
**“PSYCHOLOGICAL WELL-BEING AMONG
PARENTS OF CHILDREN WITH DISABILITIES”**

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ABBREVIATIONS

PWB	:	Psychological Well-Being
CWD	:	Children With Disabilities
WHO	:	World Health Organization
MF	:	Mental Function
CP	:	Cerebral Palsy
ICF	:	International Classification of Functioning, Disability and Health
IDD	:	Intellectual and Developmental Disabilities
ID	:	Intellectual Disability
IQ	:	Intelligent Quotient
HI	:	Hearing Impairment
MR	:	Mental Retardation
ASD	:	Autism Spectrum disorder
CWHI	:	Children With Hearing Impairment
CWE	:	Children With Epilepsy
QOL	:	Quality Of Life
WHOQOL	:	World Health Organization Quality of Life Instrument
GHQ	:	General Health Questionnaire
BDI	:	Beck Depression Inventory
BAI	:	Beck Anxiety Inventory
WHOQOL	:	World Health Organization Quality of Life

HAM-D	:	Hamilton's Depression Rating Scale
FISC	:	Family Interview for Stress & Coping
PCDI	:	Parent-Child Dysfunctional Interaction
PSI-SF	:	Parenting Stress Index-Short Form
UG	:	Undergraduate
PG	:	Postgraduate
SPSS	:	Statistical Package for the Social Sciences
N	:	Sample Size
SD	:	Standard Deviation
%	:	Percentage
χ^2	:	Chi square

ABSTRACT

A disability is a mental or physical impairment which significantly restricts one or more vital activities of daily functioning. In India, over 17% of people between the ages of 10 and 19 have a disability, with children making up 1.24% of this population (0-6 years). The complexities of caring for a child with disability, navigating complicated healthcare systems, financial pressure, and social stigma can all contribute to parents experiencing elevated levels of stress, anxiety, and depression. These challenges can have profound effects on parental wellbeing and overall quality of life.

The present research aimed to measure and compare the levels of psychological well-being among parents of children with disability in speech, hearing and mental functions along with the association between demographic variables and PWB in Belagavi District, Karnataka. The sample size comprised of 192 participants and the research tool used was Psychological Well-being Scale developed by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary. Percentage method, chi-square and one way ANOVA were used in the study. The findings revealed that 98.44% of parents showed moderate level of PWB and only 1.56% showed high PWB, and no significant difference among parents of children with disabilities in speech, hearing and mental function was observed. Furthermore, findings also revealed that education level and marital status were significantly associated with PWB.

Key Words: Psychological Well-being, Parents, Children with Disabilities

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INTRODUCTION

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". **WHO(1948)** Naturalistic theories of health consider normal function to be the key idea for defining and understanding health.

Normal functioning refers to the typical operation of bodies and minds, which allows to go about our daily lives without substantial limits. However, when people have a disability, there is a deviation from the norm. Disabilities can vary greatly, impacting mobility, cognition, sensory perception and other functions. These aberrations can lead to major consequences for one's well-being.

A disability is any physiological or mental condition (impairment) that can restrict person's ability to perform particular activities (activity limitation) and engage with their surrounding (participation limits) **WHO (2001)**

The WHO classified disability into following areas:

1. **Impairment** in an individual's bodily structure or function, or mental functioning.
2. **Activity limitations** include difficulty seeing, hearing, walking and problem solving.
3. **Restriction** on day-to-day activities such as working, participating in social and recreational activities etc.

For caregivers of individuals with disability, the impact is multifaceted. They frequently provide physical care, emotional support and advocacy for the person with a disability. Balancing these demands with other responsibilities, such as work and

family, can result in excessive stress, weariness and burnout. Additionally, witnessing a loved one's struggles and limitations can lead to adverse effect on caregivers' well-being.

Child's disability is triadic, it involves interactions in three dimensions: the child experiencing the dysfunction, the family it affects and the surroundings in which the disability exhibits. **Falik (1995)** For example, a complex interaction over time occurred between the influence of the family environment, the child's personality and temperamental characteristics, resilience factors, the consequence of the developing disorder on family, and mediating genetic factors as evidenced by the few studies that evaluated the families of disabled children. **Plomin & Daniels (2001); Rutter (2013)**

The International Classification of Functioning, Disability and Health (ICF) adopts a biopsychosocial disability model, merging the social and medical perspectives, to comprehensively describe disability as an interaction between individual characteristics and the surrounding context.

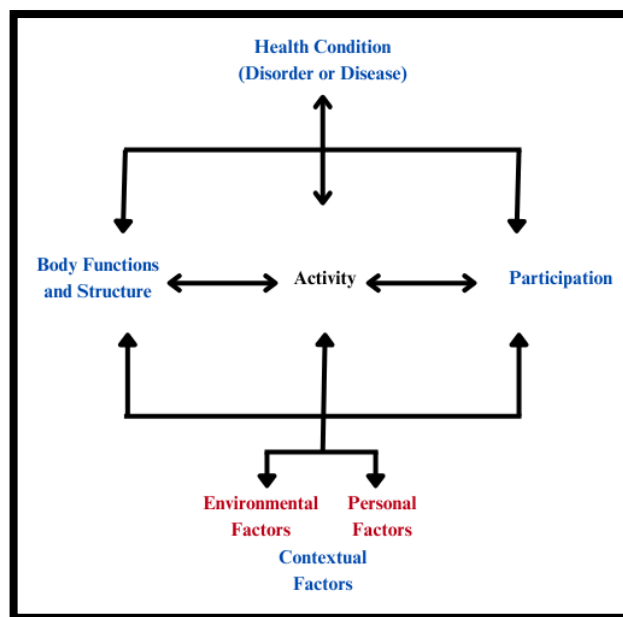


Figure: The ICF model of disability (WHO 2001)

Vygotsky's theory of socio-culture provides an understanding of investigating the situated nature and definition of disability. In this framework, parents are seen as active participants who provide essential support and scaffolding to facilitate their child's cognitive and social growth. They participate in activities that promote the learning of the child and adjust their interactions based on the child's needs and abilities, fostering their development within the broader cultural and social environment. According to this approach, the perspective on disability and the families who raise children with disability are seen to be embedded in the principles, customs and mindsets of a specific culture within a specific historical period. **Lalvani & Polvere (2013)**

Classification of disabilities in speech, hearing and mental functioning:

The body function component of ICF includes impairments based on the physiological functions of various body systems.

1. Mental Function

There are two types within the mental function domain: global mental functions and specific mental functions. The term "global mental functions" refers to the brain's general operations, including awareness, direction, drive, vitality and rest. "Specific mental functions" include higher-order cognitive processes like computation, complicated movement sequencing, focus and recall, perception of time and oneself, psychomotor, affective and perception abilities, and also mental functions of language.

2. Sensory functions and pain

This domain describes sensory deficits. Three categories were established: vision and related functions, hearing and vestibular, and further sensory functions.

Hearing functions include audio source localization, sound detection and speech discrimination.

3. Voice and speech functions

It includes voice range, quality and production along with speech pattern elements like rhythm, speed and fluency.

Bringing up a child with disability can present a special set of difficulties and frequently have a major adverse effect on their mental health, elevated stress levels are one of the main consequences. They may experience chronic stress as a result of the never-ending duties of parenting and concerns about their child's future, which negatively impacts their physical and mental health. As they struggle with the particular difficulties of their circumstances, many parents also feel alone. They frequently believe that people are misinterpreting them or passing judgment on them because they may not completely understand the complexities involved in raising a child with limitations. **Muras et al. (2006)**

It is critical for such parents to maintain their psychological well-being in the midst of these challenges. Parents who prioritize their mental health are better equipped to deal with the strains and uncertainties of everyday life. Parents can model resilience and mental wellbeing for their children by prioritizing self-care and getting support when necessary; they can handle challenges with flexibility and tenacity.

Psychological Well-Being:

One of the crucial models of psychological well-being was put forth by **Seligman and Csikszentmihalyi (2000)**, who stated it as the result of two essential elements: positive emotions and taking part in meaningful pursuits.

The World Health Organization (2021) emphasized the multifaceted aspect of psychological wellbeing by defining it as "a state of mind in which an individual is able to develop their potential, work productively, and creatively, and is able to cope with the normal stresses of life".

Ryff (1989) believed that having well-being went beyond simply being happy with life. Positive functioning, individual strengths, and mental health should all be indicators of well-being, which can act as a source of resilience in the face of difficulty. For this study, psychological well-being is operationalized according to Carol Ryff's definition which states that "Psychological wellbeing is a multifaceted concept encompassing positive relationships with others, autonomy, personal development, and development, and a sense of purpose and meaning in life. It is a state of equilibrium determined by both challenging and rewarding life events".

The dimensions of the Ryff (1989) model of psychological well-being are as follows: (1) Autonomy (2) Environmental Mastery (3) Personal Growth (4) Positive Relations with Others (5) Purpose in life and (6) Self-Acceptance.

Autonomy: Autonomy is an extent to which an individual feels in charge of their own life and behavior as well as their capacity to make independent decisions that are consistent with their preferences and ideals. It includes a feeling of individual agency and independence.

Environmental Mastery: This dimension deals with a person's capacity to successfully handle and adjust to the demands and difficulties of their surroundings. It displays proficiency in navigating one's environment, accomplishing individual objectives, and experiencing a sense of mastery and competence in a variety of spheres of life.

Personal Growth: Realizing and continuing to improve one's potential, skills and abilities is a key component of personal growth. It shows a desire to grow and learn, to look for new experiences and to always work toward bettering oneself and developing personally.

Positive Relations with Others: This dimension pertains to the caliber of a person's connections with friends, family and larger social circles. It displays the capacity to establish and keep fulfilling interpersonal connections marked by empathy, trust and support for one another.

Purpose in Life: One's life has direction and purpose when they have goals, direction and meaning in it. It is achieving significant goals, experiencing a feeling of coherence and continuity in life and deriving fulfilment and purpose from contributing to notable achievement.

Self- Acceptance: The degree to which a person accepts and maintains a good attitude toward themselves, including their past experiences, unique traits and current circumstances, is referred to as self-acceptance. Individuals that score well on the self-acceptance scale are typically confident in their identity and feel satisfied with it.

The challenging aspects of parenting are further exacerbated when caring for a disabled child, as parents not only face the standard stresses of parenting but also have to deal with unique pressures specific to their child's care. A significant body of empirical research has been done on how parenting of such children affects their well-being, especially in those who have children with disabilities.

The prevailing agreement suggests that the impact on parental psychological well-being varies depending on the stage of life. Moreover, it is acknowledged that it is not solely the quantity of children that matters, but rather the quality of the

relationship between parents and their children that significantly influences parental psychological well-being. **Umberson (1989)**

Numerous research findings show that parents raising children with disabilities encounter elevated levels of stress related to parenting and report lower levels of overall well-being compared to parents of typically developing children. **Baker et al. (2003), Seltzer et al. (2004); Dr. Ramanandi & Mr. Rao (2015); Nadeem et al. (2016)**

Parental stress escalates in tandem with the degree of a child's disability, attributed to the demanding nature of essential treatments and rehabilitation, as well as the resulting economic strain. This stress is compounded by the heightened requirements for child supervision, assistance, and financial responsibilities. Coping with a disabled child often leads to challenges in familial relationships, fostering feelings of anxiety, overprotection, and rigidity among parents.

Assessment and reduction of parental stress are crucial for enhancing the wellbeing and quality of life of both the child and the family, particularly when parenting a child with a disability, as it often involves managing disruptive behaviors, heavy caregiving responsibilities and worries about the child's future care. **Gupta & Singhal (2004)**

REVIEW OF LITERATURE

Nathaniel Scherer, Ibone Verhey et al. (2019) studied “Depression and Anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis”. The large number of studies found a positive association between the symptoms of anxiety (n = 9, 90%) and depression (n = 18, 95%) and parenting a child with IDD.

Among parents of children with IDD, factors linked to lower household income and severity of impairment were associated with greater levels of depression symptoms. 31% of parents of children with IDD achieved the clinical cut-off score for moderate depression, compared to 7% of parents of children without IDD. In comparison to 14% of parents of children without IDD, 31% of parents of children with IDD reached the moderate anxiety cut-off score. The meta-analyses revealed that there was a moderate effect sizes for elevated depression amongst parents of children with autism and cerebral palsy.

Salar Faramarzi (2017) carried a study on “Comparing the quality of life and psychological well-being in mothers of children with hearing loss and mothers of children with other special needs” (n=200) in Iran. Mothers of children with hearing loss had lower mean ratings for psychological wellbeing (316.34) and quality of life (317.08) than mothers of visual, but higher mean scores for mothers of children with physical-motor disabilities and mental retardation. When the quality of life and psychological well-being scores of mothers of children with hearing loss, visual impairment, physical-motor disability, and mental retardation were compared, it was found that there was a significant difference in quality of life ($F=20.668$, $p<0.0001$)

amongst these four groups of. In terms of psychological well-being, however, there was no significant difference. ($F=0.895$, $p=0.44$).

Mubashir Gull and Naheed Nizami (2015) carried out study on "Comparative Study of Hope and Psychological Well-being among the Parents of Physically and Intellectually Disabled Children" ($n=200$) in Composite Regional Center Bemina, Srinagar (Jammu & Kashmir), India. The findings showed a statistically significant difference in psychological well-being ($t = 5.77$, $P <.01$) and hope ($t = 4.83$, $P <.01$) between parents of intellectually impaired children and parents of physically disabled children. The results also showed that there was a strong, positive, and statistically significant association between psychological well-being and hope ($r =.684$).

Si-wei Ma, Sha Lai et al. (2021) investigated "Relationships Between Anxiety Symptoms, Hopelessness and Suicidal Ideation Among Parental Caregivers of Mandarin-Speaking Children With Speech Impairment: The Mediating Effect of Depressive Symptoms" ($n = 446$) in Shaanxi Province of China. According to the findings, paternal caregivers scored higher on the subdomain of hopelessness—loss of motivation—than did mother caregivers. Suicidal thoughts among caregivers were positively correlated with the child's somatic problems and depressed symptoms. Having speech therapy of child had a negative correlation with the suicidal thoughts of the caregivers. Suicidal thoughts were directly impacted by depressive symptoms.

Karen F. Munoz, John J. Whicker et al. (2021) examined "Factors Associated with the Psychosocial Wellbeing Among Parents of Children who are Deaf or Hard-of-hearing" ($n = 296$) in Utah. The findings showed that low income ($p <.05$) and psychological inflexibility had the largest effects on outcomes for psychological

distress ($p < .001$). In comparison to parents with higher salaries, parents with lower incomes were also more likely to report higher levels of psychological distress.

Anusha Bhandari, Smriti. R. Sethi (2015) investigated “Psychological Distress, Family Adjustment and Quality of Life of Mothers of Differentially Disabled Children” ($n = 80$) in Noida, India. According to the findings, working mothers (wm) of disabled children reported higher levels of psychological distress and lower quality of life ratings than non-working mothers (nwm). On the psychological distress scale, working mothers' mean score was greater than that of non-working mothers'. Additionally, the study discovered that working mothers had higher mean values in parenting and non-working mothers had higher mean values in family adjustment.

Diken, Ibrahim H. (2006) studied “Turkish Mothers' Interpretations of the Disability of Their Children with Mental Retardation” ($n = 13$). The findings showed that mothers regarded traditional beliefs—particularly religious ones—as the most common causative agents. Most mothers looked to both traditional and modern sources for assistance. Strong conventional ideas about the cause of their children's disabilities were held by mothers, who also strongly believed in the importance of more traditional treatment methods over biomedical ones. The majority of mothers who underwent traditional treatment needed assistance from religious authorities. In terms of their expectations for their children's future, mothers wanted them to be less self-reliant, which is why they pushed for a more individual education plans for their children.

H. W. Kim, J. S. Greenberg et al. (2003) conducted a study on "The role of coping in maintaining the psychological well-being of mothers of adults with intellectual disability and mental illness" (n= 246 and 74) in Wisconsin and Massachusetts, USA. The findings demonstrated significant individual variation in the extent to which mothers' use of problem and emotion focused coping techniques altered over time. Both groups experienced a decline in wellbeing as their use of emotion-focused coping increased. The relationship between parents of adults with ID and their adult child improved and their level of distress decreased when the parents employed more problem-focused coping techniques.

Naomi Breslau, Kathleen S. Staruch et al. (1982) conducted a study on "Psychological Distress in Mothers of Disabled Children" (n= 369 and 456). The findings showed that mothers of children with disabilities significantly scored higher than control participants on both psychological distress indices. Both measures of psychological distress were significantly impacted by the disabled child's dependency on others for everyday tasks;.

Asmadi Alsa, Rila Sovitriana et al. (2021) studied "Psychological Well-being of Mothers with Autistic Children" (n=184) in Indonesia. The findings showed that there was a significant positive relationship between KP psychological well-being and RS resilience, with the standardized regression weight of RS resilience estimated at 0.726 with $p = 0.003$. The results revealed there was a positive and significant influence; the Standardized regression weight of RG religiosity to RS resilience was assessed as 0.872 with $p = 0.000$. The results of revealed a value of

2.123 with $p = 0.017$. This estimate showed that the impact of religiosity on psychological well-being was considerably mediated by resilience.

Wangqian Fu, Rui Li et al. (2023) studied “Parenting Stress and Parenting Efficacy of Parents Having Children with Disabilities in China: The Role of Social Support” ($n= 374$) in China. The findings showed a significant positive association ($r = 0.59, p < 0.01$) between parenting stress and poor conduct in children. The efficacy of parents was shown to be negatively correlated with parenting stress ($r = -0.31, p < 0.01$). Additionally, a significant negative correlation was found between parenting stress and social support ($r = -0.30, p < 0.01$). Social support and parenting effectiveness were positively correlated ($r = 0.22, p < 0.01$). Parenting stress showed a significant and direct negative impact on social support. ($r = -0.21$)

Mohammad Shamim Ansari, Jaskaran Singh Gill et al. (2019) investigated “Rehabilitation Efforts and Psychological Health of Parents of Children with Deafness” ($n=113$) in India. The findings showed that 29.3% of respondents had severe depression and 44.2% reported severe anxiety. There were records of severe psychological stress in 8.1% of the subjects.

Parents of deaf children with cochlear implants and hearing aids had significantly higher anxiety and stress scores followed by deaf children with aural rehabilitation programs. Regardless of whether their children were receiving treatment or not, parents of female children showed higher levels of stress, anxiety and sadness. When compared to parents of deaf children, the parents of female deaf children reported a higher level of psychological reaction, which was statistically significant at $p < 0.05$ level.

Nazia Firdous, Nazia Mumtaz et al. (2019) investigated “Psychological Stress among Parents of Hearing Impaired (HI) versus Intellectually Disabled (ID) Pakistani Children” (n=200). The findings showed a significant association ($P < 0.05$) between a type of handicap (HI and ID) and psychological stress, with parents of ID having a much higher PSS score than parents of HI. It suggests that parents of ID kids were under a lot greater stress than those of HI kids. While the majority of parents of children with ID experienced severe psychological stress, the majority of parents of children with hearing impairments had moderate psychological stress.

Anat Zaidman-Zait (2008) studied “Everyday Problems and Stress Faced by Parents of Children With Cochlear Implants” (n=31) in Canada. According to the survey, parents reported 4.65 issues on average, and on a scale of 1 to 7, their mean problem-related stress level was 4.54. Implant disadvantages were the most commonly mentioned domain for everyday concerns (58.1%), followed by communication issues (38.7%), character and behavior of the child (35.5%), and socialization (29.9%). Significant relationships were also found between the three parental stress subscales (Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child), with 16.1% of parents achieving a total PSI/SF (Parental Stress Index/Short Form) score at or above the clinical cutoff.

Nazarine Wandia Mbogo (2021) studied “Family Functioning On Psychological Well-Being Of Parents Raising Children With Hearing Impairment (CWHI): A Case Study In Kericho County, Kenya” (n=35). The study's conclusions demonstrated how parenting a child with hearing loss impacts both the psychological health of the parents and the functioning of the family. Parents' inadequate displays of affection toward their

CWHI prevent them from expressing their genuine emotions. Parents do not use every resource at their disposal to address issues pertaining to their CWHI. Parents expect the CWHI to behave in a certain way, but they never express their expectations in terms of behavior..

Cristhiene Montone Nunes Ramires, Fátima Cristina Alves Branco-Barreiro et al. (2016) conducted a study on “Quality of life related factors for parents of children with hearing loss” (n=29) in São Paulo. The results revealed that the best performance was achieved in the physical domain (60.3) and the worst in the environment domain (40.5). The main factor associated with all domains of the World Health Organization Quality of Life Instrument (WHOQOL)-bref, as well as the overall score was being satisfied with social support. The average score for the General Health Questionnaire (GHQ-12) among parents was 28.2 points and a large proportion (65.5%) of parents were shown to face a level of psychiatric suffering that merits treatment.

Dhanshree R. Gunjawate, Rohit Ravi et al. (2022) investigated “Stress among Parents of Children with Hearing Loss and How They Deal with It: A Systematic Review”. The study combined the body of research on coping mechanisms and parental stress in parents of hearing-impaired children.

Low income, a sharp decline in quality of life at the time of diagnosis, a loss of cohesiveness within the family, diminished social support, and socioemotional issues were among the most frequent contributing variables. The parents view the assistance from these experts as a coping mechanism. Additional coping mechanisms encompassed enhanced service accessibility, all-inclusive services, and therapy.

Santhi S Prakash, Prakash S.G.R et al. (2013) conducted a study on “Measuring Levels Of Stress And Depression In Mothers Of Children Using Hearing Aids And Cochlear Implants: A Comparative Study” (n= 50) in Andhra Pradesh. The results of this study showed that mothers of children with cochlear implants and mothers of children using hearing aids both had high prevalences of stress and depression. However, the mothers of children with hearing aid users had significantly higher levels of stress and depression than mothers of children with cochlear implant users.

RA Coomer (2013) explored “The experiences of parents of children with mental disability regarding access to mental health care” (n=41) in Windhoek, Namibia. The findings showed that the parents' biggest obstacles were inadequate service delivery, specifically with regard to language problems and the need for therapy/therapies, lack of transportation as a barrier to receiving healthcare services and insufficient funds to cover those services, but access to healthcare was made easier by access to education.

Guray Koc, Semai Bek et al. (2019) carried out research on “Maternal and paternal quality of life in children with epilepsy: Who is affected more?”. The study involved 66 parents of children with epilepsy (CWE) and 72 parents of healthy children from Turkey. The results showed in the WHOQOL-BREF's environmental domain, parents of CWE children scored lower than parents of healthy children ($p = 0.02$). In the psychological domain, mothers of CWE parents scored lower than fathers.

The depression scales for the Beck depression inventory (BDI) and Beck anxiety inventory(BAI) revealed that, in comparison to parents of healthy children, parents of

CWE had higher scores on both measures Mothers had statistically significantly higher scores in parents of CWE compared to parents of healthy children.

S. Parameswari & Dr.J.O.Jeryda Gnanajane Eljo (2017) carried out “A Study on Psychological Well Being among the Parents of Children with Intellectual and Developmental Disabilities” (n=37) in Madurai. The findings revealed 56.8% of the respondents had a low level of psychological well-being. According to the findings of the dimensions, more than half (54%) of the respondents had poor levels of self-acceptance, and nearly half (45%) of the parents of children with IDD (Intellectual and Developmental Disabilities) had low levels of positive relationships with others. When it comes to autonomy and personal development, more than half of parents (54%) reported having high levels of both. Furthermore, concerning environmental mastery, over half (54%) of the resonance had low levels and when it comes to life purpose, the majority of parents (60%) also had low levels.

Roy McConkey, Maria Truesdale-Kennedy et al. (2008) studied “The impact on mothers of bringing up a child with intellectual disabilities: A cross-cultural study” (n= 209) in Ireland(n=62), Taiwan(n=98) and Jordan(n=49). The results revealed nearly half of the mothers (49%) in all three groups scored higher than the threshold on the general health questionnaire, indicating psychosomatic health issues. Some mothers mentioned feelings of hopelessness, depression, grief and withdrawal in their talks.

The Irish and Jordanian mothers had significantly higher scores than the Taiwanese mothers' sample, while there was no significant difference between the latter two groups. This impact persisted even after controlling for variations in the mother's age, educational attainment, and child's age between samples using a covariant analysis.

Dr. Subhash Chandra Chouhan, Dr. Paramjeet Singh et al. (2016) carried out research on “Assessment of Daily Parenting Stress and Depressive Symptoms among Parents of Children with Intellectual Disability” (n=90) in Jaipur. The findings of the research demonstrated that Group 'A' (parents of moderate to profound MR children) scored higher on Hamilton's Depression Rating Scale (HAM-D) than Group B (parents of mild to borderline MR children) with a mean score of 14.38, but the difference was not significant ($p=0.572$). Both mentally challenged groups (A and B) showed considerably ($p<0.001$) higher scores than group C (parents of children with normal intellect)

When daily parenting stress was compared in various studied groups, it was revealed that parents of children of all the three groups had a significant (<0.05) difference in mean scores of Family Interview for Stress & Coping (FISC). It demonstrated that parents of mentally retarded children experienced higher stress in coping than parents of children with normal intelligence. However, when these two scales were compared to children's IQ, both types of scores showed a negative correlation.

Pradeep Kumar, Jiterdra Yadav et al. (2021) investigated “Quality of Life and Family Burden between Parents of Children with Intellectual Disability, Mathura, Uttar Pradesh (UP)” (n=200). The findings of the study revealed that fathers of children with intellectual disabilities had a higher quality of life than mothers of children with ID, particularly in terms of physical health, psychological health, and environmental health. Mother perceived higher financial responsibility than father. It was also discovered that disruption of family relationships, disruption of family leisure, and disruption of family contact were lower in mothers than in fathers.

Vidya Bhushan Gupta, Priyanka Mehrotra et al. (2012) investigated “Parental Stress in Raising a Child with Disabilities in India” (n=66) in the cities of New Delhi and Faridabad regions of Northern India. The results revealed Stress levels were high across all subscales of parental stress scale. The mean score in each subscale, as well as the total stress level, exceeded the 90th percentile of the standardisation sample. After adjusting for work, joint family, and parental education, the female child showed a significant link with the Parent-child Dysfunctional Interaction (PCDI) (T=2.55, Sig=0.014). Parental occupation was significantly associated with parental distress and overall stress after adjusting for joint family status, parents' educational attainment and the child's sex (T=2.84, Sig=0.006; T=2.13, Sig=0.037). Nineteen of the 32 respondents sought comfort from God, mosques, and temples, while twenty-eight turned to the media for assistance in coping. Out of 32 respondents, 27 (84.4%) reported receiving no assistance in caring for their children.

Dr. Vivek H. Ramanandi & Mr. Brinda Rao (2015) did a “Comparison of Stress Levels in the Parents of Children with Cerebral Palsy and Parents of Normal Children in Vadodara Region of Gujarat” (n=90). The results revealed The Parenting Stress Index-Short Form (PSI-SF) revealed high levels of stress across all subscales, with mean scores exceeding the 90th percentile of the standardisation sample in both groups. There was a high significant difference in stress levels between both groups. The level of total stress was found to be higher in Group A (parents of children with CP) than in Group B (parents of normal children).

Nazia Firdous, Nazia Mumtaz et al. (2019) investigated “Psychological Stress among Parents of Hearing Impaired versus Intellectually Disabled Pakistani Children” (n=200). The findings revealed There was a statistically significant relationship between type of disability (HI and ID) and psychological stress($p < 0.01$), with ID parents having a significantly higher PSS (Perceived Stress Scale) score than HI. In terms of psychological stress, the majority of parents of hearing-impaired children experienced moderate levels of stress(26.5%), but the majority of parents of children with intellectual disabilities experienced profound levels of stress(35%).

Samina Azam and Samina Azam (2013) studied “Parental Struggles Toward Life Carrier of Their Disabled Children: A Case of District Gujrat-Pakistan” (n=10). The outcome revealed that Parental expectations and difficulties for their disabled children were found to be related to their socioeconomic background; the stronger their socioeconomic background, the more engaged they were in making efforts for their disabled children. However, they were all working to the best of

their abilities to protect their disabled children and enable them to live their lives independently, without the assistance of siblings. Parental intentions varied depending on the gender of their disabled child. Parents of male disabled children were concerned about his source of income, whereas parents of female disabled children were concerned about her marriage and other marriage-related concerns.

Sayyed Ali Samadi, Ghasem Abdollahi-Boghrabadi et al. (2018) investigated “Parental satisfaction with caregiving among parents of children with autism spectrum disorders, attention deficit and hyperactivity, intellectual disabilities and typically developing” (n=304) across Iran. The findings showed, compared to parents of children with other developmental disabilities and parents of children in the typically developing group, parents of children with autism spectrum disorder (ASD) demonstrated considerably lower levels of satisfaction with their caring. Age, gender, and behavioural issues in children emerged as significant indicators of parents' satisfaction with their position as caregiver

Anna Nawalana, Maria Kozka et al. (2019) “Determinants of care efficiency in a group of Polish parents raising children with different developmental disorders: a cross-sectional study” (n=243) in Poland. The results revealed majority of responders (41.15%) reported low care efficiency. The majority of parents (90.95%) rapidly identified and addressed their child's care needs (93.01%). A high percentage of parents assessed their activities as effective (92.60%). 22.64% of parents said they lacked medical equipment to care for their child.

Over 34.98% of respondents stated that their financial circumstances prevented them from providing care for a disabled child. Lower care efficiency

was shown by parents who reported significant levels of load in areas such general strain, isolation, disappointment, emotional involvement, and environment. Parents of children with intellectual disabilities demonstrated poorer levels of care efficiency compared to other parents

NEED FOR THE STUDY

Disability is the result of interplay between people with a health condition and personal circumstances and surrounding factors. People with disabilities have long-term physical, mental, intellectual, or sensory problems that can restrict their equitable participation in society. **WHO (2021)**

The most substantial number of disabled people in India are within the ages of 10 and 19 years (17%), accounting for 1.24% of the total children (0 to 6 years). 23% of children with disabilities (0-6 years) have hearing disability, 10% have movement disability and 7% have multiple disabilities. **Census (2011)**

The challenging aspects of parenting are exacerbated by the experience of having a child with special needs. Parents of children with temperamental and/or developmental issues face both the standard stresses of parenting and a slew of pressures specific to their child's care. **Ainbinder et al. (1998)**

Studies show that the severity of a child's disability correlates with increased levels of parental stress, primarily attributed to the intensive treatment and rehabilitation procedures, as well as the economic strain they impose. **Rudolph et al. (2003); De Lambo (2011)** They also express various stressors related to their child's impairment, leading to feelings of frustration, rage, and loneliness. **Barlow et al. (2006)** This burden of raising disabled children often permeates the entire household environment, affecting routine family dynamics, emotional well-being, and financial resources.

Mental Health of Parents of children with disabilities can have a direct influence on their child's development and outcomes. When parents struggle with mental health concerns, it can impair their capacity to offer adequate care and support

for their child. This, in turn, can have detrimental consequences for the child's growth and well-being.

By studying the psychological well-being of parents of children with disabilities, researchers can better understand the components that contribute to their mental health and develop targeted interventions to support them. These interventions may include providing counselling and therapy services, offering respite care to allow parents to take a break from care-giving or connecting parents with support groups or peer networks.

VARIABLES:

Independent variables

1. Age
2. Gender
3. Education level
4. Area of residence
5. Marital status
6. Type of family and Disability

Dependent variable:

1. Psychological Well-Being

OBJECTIVES:

1. To study the level of psychological well-being among the parents of children with disabilities of speech, hearing and mental functions.
2. To find the difference in psychological well-being between the parents of children with disabilities of speech, hearing and mental functions.
3. To study the association between demographic variables and psychological well-being.

RESEARCH QUESTIONS

1. Is the psychological well-being low among the parents of children with disabilities of speech, hearing and mental functions?
2. Is there a difference in psychological well-being between the parents of children with disabilities of speech, hearing and mental functions at significant level?
3. Is there an association of demographic variables with psychological well-being.

METHODOLOGY

3.1 STUDY DESIGN:

Cross-sectional

3.2 SAMPLE DESIGN:

Non-probability

3.2.1 Sampling Technique:

Convenience sampling

3.2.2 Sample Size:

A scientific computation of the present study's sample size was made using the findings of "A Study on Psychological Well-Being among the Parents of Children with Intellectual and Developmental Disabilities" (S. Parameswari & Dr. J.O.Jeryda Gnanajane Eljo 2017).

Sample size was calculated using the formula –

$$n = \frac{z^2 pq}{d^2}$$

where,

n = number of parents of children with disabilities

z = 1.96 at 5% level or 95% confidence

q = 100 – p = 100 – 43.2 = 56.8

High psychological well-being = 43.2 = p

Margin of error = d = 7%

Hence, sample size = $\frac{(1.96)^2 * 43.2 (56.8)}{7^2}$

n = 192

3.2.3 Inclusion Criteria:

Parents of children with disabilities of speech, hearing and mental functions in the Belagavi district.

3.2.4 Exclusion Criteria:

Parents of seeing and other sensory disabilities.

3.3 METHOD OF DATA COLLECTION AND MEASURE USED:

Questionnaire method: Psychological well-being scale by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary

3.3.1 Description of the Scale:

The scale consists of 50 statements designed to assess different aspects of well-being - Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations.

3.3.2 Reliability:

The reliability of the scale was determined using the test-retest and internal consistency methods. The test-retest reliability is 0.87, and the scale's consistency value is 0.90. Both coefficients are highly significant at 0.01 level.

3.3.3 Validity:

The PWSB has strong content validity in addition to face validity as every item on the scale is related to the variable under consideration. After the scale was validated against external criteria, a coefficient of 0.94 was obtained.

3.3.4 Uses of the Scale:

This scale is useful in a range of research and applied situations, including a quality of life index, a mental health status assessment, a measure of psychotherapy outcome evaluation and a social indicator of monitoring population changes in sense of well-being over time.

3.4 PROCEDURE:

After seeking approval and ethical clearance from Jawaharlal Nehru Medical College Ethics Committee for Human Subjects' Research KAHER, Belagavi and from the authorities of institutions, centres and hospitals the current study was carried out in respective hospitals, special schools and therapy centres in Belagavi district; 192 samples were selected conveniently from each hospital/school/therapy centre. Researcher met parents with prior notice and briefed about the study. Informed Consent was obtained by the participants and the questionnaire was handed along with instructions in English/ vernacular language and doubts (if any) were dealt and for the uneducated parents, the researcher read out the questions one by one, and the responses were ticked accordingly in the given alternate columns. Later, the filled questionnaire was taken back and produced for scoring and analysis.

3.5 DATA PROCESS:

The collected data was thoroughly analysed, scored, coded, placed into MS Excel spreadsheet, and relevant statistical measures were applied using IBM SPSS Statistics 29.0.

3.6 SCORING:

All the statements are positive. Scoring pattern is as follows.

TABLE 1: Showing the scores for each alternative of Psychological Well-being Scale

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

The overall score for the entire scale is calculated. The score ranges between 50 and 250. The higher the score, the greater the well-being.

3.7 ANALYSIS OF RESULTS: Descriptive Statistics

3.7.1 Statistical Techniques:

- Percentage method was applied to assess the levels.
- Chi-square test was used to know the association between variables.
- One way ANOVA was used to check statistically significant differences between means of the three groups.

3.8 ETHICAL ISSUES:

The study was carried out only after seeking approval and ethical clearance from Jawaharlal Nehru Medical College Ethics Committee for Human Subjects' Research and permission from Institutional authorities. Before distributing the questionnaires to the participants, the nature and purpose of the study were briefly explained. Informed consent from the participants was obtained before the test was administered. Participants were given the option of participating voluntarily.

RESULTS AND DISCUSSION

The scientific literature has undergone a major shift in recent years, with a greater emphasis now being placed on well-being and good mental health rather than dysfunction. **Felicia (2009)**

A state of positive mental health and flourishing marked by emotions of contentment, happiness and life satisfaction is known as psychological well-being. **Ryff and Keyes (1995)**

One of the fundamental duties of parenthood is to provide care for their children. According to research done by **Seligman & Darling (2007)**, parents' stress levels are elevated by their increasing requirements for financial support, child supervision and other resources.

The psychological well-being of parents of disabled children has a significant impact on their resilience, self-esteem, social participation and happiness. The way the family functions can be negatively impacted by raising a child with a developmental handicap. Some researchers pointed out that the elements of the stress and coping model vary when applied to developing regions like rural India, where poverty and disability often intersect. **Pal & Chaudhury (1998), Singhi et al. (1990)** This underlines the crucial role of parental well-being in shaping the advancement of healthcare systems in such contexts.

Results of Objective 1 are presented in the following table and discussed

Table 2: Showing the levels of Psychological Well-Being among Parents of Children having Disabilities in Speech, Hearing and Mental Function

Levels of psychological well being	No of respondents	% of respondents
Very low	0	0.00
Low	0	0.00
Moderate	189	98.44
High	3	1.56
Very high	0	0.00
Total	192	100.00

As per the above table, among total respondents, 98.44% of parents showed moderate level of PWB followed by 1.56 % with high level of PWB. No respondents showed very low, low or very high PWB. The findings support the study carried out by **Nazia Firdous et al. (2019)** where majority of parents of hearing-impaired children had moderate level of psychological stress. Thus, majority of participants had moderate level of PWB.

The presented results suggest that though majority of them had moderate PWB measures must be taken to enhance their wellbeing that is crucial in maintaining the quality of life of such parents and children.

The results are illustrated in Graph 01.

Graph 1: Showing the levels of Psychological Well-being of Parents of CWD

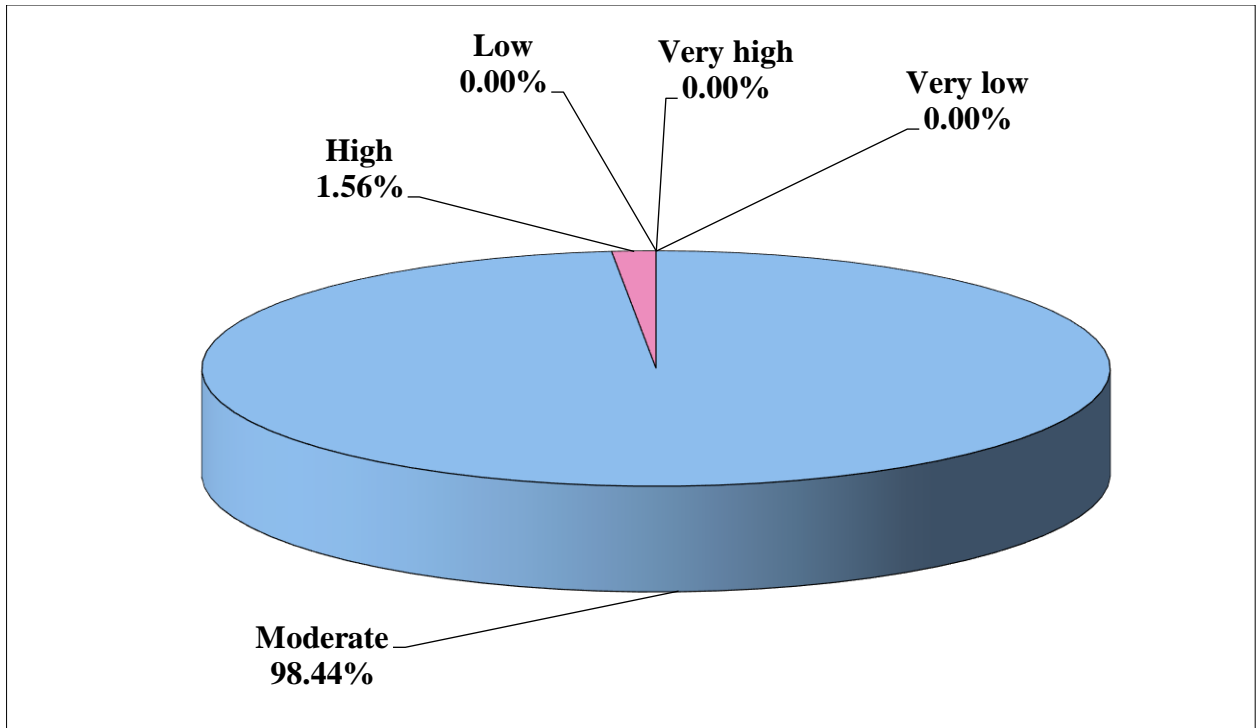
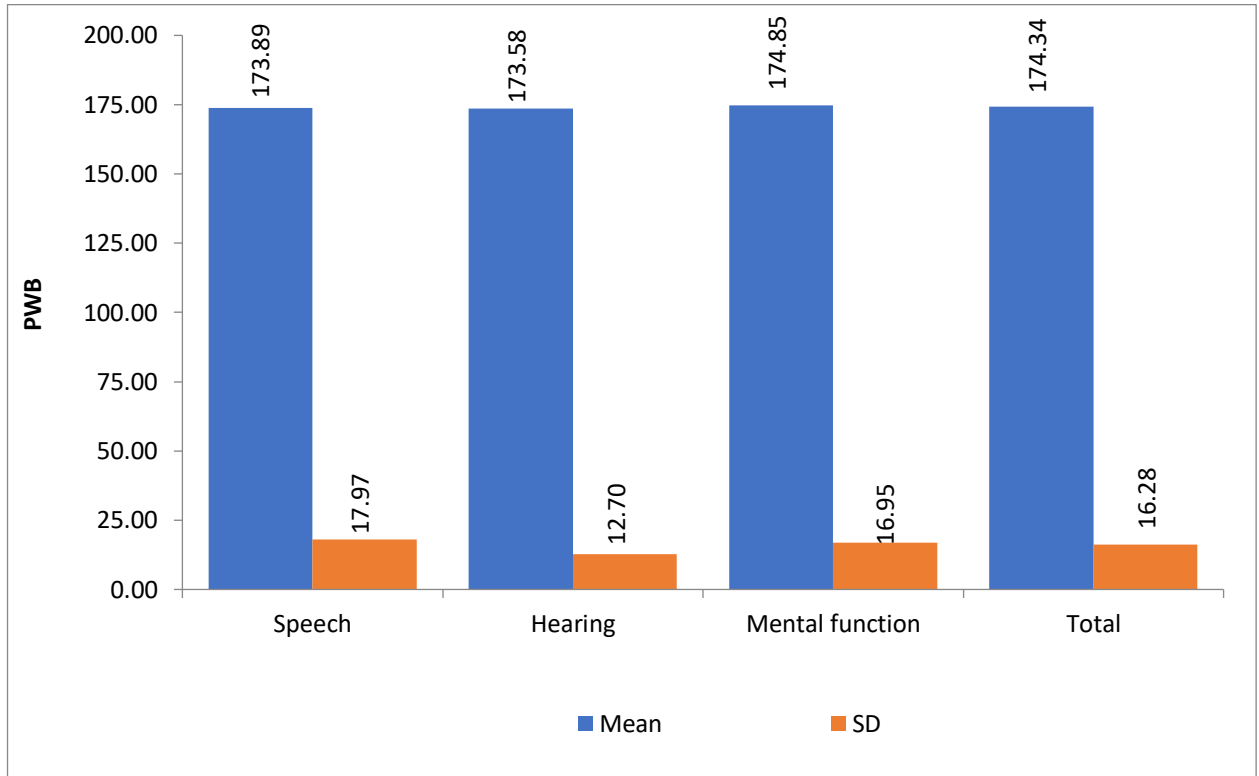


Table 3: Comparison of parents of children with disabilities of Speech, Hearing and Mental function groups with psychological well-being scores.

Summery	Disability				F-value	p-value
	Speech	Hearing	Mental function	Total		
Mean	173.89	173.58	174.85	174.34	0.1132	0.8931
SD	17.97	12.70	16.95	16.28		

As per the second objective, ANOVA was employed and the results are presented in table 3, the mean scores for parents with speech, hearing and mental function disabilities are 173.89, 173.58 and 174.85 with SD scores 17.97, 12.70 and 16.95 respectively. The calculated F-value of 0.113 with a p-value of 0.8931 indicate that there was a minute difference among the three groups on PWB but no significant difference was observed. The results are compatible with outcomes of study by **Salar Faramarzi (2017)** among mothers of children with hearing loss and other special needs where no significant difference was found among these groups.

Graph 2: Comparison of Speech, Hearing and Mental function groups of disability with psychological well -Being scores



The findings of the 3rd objective are displayed in the below table and elaborated as follow.

Table 4: Showing association between levels of psychological well being with demographic characteristics

Profile	Levels of psychological well being						Total	%	p-value
	Low	%	Moderate	%	High	%			
Age groups									
20-29	0	0.00	62	100.00	0	0.00	62	32.29	0.2900
30-39	0	0.00	103	97.17	3	2.83	106	55.21	
40-49	0	0.00	24	100.00	0	0.00	24	12.50	
Gender									
Male	0	0.00	68	98.55	1	1.45	69	35.94	0.9250
Female	0	0.00	121	98.37	2	1.63	123	64.06	
Education Level									
Secondary	0	0.00	79	100.00	0	0.00	79	41.15	0.0001*
Higher secondary	0	0.00	58	100.00	0	0.00	58	30.21	
UG	0	0.00	44	97.78	1	2.22	45	23.44	
PG	0	0.00	8	80.00	2	20.00	10	5.21	
Area of residence									
Urban	0	0.00	66	98.51	1	1.49	67	34.90	0.9540
Rural	0	0.00	123	98.40	2	1.60	125	65.10	
Type of family									

Single	0	0.00	78	97.50	2	2.50	80	41.67	0.3760
Joint	0	0.00	111	99.11	1	0.89	112	58.33	
Marital status									
Married	0	0.00	179	98.90	2	1.10	181	94.27	0.0380*
Widow/Divorce	0	0.00	10	90.91	1	9.09	11	5.73	
Child age group									
1 to 5	0	0.00	87	96.67	3	3.33	90	46.88	0.1780
6 to 10	0	0.00	73	100.00	0	0.00	73	38.02	
11 to 15	0	0.00	29	100.00	0	0.00	29	15.10	
Gender of child									
Male	0	0.00	116	98.31	2	1.69	118	61.46	0.8520
Female	0	0.00	73	98.65	1	1.35	74	38.54	
Disability									
Speech	0	0.00	44	97.78	1	2.22	45	23.44	0.6380
Hearing	0	0.00	43	100.00	0	0.00	43	22.40	
Mental function	0	0.00	102	98.08	2	1.92	104	54.17	
Total	0	0.00	189	98.44	3	1.56	192	100.00	

***p<0.05**

Based on the computation of the chi square test, the analysed results showed that with respect to first demographic profile, none of the participants were found to be falling under low level, while 97.17% from age group 30-39 had moderate level followed by 62 participants (100%) from age group 20-29 and 24 (100%) from age group of 40-49 were with moderate levels. None of the participants from the age

group of 20-29 and 40-49 were reported to have high levels whereas only 2.83% of the participants showed high levels of PWB. The calculated p value(0.29) suggested that though there was an association of age groups with the PWB but not significantly.

On the gender profile, 98.55% of male and 98.37% of female had moderate PWB, where former had very slightly higher scores than the later; and only 1.45% of male and 1.63% of female showed high level, showing females scored little higher than males, no significant association was found between gender and PWB as computed p value is 0.92.

With respect to the level of education, 79 participants (100%) with secondary education followed by 58 (100%) participants with higher secondary, 97.78% with UG and 80% with PG showed moderate level, while only 2.22% of UG and 20% of PG showed high PWB, p value indicated highly significant association between levels of education and PWB at 0.0001. These results were consistent with the study carried out by **Shin et al. (2009)** where compared to mothers with high educational achievement, mothers with less education who had delayed children faced greater stress and reported low subjective well-being.

On the fourth demographic profile, 98.51% from urban and 98.40% participants from rural domicile showed moderate level, while only 1.49% and 1.60% respectively showed high level; p value of 0.95 revealed no notable association.

With respect to type of family, 99.11% and 97.50% participants from joint and single family background showed moderate level, followed by 2.50% and 0.89% respectively showed high level. There was no significant association observed (p=0.37).

On Marital status, 98.90% married participants and 90.91% participants from widow/divorced category showed moderate level of PWB meanwhile, 1.10% and 9.09% of these showed high PWB; significant association was noticed between marital status and PWB ($p = 0.0380$). This finding reinforces extensive research indicating that marriage is associated with increased levels of SWB, highlighting the beneficial impact of marital intimacy and emotional support from a partner. **Cummins et al. (2009), Diener (1984)**

With respect to the Child age group, all 73 and 29 parents of disabled children respectively from 6-10 age group and 11-15 age group, and 96.67% belonging to 1-5 age group had moderate level, while only 3.33% of participants with child belonging to 1-5 age group showed high PWB. No significant association was found ($p=0.17$)

On gender profile, 98.65% of parents with female child were found with moderate level followed by parents with male child (98.31%), only some 1.69% with male and 1.35% with female child were found with high level, on this factor also no association was noticed with PWB at significance level with $p=0.85$.

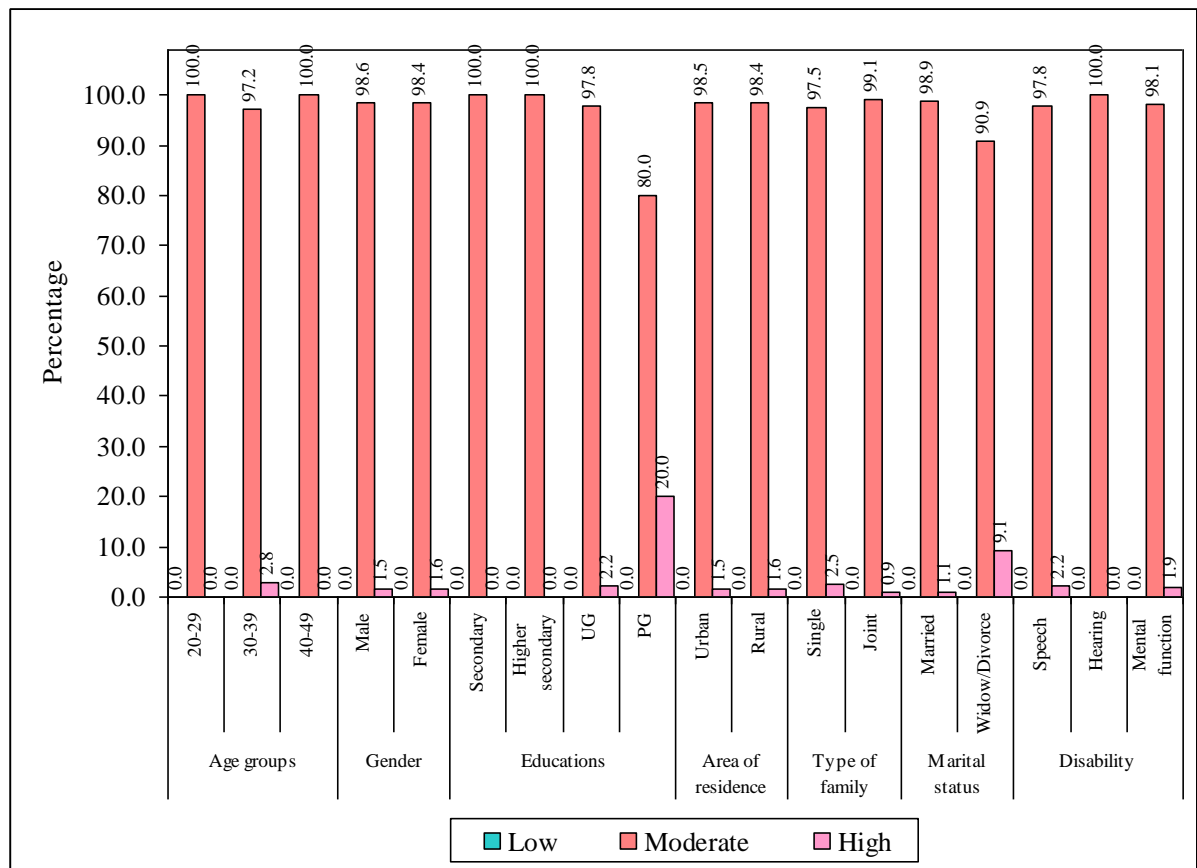
On types of disability factors, all the 43 respondents (100%) of child with hearing, 98.08% with MF and 97.78% with speech disability were seen with moderate level of PWB meanwhile, only 2.22% and 1.92% participants of child with speech and MF disability showed high PWB; the p value of 0.63 indicated no significant association.

Overall results indicate that the majority of the participants were found to have moderate levels of PWB across all demographic characteristics. Furthermore, only education and marital status were found to be significantly associated with PWB. No

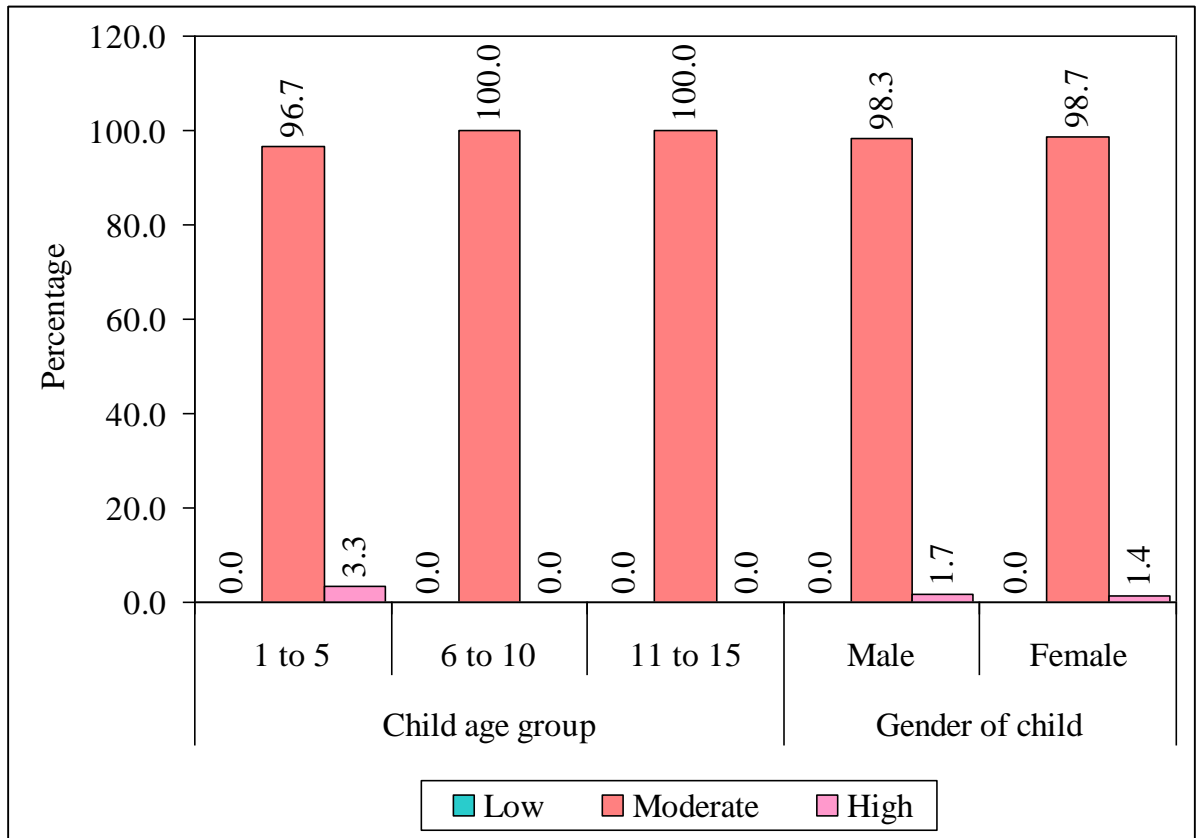
participants reported low level of psychological well-being which suggests that PWB existed in the participants majorly on moderate level.

Graphical representation of these results can be seen in Graph 3 and 4.

Graph 3: Association between levels of psychological well being with demographic characteristics of parents



Graph 4: Association between levels of psychological well being with demographic characteristics of child



SUMMARY

The current study is undertaken on parents of children with disabilities in Belagavi District, Karnataka, to determine the level of psychological well-being. The burdens of caregiving with the presence of a child's disability can lead to diminished levels of parental wellbeing and their effectiveness in caring. Parents/caregivers of children with disabilities often exhibit decreased capacity to provide care and are susceptible to mental fatigue, exacerbating feelings of disappointment and overall strain. The study underscores the significance of not solely focusing on supporting the disabled child but also exploring the wellbeing of such parents, providing resources and aid to enhance the well-being of the parents. The objectives of the study were to know the level of psychological well-being among the parents of children with disabilities of speech, hearing and mental functions; find the difference in their psychological well-being and also the association of demographic variables with psychological well-being.

CONCLUSION

1. Parents of children with disabilities had moderate level of psychological well-being
2. There was no significant difference seen in psychological well-being between the parents of children with disabilities of speech, hearing and mental functions
3. There was a significant association between level of education and marital status but no significant association observed in other demographic variables

SUGGESTIONS

1. Additional research including parents of children with different disabilities can be conducted and replicated with larger samples and geographical areas.
2. To understand more about their subjective experiences, further much qualitative research must be conducted.
3. Development and implementation of support groups and programs that can be tailored to these parents' needs should be ensured by the various stakeholders.

SOCIAL IMPLICATIONS

The outcomes of the investigation underscore the importance welfare of this population, providing strong support networks, highlighting the need for community networks, counselling services to assist parents and caregivers in overcoming their emotional and mental obstacles.

Furthermore, governments and organizations can play a crucial role by renewing laws and regulations for to provide financial aid and professional assistance to help such families in addressing and treating psycho-socio-emotional concerns.

The results can inform educational initiatives aimed at increasing public understanding of the struggles faced by these families, fostering a culture that is more understanding and knowledgeable, thereby improving acceptance and support. Moreover, the findings recognized the efficient coping mechanisms employed and to be employed by the parents, which can strengthen their quality of life and welfare.

LIMITATIONS

1. The study was undertaken only in the Belagavi district with a small sample size.
2. The study focused exclusively into three disabilities that were specific to the population of children. This restricts the study's ability to comprehend the psychological well-being of parents across all age groups and disabilities. These areas can be the subject of additional exploration for greater versatility.

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ANNEXURES

ANNEXURES-I - ETHICAL CLEARANCE LETTER



K.L.E. ACADEMY OF HIGHER EDUCATION AND RESEARCH
(Deemed - to-be- University)

Accredited 'A+' Grade by NAAC in (3rd Cycle)

Placed in Category 'A' by MHRD (Govt)

JNMC INSTITUTIONAL ETHICS COMMITTEE
JAWAHARLAL NEHRU MEDICAL COLLEGE,
NEHRU NAGAR, BELAGAVI-590010 (KARNATAKA-INDIA)

Website: <http://www.jnmc.edu>
E-Mail : dome@jnmc.edu

Phone: (+ 91-(0)831 Office : 2472550
Principal: 2471701
Fax No. +91 (0)831 - 2470759

Ref No.MDC/JNMCIEC/230

Date: 26/05/2023

To,

REG NO: FM0122005

PG Student in M.Sc. Psychology
J. N. Medical College,
BELAGAVI.

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled "PSYCHOLOGICAL WELL-BEING AMONG PARENTS OF CHILDREN WITH DISABILITIES", is ethical and justifiable. The proposed research project has been cleared by the JNMC Institutional Ethics Committee.

(Dr. Smita Sonoli)
Member Secretary
JNMC Institutional Ethics Committee
J.N.Medical College, Belagavi.

(Dr. Harsha Hegde)
Chairman,
JNMC Institutional Ethics Committee
J.N.Medical College, Belagavi

ANNEXURE-II

INFORMED CONSENT FORM AND STATEMENT

K.L.E. ACADEMY OF HIGHER EDUCATION AND RESEARCH,

J.N. MEDICAL COLLEGE, BELAGAVI.

DEPARTMENT OF PSYCHOLOGY

INFORMED CONSENT FORM

“Psychological well-being among parents of children with disabilities”

Investigator:

Guide/Co Investigators:

Objectives:

1. To study the level of psychological well-being among the parents of children with disabilities of speech, hearing and mental functions.
2. To find the difference in psychological well-being between the parents with disabilities of speech, hearing, and mental functions.
3. To study the association between demographic variables and psychological well-being.

Introduction: Psychological well-being is more than just the absence of mental illness or discomfort; it also includes positive mental emotions such as happiness, satisfaction, and fulfilment. It entails having a positive self-image, feeling in charge of one's life, and being able to build positive relationships with others. Parents of special-needs children confront particular obstacles that might have an influence on their psychological well-being. Coping with the child's diagnosis, managing the

child's medical needs and therapy sessions, advocating for the child's education and social assistance, and dealing with the emotional and behavioral issues that may accompany the child's condition are just a few of the potential challenges that may arise.

Explanation of procedure: In this study, a standardized questionnaire of Psychological well-being scale by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary consisting of 50 items will be administered on each parent. It will take approximately 15-20 minutes for the test to be administered.

Withdrawal from participation in the study: “Your participation in this study will be voluntary. You are free to decide whether to participate or not in the study. In case you decide not to participate in this study, you will be able to withdraw your participation”.

Possible benefits from participating in the study: “You will not get any benefits but will come to know your level of psychological well-being (if willing to)”.

Possible risks from participating in the study: There will not be any risk involved in the study. The scale will be administered for the sake of information regarding the level psychological wellbeing in parents.

Privacy and confidentiality: “Your personal identity will not be revealed. All the information collected will be coded so that no one will know your identity. The data collected from you will be kept confidential and only aggregated data will be published”.

Financial incentives: “You will not receive any payment for participating in this study”.

Authorization for publication of aggregated data: Results of this study may be published for scientific purposes and/or presented to scientific groups; however, your personal identity will not be revealed.

Questions “In case of any questions with regard to this study, you are free to contact: _____ PG Student, Department of Psychology, J. N. Medical College, KAHER, Nehru Nagar, Belagavi-590010, mobile no.- 8123515292 or you may contact Dr. _____ (Assistant Professor and I/c Head, Department of Psychology, J. N. Medical College, KAHER, Nehru Nagar, Belagavi-590010) Mobile no.- 9731893552. If you have any questions or complaints with regard to your right as a study participant you may contact Dr. Harsha Hegde, Chairperson, Ethical Committee of JNMC, 0831-2473777 Extension 4052”.

Legal rights: By signing this consent form, we are not waving off any of your legal rights.

CONSENT STATEMENT

“I am making a voluntary decision to participate in the study. My signature below indicates that I have decided to participate and I have read the information provided above or the information provided above has been read to me in the language that I understand best. I was given the opportunity to ask questions and that they have been answered to my satisfaction.”

Name of the participant:

Signature or left thumb impression of the participant:

Name of the witness:

Signature or left thumb impression of the witness:

Name of the investigator:

Signature of the investigator:

Date: _____

Place: _____

ಒಪ್ಪಿಗೆ ಹೇಳಿಕೆ

"ನಾನು ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳುವ ಸ್ವಯಂಪ್ರೇರಿತ ನಿರ್ಧಾರವನ್ನು ಮಾಡುತ್ತಿದ್ದೇನೆ. ಕೆಳಗಿನ ನನ್ನ ಸಹಿ /ಎಡ ಹೆಬ್ಬರಳ ಗುರುತು ನಾನು ಭಾಗವಹಿಸಲು ನಿರ್ಧರಿಸಿದ್ದೇನೆ ಎಂದು ಸೂಚಿಸುತ್ತವೆ. ನಾನು ಮೇಲೆ ಒದಗಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಓದಿದ್ದೇನೆ (ಅಥವಾ ಮೇಲೆ ಒದಗಿಸಿದ ಮಾಹಿತಿಯನ್ನು ನನಗಾಗಿ ಓದಲಾಗಿದೆ) ನನಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶ ನೀಡಲಾಗಿದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ / ಸಂದೇಹಗಳಿಗೆ ತೃಪ್ತಿಕರವಾಗಿ ಉತ್ತರಿಸಲಾಗಿದೆ".

ಪಾಲ್ಗೊಳ್ಳುವವರ ಹೆಸರು:

ಪಾಲ್ಗೊಳ್ಳುವವರ ಸಹಿ:

ಅಥವಾ ಎಡ ಹೆಬ್ಬರಳ ಗುರುತು:

ಸಾಕ್ಷಿಯ ಹೆಸರು:

ಸಾಕ್ಷಿಯ ಸಹಿ:

ಸಂಶೋಧಕರ ಹೆಸರು:

ಸಂಶೋಧಕರ ಸಹಿ:

ದಿನಾಂಕ:

ಸ್ಥಳ: ಬೆಳಗಾವಿ

संमती विधान

"मी अभ्यासात सहभागी होण्यास स्वयंसेवी निर्णय घेत आहे. खाली माझे स्वाक्षरी / डाव्या अंगठ्याचा ठसा मला सहभागी करण्याचा निर्णय घेतला आहे आणि मी वर दिलेली माहिती वाचली आहे (किंवा वरील माहिती मला वाचली आहे) आणि मला प्रश्न विचारण्याची संधी देण्यात आली आणि त्यास उत्तर देण्यात आले माझे समाधान "

सहभागी यचे नाव:

सहभागीचे सही:

किंवा डाव्या अंगठ्याचा ठसा:

साक्षीदाराचे नाव:

साक्षीदारांची सही:

संशोधनाचे नाव:

संशोधकाचे स्वाक्षरी:

तारीख:

स्थान: बेलगावी

सहमति कथन

"मैं अध्ययन में भाग लेने के लिए एक स्वैच्छिक निर्णय ले रहा हूँ। नीचे मेरे हस्ताक्षर / अंगूठे का निशान इंगित करता है कि मैंने भाग लेने का फैसला किया है और मैंने ऊपर प्रदान की गई जानकारी को पढ़ा है (या ऊपर दी गई जानकारी मुझे पढ़ी गई है) और मुझे प्रश्न पूछने का अवसर दिया गया था और उन्हें मेरी संतुष्टि के लिए जवाब दिया गया है ।"

प्रतिभागी का नाम:

प्रतिभागी का हस्ताक्षर

या बाएँ अंगूठे का निशान

गवाह का नाम:

गवाह के हस्ताक्षर

शोधकर्ता का नाम :

शोधकर्ता के हस्ताक्षर

दिनांक:

स्थान: बेलगावी

ANNEXURE-III

QUESTIONNAIRE



T. D. Regd. No. 124333
Copyright Regd. No. C.A. 10216/2013 D.P. 10.1.09

Dr. Devendra Singh Sisodia (Udaipur)
Ms. Pooja Choudhary (Udaipur)

Consumable Booklet
of
PWBS-SDCP

(English Version)

Kindly fill in the following entries—

Date

Name _____ Father's Name _____

Date of Birth Gender : Male Female

Qualifications : Academic _____ Professional _____

Working Statue : Studying In Service

If studying : Class _____ Faculty : Arts Science Commerce Tech.

Institution _____ Place _____

Area : Metro Urban Rural Type of Family : Joint Single

Marital Status : Unmarried Married Widower/Widow Divorcee

INSTRUCTIONS

On the following pages 50 statements have been given.

Read each statement carefully and decide your answer on anyone of the Five alternative answers, viz., *Strongly Agree*, *Afree*, *Undecided*, *Disagree* and *Strongly Disagree* and put a tick mark in the appropriate cell which describes you the best.

Please do answer to all the 50 statements.

Be rest assured, your answers will be kept confidential.

Scoring Table

Areas	Raw Score	Grade	z-Score	Level of Psychological Well-being
I				
II				
III				
IV				
V				
Full Scale				

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UG-1, Nirmal Heights, Near Mental Hospital, Agra-282 007

Sr. No	STATEMENTS	Strongly Agree	Agree	UnDecided	Disagree	Strongly Disagree	SCORE
--------	------------	----------------	-------	-----------	----------	-------------------	-------

Area I

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I think I have a particular meaning and purpose of my life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have happy memories of the past. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am very much satisfied about everything in my life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In general, I feel I am in charge of the situation in which I live. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In most ways my life is close to my ideal. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The conditions of my life are excellent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. So far, I have the important things I want in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If I could live my life over, I would change almost nothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In many ways, I feel contented about my achievements in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am living the kind of life I wanted to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Score Area I

Area II

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. I find easy to make decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. In my daily life I get chance to show how capable I am. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I feel positive and creative. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I find I can think quite clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I am quite good at managing responsibilities of my daily life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. For me, life has been a continuous process of learning, changing and growth. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I feel that I am capable of working hard. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I feel eager to tackle my daily task or make new decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sr. No.	STATEMENTS	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Score
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19. I feel I can easily handle or cope with any serious problem.

20. I think it is important to have new experiences that challenge how you think about yourself and the world.

Total Score Area II

Area III

21. I take immense interest in other people.

22. I always keep committed and involved.

23. I have adjusting nature and sense of belongingness.

24. I feel I must do what others expect me to do.

25. People would describe me as a giving person, willing to share my time with others.

26. I have good influence on life.

27. It is always necessary that others approve of what I do.

28. Maintaining close relationships gives pleasure to me.

29. I experience warm and trusting relationships with others.

30. I believe that people are essentially good and can be trusted.

Total Score Area III

Area IV

31. I remain energetic, active and vigorous whole day.

32. Thought of accident doesn't affect me.

Sr. No	STATEMENTS	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	U.S.A.
33.	Tension in life doesn't affect my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	I have no difficulty in sleeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	I keep myself busy whole day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Illness doesn't affect my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	I feel rested when I wake up in the morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Talking or thinking about my illness doesn't make any difference to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Usually I don't feel tired, worn out, used up or exhausted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Age related problems are part of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score Area IV

Area V

41.	Personal relationship gives me pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	I enjoy company of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	I enjoy my personal achievements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	I perform useful activities like reading, gardening, etc. in my leisure time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	I have no hesitation in talking to anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	I like to do any task at right place and right time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	I have good relations with relative and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	I feel satisfied by doing religious activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	I like to watch programs on TV with everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	I am always careful about my manner of dress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score Area V

ಮಾನಸಿಕ ಯೋಗಕ್ಷೇಮದ ಪ್ರಮಾಣದ

ಡಾ. ದೇವೇಂದ್ರ ಸಿಂಗ್ ಸಿಸೋಡಿಯಾ

ಶ್ರೀಮತಿ ಪೂಜಾ ಚೌಧರಿ

ಸೂಚನೆಗಳು:

ಮುಂದಿನ ಪುಟಗಳಲ್ಲಿ 50 ಹೇಳಿಕೆಗಳನ್ನು ನೀಡಲಾಗಿದೆ ಪ್ರತಿ ಸ್ಥಗಿತವನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಓದಿ ಮತ್ತು ಐದು ಪರ್ಯಾಯ ಉತ್ತರಗಳಲ್ಲಿ ಯಾವುದಾದರೂ ನಿಮ್ಮ ಉತ್ತರವನ್ನು ನಿರ್ಧರಿಸಿ, ಮೂಲಕ, ಬಲವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ, ಒಪ್ಪುತ್ತೇನೆ, ನಿರ್ಧರಿಸಲಾಗಿಲ್ಲ, ಒಪ್ಪುವುದಿಲ್ಲ, ಖಂಡಿತವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ. ಸೂಕ್ತವಾದ ಸೆಲ್‌ನಲ್ಲಿ ಟಿಕ್ ಮಾರ್ಕ್ ಅನ್ನು ಹಾಕಿ ಅದು ನಿಮಗೆ ಉತ್ತಮವಾದುದನ್ನು ವಿವರಿಸುತ್ತದೆ. ದಯವಿಟ್ಟು ಎಲ್ಲಾ 50 ಹೇಳಿಕೆಗಳಿಗೆ ಉತ್ತರಿಸಿ. ಖಚಿತವಾಗಿರಿ, ನಿಮ್ಮ ಉತ್ತರಗಳನ್ನು ಗೌಪ್ಯವಾಗಿ ಇರಿಸಲಾಗುತ್ತದೆ

ಹೆಸರು:

ಶಿಕ್ಷಣ:

ವಯಸ್ಸು:

ಪ್ರದೇಶ:

ಲಿಂಗ:

ಕುಟುಂಬದ ಪ್ರಕಾರ:

ವೈವಾಹಿಕ ಸ್ಥಿತಿ:

ದಿನಾಂಕ

ಹೇಳಿಕೆ	ಬಲವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ	ಒಪ್ಪುತ್ತೇನೆ	ನಿರ್ಧರಿಸಲಾಗಿಲ್ಲ	ಒಪ್ಪುವುದಿಲ್ಲ	ಖಂಡಿತವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ	ಅಂಕ
ಪ್ರದೇಶ 1						
1. ನನ್ನ ಜೀವನದ ಒಂದು ನಿರ್ದಿಷ್ಟ(ಪ್ರತ್ಯೇಕ) ಅರ್ಥ ಮತ್ತು ಉದ್ದೇಶವಿದೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ.						
2. ನನಗೆ ಹಿಂದಿನ ಸಂತೋಷದ ನೆನಪುಗಳಿವೆ						
3. ನನ್ನ ಜೀವನದಲ್ಲಿ ಎಲ್ಲದರ ಬಗ್ಗೆ ನಾನು ತುಂಬಾ ತೃಪ್ತಿ ಹೊಂದಿದ್ದೇನೆ						
4. ಸಾಮಾನ್ಯವಾಗಿ, ನಾನು ವಾಸಿಸುವ ಪರಿಸ್ಥಿತಿಯ ಉಸ್ತುವಾರಿ(ಕಾರವಲು) ನಾನು ಭಾವಿಸುತ್ತೇನೆ						
5. ಹೆಚ್ಚಿನ ರೀತಿಯಲ್ಲಿ ನನ್ನ ಜೀವನವು ನನ್ನ ಆದರ್ಶಕ್ಕೆ ಹತ್ತಿರವಾಗಿದೆ						
6. ನನ್ನ ಜೀವನದ ಪರಿಸ್ಥಿತಿಗಳು ಅತ್ಯುತ್ತಮವಾಗಿವೆ						
7. ಇಲ್ಲಿಯವರೆಗೆ ನಾನು ಜೀವನದಲ್ಲಿ ಬಯಸುವ ಪ್ರಮುಖ ವಿಷಯಗಳನ್ನು ಹೊಂದಿದ್ದೇನೆ						
8. ನಾನು ನನ್ನ ಜೀವನವನ್ನು ಬದುಕಲು ಸಾಧ್ಯವಾದರೆ, ನಾನು ಬಹುತೇಕ ಏನನ್ನೂ ಬದಲಾಯಿಸುವುದಿಲ್ಲ						
9. ಅನೇಕ ವಿಧಗಳಲ್ಲಿ ನಾನು ಜೀವನದಲ್ಲಿ ನನ್ನ ಸಾಧನೆಗಳ ಬಗ್ಗೆ ತೃಪ್ತಿ ಹೊಂದಿದ್ದೇನೆ						
10. ನಾನು ಬಯಸಿದ ರೀತಿಯ ಜೀವನವನ್ನು ನಾನು ಬದುಕುತ್ತಿದ್ದೇನೆ						
ಪ್ರದೇಶ 2						

11	ನಿರ್ಧಾರಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದು ನನಗೆ ಸುಲಭವಾಗಿದೆ						
12	ನನ್ನ ದೈನಂದಿನ ಜೀವನದಲ್ಲಿ ನಾನು ಎಷ್ಟು ಸಾಮರ್ಥ್ಯ ಹೊಂದಿದ್ದೇನೆ ಎಂದು ತೋರಿಸಲು ನನಗೆ ಅವಕಾಶ ಸಿಗುತ್ತದೆ.						
13	ನಾನು ಸಕಾರಾತ್ಮಕ ಮತ್ತು ಸೃಜನಶೀಲತೆಯನ್ನು ಅನುಭವಿಸುತ್ತೇನೆ						
14	ನಾನು ಸ್ಪಷ್ಟವಾಗಿ ಯೋಚಿಸಬಹುದು ಎಂದು ನಾನು ಕಂಡುಕೊಂಡಿದ್ದೇನೆ						
15	ನನ್ನ ದೈನಂದಿನ ಜೀವನದ ಜವಾಬ್ದಾರಿಗಳನ್ನು ನಿರ್ವಹಿಸುವಲ್ಲಿ ನಾನು ತುಂಬಾ ಒಳ್ಳೆಯವನು						
16	ನನಗೆ, ಜೀವನವು ಕಲಿಕೆ, ಬದಲಾವಣೆ ಮತ್ತು ಬೆಳವಣಿಗೆಯ ನಿರಂತರ ಪ್ರಕ್ರಿಯೆಯಾಗಿದೆ						
17	ನಾನು ಕಷ್ಟಪಟ್ಟು ಕೆಲಸ ಮಾಡುವ ಸಾಮರ್ಥ್ಯ ಹೊಂದಿದ್ದೇನೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ						
18	ನನ್ನ ದೈನಂದಿನ ಕಾರ್ಯವನ್ನು ನಿಭಾಯಿಸಲು ಅಥವಾ ಹೊಸ ನಿರ್ಧಾರಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ನಾನು ಉತ್ಸುಕನಾಗಿದ್ದೇನೆ						
19	ಯಾವುದೇ ಗಂಭೀರ ಸಮಸ್ಯೆಯನ್ನು ನಾನು ಸುಲಭವಾಗಿ ನಿಭಾಯಿಸಬಹುದು ಅಥವಾ ನಿಭಾಯಿಸಬಹುದು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ						
20	ನಿಮ್ಮ ಮತ್ತು ಪ್ರಪಂಚದ ಬಗ್ಗೆ ನೀವು ಹೇಗೆ ಯೋಚಿಸುತ್ತೀರಿ ಎಂಬುದನ್ನು ಪ್ರಶ್ನಿಸುವ ಹೊಸ ಅನುಭವಗಳನ್ನು ಹೊಂದಿರುವುದು ಮುಖ್ಯ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ						
ಪ್ರದೇಶ 3							
21	ನಾನು ಇತರ ಜನರ ಬಗ್ಗೆ ಅಪಾರ ಆಸಕ್ತಿ ವಹಿಸುತ್ತೇನೆ.						
22	ನಾನು ಯಾವಾಗಲೂ ಬದ್ಧನಾಗಿರುತ್ತೇನೆ ಮತ್ತು ಭಾಗಿಯಾಗುತ್ತೇನೆ.						
23	ನಾನು ಸ್ವಭಾವ ಮತ್ತು ಸಂಬಂಧದ ಪ್ರಜ್ಞೆಯನ್ನು ಸರಿಹೊಂದಿಸುತ್ತಿದ್ದೇನೆ						
24	ಇತರರು ನಾನು ಮಾಡಬೇಕೆಂದು ನಿರೀಕ್ಷಿಸಿದ್ದನ್ನು ನಾನು ಮಾಡಬೇಕು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ.						
25	ಜನರು ನನ್ನನ್ನು ನೀಡುವ ವ್ಯಕ್ತಿ ಎಂದು ವಿವರಿಸುತ್ತಾರೆ, ನನ್ನ ಸಮಯವನ್ನು ಇತರರೊಂದಿಗೆ ಹಂಚಿಕೊಳ್ಳಲು ಸಿದ್ಧನಿದ್ದೇನೆ						
26	ನನಗೆ ಜೀವನದ ಮೇಲೆ ಉತ್ತಮ ಪ್ರಭಾವವಿದೆ.						
27	ನಾನು ಮಾಡುವುದನ್ನು ಇತರರು ಅನುಮೋದಿಸುವುದು (ಒಪ್ಪಂದ) ಯಾವಾಗಲೂ ಅಗತ್ಯವಾಗಿರುತ್ತದೆ.						

28	ನಿಕಟ ಸಂಬಂಧಗಳನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳುವುದು ನನಗೆ ಸಂತೋಷವನ್ನು ನೀಡುತ್ತದೆ.						
29	ನಾನು ಇತರರೊಂದಿಗೆ ಬೆಚ್ಚಗಿನ ಮತ್ತು ವಿಶ್ವಾಸಾರ್ಹ ಸಂಬಂಧಗಳನ್ನು ಅನುಭವಿಸುತ್ತೇನೆ.						
30	ಜನರು ಮೂಲಭೂತವಾಗಿ ಒಳ್ಳೆಯವರು ಮತ್ತು ನಂಬಬಹುದು ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.						
	ಪ್ರದೇಶ 4						
31	ನಾನು ಶಕ್ತಿಯುತ, ಕ್ರಿಯಾಶೀಲ ಮತ್ತು ಹುರುಪಿನ ಇಡೀ ದಿನವಾಗಿ ಉಳಿದಿದ್ದೇನೆ.						
32	ಅಪಘಾತದ ಬಗ್ಗೆ ಯೋಚನೆ ನನ್ನ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ.						
33	ಜೀವನದಲ್ಲಿ ಒತ್ತಡ ನನ್ನ ಆರೋಗ್ಯದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ.						
34	ನನಗೆ ಮಲಗಲು ಯಾವುದೇ ತೊಂದರೆ ಇಲ್ಲ.						
35	ನಾನು ಇಡೀ ದಿನ ಕಾರ್ಯನಿರತನಾಗಿರುತ್ತೇನೆ.						
36	ಅನಾರೋಗ್ಯವು ನನ್ನ ಮಾನಸಿಕ ಆರೋಗ್ಯದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ.						
37	ಬೆಳಿಗ್ಗೆ ಎದ್ದಾಗ ನನಗೆ ವಿಶ್ರಾಂತಿಯ ಅನುಭವವಾಗುತ್ತದೆ.						
38	ನನ್ನ ಅನಾರೋಗ್ಯದ ಬಗ್ಗೆ ಮಾತನಾಡುವುದು ಅಥವಾ ಯೋಚಿಸುವುದು ನನಗೆ ಯಾವುದೇ ವ್ಯತ್ಯಾಸವನ್ನುಂಟು ಮಾಡುವುದಿಲ್ಲ.						
39	ಸಾಮಾನ್ಯವಾಗಿ ನನಗೆ ಆಯಾಸ, ಧರಿಸಿರುವ, ಬಳಸಿದ ಅಥವಾ ದಣಿವು ಅನಿಸುವುದಿಲ್ಲ.						
40	ವಯಸ್ಸಿಗೆ ಸಂಬಂಧಿಸಿದ ಸಮಸ್ಯೆಗಳು ಜೀವನದ ಒಂದು ಭಾಗವಾಗಿದೆ						
	ಪ್ರದೇಶ 5						
41	ವೈಯಕ್ತಿಕ ಸಂಬಂಧವು ನನಗೆ ಸಂತೋಷವನ್ನು ನೀಡುತ್ತದೆ.						
42	ನಾನು ಇತರ ಜನರ ಕಂಪನಿಯನ್ನು (ಸಂಗಾತಿ) ಆನಂದಿಸುತ್ತೇನೆ.						
43	ನನ್ನ ವೈಯಕ್ತಿಕ ಸಾಧನೆಗಳನ್ನು ನಾನು ಆನಂದಿಸುತ್ತೇನೆ.						
44	ನ್ನ ಬಿಡುವಿನ ವೇಳೆಯಲ್ಲಿ ನಾನು ಓದುವಿಕೆ, ತೋಟಗಾರಿಕೆ ಮುಂತಾದ ಉಪಯುಕ್ತ ಚಟುವಟಿಕೆಗಳನ್ನು ನಿರ್ವಹಿಸುತ್ತೇನೆ.						
45	ಯಾರೊಂದಿಗೂ ಮಾತನಾಡಲು ನನಗೆ ಯಾವುದೇ ಹಿಂಜರಿಕೆ ಇಲ್ಲ.						

46	ನಾನು ಸರಿಯಾದ ಸ್ಥಳದಲ್ಲಿ ಮತ್ತು ಸರಿಯಾದ ಸಮಯದಲ್ಲಿ ಯಾವುದೇ ಕೆಲಸವನ್ನು ಮಾಡಲು ಇಷ್ಟಪಡುತ್ತೇನೆ.						
47	ನನಗೆ ಸಾಪೇಕ್ ಮತ್ತು ಸ್ನೇಹಿತರೊಂದಿಗೆ ಉತ್ತಮ ಸಂಬಂಧವಿದೆ						
48	ಧಾರ್ಮಿಕ ಚಟುವಟಿಕೆಗಳನ್ನು ಮಾಡುವ ಮೂಲಕ ನನಗೆ ತೃಪ್ತಿ ಇದೆ						
49	ನಾನು ಎಲ್ಲರೊಂದಿಗೆ ಟಿವಿಯಲ್ಲಿ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ವೀಕ್ಷಿಸಲು ಇಷ್ಟಪಡುತ್ತೇನೆ.						
50	ನನ್ನ ಉಡುಗೆ ವಿಧಾನದ ಬಗ್ಗೆ ನಾನು ಯಾವಾಗಲೂ ಜಾಗರೂಕರಾಗಿರುತ್ತೇನೆ.						

मनोवैज्ञानिक स्वास्थ्य पैमाना डॉ.
देवेन्द्र सिंह सिसौदिया
सुश्री पूजा चौधरी

निर्देश:

अगले पृष्ठों पर 50 कथन दिए गए हैं। प्रत्येक कथन को ध्यान से पढ़ें और पांच वैकल्पिक उत्तरों में से किसी एक पर अपना उत्तर तय करें, अर्थात्। पूर्णपणे सहमत, सहमत, अनिर्णित, असहमत, अत्यधिक असहमत और उस उपयुक्त खाने में सही का निशान लगाएं जो आपको सबसे अच्छा बताता है। कृपया सभी 50 कथनों का उत्तर दें। निश्चित रहें, आपके उत्तर गुप्त रखे जाएंगे।

नाम:

शैक्षणिक:

क्षेत्र:

परिवार का प्रकार:

आयु:

वैवाहिक स्थिति:

लिंग:

तारीख:

	बयान	पूर्णपणे सहमत	सहमत	अनिर्णित	असहमत	अत्यधिक असहमत	अंक
	क्षेत्र 1						
1.	मुझे लगता है कि मेरे जीवन का एक विशेष अर्थ और उद्देश्य है।						
2.	मेरे पास अतीत की सुखद यादें हैं।						
3.	मैं अपने जीवन में हर चीज से बहुत संतुष्ट हूँ।						
4.	सामान्य तौर पर, मुझे लगता है कि मैं उस स्थिति का प्रभारी हूँ जिसमें मैं रहता हूँ।						
5.	ज्यादातर मायनों में मेरा जीवन मेरे आदर्श के करीब है।						
6.	मेरे जीवन की परिस्थितियाँ उत्कृष्ट (अत्युत्तम) हैं।						

7.	अब तक, मेरे पास जीवन में महत्वपूर्ण चीजें हैं जो मैं चाहता हूँ।						
8.	अगर मैं अपना जीवन जी सकूँ, तो मैं लगभग कुछ भी नहीं बदलूंगा।						
9.	कई मायनों में, मैं जीवन में अपनी सफलता से संतुष्ट महसूस करता हूँ।						
10	मैं उस तरह का जीवन जी रहा हूँ जैसा मैं चाहता था।						
	क्षेत्र 2						
11	मुझे निर्णय लेना आसान लगता है।						
12	अपने दैनिक जीवन में मुझे यह दिखाने का मौका मिलता है कि मैं कितना काबिल हूँ।						
13	मैं सकारात्मक और रचनात्मक महसूस करता हूँ।						
14	मुझे लगता है कि मैं काफी स्पष्ट रूप से सोच सकता हूँ।						
15	मैं अपने दैनिक जीवन की जिम्मेदारियों का प्रबंधन करने में काफी अच्छा हूँ।						
16	मेरे लिए जीवन सीखने, बदलने और विकास की एक सतत प्रक्रिया रही है।						
17	मुझे लगता है कि मैं कड़ी मेहनत करने में सक्षम हूँ।						

18	मैं अपने दैनिक कार्यों को निपटाने या नए निर्णय लेने के लिए उत्सुक महसूस करता हूँ।						
19	मुझे लगता है कि मैं किसी भी गंभीर समस्या से आसानी से निपट सकता हूँ या उसका सामना कर सकता हूँ।						
20	मुझे लगता है कि नए अनुभवों का होना महत्वपूर्ण है जो चुनौती देते हैं कि आप अपने और दुनिया के बारे में कैसे सोचते हैं।						
	क्षेत्र 3						
21	मैं अन्य लोगों में अत्यधिक रुचि लेता हूँ।						
22	मैं हमेशा प्रतिबद्ध(वचनबद्ध) और शामिल रहता हूँ।						
23	मेरे पास समायोजन(काबिल) प्रकृति और अपनेपन की भावना है।						
24	मुझे लगता है कि मुझे वही करना चाहिए जो दूसरों को मुझसे करने की उम्मीद है।						
25	लोग मुझे एक देने वाले व्यक्ति के रूप में वर्णित करेंगे, दूसरों के साथ मेरा समय साझा करने के लिए तैयार हैं।						
26	जीवन पर मेरा अच्छा प्रभाव है।						
27	यह हमेशा आवश्यक होता है कि जो मैं करता हूँ दूसरे उसका अनुमोदन (मंजूरी) करें।						
28	करीबी रिश्तों को बनाए रखने से मुझे खुशी मिलती है।						

29	मैं दूसरों के साथ हार्दिक और भरोसेमंद रिश्तों का अनुभव करता हूँ।						
30	मेरा मानना है कि लोग अनिवार्य रूप से अच्छे हैं और उन पर भरोसा किया जा सकता है।						
	क्षेत्र 4						
31	मैं पूरे दिन तेजस, क्रियाशील और जोरदार रहता हूँ।						
32	दुर्घटना की सोच मुझे प्रभावित नहीं करती।						
33	जीवन में तनाव का असर मेरी सेहत पर नहीं पड़ता है।						
34	मुझे सोने में कोई दिक्कत नहीं है।						
35	मैं खुद को पूरे दिन व्यस्त रखता हूँ।						
36	बीमारी का असर मेरे मानसिक स्वास्थ्य पर नहीं पड़ता है।						
37	सुबह उठने पर आराम महसूस होता है।						
38	अपनी बीमारी के बारे में बात करने या सोचने से मुझे कोई फर्क नहीं पड़ता।						
39	आमतौर पर मैं थकी हुई, घिसा हुई, एकदम समाप्त या थकावट महसूस नहीं करती।						
40	उम्र से संबंधित समस्याएं जीवन का हिस्सा हैं।						

	क्षेत्र 5						
41	निजी संबंध मुझे खुशी देता है।						
42	मैं अन्य लोगों की संगत का आनंद लेता हूँ।						
43	मैं अपनी व्यक्तिगत उपलब्धियों का आनंद लेता हूँ।						
44	मैं अपने फुर्सत के समय में पढ़ने, बागवानी आदि उपयोगी कार्यकलाप करता हूँ।						
45	मुझे किसी से बात करने में कोई हिचक नहीं है।						
46	मुझे कोई भी काम सही जगह और सही समय पर करना पसंद है।						
48	मेरे रिश्तेदारों और दोस्तों के साथ अच्छे संबंध हैं।						
49	मैं धार्मिक कार्यकलाप करके संतुष्ट महसूस करता हूँ						
49	मैं सबके साथ टीवी पर कार्यक्रम देखना पसंद करती हूँ।						
50	मैं अपने पहनावे के तरीके को लेकर हमेशा सतर्क रहती हूँ।						

मानसशास्त्रीय आरोग्य स्केल डॉ.

देवेंद्र सिंग सिसोदिया

कु. पूजा चौधरी

सूचना:

पुढील पानांवर 50 विधाने दिली आहेत. प्रत्येक विधान काळजीपूर्वक वाचा आणि पाच पर्यायी उत्तरांपैकी कोणावरही तुमचे उत्तर ठरवा, उदा. ठामपणे सहमत, अनिर्णित सहमत, असहमत, जोरदार असहमत आणि योग्य सेलमध्ये एक टिक चिन्ह ठेवा जे तुमचे सर्वोत्तम वर्णन करते. कृपया सर्व 50 विधानांची उत्तरे द्या. खात्री बाळगा, तुमची उत्तरे गोपनीय ठेवली जातील.

नाव:

शैक्षणिक:

वय:

क्षेत्र:

लिंग:

कुटुंबाचा प्रकार:

वैवाहिक स्थिती:

तारीख:

	विधाने	दृढतापूर्व क सहमत	सहमत	कच्चा पक्का	असहमत	दृढतापूर्व क असहमत	धावसं ख्या
	क्षेत्रफळ 1						
1.,	मला वाटते की माझ्या आयुष्याचा एक विशिष्ट अर्थ आणि उद्देश आहे						
2.	मला भूतकाळाच्या सुखद आठवणी आहेत.						
3.	मी माझ्या आयुष्यातल्या प्रत्येक गोष्टीबद्दल खूप समाधानी आहे.						
4.	सर्वसाधारणपणे, मी ज्या परिस्थितीत राहतो त्या परिस्थितीचा मी प्रभारी आहे असे मला वाटते.						

5.	बहुतांश अर्थानि माझे जीवन माझ्या आदर्शाच्या जवळ आहे.						
6.	माझ्या आयुष्याची परिस्थिती उत्तम आहे.						
7.	आतापर्यंत मला आयुष्यात हव्या असलेल्या महत्त्वाच्या गोष्टी आहेत.						
8.	जर मी माझे आयुष्य जगू शकलो, तर मी जवळजवळ काहीही बदलणार नाही.						
9.	अनेक अर्थानी मला माझ्या जीवनातील कामगिरीबद्दल वादग्रस्त वाटते.						
10.	मला जसं जगायचं होतं तसं मी जगत आहे.						
	क्षेत्रफळ 2						
11.	मला निर्णय घेणे सोपे वाटते.						
12.	माझ्या दैनंदिन जीवनात मला मी किती सक्षम आहे हे दाखवण्याची संधी मिळते.						
13.	मी सकारात्मक आणि सर्जनशील वाटते.						
14.	मी अगदी स्पष्टपणे विचार करू शकता शोधू.						
15.	मी माझ्या दैनंदिन आयुष्यातील जबाबदाऱ्या सांभाळण्यात बऱ्यापैकी चांगला आहे.						
16.	माझ्यासाठी आयुष्य ही सतत शिकण्याची, बदलण्याची आणि वाढण्याची प्रक्रिया आहे.						
17.	मी मेहनत करण्यास सक्षम आहे, असे मला वाटते.						

18.	रोजच्या कामाला सामोरे जाण्याची किंवा नवीन निर्णय घेण्याची उत्सुकता वाटते.						
19.	मी सहज हाताळू किंवा कोणत्याही गंभीर समस्या सह झुंजणे करू शकता असे मला वाटते.						
20.	तुम्ही स्वतःबद्दल आणि जगाबद्दल कसा विचार करता हे आव्हान देणारे नवे अनुभव मला महत्त्वाचे वाटतात.						
	क्षेत्रफळ 3						
21.	मी इतर लोकांमध्ये प्रचंड रस घेते.						
22.	मी नेहमीच वचनबद्ध आणि सहभागी राहतो.						
23.	मी निसर्ग आणि आपुलकीची भावना समायोजित आहे.						
24.	मला असे वाटते की इतरांनी माझ्याकडून जे अपेक्षित आहे ते मी केले पाहिजे.						
25.	लोक मला एक देणारा व्यक्ती म्हणून वर्णन करतील, इतरांबरोबर माझा वेळ सामायिक करण्यास इच्छुक असतील.						
26.	आयुष्यावर माझा चांगला प्रभाव आहे						
27.	मी काय करतो हे इतरांनी मंजूर करणे नेहमीच आवश्यक आहे.						
28.	जवळचे नाते टिकवून ठेवल्याने मला आनंद मिळतो.						

29.	मी इतरांशी उबदार आणि विश्वासाचे संबंध अनुभवतो.						
30.	लोक मूलतः चांगले आहेत आणि विश्वास ठेवला जाऊ शकतो, असे मला वाटते.						
	क्षेत्रफळ 4						
31.	मी संपूर्ण दिवस ऊर्जावान, सक्रिय आणि जोमदार राहतो.						
32.	अपघाताचा विचार माझ्यावर परिणाम करत नाही.						
33.	आयुष्यातल्या तणावाचा माझ्या आरोग्यावर परिणाम होत नाही.						
34.	मला झोपायला काहीच अडचण नाही						
35.	मी स्वतःला दिवसभर व्यस्त ठेवते						
36.	आजारपणामुळे माझ्या मानसिक आरोग्यावर परिणाम होत नाही						
37.	सकाळी उठल्यावर मला आराम वाटतो						
38.	माझ्या आजाराबद्दल बोलणं किंवा विचार करणं मला काही फरक पडत नाही						
39.	सहसा मी थकल्यासारखे वाटत नाही, बाहेर थकल्यासारखे, अपवापरले किंवा थकल्यासारखे.						
40.	वयाशी संबंधित समस्या जीवनाचा भाग आहेत.						
	क्षेत्रफळ 5						
41.	वैयक्तिक संबंध मला आनंद देतात.						

42.	मी इतर लोकांच्या सहवासाचा आनंद घेतो.						
43.	माझ्या वैयक्तिक कर्तृत्वाचा मला आनंद आहे.						
44.	मी माझ्या फुरसतीच्या वेळेत वाचन, बागकाम इत्यादी उपयुक्त उपक्रम करते						
45.	कुणाशीही बोलण्यात मला अजिबात संकोच नाही.						
46.	कोणतेही काम योग्य ठिकाणी आणि योग्य वेळी करायला मला आवडतं						
47.	माझे नातेवाईक आणि मित्रांसोबत चांगले संबंध आहेत.						
48.	धार्मिक कार्ये करून समाधान वाटते.						
49.	मला सगळ्यांसोबत टीव्हीवरचे कार्यक्रम बघायला आवडतात.						
50.	मी माझ्या पेहरावाच्या पद्धतीबाबत नेहमीच दक्ष असते.						