
২	কাজ করার সময় মনসংযোগ রাখতে সমস্যা হচ্ছে।				
৩	আমি বিষণ্ণতা অনুভব করেছি।				
৪	আমি যা কিছুই করছি তার জন্য বেশি প্রচেষ্টা অনুভবকরেছি।				
৫	আমি ভবিষ্যতের ব্যাপারে আশাবাদী ছিলাম।				
৬	আমি ভীতি অনুভব করেছি।				
৭	আমার ঘুম অস্থির ছিল।				
৮	আমি সুখী ছিলাম।				
৯	আমি একাকীত্ব অনুভব করেছি।				
১০	আমি হাল ছেড়ে দেওয়ার কথা ভেবেছি।				

আপনার সহযোগিতার জন্য অসংখ্য ধন্যবাদ।