

CHAPTER 4

RESULTS AND DISCUSSION

The current research, entitled "**Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children**", was carried out in four separate phases, and the results of each phase are described in this chapter.

4.1. Phase 1: Survey to Assess the Socio-economic Status and Stress Levels among Selected Mothers of visually challenged children (N=423)

4.2. Phase 2: Training and Motivating the Mothers on Life Skills and Hand Skills and Evaluating its Impact (n=50)

4.3. Phase 3: Creating and Launching a Small Vending Store on the School Campus, by Trained Mothers (St. Louis Thai Store) (n=20)

4.4. Phase 4: Evaluating the Impact of the Enterprise Creation (Vending Store) and Level of Satisfaction (n=10)

4.1. Phase 1: Survey to Assess the Socio-economic Status and Stress Levels among Selected Mothers of visually challenged children (N=423)

To document pertinent information, a survey was conducted to assess the stress levels among selected mothers of visually challenged children, including their demographic profiles, factors leading to stress, levels of parental stress, and personal and social well-being. The details are presented under the following subheadings:

4.1.1 Demographic profile of selected respondents

The demographic profile, including socio-economic status, family background, housing details, details of children and time spent with children for various activities of the selected mothers of visually challenged children, was analyzed and presented in Tables 6-11.

The details of the respondents (Mothers of visually challenged children) are presented under the following subheadings

4.1.1 (i) Socio-economic status of the selected mothers

4.1.1 (ii) Family profile of the selected mothers

4.1.1 (iii) Housing details of the selected mothers

4.1.1 (iv) Details of visually challenged children of the selected mothers

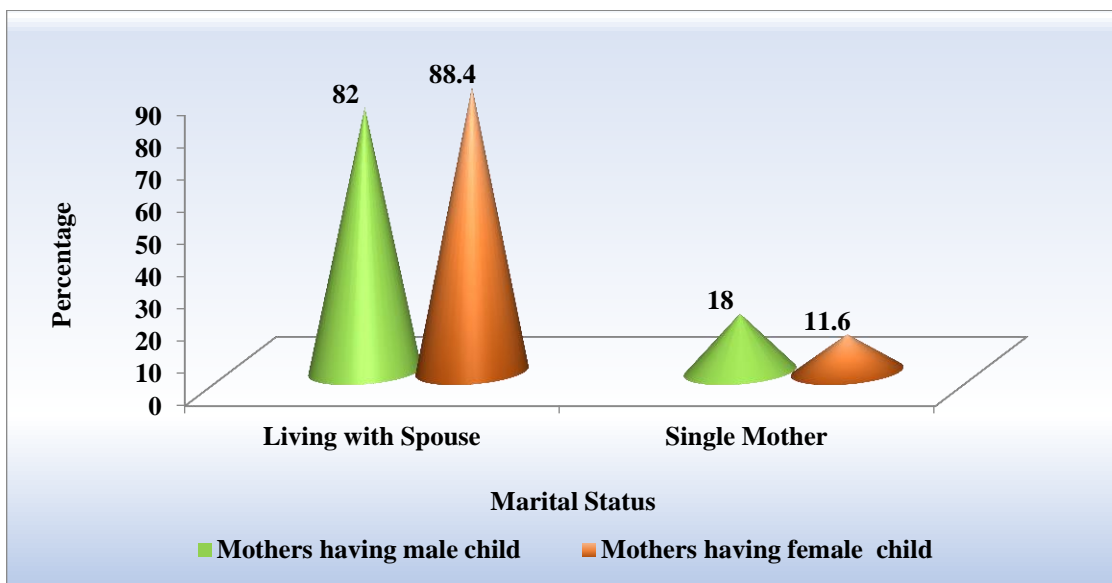
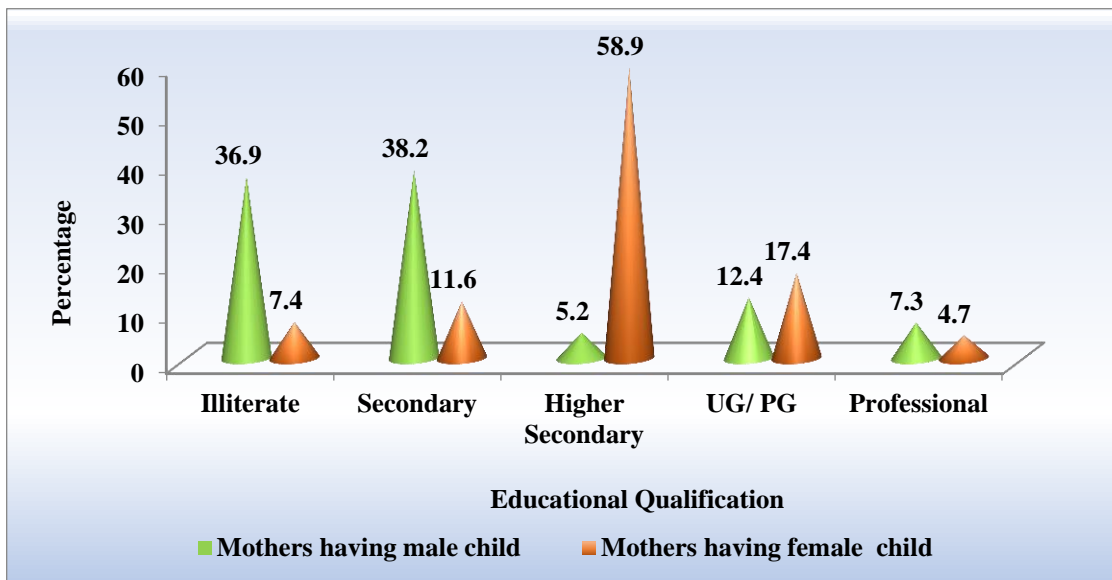
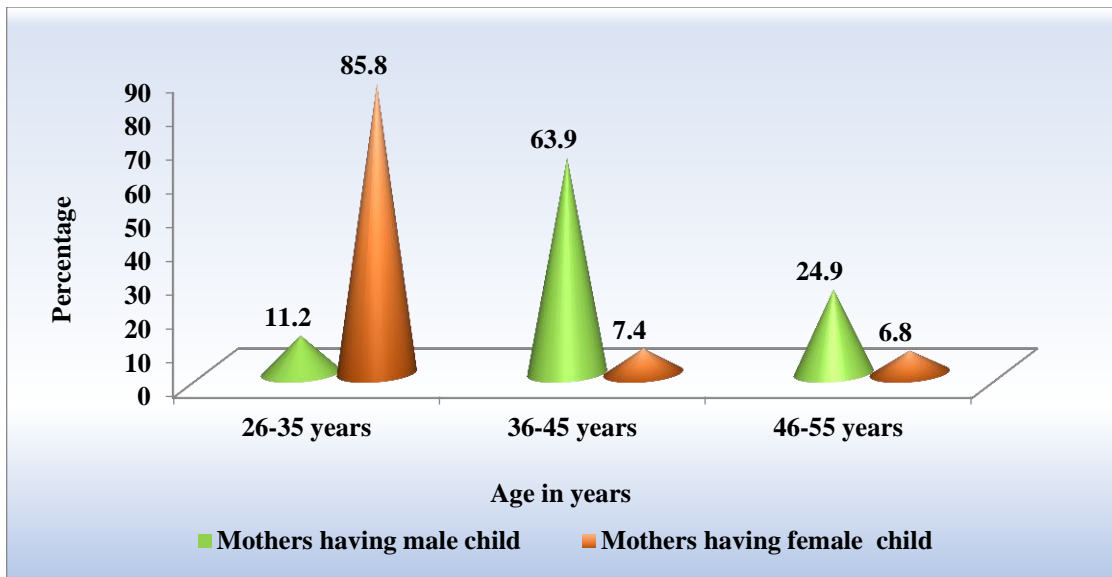
4.1.1 (v) Time spent with children for various activity by the selected mothers

4.1.1 (i) Socio-economic Status of the Selected Mothers

Social status refers to a person's perceived relationship within a social group. Social status accounts for differences in family values, attitudes, decision-making, and expenditure patterns (Seetharaman et al., 2015). The socio-economic profile of selected mothers of visually challenged children, including age, educational qualification, marital status, employment status of the head of the family, employment status of the mother, and family income, is presented in Table 6 and Figure 5.

Table 6: Socio-economic Profile of the Selected Mothers (in per cent)

Demographic profile		Number of Children (in per cent)				Total	
		Mothers having a male child.		Mothers having a female child.			
		N=233	%	N=190	%	N=423	%
Age of the Mother	26-35 years	26	11.2	163	85.8	189	44.7
	36-45 years	149	63.9	14	7.4	163	38.5
	46-55 years	58	24.9	13	6.8	71	16.8
Educational Qualification of the Mother (Census of India, 2011)	Illiterate	86	36.9	14	7.4	100	23.6
	Secondary	89	38.2	22	11.6	111	26.2
	Higher Secondary	12	5.2	112	58.9	124	29.3
	UG/ PG	29	12.4	33	17.4	62	14.7
	Professional (B.Ed, CA, B.E, and Medicine) Courses	17	7.3	9	4.7	26	6.1
Marital Status	Living with Spouse	191	82.0	168	88.4	359	84.9
	Single Mother	42	18.0	22	11.6	64	15.1
Employment Status of the Head of the Family	Self-Employed	98	42.1	8	4.2	106	25.1
	Daily Wages	28	12.0	14	7.4	42	9.9
	Regular Wages/Salary	46	19.7	18	9.5	64	15.1
	Professionals	52	22.3	131	68.9	183	43.3
	Not Applicable (Single parent in male is 42 and in female is 22)	9	3.9	19	10.0	28	6.6
Employment Status of Mother (International Labour Organization (ILO), 2013)	Homemaker	152	65.2	23	12.1	175	41.4
	Daily Wages	26	11.2	13	6.8	39	9.2
	Clerical	9	3.9	9	4.7	18	4.3
	Officer	17	7.3	9	4.7	26	6.1
	Professional (Teachers, Lawyers, Doctors, and Engineers)	29	12.4	136	71.6	165	39.0
Family Income (World Bank classification, 2018)	Low - upto Rs. 6000/- month	158	67.8	45	23.7	203	48.0
	Lower-middle – between Rs. 6001 to Rs. 22,760/-	33	14.2	6	3.2	39	9.2
	Upper Middle – between Rs. 22,761 to Rs. 70,500/-	32	13.7	3	1.5	35	8.3
	High – Rs. 70,501 and above	10	4.3	136	71.6	146	34.5



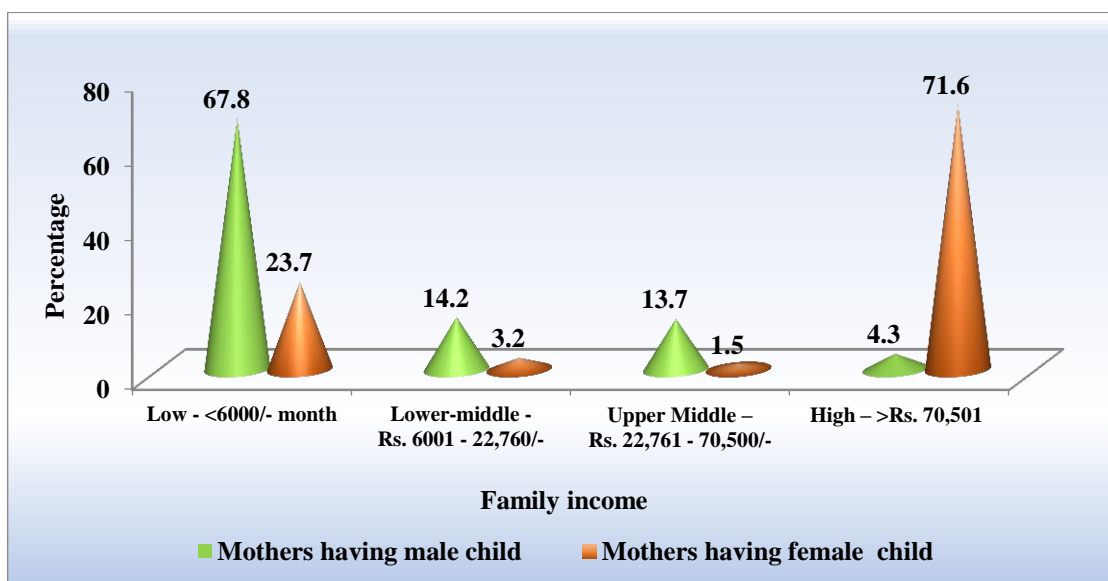
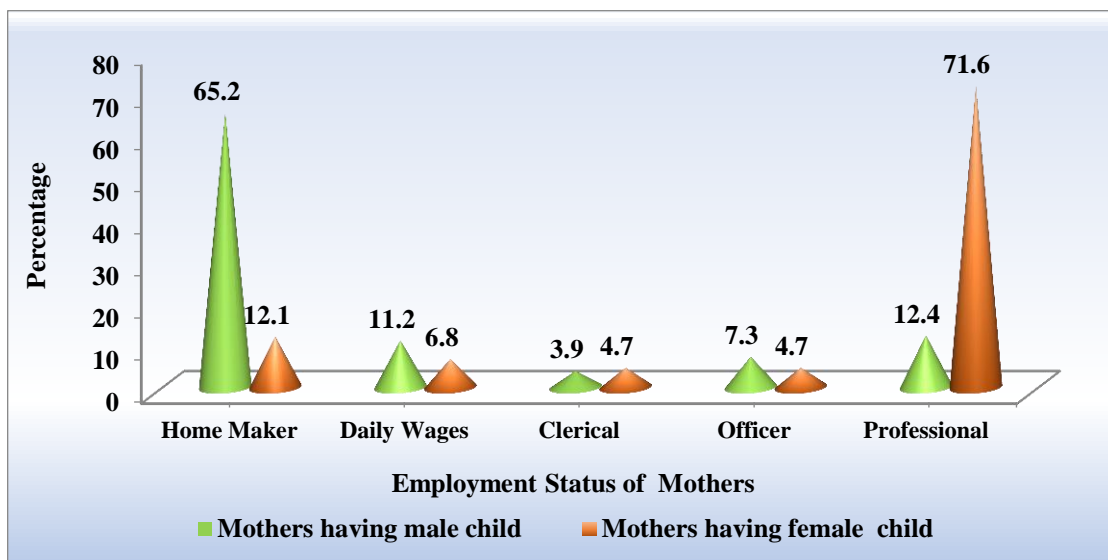
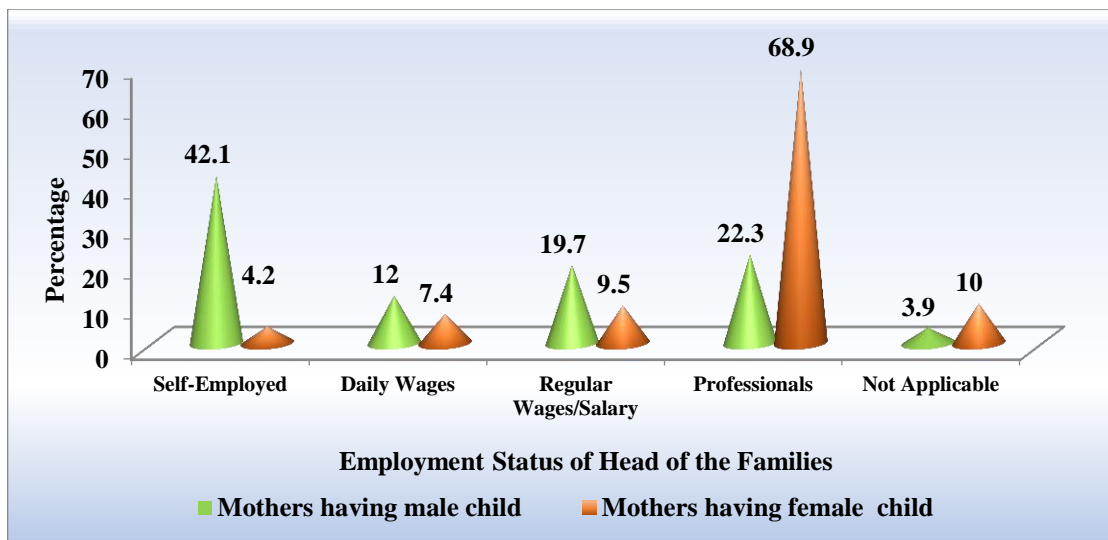


Figure 5: Socio-economic Profile of Selected Mothers

The personal profiles of the selected mothers of visually challenged children indicate that, among the 423 mothers surveyed, 55 per cent had male children while 45 per cent had female visually challenged children aged between 4 and 18 years. Disability rates were higher in males compared to females (1,819 vs. 1,451 per 100,000). Multiple disabilities were more common in the age groups 0–19 years and 60 years and above, as per the 2011 Census of India (<https://censusindia.gov.in/>).

Age of the Mothers

Age is the number of years, months, or days since one's birth expressed in terms of years, months, or days (<https://www.healthline.com/health/chronological-ageing>). Energy levels decrease with age, as well as with the increased size of the family. It is a factor that determines an individual's energy and earning capacity (Seetharaman et al., 2015). Table 6 shows that the majority of mothers of visually challenged children were aged between 26 and 35 years (44.7 per cent), followed by 36 and 45 years (38.5 per cent) and 46 and 55 years (16.8 per cent). The majority of boys' mothers were aged between 36-45 years (63.9 per cent) followed by 46-55 years (24.9 per cent) and 26-35 years (11.2 per cent) while girls' mothers were aged between 26-35 years (85.8 per cent) followed by 36-45 and 46-55 years (7.4 per cent and 6.8 per cent each respectively).

Educational Qualification of the Mother

The educational status of women is an important variable. Bhushan (2016) defined education as the process of encouraging the cognitive, physical, social, emotional, and moral growth and development of people or groups. Out of 423 samples (mothers of visually challenged children) surveyed, 29.3 per cent had higher secondary education, followed by 26.2 per cent who had completed secondary education. Around 24 per cent of the subjects were illiterate, 14.7 per cent were found to be graduates, and 6.1 per cent were professionals who participated in the study. This indicates that the surveyed participants had a reasonable level of education, which motivated them to enrol their visually challenged children in a good educational institution.

Marital Status

In general, it is observed from Table 6 that 84.9 per cent of the mothers of visually challenged children were living with their spouse, and 15.1 per cent of them were single mothers. Analysis as per gender, 88.4 per cent of the mothers of female children and 82 per cent of mothers of visually challenged children boys were living with

their spouse, whereas 18 per cent of the mothers of boys and 11.6 per cent of mothers of girls with visual impairment were single mothers.

Employment Status of the Head of the Family

The occupational status of the family's heads represent its economic status. The better the occupation, the higher the standard of living. Generally, the occupational and financial status of an individual determines the living conditions of their family and also their plans. Occupations are activities or tasks that engage a person's resources of time and energy, specifically for self-care, productivity, and leisure. Table 6 indicates that, in general, 43.3 per cent of the spouses of the mothers of visually challenged children in Chennai were professionals. It is also observed that 25.1 per cent of the selected mothers' husbands were self-employed, while the others were employed for regular wages/salary (15.1 per cent) or daily wages (9.9 per cent). It was noted that 6.6 per cent of the selected subjects were single mothers, and their response was not applicable. Due to their low financial situation resulting from the lack of support from their partners, they need to find other income generating activities or have to start their own enterprise.

Employment Status of Mothers

According to Mangla (2020), employment refers to any productive activity through which an individual earns a livelihood. In this study, the employment status of mothers was categorized into two main groups: full-time homemakers and employed homemakers.

Among the selected respondents, 41.4 per cent were homemakers and 39 per cent were professionals, including teachers, lawyers, doctors, and engineers. A small percentage were involved in daily wage work (9.2 per cent), officers (6.1 per cent), and clerical workers (4.3 per cent).

Analysis by gender revealed that among mothers of female visually challenged children, 71.6 per cent were professionals, while 12.1 per cent were homemakers. Additionally, 6.8 per cent worked as daily wage laborers, and 4.7 per cent each were clerical staffs in office.

In contrast, 65.2 per cent of mothers of visually challenged boys were homemakers. A smaller percentage were professionals (12.4 per cent), daily wage earners (11.2 per cent), officers (7.3 per cent) and clerical staff (3.9 per cent). The higher rate of unemployment among mothers of visually challenged children shows economic

vulnerability, highlighting the importance of implementing income-generating initiatives to support these families.

Family Income

Money is a flexible non-human resource that is convertible into both tangible commodities and human resources, such as skills, time, and energy. (Goel, 2016). Annual income of the samples in Chennai, India, as per World bank classification, 2018 ranged between Low - Less than Rs. 6000/- month, Lower-middle – between Rs. 6001 to Rs. 22,760/-, Upper Middle – between Rs. 22,761 to Rs. 70,500/- and High – Rs. 70,501 and above. The family income of the surveyed mothers of visually challenged children in Table 6 reveals that the income of a maximum of 71.6 per cent of mothers of female visually challenged children belonged to the high-income group, whereas 67.8 per cent of the selected mothers of male children belonged to the low-income group.

(ii) Family Profile of the Selected Mothers

Table 7 presents the family details, including family type, family size, and number of children, of the selected mothers of visually challenged children subjects involved in this study.

Table 7: Family Profile of the Selected Mothers (in per cent)

Family Profile		Mothers having a male child		Mothers having a female child		Total	
		N=233	%	N=190	%	N=423	%
Family Type	Nuclear Family	201	86.3	88	46.3	289	68.3
	Joint Family	32	13.7	102	53.7	134	31.7
Family Size (United Nations. Compendium of human settlements statistics, 1995)	Small Family (2-3 members)	86	36.9	75	39.5	161	38.1
	Medium-sized family (4-5 members)	130	55.8	115	60.5	245	57.9
	Large Family (more than six members)	17	7.3	0	0	17	4.0
Number of Children in the Family	One	79	33.9	168	88.4	247	58.4
	Two	121	51.9	22	11.6	143	33.8
	Three (More than Three)	33	14.2	0	0	33	7.8

Family Type

Mohan et al. (2023) classify the Indian families into two major types: the joint family and the nuclear family. The kind of family structure significantly influences the allocation and expenditure of both human and non-human resources within the family. Findings indicate that 86.3 per cent of mothers of boys with visual impairment come from nuclear families, while only 13.7 per cent belong to joint families. This trend reflects the modern societal shift from joint families to nuclear families. In contrast, among the mothers of girls with visual impairments, 53.7 per cent were from joint families and 46.3 per cent from nuclear families. In contrast, for mothers of girls with visual impairments, they often find it easier in a joint family where additional adult members can assist. As Sammaiah (2021) states, “the nuclear family model is predominant in urban areas, with joint families gradually disappearing and their traditional functions evolving.”

Family Size

Regarding the family size of the subjects, 57.9 per cent, were from medium-sized families (4-5 members), followed by small-sized families (38.1 per cent) and large-sized families (4 per cent), according to the United Nations, Compendium of Human Settlements Statistics (1995).

Number of Children in the Family

Regarding the number of children in a family irrespective of the gender, it was found that 58.4 per cent of mothers had one child, followed by two children (33.8 per cent) and three children (7.8 per cent). The preference for smaller families, often with one or two children, is driven by economic factors, a focus on quality of life, and the challenges of balancing work and family responsibilities. Additionally, societal norms favouring smaller families have become more prevalent.

(iii) Housing Details of the Selected Mothers

Table 8 presents the details regarding the dwelling, including ownership, type of house, and size of the house.

Table 8: Housing Details of the Selected Mothers (in per cent)

Housing Details		Mothers having male children		Mothers having female children		Total	
		N=233	C	N=190	%	N=423	%
Ownership	Own House	75	32.2	145	76.3	220	52.0
	Rental House	158	67.8	32	16.8	190	44.9
	Lease	0	0	13	6.8	13	3.1
Type of House	One Room	153	65.7	45	23.7	198	46.8
	Twin House	29	12.4	9	4.7	38	9.0
	Duplex House	37	15.9	0	0	37	8.7
	Flat/ apartment	14	6.0	84	44.2	98	23.2
	Multi-storey	0	0	52	27.4	52	12.3
Size of the House (Ministry of Housing & Urban Affairs, Government of India, 2021)	Small (500-750 Sq.ft)	118	50.6	45	23.7	163	38.5
	Medium (751-1200 Sq.ft)	105	45.1	9	4.7	114	27.0
	Large (Above 1201 Sq.ft)	10	4.3	136	71.6	146	34.5

Ownership

From the analysis, it was observed that 52 per cent of respondents reside in their own homes, 44.9 per cent live in rental properties, and 3.1 per cent occupy leased accommodations. An increase in the percentage living in their own houses is due to the dual employment of heads and homemakers, as well as the housing loans provided by banks and the government at a cheaper interest rate to employees, which was an added advantage (Jaffrelot, 2021). Among the respondents, 76.3 per cent of girls were living in their own homes, while 16.8 per cent were in rental housing. In contrast, only 32.2 per cent of boys resided in their own homes, with 67.8 per cent living in rented accommodations. Ownership of a home provides greater autonomy, a sense of familiarity, and flexibility compared to living in rented properties.

Type of House

From the above analysis, 46.8 per cent of respondents were residing in one-room accommodations, followed by 23.2 per cent in flats/apartments, 12.3 per cent in multi-storeyed buildings, 9 per cent of respondents dwelling in twin houses, and 8.7 per cent in

duplex houses. Irrespective of the gender, it was noted that 65.7 per cent of mothers of visually challenged boys dwell in one-room apartments, followed by duplex houses (15.9 per cent), twin houses (12.4 per cent), and flats/apartments (6 per cent). Regarding female gender, mothers were staying in a flat/apartment (44.2 per cent), followed by a multi-storeyed houses (27.4 per cent), a one-room apartment (23.7 per cent), and a twin house (4.7 per cent) respectively.

Size of the House

The area of the house in Chennai ranged between 500 sq. ft. and 750 sq. ft. for small houses, 751-1200 sq. ft. for medium-sized houses, and large houses above 1201 sq. ft., as per HUDCO 2021. It is clear from the Table that 71.6 per cent of mothers of girls were staying in a house with a size above 1201 sq ft. Followed by 23.7 per cent in small houses (500-750 Sq.ft) and 4.7 per cent in medium-sized houses (751-1200 Sq.ft). 50.6 per cent of the mothers of boys were staying in small houses, followed by 45.1 per cent in medium-sized and 4.3 per cent in large-sized houses. (Ministry of Housing & Urban Affairs, Government of India, 2021, <https://hudco.org.in/writereaddata/PMAY.pdf>)

(iv) Details of Visually Challenged Children of the Selected Mothers

Details of children of the selected subjects regarding age of the child, number of visually challenged children, birth order, place of stay of the child, and severity and causes of blindness among the children.

Table 9: Details of Visually Challenged Children of the Selected Mothers (in per cent)

Details of Children		Mothers having a male child		Mothers having a female child		Total	
		N=233	%	N=190	%	N=423	%
Age of the Child National Library of Medicine (2022).	4-6 years (Early Childhood)	23	9.9	9	4.7	32	7.6
	7-10 years (Middle Childhood)	102	43.8	154	81.1	256	60.5
	11-13 years (Early Adolescent)	36	15.5	14	7.4	50	11.8
	14-18 years (Adolescence/teenage)	72	30.9	13	6.8	85	20.1
Number of visually challenged children in	One	213	91.4	190	100	403	95.3
	Two	6	2.6	0	0	6	1.4
	Three	14	6.0	0	0	14	3.3

Details of Children		Mothers having a male child		Mothers having a female child		Total	
		N=233	%	N=190	%	N=423	%
the family							
Birth Order of VIC	Firstborn child	105	45.1	168	88.4	273	64.5
	Second-born child	51	21.9	9	4.7	60	14.2
	Later-born child	77	33.0	13	6.8	90	21.3
Place of stay of the child	Stay at Home	200	85.8	190	100	390	92.2
	Stay in the Hostel	33	14.2	0	0	33	7.8
Severity Level	Complete Blindness	59	25.3	13	6.8	72	17.0
	Partial Blindness	174	74.7	177	93.2	351	83.0
Causes of Blindness (Census 2011)	Retinal Disease	94	40.3	27	14.2	121	28.6
	Genetic Mutation	56	24.0	163	85.8	219	51.8
	Consanguineous marriage	29	12.4	0	0	29	6.9
	Jaundice during pregnancy	20	8.6	0	0	20	4.7
	Nutritional Deficiencies	20	8.6	0	0	20	4.7
	Premature baby	14	6.0	0	0	14	3.3

Age of Visually Challenged Children

From the above analysis, 60.5 per cent of respondents have children aged 7-10 years, 20.1 per cent have children between the ages of 14-18 years, 11.8 per cent of respondents have children aged 11-13 years, and 7.6 per cent of respondents have children aged 4-6 years. Irrespective of the gender of the child, the age of the selected respondents' children, when analyzed, indicated that the maximum age range was between 7 and 10 years, with 43.8 per cent of mothers having male children and 81.1 per cent of mothers having female children. It was also noted that 30.9 per cent of mother of boys' age ranged between 14-18 years followed by 11-13 years (15.5 per cent) and 4-6 years (9.9 per cent), whereas 7.4 per cent of mothers having girls' age ranged between 11-13 years and 14-18 years (6.8 per cent). Nearly 5 per cent of mothers having girls between 4-6 years. The higher percentage of mothers with adolescent daughters highlights the increased need for protection, safety, and health awareness due to the physical, emotional, and social changes that occur during this critical developmental stage.

Number of Visually Challenged Children in the Family

Regarding the number of visually challenged children in the family, 95.3 per cent of selected families have one child with visual impairment, followed by three children with visual impairment (3.3 per cent) and two children with visual impairment (1.4 per cent).

Birth Order

From the above analysis, it is clear that 88.4 per cent of female children and 45.1 per cent of male children are firstborn. Among the later-born children, thirty-three per cent were boys, followed by the second-born (21.9 per cent). Among the mothers with female children, 6.8 per cent were later born and 4.7 per cent were second-born visually challenged children.

Place of Stay of the Child

Irrespective of gender, 85.8 per cent of the selected mothers' boys and 100 per cent of their girls live in their own homes, and the remaining 14.2 per cent of male children live in their respective school hostels.

Severity Level of Visually Challenged Children

In general, it was noted that 17 per cent of selected visually challenged children suffer complete blindness and 83 per cent have partial blindness. Among the completely blind children, 25.3 per cent were boys and 6.8 per cent were girls. Among the partially blind, 74.7 per cent were male and 93.2 per cent were female children. Nearly forty million people in India, together with 1.6 million children are blind or visually challenged due to uncorrected refractive error and around 15,000 children are in schools for blind (Vinod 2019).

Causes of Blindness

It is noted that the causes of blindness among male children were retinal disease (40.3 per cent) followed by genetic mutation (24 per cent), Consanguineous marriage (12.4 per cent), Jaundice during pregnancy and nutritional deficiencies each (8.6 per cent) and premature baby (6 per cent). In contrast, among female children, the primary cause for blindness was genetic mutation (85.8 per cent) and retinal disease (14.2 per cent).

In recent years, data on childhood blindness has been systematically recorded using a form developed by the World Health Organization, which classifies causes based on anatomical (e.g., cornea, retina, lens) and etiological (e.g., hereditary, intrauterine, perinatal) factors (Murthy, 2018). This indicates that blindness in children can be prevented to a great extent through proper care and nutritional intake during pregnancy and child care.

(v) Comparison of Employment Status of Mothers of Visually Challenged Children (VCC) and Family Income Levels

Table 10 provides insights into the employment status of mothers raising children with visual impairments across different family income levels. It delineates the distribution of mothers based on their employment status, categorizing them by the level of family income, which includes low-income, middle-income, and high-income. The data elucidate the proportion of mothers engaged in various occupational roles, ranging from unemployed to professional, within each income.

Table 10: Family Income of the Selected Mothers based on their Employment Status (in per cent)

Employment Status of Mothers	Family Income/month						Total (N=423)	
	Low Income (upto Rs. 6000/-) (N=203)		Middle Income (Rs. 6001 to Rs. 70,500/-) (N=74)		High Income (Rs. 70,501 and above) (N=146)		No.	%
	No.	%	No.	%	No.	%		
Homemaker	155	76.4	20	27.0	-	-	175	41.4
Self Employed	39	19.2	-	-	-	-	39	9.2
Daily Wages	-	-	18	24.3	-	-	18	4.3
Regular Wages/ Salary	9	4.4	17	23.0	-	-	26	6.1
Professionals	-	-	19	25.7	146	100	165	39.0

Table 10 highlights the relationship between the employment status of mothers and their corresponding family income levels. Among low-income households, the majority of mothers were homemakers (76.4%), reflecting financial challenges, limited access to employment, and dependency on a single income source. In stark contrast, 100 per cent of mothers from high-income households were employed as

professionals, indicating greater access to education, job opportunities, and financial stability.

Mothers from middle-income households exhibited a diverse employment pattern, comprising homemakers (27%), daily wage earners (24.3%), and regular salaried workers (23%). This suggests that middle-income families have somewhat better access to employment than low-income groups, though often limited to semi-skilled or less secure jobs.

Overall, the data highlights the strong relation between a mother's employment status and her household's income level. The findings point to existing socioeconomic disparities and reinforce the need for targeted employment support and skill-development initiatives, especially for mothers from low-income backgrounds. Promoting sustainable income opportunities can contribute to enhanced financial security and improve the overall well-being of families with visually challenged children.

v) Time Spent with Children for Various Activities

Resources are essential for achieving goals, and time is one of the most easily measured and valuable resources. The perception of time varies from person to person, influenced by individual priorities, responsibilities, and cultural factors. The way individuals allocate their time across various daily activities such as work, travel, household responsibilities, and leisure, forms a distinct time expenditure pattern. This pattern reflects socio-economic conditions, lifestyle choices, and external constraints, such as job demands, family responsibilities, and access to mobility.

To provide a comprehensive understanding of daily time use, recent studies have developed models that integrate multiple dimensions of time allocation. Gerike and Klinger (2019) introduced the Mobility-Activity-Expenditure Diary (MAED) Model, which incorporates data on travel, time use, and spending behaviour to examine the interconnectedness between individual mobility, activity involvement, and financial expenditure. In the present study, these aspects are explored under the themes of time expenditure patterns and their relationship to employment and income levels of selected families.

Tables 11 and 11a present the time-use distribution among respondents across various domains, including transportation, extracurricular involvement, recreational pursuits, and social-related activities. The analysis provides an understanding of how

families, particularly those with visually challenged children, allocate their time to daily routines—information that is vital for designing interventions that address both economic and emotional support systems.

Table 11: Time Spent with Children for Various Activities in a Day (in per cent)

Time Spent with Children (in Hours)		Mothers having a male child		Mothers having a female child		Total	
		N=233	%	N=190	%	N=423	%
Academics	< 1	163	69.9	145	76.3	308	72.8
	1-2	57	24.5	45	23.7	102	24.1
	> 2	13	5.6	0	0	13	3.1
Travel	< 1	192	82.4	143	75.3	335	79.2
	1-2	41	17.6	38	20.0	79	18.7
	> 2	0	0	9	4.7	9	2.1
Extra-curricular activities	< 1	185	79.4	102	53.7	287	67.8
	1-2	33	14.2	45	23.7	78	18.0
	> 2	0	0	43	22.6	43	10.2
	Nil	15	6.4	0	0	15	4.0
Recreation	< 1	183	78.5	132	69.5	315	74.5
	1-2	29	12.4	29	15.3	58	13.7
	> 2	0	0	24	12.6	24	5.7
	Nil	21	9.1	5	2.6	26	6.1
In School	< 1	12	5.2	19	10	31	7.3
	1-2	37	15.9	29	15.2	66	15.6
	> 2	121	51.9	86	45.3	207	49.0
	Nil	63	27.0	56	29.5	119	28.1

Table 11 outlines the time expenditure patterns of mothers on various activities with their children, emphasizing differences based on the gender of child. Among mothers with male children (55 per cent of the sample), the majority spent less than one hour on various activities, like 82.4 per cent on travel, around 79 per cent on extracurricular activities & recreation and 69.9 per cent on academics. Similarly, for mothers with female children (45 per cent of the sample), 76.3 per cent spent less than one hour on academics, 75.3 per cent on travel, 69.5 per cent on recreation and 53.7 per cent on extracurricular activities. Additionally, 51.9 per cent of mothers with male children and 45.3 per cent of mothers with female children spent more than two hours at school, indicating that these mothers often accompany their children to school, remain with them throughout the day, and bring them back home in the evening. Such extended presence at school may reflect the need for greater support or supervision, particularly for younger or more dependent children. Notably, 22.6 per cent of mothers with female

children spent more than two hours on extracurricular activities, whereas none of the mothers with male children spent that much time may be boys well go out for playing unlike girls.

Table 11a presents the association between the time spent by mothers with their children for various daily activities and the gender of the child. Using the Chi-square test, this analysis explores whether patterns of maternal time allocation differ for male and female children across academic, travel, extra-curricular, recreational, and school-related activities. Examining these associations provides insight into gender-based caregiving dynamics that may have implications for maternal workload and stress experiences.

Table 11a Association between Time Spent with Children for Various Activities and Gender of the Child

S. No.	Time Spent with Children (in Hours)	Male Child (N = 233)	Female Child (N = 190)	Total (N = 423)	Chi-Square Value
Academics	< 1 hour	163 (69.9%)	145 (76.3%)	308 (72.8%)	
	1–2 hours	57 (24.5%)	45 (23.7%)	102 (24.1%)	11.21*
	> 2 hours	13 (5.6%)	0 (0.0%)	13 (3.1%)	
Travel	< 1 hour	192 (82.4%)	143 (75.3%)	335 (79.2%)	
	1–2 hours	41 (17.6%)	38 (20.0%)	79 (18.7%)	9.18*
	> 2 hours	0 (0.0%)	9 (4.7%)	9 (2.1%)	
Extra-curricular Activities	< 1 hour	185 (79.4%)	102 (53.7%)	287 (67.8%)	
	1–2 hours	33 (14.2%)	45 (23.7%)	78 (18.0%)	80.31*
	> 2 hours	0 (0.0%)	43 (22.6%)	43 (10.2%)	
	Nil	15 (6.4%)	0 (0.0%)	15 (4.0%)	
Recreation	< 1 hour	183 (78.5%)	132 (69.5%)	315 (74.5%)	
	1–2 hours	29 (12.4%)	29 (15.3%)	58 (13.7%)	27.64*
	> 2 hours	0 (0.0%)	24 (12.6%)	24 (5.7%)	
	Nil	21 (9.1%)	5 (2.6%)	26 (6.1%)	
In School	< 1 hour	12 (5.2%)	19 (10.0%)	31 (7.3%)	
	1–2 hours	37 (15.9%)	29 (15.2%)	66 (15.6%)	6.72NS
	> 2 hours	121 (51.9%)	86 (45.3%)	207 (49.0%)	
	Nil	63 (27.0%)	56 (29.5%)	119 (28.1%)	

* - Significant at 5% level

Table 11a examines the association between time spent by mothers with their children across different activities and the gender of the child using the Chi-square test. The findings indicate that gender-based differences are evident in several activity domains, suggesting that caregiving time allocation varies depending on the nature of the activity and the child's gender.

With respect to academic activities, a statistically significant association was observed between time spent and the gender of the child ($\chi^2 = 11.21, p < 0.05$). A higher proportion of mothers spent less than one hour on academics with female children (76.3%) compared to male children (69.9%). Notably, spending more than two hours on academic activities was reported only for male children (5.6%), while no such extended academic time was reported for female children. This pattern may reflect differential academic support needs or parental perceptions regarding academic engagement based on the child's gender.

In the domain of travel-related activities, the association between time spent and gender of the child was also statistically significant ($\chi^2 = 9.18, p < 0.05$). While most mothers spent less than one hour on travel with both male and female children, a small proportion of mothers reported spending more than two hours on travel exclusively with female children (4.7%). This could be attributed to differences in school location, therapy visits, or safety-related accompaniment concerns for female children.

A highly significant association was found for extra-curricular activities ($\chi^2 = 80.31, p < 0.05$), indicating pronounced gender differences. Mothers of female children reported substantially greater time investment in extra-curricular activities, with 22.6% spending more than two hours, compared to no such extended time reported for male children. Conversely, a higher proportion of male children were reported under the 'nil' category (6.4%). This suggests that female children may be more frequently encouraged or supported in structured extra-curricular engagements, requiring increased maternal involvement.

Similarly, for recreational activities, a statistically significant association was observed ($\chi^2 = 27.64, p < 0.05$). Mothers spent more extended recreational time with female children, with 12.6% reporting more than two hours, whereas no male children were reported in this category. Additionally, the 'nil' category was higher for male children (9.1%) than for female children (2.6%), indicating gender-based differences in leisure-time engagement patterns.

In contrast, time spent in school-related activities did not show a statistically significant association with the gender of the child ($\chi^2 = 6.72, p > 0.05$). The distribution of time spent across categories was relatively similar for both male and female children. This suggests that school-related caregiving demands are largely standardized and

institution-driven, leaving limited scope for gender-based variation in maternal involvement.

Overall, the findings from Table 11a demonstrate that while institutional contexts such as school do not significantly differ by gender, non-institutional and discretionary activities—such as academics at home, travel, extra-curricular, and recreational activities—exhibit clear gender-based differences in maternal time investment. These variations may be influenced by cultural expectations, perceived safety concerns, activity preferences, and differing support needs of male and female children. The results underscore the importance of considering gender as a contextual factor when examining parental caregiving patterns and associated stress outcomes.

Research by Balázs et al. (2022) identifies time and energy management as key stressors for parents of children with disabilities, including visual impairments. Parents must balance multiple responsibilities, from attending therapy sessions to managing household tasks, which often leads to emotional exhaustion. The Vision of Children Foundation, established in 1991 in the USA, stresses the importance of equipping mothers with resource management tools, such as scheduling aids and community support, to reduce the burden of caregiving and improve family outcomes. Mothers of visually challenged children face unique challenges in resource management, particularly in the domains of time, energy, and financial resources.

B. Factors Leading to Stress of Selected Mothers

This aspect includes stress related to (i) society, (ii) husbands, (iii) children, and (iv) housing conditions of mothers of visually challenged children. Among different factors leading to the stress, each stressor has several statements to assess the level of agreement of the respondents on the statements using a five point rating scale as Strongly Agree (SA) -5, Agree (A) - 4, Neutral (N) - 3, Disagree (D) -2 and Strongly Disagree (SD) - 1. The higher the rating, the higher their level of agreement on stressor statements.

I. Stress related to society

Table 12 presents the sociological stressors and their related scores among mothers of visually challenged children, categorized by the child's gender. The Table highlights stress-inducing factors such as societal expectations, inability to participate in social activities, fear of antisocial behaviors, and interference by neighbors. The scores are summarized to facilitate a comparative analysis of stress levels among mothers of male (N = 233) and female (N = 190) children.

Table 12: Social Stress Factors Faced by the Selected Mothers (in per cent)

Social Stressors/Scores	Mothers having male children (N=233)					Total Score	Mothers having female children (N=190)					Total score
	SA 5	A 4	N 3	D 2	SD 1	Max score (233x5 =1165)	SA 5	A 4	N 3	D 2	SD 1	Max Score (190x5=950)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Stressed on seeing an unexpected guest	52 (22.3%)	129 (55.4%)	52 (22.3%)	0	0	932 (80%)	31 (16.3%)	23 (12.1%)	136 (71.6%)	0	0	655 (68.9%)
Inability to participate in social activities	38 (16.3%)	166 (71.2)	19 (8.2%)	10 (4.3%)	0	931 (79.9%)	31 (16.3%)	23 (12.1%)	0	136 (71.6%)	0	519 (54.6%)
Fear of anti-social behaviours in society	81 (34.8%)	86 (36.9%)	46 (19.7%)	20 (8.6%)	0	927 (79.5%)	31 (16.3%)	23 (12.1%)	136 (71.6%)	0	0	655 (68.9%)
Interference by neighbours and relatives brings stress	9 (3.9%)	191 (82.0%)	33 (14.2%)	0	0	908 (77.9%)	167 (87.9%)	23 (12.1%)	0	0	0	927 (97.6%)
Hate compulsory socialization	38 (16.3%)	152 (65.2%)	0	43 (18.5 %)	0	884 (75.9%)	31 (16.3%)	23 (12.1%)	0	136 (71.6%)	0	519 (54.6%)
Avoid taking a child to a crowded place.	38 (16.3%)	146 (62.7%)	10 (4.3%)	39 (16.7 %)	0	801 (68.8%)	31 (16.3%)	23 (12.1%)	0	136 (71.6%)	0	519 (54.6%)
Accept the situation	28 (12.0%)	57 (24.5%)	85 (36.5%)	53 (22.7 %)	10 (4.3%)	739 (63.4%)	9 (4.7%)	9 (4.7%)	13 (6.8%)	14 (7.4%)	147 (76.3%)	295 (31.1%)
Missing/ Avoiding the working opportunity	9 (3.9%)	110 (47.2%)	60 (25.8%)	0	54 (23.2 %)	719 (61.7%)	18 (9.5%)	9 (4.7%)	149 (78.4%)	0	14 (7.4%)	587 (61.7%)

SA-Strongly agree, A- Agree, N- Neutral,, D-Disagree, SD-Strongly Disagree

Regarding social stressors, mothers of boys felt very stressed when seeing unexpected guests (80 per cent), as caring for a visually impaired (VI) child requires meticulous planning and routine. The arrival of unexpected guests disrupts these efforts, leading to heightened stress followed by inability to participate in social activities (79.9 per cent), fear of anti-social behaviour in society (79.5 per cent), interference by neighbours and relatives (77.9 per cent), compulsory socialization (75.9 per cent) and taking the child to crowded places or gatherings (68.8 per cent). Additionally, 63.4 per cent of mothers struggled with accepting their circumstances and lack of work opportunities (61.7 per cent).

Among mothers of female children, the findings revealed that the majority (97.6 per cent) reported “interference from neighbours and relatives” as a significant stressor. This highlights the deep emotional burden caused by unsolicited advice, social judgments, and criticism that often challenge their caregiving decisions. Additionally, 68.9 per cent of these mothers reported heightened anxiety due to unexpected guests and fear of anti-social behaviours in society, indicating a general sense of vulnerability and insecurity in their immediate social environment. Another major stressor reported by 61.7 per cent of mothers was missing or avoiding work opportunities. This reflects the personal and economic trade-offs they must make to provide continuous care for their children.

A significant proportion of mothers (54.6 per cent) reported experiencing stress related to participation in social activities, compulsory social interactions, and avoiding taking the child to crowded places were additional stressors. These challenges reflect the difficulties mothers face in navigating social environments while managing the specific needs of their visually challenged children. Additionally, 31.1 per cent of mothers expressed struggles in accepting their situation, indicating ongoing emotional and psychological adjustment issues. These findings highlight the complex and multifaceted sociological stressors these mothers endure. They emphasize the need for well-structured support systems that address these specific challenges, alleviate social pressures, and promote a more inclusive and understanding environment for both the mothers and their children.

Fathima and Malik (2018) conducted a qualitative study to examine “how cultural norms and societal expectations influence the caregiving roles of forty mothers

with visually challenged children aged between 6 – 12 years from urban and rural areas of Pakistan and India. It was found that mothers reported feeling an intense societal pressure to be the primary caregivers. The responsibility for their child’s education, emotional well-being, and social integration was often viewed as their exclusive domain. It has been found that parents of visually challenged children are more likely than parents of non-challenged children to experience feelings of anxiety and sadness.

Descriptive Analysis of Stress Related to Society

Statistical measures, such as the mean and standard deviation (SD), provide valuable insights into variations in stress experiences. The respondents' ratings for these statements range from a minimum of 1 to a maximum of 5, indicating diverse levels of agreement and differing perceptions of societal stress.

Table 13: Descriptive Analysis of Social Stress Factors

Social Stress Factors	Mean (N=423)	S.D
Interference by neighbours and relatives	4.33	0.62
Stressed on seeing an unexpected guest	3.75	0.76
Fear of anti-social behaviours	3.74	0.90
Inability to participate in social activities	3.42	1.12
Feel judged by others	3.31	1.17
Avoid crowded places	3.31	1.17
Miss job chances	3.08	1.08
Accept the situation	2.43	1.34
Total	27.37	8.16

The descriptive analysis findings (Table 13) revealed that ‘Interference by neighbours and relatives brings stress out of me’ has the highest mean rating of 4.33, indicating that most respondents agree (4) or strongly agree (5) with this statement. This suggests that external social interference is a significant source of stress. Conversely, ‘Accept the situation’ has the lowest mean rating (2.43), falling between ‘Disagree’ and ‘Neutral’. This implies that respondents struggle to cope with societal stressors. It is also observed that most of the statements have a mean value above 3, indicating that the respondent’s level of agreement is more than ‘Neutral’. The stress score for Stress

related to Society is calculated by adding the ratings given by respondents for the eight statements under this stressor. The higher the score, the more the respective stressor factor will contribute to the stress. These stressor scores are further analysed by taking into account selected items of the personal and other related information. These findings align with Chan & Ip (2019), who explored stress in families with disabled children and found that lower socioeconomic status and cultural pressures intensify stress levels. Mothers reported higher stress levels when societal expectations conflicted with their caregiving roles, highlighting the role of social norms in shaping stress experience.

Social Stress Factors across Selected Demographic Profiles

The collected data on stress-inducing factors were statistically processed and analyzed about selected personal variables, including the mother's age, educational qualification, employment status, family income, the age of visually challenged children (VCC), and the child's gender. The analysis was conducted using ANOVA to determine significant differences in the impact of stress across the selected groups. The findings of the same are presented in Table 14.

Table 14: Social Stress Factors across Selected Demographic Profile

Demographic profile		Stress related to Society				
		N (423)	Mean	S.D	F/t-value	Critical value
Age of the Mother	26-35 years	189	24.77	6.53	45.081**	4.656
	36-45 years	163	29.94	3.78		
	46-55 years	71	28.65	4.14		
Educational Qualification of Mother	Illiterate	100	31.63	3.42	178.261**	3.364
	Secondary	111	30.95	4.17		
	Higher Secondary	124	22.38	3.23		
	UG/ PG	62	22.08	1.33		
	Professional	26	32.81	5.34		
Employment Status of Mother	Homemaker	175	30.74	3.32	291.128**	3.364
	Self-Employed	39	30.36	4.06		
	Daily Wages	18	36.00	4.12		
	Regular Wage/Salary	26	32.81	5.34		
	Professional	165	21.41	.97		
Family Income	Low Income	203	31.44	3.82	419.041**	4.656
	Middle Income	74	28.88	4.86		

Demographic profile		Stress related to Society				
		N (423)	Mean	S.D	F/t-value	Critical value
	High Income	146	21.07	.25		
Age of the Child	4 – 6 years	32	34.31	6.55	22.705**	3.829
	7 – 10 years	256	26.40	6.03		
	11 – 13 years	50	26.28	2.20		
	14 – 18 years	85	28.54	3.79		
Gender of the Child	Male	233	29.71	4.13	10.096**	2.588
	Female	190	24.60	6.23		

** - Significant at 1% level

Age of the Mothers

Table 14 revealed a significant relationship between the age of mothers of visually challenged children and their stress related to society at 1% level, [F=45.081; Critical value=4.656]. The findings indicated that mothers aged 36-45 years had the highest mean societal stress score ($\bar{X} = 29.94$), followed by those aged 46-55 years ($\bar{X} = 28.65$), while the lowest stress was seen in mothers aged 26-35 years ($\bar{X} = 24.77$). Mothers aged 36-45 years often face higher stress due to increased caregiving responsibilities and career pressures than the other two age groups mothers.

Educational Qualification

Table 14 shows the mean scores on stress of mothers related to society for different educational qualifications. Mothers with professional qualifications or higher education reported the highest level of societal stress ($\bar{X}=32.81$), closely followed by illiterate mothers ($\bar{X}=31.63$). In contrast, mothers with undergraduate or postgraduate degrees reported the lowest mean score ($\bar{X}=22.08$). This indicates that mothers with professional qualifications experience higher societal stress due to greater responsibilities, career pressures, and heightened awareness of societal judgments. In contrast, those with undergraduate or postgraduate degrees may face less stress due to greater flexibility and lower expectations. The significant F-value of 178.261 indicates substantial variation in societal stress levels across educational groups ($p<0.01$). As the calculated F-value is higher than the critical value (3.364), the difference is significant at 1% level. According to Lo et al. (2023), analysis of the relationship between socio-demographic characteristics and parental stress reveals that parents' stress levels are significantly influenced by factors such as low family income, illiteracy, and a lack of support systems.

Employment Status of Mothers

The analysis revealed notable differences in societal stress levels based on the employment status of mothers. The highest stress scores were recorded among mothers employed in daily wages with a mean stress score ($\bar{X}=36.00$) and regular wage/salary-based roles ($\bar{X}=32.81$), indicating the considerable pressure faced by those in low-control, high-demand jobs. Home makers and self-employed mothers also reported high stress ($\bar{X} = 30.74$ and $\bar{X} = 30.36$), suggesting that even those not formally employed experience considerable societal expectations. In contrast, mothers working in professional roles experienced significantly lower stress ($\bar{X}=21.41$), possibly due to greater autonomy, better access to support, and financial stability. The ANOVA result showed a significant F-value of 291.128, higher than the critical value (3.364) at 1% level of significance. Since the calculated F-value is higher than the critical value, it is inferred that the scores of stress related to society significantly differ among the employment status groups.

Family Income

Table 14 presents the mean scores on stress related to society for different family income groups. Mothers from low-income families reported the highest stress ($\bar{X} = 31.44$), while those from high-income families experienced the least stress ($\bar{X} = 21.07$). This implies that stress related to society is highest among mothers from low-income families and lowest among those from high-income families. Mothers from low-income families experience higher societal stress due to financial constraints, limited resources, and greater difficulty in accessing support for their child's needs. In contrast, high-income families have more resources and support, which helps reduce their stress levels. The ANOVA result showed a significant F-value of 419.041, higher than the critical value (4.656) at 1% level of significance. Since the calculated F-value is higher than the critical value, it is inferred that the scores of stress related to society significantly differ among the family income groups.

Age of the Child

Table 14 displays the mean scores on stress related to society for different age groups of children. Mothers of children aged 4-6 years have the highest mean score (34.31), while those of children aged 11-13 years have the lowest mean score (26.28). This indicates that stress related to societal demands is highest among mothers of

children aged 4-6 years, due to the intense demands of early childhood care and frequent societal pressures. In contrast, those with older children (11-13 years) benefit from the increased independence of their children, resulting in lower stress levels. The ANOVA result showed a significant F-value of 22.705, higher than the critical value (3.829) at 1% level of significance. Since the calculated F-value is higher than the critical value, it is inferred that the scores' stress related to society significantly differ among the age groups of children.

Gender of the Child

The t-test results indicate a highly significant difference ($p < 0.01$) in stress levels among mothers of visually challenged children based on their child's gender concerning stress related to society. The stress related to society ($t = 10.096^{**}$) was notably higher for mothers of male children ($\bar{X} = 29.71$) compared to those with female children ($\bar{X} = 24.60$), suggesting greater societal expectations and pressures on raising male children.

Parveen (2022), in "The Social Stigma Associated with Raising Children with Disabilities in Rural Areas," found that mothers often experience social isolation due to the stigma surrounding disabilities, which intensifies emotional and psychological stress.

Hence, the sub-hypothesis (Ho1.1) “there is no significant difference in societal stress factors among mothers based on selected socio-demographic variables”, is rejected

ii. Stress related to Husband among the Selected Mothers

Marital relationships hold significant importance and play a crucial role in influencing the mental well-being of mothers. This section examines stress related to husbands among mothers living with their spouses, exploring the prevalence and contributing factors. Using descriptive statistics and percentage distributions, the Table 15 provides insights into the magnitude of stress experienced by mothers within marital relationships. Factors leading to this stress related to husbands are analyzed across various socio-demographic variables, including age, education, employment, family income, age of the child, and gender of the child since these factors is essential for devising targeted interventions to address marital stress and improve overall maternal well-being.

Table 15: Stress Related to Husband among the Selected Mothers (in per cent)

Stress due to the Husband	Mothers having male children (N=191)					Total Score	Mothers having female children (N=168)					Total score
	SA 5	A 4	N 3	D 2	SD 1	Max score (191x5 =955)	SA 5	A 4	N 3	D 2	SD 1	Max Score (168x5 =840)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Lack of care and affection.	81 (42.4%)	110 (57.6%)	0	0	0	845 (88.5%)	18 (10.7)	14 (8.3%)	136 (81.0%)	0	0	554 (66%)
Differences of opinion about children's upbringing	71 (37.2%)	110 (57.6%)	10 (5.2%)	0	0	825 (86.4%)	9 (5.4%)	23 (13.7%)	136 (81.0%)	0	0	545 (64.9%)
Husband's stress induces more stress	67 (35.1%)	114 (59.7%)	10 (5.2%)	0	0	821 (85.9%)	9 (5.4%)	23 (13.7%)	136 (81.0%)	0	0	545 (64.9%)
Domination of the husband	67 (35.1%)	100 (52.4%)	24 (12.6%)	0	0	807 (84.5%)	9 (5.4%)	23 (13.7%)	136 (81.0%)	0	0	545 (64.9%)
Family issues with in-laws	9 (4.7%)	182 (95.3%)	0	0	0	773 (80.9%)	9 (5.4%)	159 (94.6%)	0	0	0	681 (81.1%)
Have to rely on husband for money for the child's care	38 (19.9%)	123 (64.4%)	30 (15.7%)	0	0	772 (80.8%)	9 (5.4%)	23 (13.7%)	136 (81.0%)	0	0	545 (64.9%)
Trust issues in caring for a child.	67 (35.1%)	61 (31.9%)	63 (33.0%)	0	0	768 (80.1%)	9 (5.4%)	23 (13.7%)	136 (81.0%)	0	0	545 (64.9%)
Irritation due to the unhealthy habits of my husband	51 (26.7%)	85 (44.5%)	55 (38.8%)	0	0	760 (79.6%)	18 (10.7%)	14 (8.3%)	136 (81.0%)	0	0	554 (66%)
Husband's hindrance towards personal goals	66 (34.6%)	115 (60.2%)	10 (5.2%)	0	0	490 (51.3%)	18 (10.7%)	14 (8.3%)	136 (81.0%)	0	0	554 (66%)

SA-Strongly agree, A- Agree, N-Neutral, D-Disagree, SD-Strongly Disagree

Note: This particular stressor factor is applicable only for the respondents living with their spouse (husband). So the number of respondents here have been reduced to 359 only.

Among mothers of male children, the most prominent stressor was the “lack of care and affection” reported by 72.5 per cent of respondents, followed closely by “differences of opinion about children’s upbringing” (70.8 per cent) and “husband’s stress inducing more stress” (70.5 per cent). Other notable stressors include “domination of husband” (69.3 per cent), “family issues with in-laws” (66.4 per cent), and “reliance on husband for money for child care” (66.2 per cent). Additionally, 65.2 per cent of mothers expressed irritation due to their husband’s unhealthy habits, while 42.1 per cent cited stress caused by their husband’s hindrance towards personal goals.

For mothers of female children, family issues with in-laws emerged as the most significant stressor, affecting 71.7 per cent of respondents indicating interference of their decision and unsolicited advice increase the level of stress more on these mothers’. This was followed by “irritation due to unhealthy habits of husband”, “husband’s hindrance towards personal goals” and “lack of care and affection” each reported by 58.3 per cent of mothers. Other stressors, such as differences of opinion about children’s upbringing, husband’s stress induces more stress, domination of the husband, and trust issues in taking care of child were also reported by 58.3 per cent of mothers. These findings reveal that stressors with higher prevalence- such as emotional neglect, conflict over decision-making, and interference from in-laws are central to the mental strain experienced by mothers of boys with visual impairment compared to mothers of girls.

Descriptive Analysis of Stress Related to Husband

The Table 16 presents descriptive statistics on stress related to husbands among respondents living with their spouses. Based on a reduced sample size of 359 respondents, the data reveals significant levels of stress within marital relationships.

Table 16: Descriptive Analysis of Stress Related to Husband

Stress Due to Husband	Mean (N=359)	S.D
Unhealthy habits of husband	4.05	0.22
Domination of husband	3.89	0.80
Husband's hindrance towards personal goals	3.82	0.78
Differences of opinion in upbringing the child	3.81	0.77
Induced stress by the husband's attitude	3.80	0.76
Rely on husband's money for child care	3.76	0.78
Family issues with in-laws	3.66	0.69
Lack of care and affection	3.66	0.78
Trust issues in taking care of a child	3.65	0.81
Total score	34.10	6.39

The statement “unhealthy habits of husband” recorded the highest mean rating of 4.05, falling between 4 (Agree) and 5 (Strongly Agree) on the Likert scale. The ratings for these statements ranged from a minimum of 1 to a maximum of 5, indicating variability in the respondents’ experiences. The lowest mean rating of 3.65 was observed for the statement “trust issues in taking care of a child,” which falls between Neutral (3) and Agree (4). Although it is the lowest, this rating still indicates that many respondents acknowledged this stressor to some extent. It is also observed that most statements have mean ratings above 3, indicating that the respondents' level of agreement is more than neutral.

Stress Related to Husband Based on Selected Demographic Profile

The findings presented in Table 17 include the mean stress scores, standard deviations (SD), and significance levels for these variables. The results of the statistical tests, such as F-values, were used to identify significant differences across various demographic variables.

Table 17: Stress Related to Husband Based on Selected Demographic Profile

Demographic profile		Stress due to the Husband				
		No.	Mean	S.D	F/t-value	Critical value
Age of the Mother	26-35 years	163	30.48	5.71	108.734**	4.656
	36-45 years	157	37.99	3.66		
	46-55 years	39	34.00	.00		
Educational Qualification of Mother	Illiterate	100	39.62	2.93	270.615**	3.829
	Secondary	98	37.12	3.99		
	Higher Secondary	118	29.19	3.22		
	UG/ PG	43	28.23	.43		
	Professional	-	-	-		
Employment Status of Mother	Homemaker	175	38.31	3.51	488.567**	3.829
	Self-Employed	20	35.00	.00		
	Daily Wages	18	42.00	3.09		
	Regular Wage/Salary	-	-	-		
	Professional	146	28.07	.25		
Family Income	Low Income	175	38.43	3.38	585.938**	4.656
	Middle Income	38	37.79	4.56		
	High Income	146	28.07	.25		
Age of the Child	4 – 6 years	23	39.52	4.49	8.793**	3.829
	7 – 10 years	239	33.46	6.52		
	11 – 13 years	44	33.95	2.75		
	14 – 18 years	53	35.06	1.78		
Gender of the Child	Male	191	37.65	4.02	16.127**	2.588
	Female	168	30.17	4.77		

** - Significant at 1% level

Age of the mothers

Table 17 shows the mean scores on stress related to the husband for different age groups. Mothers aged 36-45 years have the highest mean score (\bar{X} =37.99), while those aged 26-35 years have the lowest mean score (\bar{X} =30.48). This suggests that stress related to the husband is highest among mothers aged 36-45 years and lowest among those aged 26-35 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups is 108.734, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Educational Qualification

Regarding educational qualifications, illiterate mothers reported the highest mean score (\bar{X} = 39.62) related to their husbands, followed by those with secondary education (\bar{X} = 37.12). In contrast, mothers with UG/PG degrees experienced the lowest mean score (\bar{X} =28.23), indicating reduced stress levels in this group. This suggests that lower

educational attainment is associated with higher levels of stress related to spousal relationships, due to limited empowerment, economic dependency, or lack of coping mechanisms. The ANOVA test result shows that the calculated F-value comparing the scores among different educational qualification groups is 270.615, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Employment Status of Mothers

Based on the findings, stress related to the husband for different employment status groups, mothers engaged in daily wage labour experienced the highest stress ($\bar{X}=42.00$), followed by homemakers ($\bar{X}=38.31$) and self-employed mothers ($\bar{X}=35.00$). On the other hand, those in the professional category have the lowest mean score ($\bar{X}=28.07$). This suggests that stress related to the husband is highest among mothers engaged in daily wage labor and lowest among those in professional occupations. The ANOVA test result shows that the calculated F-value comparing the scores among different employment status groups is 488.567, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Family Income

Mothers from low-income families have the highest mean score ($\bar{X}=38.43$), while those from high-income families have the lowest mean score ($\bar{X}=28.07$). This implies that stress related to the husband is highest among mothers from low-income families and lowest among those from high-income families. The ANOVA test result shows that the calculated F-value comparing the scores among different family income groups is 585.938, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Age of the Child

In terms of age of the child, mothers of children aged 4-6 years have the highest mean score ($\bar{X}=39.52$), while those of children aged 7-10 years have the lowest mean score ($\bar{X}=33.46$). This shows that stress related to the husband is highest among mothers of children aged 4-6 years and lowest among those of children aged 7-10 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups of the children is 8.793, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Gender of the Child

Regarding gender of the child, mothers of male children have a higher mean score ($\bar{X}=37.65$) compared to those of female children ($\bar{X}=30.17$). This indicates that stress related to the husband is higher among mothers of male children. The t-test result shows that the calculated t-value comparing the scores between mothers of female and male children is 16.127, which is significant at 1% level as the computed t-value is higher than the critical value (2.588).

Hence, the sub-hypothesis Ho1.2. **“There is no significant difference in stress factors related to spouse among the mothers based on selected socio-demographic variables”, is rejected.**

iii. Stress Related to Children

Table 18 presents an analysis of stress-related factors among mothers of visually challenged children, categorized by the child's gender (male or female), using percentage distributions, descriptive analysis, and corresponding stress scores. It includes responses based on levels of agreement (Strongly Agree to Disagree Strongly) and calculates maximum scores for each category.

Table 18: Stress Levels of the Selected Mothers Related to their Children (in per cent)

Stress related to Children	Mothers having male children (N=233)					Total Score Max score (233x5 =1165)	Mothers having female children (N=190)					Total score Max Score (190x5 =950)
	SA 5	A 4	N 3	D 2	SD 1		SA 5	A 4	N 3	D 2	SD 1	
Often worry about my child's future	200 (85.8%)	33 (14.2%)	0	0	0	1132 (97.2%)	181 (95.3%)	9 (4.7%)	0	0	0	941 (99.1%)
Feel stigmatized by society for having a VCC	184 (79.0%)	32 (13.7%)	17 (7.3%)	0	0	1099 (94.3%)	181 (95.3%)	9 (4.7%)	0	0	0	941 (99.1%)
Lack of understanding of the mother's emotions and struggles among other family members	156 (67.0%)	77 (33.0%)	0	0	0	1088 (93.4%)	167 (87.9%)	23 (12.1%)	0	0	0	927 (97.8%)
Having no child can be a significant disappointment after having visually challenged children.	147 (63.1%)	86 (36.9%)	0	0	0	1079 (92.6%)	167 (87.9%)	23 (12.1%)	0	0	0	927 (97.6%)
Worsening of the visual condition	146 (62.7%)	73 (31.3%)	14 (6.0%)	0	0	1064 (91.3%)	167 (87.9%)	23 (12.1%)	0	0	0	927 (97.6%)
Frustration from not achieving personal goals	116 (49.8%)	117 (50.2%)	0	0	0	1048 (89.9%)	31 (16.3%)	159 (83.7%)	0	0	0	791 (83.3%)
Difficulty in training the child in self-care	126 (54.1%)	97 (41.6%)	10 (4.3%)	0	0	1048 (89.9%)	18 (9.5%)	36 (18.9%)	136 (71.6%)	0	0	642 (67.8%)
Overprotective towards a VCC when compared to a normal child	100 (42.9%)	133 (57.1%)	0	0	0	1032 (88.6%)	167 (87.9%)	23 (12.1%)	0	0	0	927 (97.6%)
The lack of confidence in their abilities to help their child or in their child's abilities	57 (24.5%)	176 (75.5%)	0	0	0	989 (84.9%)	31 (16.3%)	159 (83.7%)	0	0	0	791 (83.3%)
Difficulty in managing a visually challenged child/Children	88 (37.8%)	112 (48.1%)	33 (14.2%)	0	0	987 (84.7%)	40 (21.1%)	150 (78.9%)	0	0	0	800 (84.2%)
Not able to satisfy the child's basic needs due to financial constraints.	91 (39.1%)	102 (43.8%)	27 (11.6%)	13 (5.6%)	0	970 (83.3%)	31 (16.3%)	23 (12.1%)	136 (71.6%)	0	0	655 (68.9%)
Had to leave the job to take care of the VCC	86 (36.9%)	74 (31.8)	73 (31.3%)	0	0	945 (81.1%)	31 (16.3%)	23 (12.1%)	136 (71.6%)	0	0	655 (68.9%)
Low expectations from their wards	0	0	10 (4.3%)	139 (59.7%)	84 (36.1%)	392 (33.64%)	0	0	149 (78.4%)	14 (7.4%)	27 (14.2%)	502 (52.8%)

SA-Strongly agree, A- Agree, N-Neutral, D-Disagree, SD-Strongly Disagree

The results indicate that “worrying about the child’s future” and the “stigma associated with having a disabled child” are the two most significant stressors for mothers of both male and female visually challenged children, with nearly all mothers reporting these concerns. These stressors emphasize the emotional burden of raising a child with visual impairment, especially regarding societal perceptions and the uncertain future of the child. Other notable challenges include the “lack of understanding of mothers feeling among other family members” reported by 97.8 per cent compared to mothers of boys (93.4%), and the emotional distress of not having another child after visually challenged children, experienced by 97.6 per cent of girls and 92.6 per cent of mothers of boys. Worsening of the child’s visual condition (91.3%) and frustration from unachieved personal goals (89.9 per cent and 83.3 per cent) and difficulty in training the child in self-care were reported by 89.9 per cent of boys and 84.2 per cent of mothers of girls, respectively. Overprotectiveness was more pronounced among mothers of girls (97.6%) than boys (88.6%), possibly reflecting societal norms and heightened concerns for the safety of girls. Additionally, a lack of confidence in their ability to support their child or in their child’s abilities was reported by 84.9 per cent of mothers of boys and 83.3 per cent of mothers of girls.

Mothers of boys with visual impairment faced difficulty in managing their child (84.7%) and struggling to meet basic needs due to financial constraints (83.3%). Many also had to leave their jobs (81.1%) and expressed doubts about their child’s future (33.6%). In contrast, mothers of visually challenged girls reported slightly lower financial strain (68.9%) and job-related disruptions (68.9%). However, they faced greater emotional stress, with 67.8 per cent struggling to train their daughters in self-care and 52.8 per cent concerned about their child’s future.

For both mothers of visually challenged girls and boys, stress related to their husbands mainly revolves around lack of emotional support, empathy, shared responsibilities, financial constraints, and understanding of their emotional and psychological needs. Holly et. al., (2019) discuss that “parenting stress is the distress experienced when parents feel unable to cope with the demands placed upon them, perceiving these demands as exceeding their available resources. This stress is distinct from other forms of stress, such as those related to work or marital relationships”. “Parents of children with disability exhibit a great amount of stress which include stress related to the child’s characteristics, particularly behaviour problems, inadequate support and long term care. Additional sources of stress may include

parental conflicts associated with caring for their child with disability, lack of financial and social support, and alteration in family's lifestyle and leisure activities due to care giving responsibilities”

Descriptive Statistics of Stress Related to Children

Table 19 outlines the descriptive statistics regarding stress related to children, focusing on various sociological stressors experienced by parents.

Table 19: Descriptive Statistics of Stress Related to Children

Stress related to Children	Mean (N=423)	S.D
Worry a lot about the child's future	4.90	0.29
Feel stigmatized by others for having a visually challenged children	4.82	0.47
Lack of understanding of the mother's emotions and struggles	4.76	0.42
Worsening of the child's visual condition	4.70	0.52
Overprotectiveness towards visually challenged children compared to other children	4.63	0.48
Frustration from not achieving personal goals	4.34	0.47
Worry about the child's safety	4.22	0.57
Lack of confidence in helping the child or in their abilities	4.21	0.41
Difficulty in training the child's self-care skills	3.99	0.82
Inability to provide the child's basic needs due to financial constraints	3.84	0.87
Quitting employment to care	3.78	0.85
Fear of having another child	3.57	1.41
Low expectations for the child's future	2.11	0.79
Total Score	53.87	8.38

The highest mean rating (\bar{X} =4.90) was observed for the statement, “Worry a lot about the child's future,” indicating that concerns regarding the child's future represent the most significant source of stress among mothers. This was followed by “Feel stigmatized by others for having a visually challenged child” (\bar{X} =4.82) and “Lack of understanding of the mother's emotions and struggles” (\bar{X} =4.76). These

findings highlight that beyond their immediate caregiving roles, mothers face considerable stress due to societal perceptions and a lack of empathy or support from others. In contrast, the lowest mean rating ($\bar{X} = 2.11$) was noted for the statement, “Low expectations for the child’s future.” This score falls between “strongly disagree” and “neutral,” suggesting that despite experiencing high levels of stress in other areas, mothers maintain a degree of hope and expectation for their child’s future.

Stress Related to Children across Selected Demographic Profiles

Table 20 reveals the relationship between maternal stress levels and selected demographic variables such as the mother’s age, educational qualification, employment status, family income, and the child’s age and gender. The analysis employs the statistical techniques of Analysis of Variance (ANOVA) and the t-test to identify significant differences across these groups.

Table 20: Stress Related to Children across Selected Demographic Profile

Demographic Profile		Stress Related to Children				
		No.	Mean	S.D	F/t-value	Critical value
Age of the Mother	26-35 years	189	63.67	2.70	61.258**	4.656
	36-45 years	163	60.67	2.77		
	46-55 years	71	64.82	4.46		
Educational Qualification of Mother	Illiterate	100	61.29	3.10	11.369**	3.364
	Secondary	111	63.32	4.83		
	Higher Secondary	124	62.18	1.86		
	UG/ PG	62	64.52	3.09		
	Professional	26	63.73	2.43		
Employment Status of Mother	Homemaker	175	61.70	3.36	9.997**	3.364
	Self-Employed	39	61.85	5.85		
	Daily Wages	18	65.00	6.17		
	Regular Wage/Salary	26	63.73	2.43		
	Professional	165	63.57	2.02		
Family Income	Low Income	203	61.83	4.15	21.562**	4.656
	Middle Income	74	64.80	4.02		
	High Income	146	62.86	.51		
Age of the Child	4 – 6 years	32	64.19	5.75	36.439**	3.829
	7 – 10 years	256	63.02	2.04		
	11 – 13 years	50	58.48	1.31		
	14 – 18 years	85	63.69	4.80		
Gender of the Child	Male	233	62.07	3.69	4.232**	2.588
	Female	190	63.49	3.09		

** - Significant at 1% level

Age of the Mothers of Visually Challenged Children

Based on the age group, mothers aged 46-55 years have the highest mean score ($\bar{X}=64.82$), while those aged 36-45 years have the lowest mean score ($\bar{X}=60.67$). This suggests that stress related to children is highest among mothers aged 46-55 years and lowest among those aged 36-45 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups is 61.258, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Educational Qualifications of Mothers

The analysis reveals that mothers with UG/PG degrees have the highest stress level mean score ($\bar{X}=64.52$), followed by those with professional qualifications ($\bar{X}=63.73$) and secondary education ($\bar{X}=63.32$). In contrast, the lowest mean stress score was observed among illiterate mothers ($\bar{X}=61.29$). This indicates that stress related to children is highest among mothers with UG/PG degrees and lowest among those with primary/secondary education. Highly educated mothers may have greater expectations for their children's success and may feel more pressure to ensure their academic and personal achievement. In contrast, mothers with lower educational attainment might have comparatively lower expectations, low awareness about the challenges the child face in the future resulting in lower stress. The ANOVA test result shows that the calculated F-value comparing the scores among different educational qualification groups is 11.369, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Employment Status of Mothers

The findings show that mothers engaged in daily wage labour reported the highest mean score related to their children ($\bar{X}=65.00$), while homemakers reported the lowest mean score ($\bar{X}=61.70$). This suggests that stress related to children is highest among daily wage earners and lowest among homemakers. The elevated stress among daily wage mothers may stem from financial insecurity, a lack of job flexibility, and minimal access to support systems, making it challenging to meet both economic and caregiving demands. In contrast, homemakers, though they may face other forms of pressure, often have more time to devote to childcare responsibilities,

potentially reducing stress levels in this domain. The ANOVA test result shows that the calculated F-value comparing the scores among different employment status groups is 9.997, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Family Income

The data indicates that mothers from middle-income families have the highest mean score ($\bar{X}=64.80$), while those from low-income families have the lowest mean score ($\bar{X}=61.83$). This implies that stress related to children is highest among mothers from middle-income families and lowest among those from low-income families. The ANOVA test result shows that the calculated F-value comparing the scores among different family income groups is 21.562, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Age of the Child

Based on the age of the child, mothers of children aged 4-6 years have the highest mean score ($\bar{X}=64.19$), while those of children aged 11-13 years have the lowest mean score ($\bar{X}=58.48$). This shows that stress related to children is highest among mothers of children aged 4-6 years and lowest among those of children aged 11-13 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups of the children is 36.439, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Gender of the Child

The t-test results indicate a highly significant difference ($p < 0.01$) in stress levels among mothers of visually challenged children based on their child's gender, concerning stress related to children. The mothers of female children reported slightly higher stress regarding their child ($t = 4.232^{**}$, $\bar{X} = 63.49$) compared to mothers of male children ($\bar{X} = 62.07$), reflecting potential concerns about their daughters' future well-being and safety.

Hence, the Sub hypothesis (Ho1.3). **“There is no significant difference in child-related stress factors among mothers based on selected socio-demographic variables” is rejected.**

(iv) Stress Related to Housing Condition among the Selected Mothers

This section explores the stress that mothers of visually challenged children experience due to housing conditions examining how these stressors are influenced by factors such as age of mother, employment status of mothers, family income, age of the child, and gender of the child using percentage distributions, descriptive statistics and F test are analyzed across different socio demographic variables. Understanding these factors is essential for devising targeted interventions to address stress on housing conditions among mothers of visually challenged children.

The percentage distribution of the respondents' stress-inducing elements is shown in Table 21.

Table 21: Stress Levels Related to Housing Condition among the Selected Mothers (in per cent)

Stress Related to Housing Conditions	Mothers having male children (N=233)					Total Score	Mothers having female children (N=190)					Total score
	SA 5	A 4	N 3	D 2	SD 1	Max score (233x5=1165)	SA 5	A 4	N 3	D 2	SD 1	Max Score (190x5=950)
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Noisy environment in the home disrupts a child's activities and focus	0	77 (33.0%)	156 (67.0%)	0	0	776 (66.6%)	0	13 (6.8%)	177 (93.2%)	0	0	583 (61.4%)
The house is too spacious, making it difficult for my child to move around independently.	0	29 (12.4%)	175 (75.1%)	29 (12.4%)	0	699 (60.0%)	0	136 (71.6%)	54 (28.4%)	0	0	706 (74.3%)
The house is too small, restricting my child's ability to be active.	0	0	204 (87.6%)	0	29 (12.4%)	641 (55.0%)	0	13 (6.8%)	177 (93.2%)	0	0	583 (61.4%)
Absence of innovative technologies (voice-activated devices)	10 (4.3%)	0	194 (83.3%)	29 (12.4%)	0	640 (54.9%)	136 (71.6%)	0	54 (28.4%)	0	0	842 (88.6%)

SA-Strongly agree, A- Agree, N-Neutral, D-Disagree, SD-Strongly Disagree

Regarding stress related to housing conditions, the majority, 93 per cent of the mothers, reported that they do not experience anxiety due to a noisy environment disrupting their visually challenged child's activities or due to the house being too small for their child to move around comfortably. A significant proportion of mothers with female children who are visually impaired (54.9%) strongly agree for the provision of voice- activated computers or other assistive technologies. These mothers also agree that their children find it more challenging to move in the home due to spatial limitations, compared to mothers with male visually challenged children. Mothers of visually challenged children, regardless of gender, face significant stress related to housing conditions. These stressors are further intensified by lack of support from their husbands, particularly regarding the caregiving imbalance, inadequate home modifications and the undervaluation of their concerns within family dynamics.

Descriptive Analysis of Stress Related to Housing Condition

Table 22 presents descriptive statistics on stress related to housing conditions and their impact on children.

Table 22: Descriptive Analysis of Stress Related to Housing Condition

Stress Related to Housing Condition	Mean (N=423)	S.D
Lack of voice-activated or assistive technology	3.62	1.03
Spacious house makes hard for the child to move around	3.32	0.59
Noisy environment disturbs the child	3.21	0.40
House is too small for the child's needs	2.89	0.54
Total	13.04	2.58

Among the stressor statements, "lack of providing voice-activated computers or other assistive technology" received the highest mean rating of 3.62, indicating a strong level of agreement among respondents regarding the stress caused by the need for technological accommodations in their homes to support their children's needs. This suggests that caregivers face significant challenge in ensuring accessibility and adaptability within their living spaces for children with specific requirements. The statement "My house is very spacious and my child finds it difficult to move around

independently" had the second-highest mean rating of 3.32, suggesting that respondents agree to a considerable extent that excessive spaciousness can present challenges in mobility for their children. The minimum and maximum values for these statements ranged from 2 to 5, indicating varying degrees of agreement among respondents, with 5 representing "Strongly Agree" and 2 representing "Disagree."

The overall stress score related to housing conditions is 13.05, derived from ratings ranging from 9 to 15, with higher scores indicating a greater level of agreement with the stressors associated with housing conditions among respondents. The findings highlight the specific challenges faced by caregivers in creating suitable housing environments for their visually challenged children. Addressing these concerns is crucial for improving the well-being and independence of these children within their homes.

Stress Related to Housing Condition across Selected Demographic Profiles

The housing conditions in which families reside can significantly impact their stress levels, particularly among mothers. Stress related to housing often stems from factors such as overcrowding, lack of basic amenities, and financial constraints. To understand these dynamics, an analysis of variance (ANOVA) was conducted to assess stress levels related to housing conditions across various demographic variables, including age, educational qualifications, employment status, family income, and the age of children. The findings are summarized in Table 23 below, highlighting the mean stress scores, standard deviations, and significance levels across the selected groups.

Table 23: Stress Related to Housing Condition across Selected Demographic Profile

Variables	Groups	Stress Related to Housing Conditions				Critical value
		No.	Mean	S.D	F-value	
Age of the Mother	26-35 years	189	14.16	1.35	133.490**	4.656
	36-45 years	163	11.83	1.52		
	46-55 years	71	12.90	.68		
Educational Qualification of Mother	Illiterate	100	11.42	1.61	142.834**	3.364
	Secondary	111	12.41	.69		
	Higher Secondary	124	14.49	1.13		
	UG/ PG	62	14.39	.93		

Variables	Groups	Stress Related to Housing Conditions				Critical value
		No.	Mean	S.D	F-value	
	Professionals	26	12.00	.00		
Employment Status of Mother	Homemakers	175	11.78	1.31	214.530**	3.364
	Self-Employed	39	12.67	.96		
	Daily Wages	18	12.00	.00		
	Regular Wage/Salary	26	12.00	.00		
	Professional	165	14.77	.64		
Family Income	Low Income	203	11.94	1.34	478.962**	4.656
	Middle Income	74	12.26	.44		
	High Income	146	15.00	.00		
Age of the Child	4 – 6 years	32	12.00	.00	9.559**	3.829
	7 – 10 years	256	13.37	2.02		
	11 – 13 years	50	12.60	1.21		
	14 – 18 years	85	12.75	.71		
Gender of the Child	Male	233	12.04	1.34	17.754**	2.588
	Female	190	14.28	1.23		

Ns – Not significant; * - Significant at 5% level; ** - Significant at 1% level

Age of the Mother

In terms of the age of the mother, mothers aged 26-35 years have the highest mean score ($\bar{X}=14.16$), while those aged 36-45 years have the lowest mean score ($\bar{X}=11.83$). This suggests that stress related to housing conditions is highest among mothers aged between 26-35 years and lowest among those aged between 36-45 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups is 133.490, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656). Therefore, the hypothesis is accepted, indicating that stress related to housing conditions significantly differs among the age groups of mothers.

Educational Qualification

The analysis shows that mothers with higher secondary education reported the highest mean stress score related to housing condition ($\bar{X}=14.49$), closely followed by those with undergraduate/postgraduate degrees ($\bar{X}=14.39$). In contrast, the lowest stress score was recorded among illiterate mothers ($\bar{X}=11.42$). This suggests that mothers with higher educational qualifications may have greater awareness and expectations regarding adequate housing standards, which could contribute to higher

stress when these expectations are not met. On the other hand, mothers with lower education levels may be more accustomed to existing conditions or less likely to perceive them as stressful. The ANOVA test result shows that the calculated F-value comparing the scores among different educational qualification groups is 142.834, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Employment Status of Mother

Regarding employment status, mothers employed in professional roles have the highest mean score ($\bar{X}=14.77$) related to housing condition, whereas homemakers recorded the lowest mean score ($\bar{X}=11.78$). This suggests that mothers in professional roles may face greater housing-related stress due to higher expectations for housing quality or challenges in achieving a work-life balance. Conversely, homemakers may experience relatively lower stress, potentially due to fewer competing demands or adjusted expectations based on household circumstances. The ANOVA test result shows that the calculated F-value comparing the scores among different employment status groups is 214.530, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Family Income

The findings show that mothers from high-income families have the highest mean score ($\bar{X}=15.00$), while those from low-income families have the lowest mean score ($\bar{X}=11.94$). This implies that stress related to housing conditions is highest among mothers from high-income families and lowest among those from low-income families. The ANOVA test result shows that the calculated F-value comparing the scores among different family income groups is 478.962, which is significant at 1% level as calculated F-value is higher than the critical value (4.656).

Age of the Child

Based on the age of the child, mothers of children aged 7-10 years have the highest mean score ($\bar{X}=13.37$), while those of children aged 4-6 years have the lowest mean score ($\bar{X}=12.00$). This indicates that stress related to housing conditions is highest among mothers of children aged 7-10 years and lowest among those with

children aged 4-6 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups of the children is 9.559, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Gender of the Child

The most substantial difference was observed in stress related to housing conditions ($t = 17.754^{**}$), where mothers of female children ($\bar{X}=14.28$) experienced significantly higher stress than those with male children ($\bar{X}=12.04$), likely due to concerns over security and home environment suitability. These results confirm that maternal stress is significantly influenced by the gender of the visually challenged child, with mothers of female children experiencing higher stress concerning their child's future and housing conditions.

Hence, the sub-hypothesis (Ho1.4) stating that “**There is no significant difference in stress related to housing condition among mothers based on selected socio-demographic variables**” is rejected.

vi) Paid Help Support and Family Support

Kaur (2015) highlights that various factors impacting the lives and caregiving capabilities of parents and caretakers (paid help) contribute to significant levels of stress among those caring for children with disabilities. It draws attention to variables that are indicative of stress and highlights the difficulty of changing stress-inducing behaviors. Rouhani and Hemati (2023) examined social support in parents of children with neurodevelopmental disorders, finding that increased social support is associated with reduced parental stress. Additionally, Santos et al. (2023) explored the needs of parents of children diagnosed with congenital anomalies or cerebral palsy in their interactions with healthcare services, emphasizing the importance of adequate support systems in mitigating parental stress. These recent findings highlight the critical role of both family and paid help support in alleviating the stress associated with caring for children with disabilities. Access to adequate support services and the ability to balance employment with caregiving responsibilities are essential factors influencing parental well-being, emphasizing the need for robust support systems, both familial and professional, to enhance the well-being of parents caring for children with

disabilities. These supports are crucial in mitigating stress and promoting a balanced family dynamic.

The results of support for household activities in caring for visually challenged children, provided by family and paid help, are clearly explained in Table 24.

Table 24: Household and Paid Help Support (in per cent)

Household Activities	Household and Paid Help Support (N=338)									
	Mothers having male children, N=200 (per cent)					Mothers having female children, N=138 (per cent)				
	S	SP	GP	IL	PH	S	SP	GP	IL	PH
Helping children with their school work/ homework	85	15	0	0	0	87	6	0	0	7
Spending time with a child in telling or hearing a story	72	16	12	0	0	75	5	5	5	10
Making children get ready for school	65	25	5	5	0	70	2	2	0	26
Leaving children at School	72	28	0	0	0	67	6	5	0	22
Playing with children	53	22	12.5	12.5	0	65	3	5	4.5	22.5
Bathing, dressing, and feeding my child	60.5	30.5	6	3	0	64	0	2	0	34
Buying vegetables/ provisions /other supplies from stores	79	12	0	0	9	80	0	0	2	18
Cooking/Cleaning vessels	64	0	23	13	0	79	0	0	4	17
Washing, ironing & folding clothes	59	0	0	2	39	66	0	0	4	30
Mopping floor	70	0	0	7	23	62	0	0	4	34

S-Self; Sp-Spouse; GP- Grand Parent; IL-In-Laws; PH-Paid Help
(Excluded 33 male children and 52 female children who stay in the hostel)

Table 24 highlights the support provided for household activities in caring for visually challenged children, focusing on the roles of family members and paid help. Out of 423 families, 338 families were selected. The analysis is based on responses from 200 mothers with male children and 138 mothers with female children, excluding those whose children (33 male and 52 female) reside in hostels.

Above sixty per cent of the mothers irrespective of gender observed 'helping children in schoolwork or homework', 'Buying vegetables/provision s/other supplies from stores', 'Cooking/Cleaning vessels', 'Mopping the floor', 'Spending time with child in telling or hearing story', 'Leaving children to School', Making children get ready to school', 'Bathing, dressing and feeding my child', 'Washing, ironing & folding clothes' and 'Playing with children' was primarily done by mothers followed by additional support from spouses, grandparents and in-laws. It was noted that mothers having visually challenged girls support through paid help, whereas mothers of boys did not prefer it due to financial constraints. Overall, mothers largely managed these tasks on their own, but there was significant support from spouses, grandparents, in-laws, and paid help, especially for those with female children. These differences in support highlight varied family relationship and differing expectations based on the child's gender.

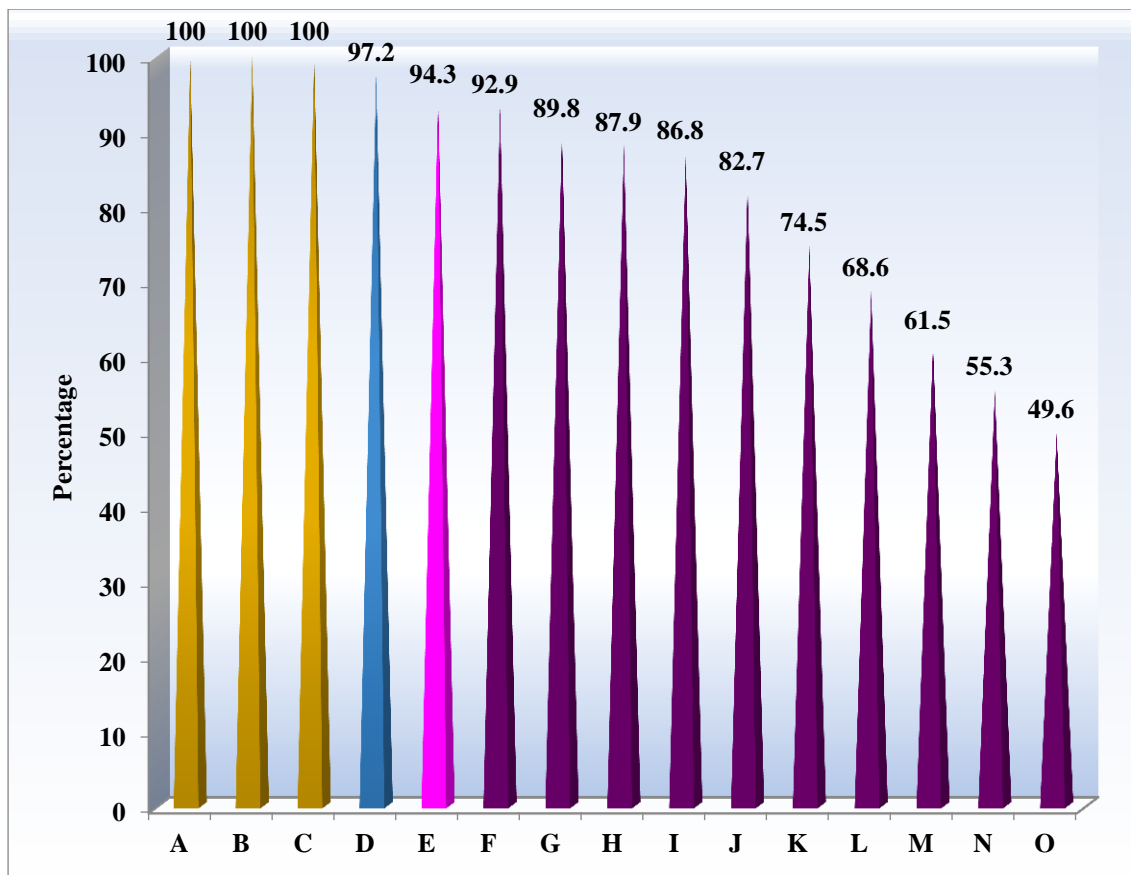
A cross-sectional study by Müller et al. (2024) involving 611 parents of children with developmental delays or disabilities found that mothers and single parents reported higher levels of parenting stress compared to fathers and non-single parents. The study also highlighted that part-time working parents or those exclusively caring for their child experienced higher stress levels, emphasizing the influence of employment status and caregiving responsibilities on parental stress.

vi) Involvement of Children in Family Activities.

Table 25 and Figure 6 provide the involvement of children in various family activities among the selected subjects, highlighting the percentage of families that engage in these activities within the surveyed population.

**Table 25: Level of Engagement Provided for Children within their Families
(in per cent)**

Level of Engagement	Yes*		Rank
	N=423	%	
Have done something special for the child on their birthday (cake, party, trip to the park, etc.)	423	100	1
Watching Television/ listening to music	423	100	1
Joined a mother/children's group like a social network (WhatsApp/Facebook)	423	100	1
Frequent visits to the park, beach, cinema, playground, farm, exhibitions, museum, religious festivals, shows, or similar	411	97.2	2
Visit and interaction with family/ friends/ relatives who have children	399	94.3	3
Relatives or friends have invited child as a treat for them on a special occasion	393	92.9	4
Attend any special classes for Indoor games/ Outdoor games(dance/music/Swimming/fun activities/)	380	89.8	5
A child feels comfortable and enjoys peer groups	372	87.9	6
Holiday Tour/ trip with family members	367	86.8	7
Children have meals along with family members	350	82.7	8
Stay with relatives or friends (without parents)	315	74.5	9
Has – or had – any pets	290	68.6	10
Involvement in cooking/kitchen work	260	61.5	11
Reading stories/articles to the child	234	55.3	12
Membership/interaction with the library/Sports/arts club for the differently abled	210	49.6	13



- A. Have done something special for the child on their birthday (cake, party, trip to the park, etc.)
- B. Watching Television/ listening to music
- C. Joined a mother/children's group like a social network (WhatsApp/Facebook)
- D. Frequent visits to the park, beach, cinema, playground, farm, exhibitions, museum, religious festivals, shows, or similar
- E. Visit and interaction with family/ friends/ relatives who have children
- F. Relatives or friends have invited child as a treat for them on a special occasion
- G. Attend any special classes for Indoor games/ Outdoor games(dance/music/Swimming/fun activities/)
- H. Child feels comfortable and enjoys peer groups
- I. Holiday Tour/ trip with family members
- J. Child has meals along with family members
- K. stays with relatives or friends (without parents)
- L. Has – or had – any pets
- M. Involvement in cooking/kitchen work
- N. Reading stories/articles to the child
- O. Membership/interaction with the library/Sports/arts club for the differently abled

Figure 6: Level of Engagement provided for Children within their Families

Table 25 discusses the rank correlation for the involvement of children in family activities, highlighting the frequency and association of various activities. Rank correlation measures the relationship between the rankings of different activities, highlighting those that are commonly performed together and those that are less frequently associated.

The most highly ranked activities (Ranks 1-5) involving the most significant percentage of participation, include special arrangements for the child on their birthday, visits to local events, joining mother/children's groups, frequent visits to parks/beaches/etc, and watching TV/listening to music. These activities are nearly universal among the selected mothers of visually challenged children, suggesting they are central to family engagement and are strongly connected.

Moderately ranked activities (Ranks 6-10), such as attending special classes, playing with family members, feeling comfortable with peer groups, taking holiday tours, and having meals together, also show significant participation but are slightly less so. These activities demonstrate a moderate correlation with the top five, indicating consistent engagement in a range of enriching experiences and social interactions.

Activities ranked lower (Ranks 11-15), such as staying with relatives or friends without parents, involvement in cooking/kitchen work, reading a story to the child, having or having had any pets, and membership/interaction with library/sports/arts club for differently-abled children, have comparatively lower participation rates. These activities are more specialized or influenced by family circumstances or specific interests, demonstrating a weaker but still notable level of involvement. Families with higher participation in these activities generally provide a nurturing and supportive environment for their children.

C. Parental Stress among the Selected Respondents

The Parenting Stress Scale (PSS) results, presented in Table 26 and Figure 7, provide insight into the various stressors experienced by mothers of both male and female children. The Parental Stress Scale (PSS) is a publicly available self-report tool to evaluate stress associated with raising children. Parental Stress Scale (PSS) is an 18-item scale that measures the stress which parents feel in their role on 5-point **Likert Scale (Berry & Jones, 1995)**. The results, ranked from highest to lowest stress scores for mothers of male and female children, provide insight into the various stressors experienced by these parents. Below is a detailed discussion of each item in rank order.

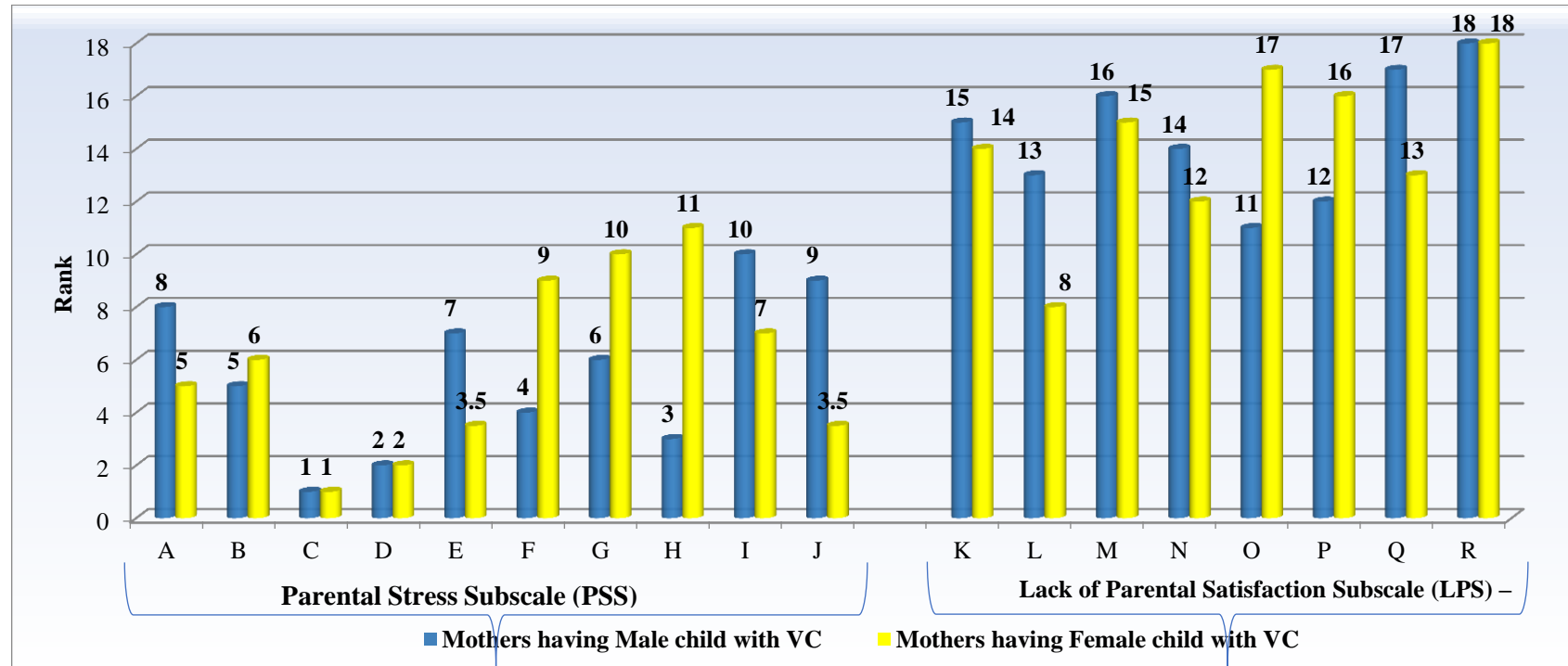
Table 26: Parenting Stress Experienced by the Selected Mothers (in per cent)

Parenting Stress Levels	Mothers having a Male child with VI (N=233)							Mothers having a Female child with VI (N=190)							Cumulative score	Rank
	SA (5)	A (4)	N (3)	D (2)	SD (1)	Max. Score (233x5 =1165)	Rank	SA (5)	A (4)	N (3)	D (2)	SD (1)	Max. Score (190x5 =950)	Rank		
The primary source of stress in my life is my child(ren)	172 73.8	32 13.7	29 12.4	0	0	1075	1	139 73.2	0	51 26.8	0	0	848	1	1923	1
Having child(ren) leaves little time and flexibility in my life	154 66.1	59 25.3	20 8.6	0	0	1066	2	45 23.7	145 76.3	0	0	0	805	2	1871	2
Having child(ren) has been a financial burden	108 46.4	95 40.8	30 12.9	0	0	1010	7	45 23.7	145 76.3	0	0	0	805	3.5	1815	3
Caring for my child(ren) sometimes takes more time and energy than I have to give	74 31.8	149 63.9	10 4.3	0	0	996	8	41 21.6	149 78.4	0	0	0	801	5	1797	4
Having child(ren) has meant having too few choices and too little control over my life	106 45.5	78 33.5	49 21.0	0	0	989	9	45 23.7	145 76.3	0	0	0	805	3.5	1794	5
I sometimes worry whether I am doing enough for my child(ren)	93 39.9	130 55.8	10 4.3	0	0	1015	5	27 14.2	149 78.4	14 7.4	0	0	773	6	1788	6
I feel overwhelmed by the responsibility of being a parent	108 46.4	71 30.5	54 23.2	0	0	986	10	27 14.2	136 71.6	27 14.2	0	0	760	7	1746	7
It isn't easy to balance different responsibilities because of my child(ren)	155 66.5	48 20.6	30 12.9	0	0	1057	4	54 28.4	0	136 71.6	0	0	678	9	1735	8
If I had it to do over again, I might decide not to have child(ren)	171 73.4	23 9.9	39 16.7	0	0	1064	3	32 16.8	22 11.6	136 71.6	0	0	656	11	1720	9
The behavior of my child(ren) is often embarrassing or stressful to me	109 46.8	94 40.3	30 12.9	0	0	1011	6	45 23.7	9 4.7	136 71.6	0	0	669	10	1680	10

Chapter 4

Parental Stress Subscale (PSS), Lack of Parental Satisfaction Subscale (LPS) – reversely scored items	SA (1)	A (2)	N (3)	D (4)	SD (5)	Max. Score (233x5 =1165)	Rank	SA (1)	A (2)	N (3)	D (4)	SD (5)	Max. Score (190x5 =950)	Rank	Cumulative score	Rank
There is little or nothing I wouldn't do for my child(ren) if it were necessary.		190 81.5	34 14.6	9 3.9	0	880	13	29 15.3	100 52.6	16 8.4	45 23.7	0	683	8	1563	11
Having child(ren) gives me a more certain and optimistic view of the future	94 40.3	53 22.7	77 33.0	9 3.9	0	931	12	0	64 33.7	13 6.8	113 59.5	0	521	16	1452	12
My child(ren) are an essential source of affection for me	116 49.8	41 17.6	42 18.0	34 14.6	0	938	11	0	31 16.3	64 33.7	95 50.0	0	506	17	1444	13
I enjoy spending time with my child(ren)	19 8.1	136 58.4	30 12.9	48 20.6	0	825	14	18 9.5	41 21.6	86 45.3	45 23.7	0	602	12	1427	14
I am happy in my role as a parent	65 27.9	48 20.6	39 16.7	81 34.8	0	796	15	0	95 50.0	33 17.4	27 14.2	35 18.4	568	14	1364	15
I feel close to my child(ren)	38 16.3	59 25.3	88 37.8	48 20.6	0	786	16	0	65 34.2	26 13.7	99 52.1	0	536	15	1322	16
I am satisfied as a parent	29 12.4	36 15.5	116 49.8	52 22.3	0	741	17	9 4.7	0	163 85.8	18 9.5	0	570	13	1311	17
I find my child(ren) enjoyable	0	57 24.5	49 21.0	108 46.4	19 8.1	610	18	0	9 4.7	0	181 95.3	0	398	18	1008	18

*SA- Strongly Agree; A- Agree; D – Disagree; N – Never; SD – Strongly Disagree



* Note: Ranks are based on weighted Likert scores for each item. Rank 1 indicates the highest level of agreement and Rank 18 indicates the lowest level of agreement.

- | | |
|---|--|
| A. Caring for my child(ren) sometimes takes more time and energy than I have to give | K. I am happy in my role as a parent |
| B. I sometimes worry whether I am doing enough for my child(ren) | L. There is little or nothing I wouldn't do for my child(ren) if it were necessary |
| C. The primary source of stress in my life is my child(ren) | M. I feel close to my child(ren) |
| D. Having child(ren) leaves little time and flexibility in my life | N. I enjoy spending time with my child(ren) |
| E. Having child(ren) has been a financial burden | O. My child(ren) is an essential source of affection for me |
| F. It isn't easy to balance different responsibilities because of my child(ren) | P. Having child(ren) gives me a more certain and optimistic view of the future |
| G. The behavior of my child(ren) is often embarrassing or stressful to me | Q. I am satisfied as a parent |
| H. If I had it to do over again, I might decide not to have child(ren) | R. I find my child(ren) enjoyable |
| I. I feel overwhelmed by the responsibility of being a parent | |
| J. Having child(ren) has meant having too few choices and too little control over my life | |

Figure 7: Ranking of Parental Stress Items among Selected Mothers

Among the various Parenting Stress Scale (PSS), the mothers of visually challenged children experience varying degrees of stress, influenced by factors such as caregiving demands, financial burdens, and reduced personal autonomy. Among the subscales, "The major source of stress in my life is my child(ren)" and "having child(ren) leaves little time and flexibility in my life" ranked 1st and 2nd, respectively, among both genders. This may be due to the psychological burden of caregiving, which is often intensified by the unique needs of visually challenged children. This stress is likely due to constant demands for attention, specialized care, the emotional weight of ensuring their child's future and well-being, and reducing opportunities for personal time or other responsibilities. Having child(ren) has been a financial burden, where the stress for mothers of children with VC ranked third. In contrast, items such as "I find my child(ren) enjoyable" and "I am satisfied as a parent" scored lowest overall, suggesting a lower sense of fulfilment or enjoyment from parenting among this group, possibly due to the intense challenges they face.

As per gender, mothers of male children report higher stress scores, due to cultural expectations or perceptions of greater responsibility for male children's success and independence. Conversely, the lower scores in items related to enjoyment and satisfaction suggest that the relentless demands of caregiving may diminish the emotional rewards of parenting. This ranking and the scores highlight the need for targeted interventions that address time management, financial support, and emotional well-being to alleviate the stress experienced by these mothers. Webster-Stratton (2020) reported that parenting stress is created when there is a mismatch between the demands or stresses of parenting and the parent's resources (e.g., psychological wellbeing, social support, cognitive appraisal of stressor) to meet those demands. Chovatiya et al. (2015) revealed that 70% mothers of disabled children were suffering from a mild to moderate level of parental stress. Behavioural problems of children and the parenting stress felt by parents are interrelated (Puff and Rank, 2014).

Parental Stress Levels among the Selected Respondents based on Demographic Profile.

Table 27 presents the analysis of parental Stress levels based on various socio-demographic variables, including age, educational qualification, employment status, family income, the child's age, and the child's gender. The statistical techniques of

Analysis of Variance (ANOVA) and t-test are used to identify significant differences in stress levels across these groups. The results are discussed below.

Table 27: Parental Stress Levels among the Selected Mothers based on Demographic Profile

Demographic profile		Parental Stress Levels				
		No.	Mean	S.D	F/t value	Critical value
Age of the mother	26 – 35 years	189	63.49	8.01	64.421**	4.656
	36 – 45 years	163	71.84	7.04		
	46 – 55 years	71	71.14	6.06		
Educational qualification	Illiterate	100	75.13	5.77	119.085**	3.364
	Secondary	111	68.79	5.45		
	Higher Secondary	124	60.65	5.27		
	UG/ PG	62	64.97	7.96		
	Professional	26	79.35	.49		
Employment status of the mother	Homemaker	175	72.73	6.55	102.081**	3.364
	Self-Employed	39	66.49	3.25		
	Daily Wages	18	69.50	2.57		
	Regular Wage/Salary	26	79.35	.49		
	Professional	165	61.37	6.54		
Family Income	Low Income	203	72.91	6.11	258.248**	4.656
	Middle Income	74	71.32	6.75		
	High Income	146	59.47	4.08		
Age of the child	4 – 6 years	32	72.41	5.11	11.155**	3.829
	7 – 10 years	256	66.82	9.52		
	11 – 13 years	50	65.56	4.38		
	14 – 18 years	85	71.28	5.54		
Gender of the child	Male	233	233	72.00	12.843**	2.588
	Female	190	190	63.07		

** - Significant at 1% level

Age of the mother

Concerning the age of the mother, mothers aged 36-45 years have the highest mean score (\bar{X} =71.84), while those aged 26-35 years have the lowest mean score (\bar{X} =63.49). This indicates that stress is highest among mothers aged 36-45 years and lowest among those aged 26-35 years. Mothers aged 36–45 years experience higher

stress due to multiple role demands, including caregiving for both children and aging parents, career pressures, and societal expectations. Their children's transition to adolescence further adds to emotional and psychological strain. In contrast, mothers aged 26–35 years report lower stress levels, as they tend to have greater adaptability, stronger social support networks, and younger children with fewer complex needs. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups is 64.421, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Educational Qualification

The analysis shows apparent variation in stress levels across different educational backgrounds. Mothers with professional qualifications have the highest mean score ($\bar{X} = 79.35$), followed by illiterate mothers ($\bar{X} = 75.13$). The lowest stress score was observed among mothers with higher secondary education ($\bar{X}=60.65$). This suggests that both extremes-highly educated mothers and those with no formal education-experience greater stress, though possibly for different reasons. Professionally qualified mothers may face higher pressure to meet both career and caregiving expectations, while illiterate mothers may struggle with limited access to resources and economic constraints. Mothers with moderate levels of education may experience relatively lower stress, possibly due to more effective coping strategies and more realistic expectations. The ANOVA test result shows that the calculated F-value comparing the scores among different educational qualification groups is 119.085, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Employment Status of Mother

About employment status, the results indicate that mothers in regular wage or salaried positions reported the highest mean score ($\bar{X} = 79.35$), while those engaged in professional positions experienced the lowest mean score ($\bar{X} = 61.37$). This suggests that mothers in regular salaried roles may experience heightened stress due to job demands, lack of flexibility, time constraints, and persistent work-life conflicts. In contrast, mothers in professional roles may benefit from greater job autonomy, flexible working hours, and increased control over their tasks, which collectively help in reducing overall stress. The ANOVA test result shows that the calculated F-value

comparing the scores among different employment status is 102.081, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Family Income

According to family income, mothers from low-income families experience the highest stress ($\bar{X}=72.91$), while those from high-income families have the lowest mean score ($\bar{X}=59.47$). This implies that stress is highest among mothers from low-income families due to financial instability, limited access to healthcare, education, childcare resources, and the constant struggle to meet basic needs. Economic hardship increases psychological pressure, anxiety, and uncertainty about the future, making parenting more stressful. This is particularly true for those from low-income families, who often face greater financial instability, limited access to better education and healthcare for their children, and fewer resources to manage household responsibilities. They can afford domestic help, childcare services, and quality education, reducing their direct caregiving burden and enabling a better work-life balance. The ANOVA test result shows that the calculated F-value comparing the scores among different family income groups is 258.248, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Age of the Child

Regarding the age of the child, mothers of children aged 4-6 years have the highest mean score ($\bar{X}=72.41$), while those of children aged 11-13 years have the lowest mean score ($\bar{X}=65.56$). This shows that stress is highest among mothers of children aged 4-6 years and lowest among those of children aged 11-13 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups of the children is 11.155, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Gender of the Child

The results indicate that mothers of visually challenged boys ($\bar{X}=72.00$) experience higher levels of parental stress compared to those of girls children ($\bar{X}=63.07$). The t-test result shows that the calculated t-value (comparing the scores between mothers of female and male children) is 12.843, which is significant at 1%

level as the computed t-value is higher than the critical value (2.588). The higher stress levels among mothers of male visually challenged children may be attributed to societal expectations, increased caregiving responsibilities, and concerns related to the future of children. Cultural perceptions often place greater pressure on parents to ensure the well-being, education, and financial security of sons, which could contribute to heightened stress. In contrast, while mothers of female visually challenged children also experience anxiety, it appears to be comparatively lower, possibly due to differences in societal expectations and caregiving dynamics.

Hence, the sub-hypothesis '**Significant difference would exist on parental stress levels based on selected socio-demographic variables**' (Ha2.1) is accepted.

D. Personal and Social Well-Being of Selected Respondents

Personal and social well-being is a multifaceted term that encompasses an individual's emotional, psychological, and social health. It reflects the overall state of being where personal satisfaction and social harmony are achieved through positive relationships, a sense of purpose, and the ability to manage life's challenges effectively. (Musel and Polic, 2024). The data were collected using a quality of life standardised scale, and the stress variables (age, educational qualification, employment status, family income, age of visually challenged children, and gender of the child) were statistically analyzed using percentage analysis, mean, standard deviation (SD), ANOVA, and t-test. The quality of life statement scores are provided, with higher ratings indicating complete, exceeding, or high levels of contentment, thus reflecting a higher quality of life. The findings are presented below in the following aspects.

- (i) **Personal and Social Well-Being**
- (ii) **Awareness of stress**
- (iii) **Willingness and Awareness of Intervention Program**

i) Personal and Social Well-Being

Quality of life, as a concept, transcends mere physical health, incorporating psychological, social, and environmental dimensions that collectively shape an individual's overall well-being. This research aims to explore the diverse aspects that contribute to the perception of social well-being, providing a comprehensive framework for self-assessment and evaluation. The WHOQOL-BREF is designed to

be flexible, allowing researchers and practitioners to adapt its use to their specific needs and contexts. WHO's Guidance on WHOQOL-BREF Scoring and Interpretation, provides detailed guidance on how to administer the WHOQOL-BREF, calculate domain scores, and transform these scores to a 0-100 scale, they do not prescribe fixed cut-off points for categorizing these scores into different levels as low, middle and high (L, M, H).

A comparison of the domains of personal and social well-being between mothers with male and female children is discussed in Table 28.

Table 28: Comparison of Personal and Social Well-Being of Selected Mothers as per Gender (in per cent)

Personal and Social Well-Being	Mothers with male children (N=233)						Score 1165	Rank	Mothers with female children (N=190)					Score 950	Rank	Cumulative Score	Rank
	VP (1)	P (2)	N (3)	G (4)	VG (5)	VP (1)			P (2)	N (3)	G (4)	VG (5)					
To what extent do you feel that physical pain prevents you from doing what you need to do?	%	0	13	0	0	87	1075	1	0	0	0	72	28	814	1	1889	1
How much medical treatment do you need to function in your daily life?	%	0	0	7	30	63	1062	2	0	0	31	55	14	728	2	1790	2
How satisfied are you with the conditions of your living place?	%	33	22	0	32	13	630	3	31	32	20	17	0	424	7	1054	3
How satisfied are you with your sex life?	%	16	0	84	0	0	625	4	24	8	68	0	0	465	6	1090	4
How satisfied are you with the support you get from your friends?	%	16	40	14	30	0	600	5	24	60	16	0	0	366	10	966	8
How satisfied are you with your ability to perform your daily living activities?	%	18	42	19	13	8	586	6	12	79	9	0	0	376	8	962	9
How Satisfied are you with your sleep?	%	32	39	13	8	8	517	7	58	14	0	28	0	373	9	890	10
How satisfied are you with your access to health services?	%	24	55	9	13	0	490	8	31	7	9	53	0	539	4	1029	6
How satisfied are you with your transport?	%	24	55	17	4	0	470	9	31	7	9	53	0	539	4	1009	7
How well can you get around?	%	55	9	37	0	0	423	10	55	45	0	0	0	275	16	698	13

Chapter 4

How would you rate your quality of life?	%	64	0	32	0	4	419	11	14	0	18	58	10	662	3	1081	5
How satisfied are you with your relationships?	%	33	67	0	0	0	389	12	24	76	0	0	0	335	12	724	11
How well can you concentrate?	%	62	12	26	0	0	380	13	48	52	0	0	0	289	15	669	14
How satisfied are you with yourself?	%	48	44	8	0	0	373	14	28	65	7	0	0	342	11	715	12
How readily available to you is the information you need in your day-to-day life?	%		65	0	0	0	339	15	86	14	0	0	0	217	23	556	17
How often do you have negative feelings such as a blue mood, despair, anxiety, or depression?	%	63	33	4	0	0	329	16	100	0	0	0	0	190	25	519	19
How satisfied are you with your work capacity?	%	82	6	12	0	0	303	17	62	21	17	0	0	294	14	597	15
How satisfied are you with your health?	%	83	13	0	4	0	290	18	86	4	10	0	0	235	21	525	18
Can you accept your body and its appearance?	%	83	16.7	0	0	0	272	19	70	30	0	0	0	247	18	519	19
How safe do you feel in your daily life?	%	84	16	0	0	0	271	20	86	14	0	0	0	214	24	485	23
Do you have enough money to meet your needs?	%	93	0	7	0	0	267	21	52	30	18	0	0	316	13	583	16
How much do you enjoy life?	%	96	4	0	0	0	242	22	86	0	14	0	0	244	19	486	22
How healthy is your physical environment?	%	96	4	0	0	0	242	22	76	24	0	0	0	236	20	478	24
Do you have enough energy for everyday life?	%	100	0	0	0	0	233	24	100	0	0	0	0	190	25	423	26
To what extent do you feel your life to be meaningful?	%	100	0	0	0	0	233	24	82	18	0	0	0	224	22	457	25
To what extent do you have the opportunity for leisure activities?	%	100	0	0	0	0	233	24	58	42	0	0	0	269	17	502	21

*(VP-very poor, P-poor, N-neutral, G-good and VG – very good)

The comparison of personal and social well-being domains highlights shared priorities and differences between mothers of male and female children. High-ranked domains (ranks 1 to 9) show that managing physical health and medical needs is a top priority for both groups, with "physical pain impact" and "need for medical treatment" ranking first and second, respectively. Notably, personal and social well-being ranks higher for mothers of female children (rank 3) compared to the mothers of male children (rank 11), emphasizing greater significance for the former group. Satisfaction with living conditions and satisfaction with sex life are more important to mothers of male children. In contrast, access to health services and support from friends are shown as more important for mothers of female children.

Moderately important domains (ranks 10 to 17) include mobility, satisfaction with personal relationships, work capacity, and ability to concentrate, which hold similar levels of importance for both groups. However, financial sufficiency is more critical for mothers with female children. Less important domains (ranks 18 to 26) include feelings of safety, physical environment, health, enjoyment of life, and energy for everyday life, indicating that these aspects have a lower impact on their overall well-being in both groups. Despite some differences, both groups consistently prioritize managing health, social connections, and sustaining overall personal well-being.

Singh and Rajesh (2021) focused on the psychological well-being of mothers raising visually challenged children which revealed “a high prevalence of psychological distress, including symptoms of depression and anxiety. Contributing factors included the severity of the child’s impairment, financial constraints, and limited social support. The study emphasized the urgent need for comprehensive interventions addressing the mental health needs of these mothers, alongside resources to alleviate caregiving burdens.”

ii) Personal and Social Well-Being among the Selected Mothers based on Demographic Profile

Table 29 presents an analysis of personal and social well-being across selected demographic variables. Statistical techniques, such as analysis of variance (ANOVA) and the t-test, were employed to determine the significance of differences in well-being scores based on age, educational qualification, employment status,

family income, the child's age, and the child's gender. The results highlight how these demographic factors influence the personal and social well-being among the selected respondents.

Table 29: Personal and Social Well-Being among the Selected Mothers Based on Demographic Profile

Demographic profile		Personal and Social Well-Being				
		No.	Mean	S.D	F/t value	Critical value
Age of the Mother	26 – 35 years	189	46.10	5.43	32.889**	4.656
	36 – 45 years	163	40.12	9.17		
	46 – 55 years	71	44.83	4.86		
Educational Qualification	Illiterate	100	37.74	5.14	41.881**	3.364
	Secondary	111	42.14	8.59		
	Higher Secondary	124	46.46	6.87		
	UG/ PG	62	49.55	2.88		
	Professional	26	44.27	2.43		
Employment Status	Home makers	175	40.48	8.12	28.948**	3.364
	Self-Employed	39	40.08	6.89		
	Daily Wages	18	41.50	.51		
	Regular Wage/Salary	26	44.27	2.43		
	Professional	165	47.82	5.76		
Family Income	Low Income	203	40.28	8.09	53.116**	4.656
	Middle Income	74	44.34	2.77		
	High Income	146	47.80	6.12		
Age of the Child	4 – 6 years	32	47.56	7.56	4.827**	3.829
	7 – 10 years	256	43.72	6.86		
	11 – 13 years	50	43.48	8.69		
	14 – 18 years	85	41.73	8.31		
Gender of the Child	Male	233	42.32	8.34	3.868**	2.588
	Female	190	45.13	6.14		

** - Significant at 1% level

Age of the mother

With regard to the age of the mothers, those aged between 26-35 years have the highest mean personal and social well-being score (\bar{X} =46.10), while those aged between 35-45 years have the lowest mean personal and social well-being score (\bar{X} =40.12). This indicates that individual and social well-being is highest among

mothers aged between 26-35 years and lowest among those aged between 36-45 years. The lowest personal and social well-being for mothers aged 36-45 years with visually challenged children is due to increased responsibilities, economic pressures, and physical and emotional exhaustion. The demanding nature of care leads to social isolation and limited access to support systems, leaving mothers overwhelmed with confused feelings. Concerns about their child's future further strain their well-being. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups is 32.889, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Educational Qualification

Regarding educational qualification, mothers with UG/PG qualifications have the highest mean personal and social well-being score ($\bar{X}=49.55$). In contrast, illiterate mothers have the lowest mean score for personal and social well-being ($\bar{X}=37.74$). This suggests that individual and social well-being is highest among mothers with UG/PG qualifications and lowest among those with primary/secondary school education as education gives them confidence and awareness about the possibilities available to improve their well-being. The ANOVA test result shows that the calculated F-value comparing the scores among different educational qualification groups is 41.881, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Employment Status of Mothers

In terms of employment status, mothers in professional roles have the highest mean personal and social well-being score ($\bar{X} = 47.82$), while homemakers have the lowest mean ($\bar{X} = 40.48$). Employment may provide not only financial support but also a sense of identity, social connection, and psychological balance, thereby improving personal and social well-being. Conversely, homemakers, although more involved in caregiving, may experience social isolation or role strain. The ANOVA test result shows that the calculated F-value comparing the scores among different employment status groups is 28.948, which is significant at 1% level as the calculated F-value is higher than the critical value (3.364).

Family Income

Regarding family income, mothers from high-income families have the highest mean scores for personal and social well-being ($\bar{X} = 47.80$), while those from low-income families have the lowest mean scores for personal and social well-being ($\bar{X} = 40.28$). This implies that individual and social well-being are highest among mothers from high-income families and lowest among those from low-income families. High income families well have more exposure, confidence and means to afford more technical and medical facilities for their children The ANOVA test result shows that the calculated F-value comparing the scores among different family income groups is 53.116, which is significant at 1% level as the calculated F-value is higher than the critical value (4.656).

Age of the Child

Based on the age of the child, mothers of children aged between 4-6 years have the highest mean personal and social well-being score ($\bar{X}=47.56$), while those mothers whose children are aged between 14-18 years have the lowest mean personal and social well-being score ($\bar{X}=41.73$). This shows that individual and social well-being is highest among mothers of children aged 4-6 years and lowest among those of children aged 14-18 years. The ANOVA test result shows that the calculated F-value comparing the scores among different age groups of the children is 4.827, which is significant at 1% level as the calculated F-value is higher than the critical value (3.829).

Caregiver's Congenital Glaucoma Quality of Life Questionnaire (CCGQoL), emphasize the need for accurately designed personal and social well-being tools to address the unique challenges caregivers face when managing childhood visual impairments (Baisakhiya et al., 2023; De Moira et al., 2023). Comparative research reveals that caregivers of visually challenged children experience heightened levels of stress, emotional strain, and financial challenges compared to other caregivers. Structured support programs that provide education and psychosocial assistance have a positive influence on parental satisfaction and coping mechanisms (Centers for Disease Control and Prevention [CDC], 2023).

Gender of the child

The results indicate that mothers of visually challenged girls report a higher personal and social well-being ($\bar{X}=45.13$) compared to the mothers of visually challenged boys ($\bar{X}=42.32$). The computed t-value (3.868) is statistically significant at the $p < 0.01$ level, confirming a notable difference in the personal and social well-being based on the child's gender.

The lower personal and social well-being among mothers of male visually challenged children may be linked to increased caregiving stress, as boys are more active societal expectations, and long-term concerns regarding their son's future independence and social acceptance.

On the other hand, mothers of visually challenged girls report a relatively better personal and social well-being, which could be due to different societal expectations, shared caregiving roles, and possibly stronger emotional support networks. The comparatively lower standard deviation ($SD = 6.14$) among mothers of female children suggests more consistency in their responses. In contrast, the slightly higher variation ($SD = 8.34$) among mothers of male children indicates diverse experiences in personal and social well-being.

Hence, the sub-hypothesis '**Significant difference would exist on personal and social well-being based on selected socio-demographic variables**' (Ha2.2) is **accepted**.

Correlation Coefficient between “Factors Leading to Stress” and “Parental Stress Scale” and “Personal and Social Well-Being”.

The correlation analysis between "factors leading to stress," "parental stress scale," and "personal and social well-being" reveals a significant association among these variables. The results are discussed below.

Table 30: Correlation between "Factors Leading to Stress," "Parental Stress Scale," and "Personal and Social Well-Being"

Factors Leading to Stress	Correlation coefficient "r" value	
	Parental Stress Scale	Personal and Social Well-Being
Societal Stress	0.701**	-0.388**
Stress due to the Husband	0.757**	-0.426**
Stress related to Children	0.071	0.018
Stress related to housing conditions	-0.627**	0.406**

****. Correlation is significant at the 0.01 level; p < 0.01. Correlation is significant at the 0.05 level.**

The findings indicate that societal stress ($r = 0.701^{**}$) and stress related to the spouse ($r = 0.757^{**}$) have a strong positive correlation with parental stress, suggesting that these factors significantly contribute to heightened stress levels among parents. Conversely, these same factors show a negative correlation with personal and social well-being ($r = -0.388^{**}$ and $r = -0.426^{**}$ respectively), indicating that as stress from societal pressure and spousal relationships increases, overall personal and social well-being declines. Stress related to housing conditions has a negative correlation with parental stress ($r = -0.627^{**}$) but a positive correlation with personal and social well-being ($r = 0.406^{**}$), implying that better housing conditions reduce parental stress and improve overall well-being. However, stress related to children shows weak correlations with both parental stress ($r = 0.071$) and personal and social well-being ($r = 0.018$), indicating that this factor does not significantly influence parental stress in this study. These correlation coefficients shed light on the connections between various stressors, parental stress levels, and personal and social well-being. While weak correlations indicate weaker linkages, strong and moderate correlations reflect more meaningful associations. Whether the variables tend to move in the same direction or opposite directions is indicated by the direction of the correlation (positive or negative).

Hence, the hypothesis, **"There would be a significant relationship between 'factors leading to stress', 'parenting stress levels', and 'personal and social well-being' among the selected mothers"** (Ha3) is accepted.

Phase II: Training and Motivating the Mothers on Life Skills and Handskills and Evaluating its Impact (N=50)

Out of 423 surveyed mothers, only 50 mothers from the Saint Louis Institute for Deaf and Blind were given an intervention program. This was made possible as the mothers showed interest and the school Principal granted permission to conduct the intervention program. Intervention is “a strategy (or procedure) intended to influence the behaviour of people to improve their functioning regarding some social or practical problem for parents who have visually challenged children.” Interventions can range from psychotherapeutic treatments for psychological issues to entrepreneurship programs addressing financial problems. Parenting stress negatively influences the parent-child relationship, and it is associated with non-optimal social, emotional, and cognitive outcomes for children. The most effective intervention and prevention programs provide growth in parental coping skills and self-efficacy along with reductions in parenting stress, and they result in improvements in family relationships as well as in children’s developmental outcomes (Deater-Decker, 2017)

Stress-coping techniques, which involve redirecting thoughts, building positive perspectives, and forming social connections, have been shown to improve the work habits of children and teenagers, reduce stress, and enhance self-esteem. This approach teaches about their inner resources, empowering them to create the best possible outcomes for life's challenges.

A. Willingness of the Training Program and Awareness of Stress

Among the 50 mothers, 97% showed a willingness and interest in participating in the intervention program. This indicates strong support for the program. According to the survey, 82 per cent of the mothers were aware of stress-coping techniques, and 73 per cent were familiar with strategies for reducing stress. In comparison, 58 per cent knew methods to relax and spend time on relaxation. Figure 8 shows the stress awareness of selected mothers.

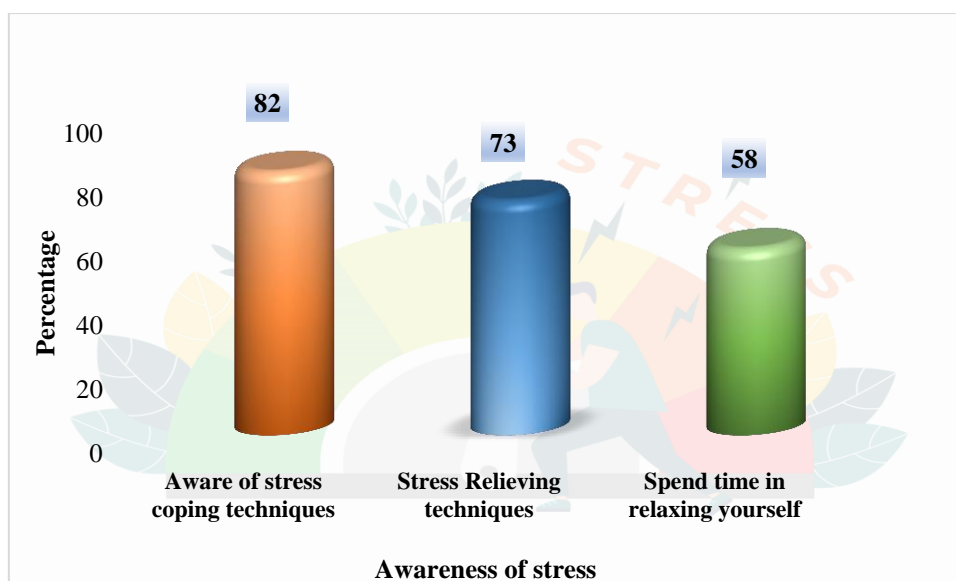


Figure 8: Awareness of Stress

B. Reasons for participating in the Training programme by the mothers

Table 31 and Figure 9 outline the main reasons mothers of visually challenged children participated in the training programme.

Table 31: Reasons for Participating in Training Programme (in per cent)

Reasons for Participating in the Training Programme	(N=50) Per cent
To be independent	100
To start your own business	100
To help my husband with his financial needs	100
To build up confidence to bring up my child	100
To utilize time effectively on the school campus	100
To make proper decisions in all crises	98
To balance life	98
To have a positive approach towards society and family	94
To be recognized by society and family members	93
To overcome the stress	83
To have a good relationship with the neighbors and society	81
Just to understand, what new things are going to be implemented for mothers	63

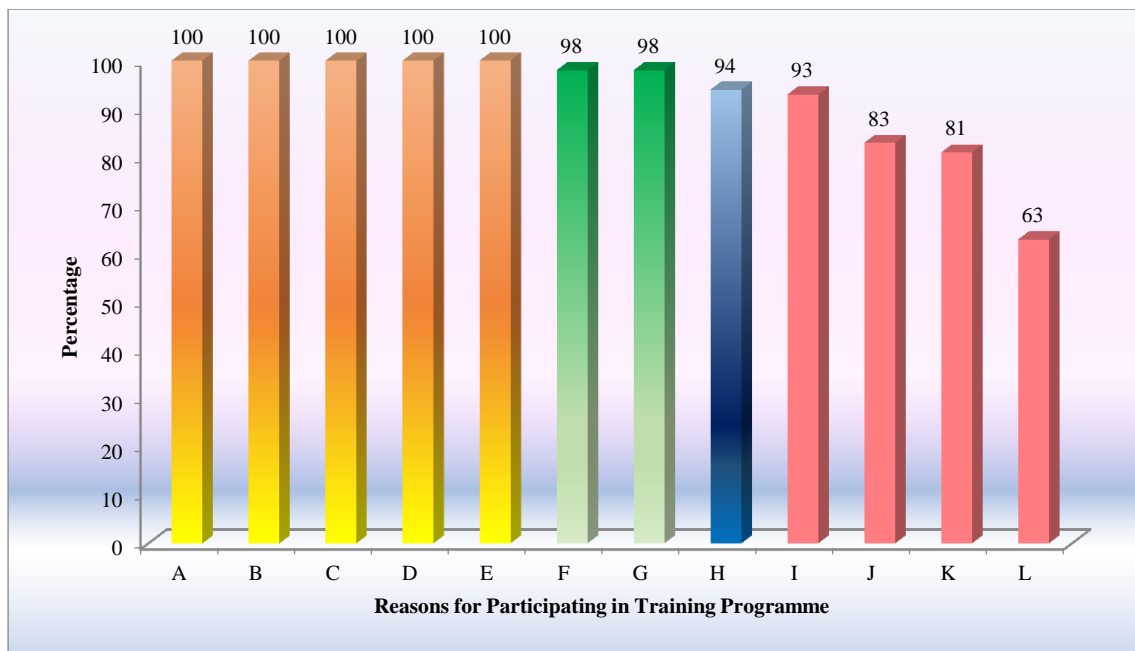


Figure 9: Reasons for Participating in Training Programme

- A. To be independent
- B. To start one's own business
- C. To help husband with financial needs
- D. To build up confidence to bring up my child
- E. To utilize time effectively on the school campus
- F. To make proper decisions in all crises
- G. To balance life
- H. To have a positive approach towards society and family
- I. To be recognized by society and family members
- J. To overcome the stress
- K. To have a good relationship among the neighbors and society
- L. Just to understand, what new things are going to be implemented for mothers

It was found that 100 per cent of the mothers of visually challenged children participated in training program aimed at achieving independence, starting their businesses, helping their husbands financially, building confidence in raising their children, and utilizing their time effectively in the school campus. This demonstrates a strong desire for financial stability and self-reliance among the participants.

A significant percentage of mothers (98 per cent) participated in the training program primarily to achieve balance in their lives and make informed decisions during crises, highlighting the importance of comprehensive support in managing daily challenges and stress. Additionally, 94 per cent of these mothers emphasized the importance of maintaining a positive approach towards society and their families, while 93 per cent reflected the social aspirations and desire for acceptance and

validation within their communities. It was also noted that 81 per cent of mothers joined the program to foster good relationships with neighbours and society, emphasizing the social integration aspect of the intervention whereas 63 per cent of the mothers participated in training just for the curiosity of knowing new things for mothers indicating a general interest in self-improvement and staying informed about new opportunities and strategies. Overall, the training programme demonstrates that it's multifaceted benefits address not only financial needs but also social, emotional, and psychological well-being. By providing entrepreneurship education and training, the programme equips mothers with the skills and confidence to navigate their unique challenges, thereby promoting a more supportive and empowering environment for themselves and their visually challenged children.

C. Mothers' Opinion Regarding Training Programme

Entrepreneurship education should encompass the development of knowledge, skills, and attitudes to foster effective entrepreneurial behavior. While traditional education often emphasizes knowledge acquisition, there is a growing recognition of the need to balance this with the development of skills and the formation of attitudes. Akter and Iqbal (2022) found that entrepreneurship education support programs, together with environmental factors and entrepreneurial skills, significantly influence entrepreneurial behavior, suggesting that a holistic approach is essential. Practical entrepreneurship training should stimulate the creation of new ventures, enhance the success of existing ventures, and increase the entrepreneur's capacity for greater success. Ndofirepi (2020) demonstrated that psychological traits such as the need for achievement mediate the relationship between entrepreneurship education and entrepreneurial intentions, underscoring the role of attitudes. It was noted that majority of the mothers felt that training through one to one teaching was more effective (100 per cent), followed by workshop and chart presentation (98 per cent) respectively.

D. Impact of Training Programme on Life Skills and Hand Skills Development Before and After

The impact analysis of the training programme for mothers of visually challenged children shows significant positive changes in post-intervention. Impact analysis is a structured process to assess the implications of proposed actions on people and their environment, allowing for modifications or abandonment if necessary (Fortuny, 2021). Table 32 gives the summarized analysis of the findings

Table 32: Impact of training Programme (in per cent)

Impact of the Training Programme	Before (N=50)	After (N=50)
Personal growth strategies		
Goal setting	25.0	97.0
Utilized time effectively	43.0	93.0
Satisfying the family's needs	36.0	89.0
Sufficient knowledge to be involved in business	25.0	83.0
Opportunities for self-sufficiency	6.0	83.0
Increases Creativity	41.0	81.0
Improve living conditions	9.0	78.0
Technical aspects and procedure to start your own business	0	76.0
Being independent.	17.0	74.0
Dynamic	39.0	68.0
Risk Taking	29.0	61.0
Problem-focused strategies		
Select commitments very carefully	94	98
Being realistic about time frames	70	98
Mindset to Suicide is not the solution, and to face the problems	12	78
Taking time off or/short break due to life changes	16	72
Preparing a list of daily activities	0	58
Emotion-focused strategies		
Engage directly in things that matter	0	80
Prioritize the needs of child's and self over non-essential tasks	18	73
Conquer fear about my child's future	0	69
Manage anger and anxiety	4	68
Pretending and balancing the problem	39	58
Accept that I don't have to accomplish everything	10	57
Positive Thinking Strategies		
Involvement in all activities	7	79
Increases happiness	17	78
Accepts good sources of support towards healthy practices	20	72
Good sleep during nighttime	18	69
Improved Mental Strength in facing society	0	68
Positive attitude towards negative thoughts	7	64
Improves Health	13	58
Decision-making strategies		
Every day, talking and spending time with children	45	84
Prioritizing Activities	0	73

Impact of the Training Programme	Before (N=50)	After (N=50)
Allocating Responsibilities	0	61
Improving Self-Confidence	8	43
Having Meals with family members together	12	19
Hand skill training program (paper bag making, napkin disposal cover, face mask, groundnut laddoo, phenyl preparation, liquid embroidery)		
Ability to work under stress	14	94
Increases Creativity	28	90
Confidence in the ability to meet the needs of my child	10	90
Inspiration to achieve goal	26	86
Able to handle challenging situations	24	86
Provided sufficient knowledge to be involved in business	20	86
Learned more about technical aspects and procedures to start own business	16	84
Provides opportunities for self-sufficiency	20	80
Became more independent.	18	78
Improved the daily living conditions	12	76

i) Personal growth strategies

Before the intervention, only 25 per cent of mothers had sufficient knowledge to engage in business activities. Following the intervention, this figure rose dramatically to 83 per cent. Initially, none of the mothers had the necessary technical expertise to start their businesses, but after the intervention, 76 per cent acquired this knowledge. Living conditions also improved significantly, with only 9 per cent of mothers reporting satisfactory conditions before the intervention, compared to 78 per cent afterwards. Opportunities for self-sufficiency increased from six per cent to 83 per cent, and the ability to be independent rose from 17 per cent to 74 per cent. The capacity to satisfy family needs increased from 36 per cent to 89 per cent. Additionally, the utilization of time in business activities saw a remarkable increase from 43 per cent to 93 per cent. Risk-taking willingness increased from 29 per cent to 61 per cent, and dynamism rose from 39 per cent to 68 per cent. Creativity in business endeavors improved from 41 per cent to 81 per cent, and goal-setting abilities saw a significant increase from 25 per cent to 97 per cent. These improvements underscore the effectiveness of the intervention in equipping mothers with the necessary skills and confidence to engage in entrepreneurial activities, thereby enhancing their economic status and overall personal and social well-being. According to Mahmoudi and Shamsaei (2016), “the effectiveness of life skills training in mothers of children

with blindness, was demonstrated that it helps in reducing maternal stress and enhancing coping skills. These programs empower mothers to manage their caregiving roles more effectively while fostering their mental health”.

Management strategies for mothers of visually challenged children encompass various aspects, including problem-focused strategies, emotion-focused strategies, positive-focused strategies, and decision-making strategies.

(ii) Problem-focused strategies

Table 32 explains the implementation of problem-focused strategies for mothers of visually challenged children, which resulted in significant improvements across various parameters.

It was noted that the majority of the selected mothers were realistic about time frames, ranging from 70 per cent to 98 per cent before and after, indicating the effectiveness of the strategies in time management. Selecting commitments very carefully also demonstrated a high post-training value, improving from 94 per cent to 98 per cent, suggesting that the program successfully reinforced the importance of making careful commitment selections.

The mindset that suicide is not the solution, but facing problems in life is the spirit” showed a substantial improvement from 12 per cent to 78 per cent, highlighting enhanced coping mechanisms and resilience. Taking time off or short breaks in response to life changes increased significantly from 16 per cent to 72 per cent, reflecting better self-care practices. Preparing a list of daily activities, which initially started at 0 per cent, saw a notable increase to 58 per cent, indicating that participants had adopted the practice of preparing daily activities. Overall, these results highlight the program's success in enhancing problem-solving skills and realistic planning, which significantly benefits participants in managing their daily lives and long-term challenges. Gupta and Sharma (2020) examined “the stress levels and coping mechanisms employed by mothers of visually challenged children. The study highlighted that these mothers often experience heightened stress due to caregiving challenges and societal pressures. Commonly adopted coping strategies included seeking social support, problem-solving, and spiritual practices. The research emphasized the importance of providing structured support systems to help mothers develop effective coping mechanisms and reduce stress levels.”

(iii) Emotion-focused strategies

Regarding emotionally focused strategies for mothers of visually challenged children, both before and after implementation resulted in notable improvements across various aspects. The most significant improvement was seen in engaging directly in things that matter, which increased from zero per cent to 80 per cent, indicating the strategies' effectiveness in helping mothers focus on essential activities followed by prioritizing their child's and their own needs over non-essential tasks saw a substantial rise from 18 per cent to 73 per cent, highlighting improved prioritization skills. Conquering fear about their child's future improved dramatically from zero per cent to 69 per cent, suggesting enhanced coping mechanisms for future-related anxieties. Managing anger and anxiety also saw a significant increase from 4 per cent to 68 per cent, reflecting better emotional regulation, and balancing the problem showed a modest improvement from 39 per cent to 58 per cent. Managing daily challenges and accepting that they don't have to accomplish everything increased from 10 per cent to 57 per cent, demonstrating an improved ability to set realistic expectations. Overall, these results highlight the program's success in enhancing emotional resilience and prioritization, which significantly benefits participants in managing their emotions and focusing on necessary tasks.

(iv) Positive Thinking strategies

Positive thinking strategies for mothers of visually challenged children resulted in significant improvements across various parameters. The most notable increase was in involvement in all activities, which rose from 7 per cent to 79 per cent, indicating the effectiveness of strategies in encouraging active participation. Happiness levels also saw a substantial increase, from 17 per cent to 78 per cent, reflecting the positive impact on overall well-being. Acceptance of good sources of support towards healthy practices improved markedly from 20 per cent to 72 per cent, suggesting a better ability to recognize and utilize beneficial information. Improved mental strength in facing societal challenges showed a notable rise, from zero per cent to 68 per cent, highlighting enhanced resilience. Good sleep during night time improved from 18 per cent to 69 per cent, indicating better sleep quality due to positive thinking practices. Positive attitudes towards negative thoughts increased significantly from 7 per cent to 64 per cent, suggesting enhanced mental flexibility. Health improvements were also reported, with 58 per cent of participants noting better

health in the post-training, from 13 per cent. Overall, these results highlight the program's success in promoting positive thinking and its subsequent benefits, resulting in a significant improvement in participants' happiness, mental strength, and engagement in activities.

(v) Decision-making strategies

The implementation of decision-making strategies for mothers of visually challenged children has resulted in significant improvements across various aspects of their daily lives. Post-training data reveals remarkable enhancements in prioritizing activities, delegating responsibilities, and boosting self-confidence. The ability to prioritize activities showed a dramatic increase, with 73 per cent of participants reporting improvement, compared to zero per cent before the training. Similarly, the capacity to allocate responsibilities increased to 61 per cent from a pre-training level of zero per cent. Improvements in self-confidence were also substantial, rising from eight per cent to 43 per cent. In addition, everyday interaction and quality time spent with children witnessed a notable rise, from 45 per cent to 84 per cent, reflecting the program's success in fostering stronger familial bonds. However, the practice of having meals together as a family showed only a slight improvement, increasing from 12 per cent to 19 per cent. Overall, these results highlight the program's effectiveness in enhancing decision-making capabilities, though further efforts could be made to promote family mealtime togetherness.

(v) Skill Training Programme

Regarding the skill training programme for mothers of visually challenged children, there were substantial improvements across various parameters. Post-training, 90 per cent of participants reported increased confidence in their ability to provide for their child, up from 10 per cent. Ninety per cent felt that their creativity was enhanced, compared to 28 per cent before. Knowledge sufficient to engage in business increased from 20 per cent to 86 per cent, and the understanding of technical aspects necessary for starting a business improved from 16 per cent to 84 per cent. The inspiration to achieve personal goals increased from 26 per cent to 86 per cent, while the ability to handle challenging situations rose from 24 per cent to 86 per cent. Additionally, 80 per cent of mothers felt that they had opportunities for self-sufficiency, compared to 20 per cent before the training, and 78 per cent felt more

independent, an increase from 18 per cent. Daily living conditions improved for 76 per cent of participants, up from 12 per cent, and the ability to work under stress increased from 14 per cent to 94 per cent.

The training program significantly improved life skills and skill development for mothers of visually challenged children, as evidenced by dramatic positive changes across multiple domains. The program enhanced participants' knowledge, skills, and confidence, although further emphasis on stress management could provide additional benefits.

E. Before and After Training: T-test Analysis on Various Dimensions

The training program aimed to enhance the life skills and skill development of mothers of visually challenged children while reducing parental stress and improving their personal and social well-being. The impact of this program was assessed using a T-test to compare pre- and post-training scores across various dimensions, including problem-focused strategies, emotion-focused strategies, positive thinking strategies, decision-making skills, skill development, the Parental Stress Scale (PSS), and personal and social well-being (QOL). The findings highlight the effectiveness of the training in empowering the selected mothers and demonstrate significant improvements across all assessed parameters.

(i) T-test Analysis (before and after) of Life Skills and Hand Skills Training by the Selected Mothers of visually challenged children

The impact of training programs for mothers of visually challenged children was analyzed through a T-test comparing pre-training and post-training scores across various strategies, as presented in Table 33 and Table 34.

Table 33: Impact of Training Programme Before and After on Life Skills of the Selected mothers

Impact of the Training Programme		Mean	N	Std. Deviation	Std. Error Mean	Df	T	Sig. (2-tailed)
Life Skills								
Problem-focused strategies	Before	0.64	50	0.72	0.10	49	52.518	0.000
	After	6.00	50	0.00	0.00			
Emotionally focused strategies	Before	1.10	50	0.89	0.13	49	47.066	0.000
	After	7.00	50	0.00	0.00			
Positive Thinking Strategies	Before	0.38	50	0.57	0.08	49	157.249	0.000
	After	13.00	50	0.00	0.00			
Decision-making strategies	Before	0.12	50	0.44	0.06	49	128.037	0.000
	After	8.00	50	0.00	0.00			

** - Significant at 1% level

The T-test results indicate significant improvements across all aspects of training programme strategies after training. Before training, mean scores were notably lower, ranging from 0.12 to 1.10, across problem-focused, emotion-focused, positive thinking, and decision-making strategies. However, after training, mean scores substantially increased, reaching as high as 13.00 for positive thinking strategies. These findings underscore the effectiveness of the training program in enhancing mothers' coping mechanisms and decision-making skills concerning their visually challenged children.

The results showed a significant difference between the problem-focused strategy possessed before and acquired after training given to the selected mothers at 1% level. The computed "t" value reflects that there is an improvement in the strategy towards their problem after attending the training given by the researcher.

The above Table shows the mean, S.D., and "t" value in the emotion-focused strategy before and after the training received by the selected mothers. The value register indicated a significant difference between the pre- and post-training in focusing their emotional strategy at 1% level.

There is a significant difference in positive thinking strategies before and after training and the computed "t" value is 157.249 and is significant at the 1% level.

The results showed a significant difference between the decision-making skills acquired and the training given to the selected mothers at 1% level. The computed “t” value suggests that there is an improvement in decision-making skills following the training.

The statistical analysis also clearly demonstrates that the training provided by the researcher has improved the entrepreneurial skills among the mothers. Hence, educationists and the management of educational institutions must integrate such training programs on their campuses, which they offer, to motivate and encourage students to become successful entrepreneurs. Mahmoudi and Shamsaei (2016) in the study on “the impact of a Life Skills Training (LST) program on parenting stress among mothers of visually challenged children aged 7–12 years, revealed that the training program of five two-hour sessions held over five weeks, showed a significant reduction in parenting stress levels, sustained even one month later. The study concluded that LST programs are effective, cost-efficient, and practical methods for alleviating parenting stress in this population”.

Impact of Hand skill Training Programme Conducted

Hand skill training is conducted for mothers of visually challenged children on paper bag making, napkin disposal cover, groundnut ladoo, phenyl preparation, liquid embroidery and terrace gardening. Among these terrace gardening was not practised by the mothers as it is time consuming and due to space constraints.



Plate 18: Training on Hand Skills

The process of making **newspaper paper bags** involved folding the newspaper to the desired size, gluing the edges, and punching holes at the top, through which jute thread was inserted to form handles. This not only provided an eco-friendly alternative to plastic bags but also helped mothers learn an important craft.

For **napkin disposal covers**, the mothers cut newspaper into rectangular shapes, folded the edges, and sealed three sides with glue, leaving one side open for easy disposal. These covers were a useful, practical solution to everyday needs, and the simple process ensured that the mothers could easily replicate it.

The **groundnut ladoos** were made by mixing roasted groundnuts, jaggery, dates, honey, and split gram, and then binding the mixture into small balls. This healthy snack provided an opportunity for the mothers to learn how to prepare a nutritious, homemade treat, while also learning to manage the costs of ingredients for profitability.

In the **phenyl preparation**, the mothers learned to mix the cleaning base solution with water in a 1:10 ratio. They then poured the mixture into bottles and labeled them for sale. This skill not only helped in creating a useful household product but also taught the mothers how to package and market their goods effectively.

For **liquid embroidery on blouses**, the mothers traced designs onto the fabric using tailor chalk, applied fabric glue along the outlines, and filled the design with liquid embroidery paints. This craft added a personal, artistic touch to everyday clothing, allowing the mothers to explore their creativity while learning a new skill.

Overall, the training sessions not only provided the mothers with practical skills but also empowered them to create products that can be sold, generating income and enhancing their self-sufficiency.

These products were prepared with enthusiasm as per their interest and the impact of the same are discussed in Table 34.

Table 34: Impact of Hand Skill Training Programme Conducted

Impact of the Training Programme		Mean	N	Std. Deviation	Std. Error Mean	Df	T	Sig. (2-tailed)
Hand Skills Training (paper bag making, napkin disposal cover, groundnut laddoo, phenyl preparation, liquid embroidery)	Before	.1600	50	.37033	.05237	49	73.567	0.000
	After	9.5600	50	.83690	.11836			

** - Significant at 1% level

There is a significant difference in skill development before and after training and the computed “t” value of 73.567** is significant at 1% level. Therefore, the test results reveal a substantial difference in skill development before and after the training was imparted.

Hence, the hypothesis ‘There would be a significant difference in life skills and hand skills training among the selected mothers before and after the training programme’ (Ha4) is accepted.

(ii) T-Test Analysis (before and after) of Levels of Parental Stress and Personal and Social Well-Being

The responses of mothers of visually challenged children regarding levels of parental stress and personal and social well-being before and after the training programs are presented in Table 35 and Figure 10.

Table 35: Comparison of Parental Stress Levels and Personal and Social Well-Being Before and After Training

Parenting Stress Levels and Personal and Social Well-Being	Mean	N	Std. Deviation	Std. Error Mean	t	Df	Sig.
Parenting Stress Levels							
Before	59.48	50.00	2.46	0.35	19.625	49	0.000**
After	50.50	50.00	2.43	0.34			
Personal and Social Well-Being							
Before	37.72	50.00	3.07	0.43	132.096	49	0.000**
After	118.58	50.00	4.19	0.59			

**Significant at 1% level

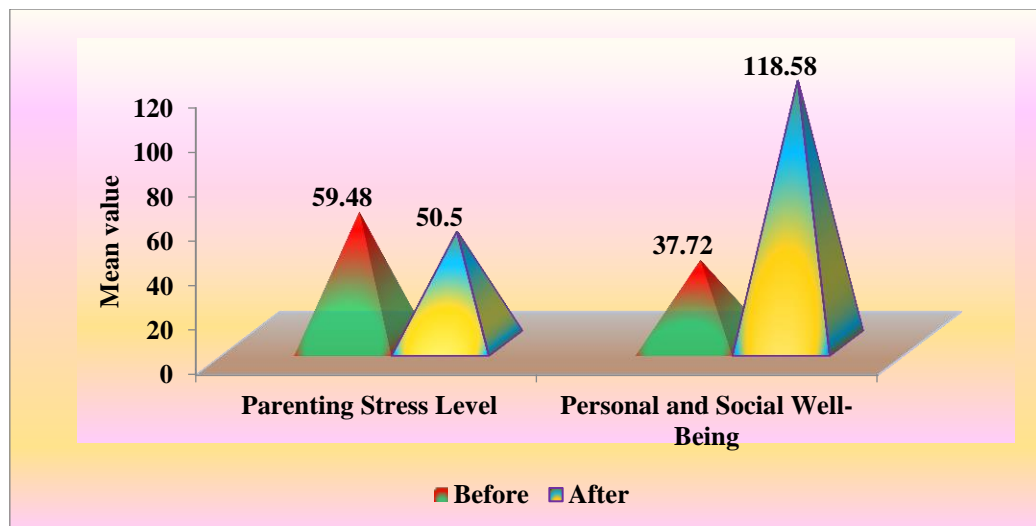


Figure 10: Comparison of Levels of Parental Stress and Personal and Social Well-Being Before and After Training

The computed 't' value for parenting stress levels ($t=19.625^{**}$) and personal and social well-being ($t=132.096^{**}$) proved to be significant at 1 % level. Therefore, the test results reveal a substantial difference in parent stress levels and personal and social well-being before and after the training was imparted.

Hence, the hypothesis “**There would be a significant difference in 'parental stress level' and 'personal and social well-being' between the selected subjects before and after the training programme**” (Ha5) is accepted.

(iii) Assessment of the Hand Skills Training Programme

The effectiveness of hand skill training programme can be evaluated through a cost-benefit ratio, which is essential to consider during both the planning and execution stages of the intervention. Assessing the feasibility and impact of intervention program requires a balanced understanding of both financial support and potential through hand skill outcomes. Awareness campaigns that effectively communicate the relevance and advantages of the programme can significantly enhance its acceptance and engagement.

In the present study, the training program designed for mothers of visually impaired children was assessed with a specific focus on three core dimensions: the relevance and quality of the content, the effectiveness of the presentation and delivery methods, and the tangible benefits experienced by participants. This evaluation

framework allowed for a comprehensive understanding of the intervention's efficacy and areas for improvement.

Table 36: Assessment of Training Programme (in per cent)

Assessment of Training programmes	Mothers of Visually Challenged Children		
	Excellent	Good	Fair
Practical Application	100	-	-
Benefits	100	-	-
Content/Presentation	96	4	-
Organization	94	6	-

The assessment of the training program for mothers of visually challenged children received positive feedback, as indicated in Table 36. It was noted that the majority of the mothers rated the intervention programme as excellent for Practical application, benefits, and impact, followed by program content (96 per cent) and good (4 per cent). This suggests that the vast majority of participants found the content highly valuable and relevant to their needs. The organization of the program was similarly well-organized, with 94 per cent of mothers rating it as excellent and 6 per cent as good, indicating that the delivery and training method were engaging and effective for most participants. This reflects the substantial positive impact the program had on the participants' lives, highlighting its overall success and effectiveness in addressing the needs and challenges faced by mothers of children with visual impairments.

Phase III: Creating and Launching a Small Vending Store on the School

Campus, by Trained Mothers (St. Louis Thai Store) (N=20)

A small vending store was opened in St. Louis School for the Deaf and the Blind by the trained mothers as an entrepreneurial initiative. In the context of St. Louis Thai Store, the role of socially responsible practices helps in nurturing both employee well-being and customer value. Micro-enterprises can effectively balance economic viability with social impact. The current evidence base supports the notion that small-scale, social oriented ventures make a meaningful contribution to inclusive development and long-term sustainability. The Principal of Saint Louis School

allocated a separate room for their business, motivating and encouraging mothers to start their entrepreneurship during their children's school time.

A. Preference of Mothers towards Entrepreneurship Programme for Small Vending Store

About 52 per cent expressed a strong desire to pursue entrepreneurship, reflecting their enthusiasm and readiness to explore business opportunities. This indicates a proactive mindset among these mothers, to improve their socio-economic status and achieve financial independence, whereas 40 per cent of mothers indicated they "may take up" entrepreneurship. These mothers have shown interest but could be uncertain due to perceived barriers such as time constraints and confidence. A smaller proportion (8 per cent) do not prefer entrepreneurship training, possibly due to other personal priorities and lack of interest in business ventures.

B. Factors Motivated the Mothers to Opt for Entrepreneurship

Entrepreneurship is basically the product of motivation. Motivation is defined as the internal process that initiates, directs, and sustains goal-directed behavior. It encompasses both intrinsic and extrinsic factors that energize individuals to act in certain ways, driven by their needs, values, and expectations (Deci & Ryan, 2023). Motivation plays a crucial role in personal development, decision-making, and performance, and is influenced by individual differences and contextual variables. The results under this part of the study are discussed under the heads given below:

Table 37: Factors Motivated to Start Entrepreneurship (in per cent)

Factors Motivated	Percentage (N=50)
Researcher	100
School Principal	100
Children	100
Husband	72
Self-Motivation	62

The factors motivated to take up entrepreneurship by mothers showed that 62 per cent were self-motivated and 72 per cent of the mothers were motivated by husband and 100 per cent of the mothers were motivated by the researcher, school

principal and the children. In this enterprise, no product promotion, only very few items needed are prepared and sold.

Satisfaction Achieved by the Mothers

The satisfaction level of the mothers reflects how effectively the intervention program equipped them with skills to manage stress and enhance their family status. The program encompassed various components, including parenting techniques, decision-making, and skill-building activities aimed at improving their overall well-being and self-reliance. Table 38 presents the satisfaction levels of mothers across different aspects of the program, highlighting the extent to which it contributed to their personal and familial development.

Table 38: Satisfaction Achieved by the Mothers (in per cent)

Level of Satisfaction		Satisfied	Partially Satisfied	Not Satisfied
Hand skills training programme	Paper bag making/napkin disposal cover	100	-	-
	Face mask making	100	-	-
	Preparation of phenyl	100	-	-
	Groundnut laddoo	100	-	-
	Liquid embroidery	96	04	-
Life skills training programme	Decision making strategies	82	18	-
	Positive thinking strategies	79	21	-
	Problem focused strategies	69	31	-
	Emotionally focused strategies	64	36	-

Regarding Skill training program it was noted that cent per cent of the mothers were satisfied with paper bag making/napkin disposal cover, mask making, phenyl preparation and groundnut laddoo followed by 96 per cent of them with liquid embroidery. Regarding Life skill training programme 82 per cent of the mothers were felt satisfied with decisions making strategies followed by 79 per cent fully satisfied with positive parenting strategies and 21 per cent were partially satisfied. Sixty nine per cent of the mothers felt satisfied that the intervention helps in problem solving strategy ability and 31 per cent of the mothers were partially satisfied. Regarding emotional focused strategies 64 per cent of the mothers were fully satisfied and 36 per cent of them were partially satisfied by training programme. The program was largely successful, with particularly strong in skill based activities and decision making.

Phase IV: Evaluating the Impact of the Enterprise Creation (Vending Store) and Level of Satisfaction (n=10)

An evaluation is a systematic inquiry into how, why, and to what extent objectives or goals are achieved. It involves reflecting on tasks, assessing their success, and identifying areas for improvement (HM Treasury, 2020). It aims to create a supportive environment for entrepreneurial venture among mothers of visually challenged children, thereby fostering economic empowerment and social inclusion within the school community.

1. Evaluation of different Products (Revenue Gained through Income Generating Activities by Selected Mothers)
2. Satisfaction achieved
3. Case studies of 10 entrepreneurs of St. Louis Thai Store.

1. Evaluation of different Products in the Vending Store

With the formal permission from the authorities' the investigator was able to train 50 mothers. Mothers were given training in life skill training program and hand skill development training program at Sri Kanyaka Parameswari Arts & Science College for women, Chennai and Krishi Vigyan Kendras, Thiruvallur in order to motivate and give special training. By developing their skills the mothers of visually challenged children started their own enterprise in phenyl preparation, mask making, paper bag making/napkin disposal cover, liquid embroidery and nutritious food inside the school campus and also sold the items to the staff members of nearby schools, churches and hospitals. Besides selling of above products they were motivated to sell groundnut laddoo weekly to the students and the staff.

Revenue Gained per Week by Selling of Items in the Vending Store

Table 39 presents the average weekly revenue earned by the selected mothers through different products sold in the vending store such as phenyl, face masks, paper bags, napkin disposal covers, designer blouses with liquid embroidery, and healthy laddoos. The table provides a comparative picture of investment, sales, revenue generated, and profit margins across different entrepreneurial activities.

Table 39: Revenue Gained per Week by Selling of Items in the Vending Store

S.No	Products	Materials	Cost (Rs)	Rate	No. Sold	Amount (Rs)	Profit (Rs)
1	Phenyl	1 bottle of Base Solution (Cleaning Compound)	280 (2 × 140)	½ litre bottle = Rs.20 1 litre bottle = Rs.40	30 (½ litre) 15 (1 litre)	600 + 600 = 1200	620 (1200 – 580)
		15 litres of Clean water	–	–	–	–	–
		30 Nos. of ½ litre bottles @ Rs.5 = 150	150	–	–	–	–
		15 Nos. of 1 litre bottles @ Rs.10 = 150	150	–	–	–	–
Total		30 litres/week	580		45 bottles	1200	620
2	Face Mask (Double layered cotton mask)	Unused cotton cloth material	–	Rs.25 per mask	12 (St. Louis School)	300	12 × 19 = 228
		Needle & Thread	6	Rs.25 per mask	18 (St. Patrick's School)	450	18 × 19 = 342
			–	Rs.25 per mask	15 (St. Patrick Church)	375	15 × 19 = 285
Total		6			45 masks	1125	855
3	Medium Sized Paper Bag	Newspaper	–	Rs.3 per bag	30	90	30 × 1.5 = 45
	Large Sized Paper Bag		–	Rs.4 per bag	50	200	50 × 2 = 100
	Napkin Disposal Cover	Glue (20) + Jute Thread (15) + Scale (5) + Punching Machine (12)	52	Rs.10 for 5 covers (Rs.2 each)	75	150	75 × 1.5 = 112.5

Chapter 4

S.No	Products	Materials	Cost (Rs)	Rate	No. Sold	Amount (Rs)	Profit (Rs)
Total			52		155 items	440	257.5
4	Healthy Ladoo (20 gms each)	Roasted Groundnut (1 kg)	150	Rs.10 per ladoo	200	$200 \times 10 = 1000$	$200 \times 2.55 = 510$
		Roasted Split Gram (250 g)	50	–	–	–	–
		Dates (40 g)	40	–	–	–	–
		Honey (40 g)	40	–	–	–	–
		Jaggery (½ bottle – 250 g)	150	–	–	–	–
		Other Expenses	60	–	–	–	–
Total			490		200 ladoos	1000	510
5	Designer Blouse (Simple Design)	Tailor Chalk (2) + Liquid Embroidery Kit (72) + Fabric Glue (25)	99	Rs.80 per blouse	5	400	$5 \times (80 - 19.8) = 301$
				Rs.150 per blouse			
				Rs.450 per blouse (Revenue considered Rs.250)			
5	Designer Blouse (Simple Neck & Hand Design)	Tailor Chalk (2) + Liquid Embroidery Kit (72) + Fabric Glue (25)	99	Rs.80 per blouse	5	400	$5 \times (80 - 19.8) = 301$
				Rs.150 per blouse			
				Rs.450 per blouse (Revenue considered Rs.250)			
5	Designer Blouse (Heavy Design)	Tailor Chalk (2) + Liquid Embroidery Kit (72) + Fabric Glue (25)	99	Rs.80 per blouse	5	400	$5 \times (80 - 19.8) = 301$
				Rs.150 per blouse			
				Rs.450 per blouse (Revenue considered Rs.250)			
Total			99		5	400	301
Total							2542

There was a great demand for Phenyl during the pandemic situation in schools and churches. The results reveal that phenyl production and sales required a weekly investment of Rs.580/- for raw materials, including cleaning compound and bottles. A total of 45 bottles (30 half-litre and 15 one-litre) were sold per week, generating a revenue of Rs.1200/-. The net profit worked out to Rs.620/-, highlighting phenyl making as a consistent income-generating option with a moderate level of investment.

In the case of face masks, the cost of production was minimal (Rs.6/- for needle and thread), as unused cotton cloth was freely available. With 45 masks sold across different institutions, the mothers earned Rs.1125/- per week. The net profit amounted to Rs.855/-, which shows that face mask making yielded a high return with very low investment. This also indicates that during health-related needs or special occasions, mask production could be a highly profitable venture.

Paper bags and napkin disposal covers were prepared using newspapers and simple accessories like glue, thread, scale, and punching machine, which required a small investment of Rs.52/- per week. A total of 155 items (30 medium-sized bags, 50 large-sized bags, and 75 napkin covers) were sold. The sales revenue was Rs.440/-, and the profit came to Rs.257.5/-. Though the profit margin per item was comparatively lower (Rs.1.5–2 per piece), this activity has potential as an eco-friendly initiative that can be scaled up if linked with local stores and schools.

Healthy ladoos made from groundnut, jaggery, honey, and dates involved an investment of Rs.490/- per week. A total of 200 ladoos were sold at Rs.10 each, leading to a revenue of Rs.1000/- and a profit of Rs.510/-. This indicates that food-based entrepreneurial activities not only bring reasonable income but also meet the health and nutrition requirements of the consumers. The nutritional value for one ladoo for 20 gms, Energy- 95 kcal, Protein- 3.4 gms, Fat-5.3 gms, Carbohydrate- 10 gms, Fiber- 1.4 gms, Calcium - 6mgs, Iron- 0.38 mg, Magnesium- 12 mgs, and Zinc- 0.17 mg (ICMR/NIN, 2020)

Liquid embroidery (designer blouses) involved a slightly higher investment of Rs.99/- for chalk, glue, and embroidery kits. From five simple design blouses sold at Rs.80 each, the mothers gained a revenue of Rs.400/-. The calculated profit from this small sample was Rs.301/-, showing that designer blouses, especially with heavy designs (Rs.250–450 per blouse), could bring in higher profits if production is increased.

However, due to the skill-intensive nature of embroidery, sales were lower compared to other products.

Overall, the study highlights that all the selected activities yielded positive profits, though with varied margins. Among them, face mask production gave the highest net profit (Rs.855/- per week) due to negligible investment, followed by phenyl (Rs.620/-) and healthy ladoos (Rs.510/-). While paper bag and napkin cover making generated relatively lower profit, they are sustainable, eco-friendly, and socially relevant products. Liquid embroidery, although skill-based and yielding moderate revenue, has strong potential for expansion into boutique-level businesses if mothers are trained further.

Thus, it confirms that small-scale entrepreneurial activities, when organized systematically, can provide mothers of visually impaired children with a steady supplementary income, while also enhancing their self-confidence, financial independence, and empowerment.

2. Overall Satisfaction Achieved

The satisfaction level of the mothers reflects how effectively the business earned profit, enhanced their family status, and achieved financial independence.

Table 40: Overall Satisfaction Achieved by the Mothers (in per cent)

	Satisfied	Partially Satisfied	Not Satisfied
Paper bag making/Napkin Disposal Cover	100	-	-
Mask Making	100	-	-
Preparation of phenyl	100	-	-
Healthy ladoo	100	-	-
Liquid embroidery	96	04	-

The above Table 40 highlights that 100 per cent of the mothers reported complete satisfaction with their business, which involved paper bag making/napkin disposal covers, mask making, phenyl preparation, and healthy ladoos, followed by Liquid embroidery (96 per cent who were partially satisfied with Liquid embroidery). This satisfaction data was collected after the mothers had successfully established their businesses and started generating profits. The findings highlight the program's effectiveness in empowering mothers to achieve financial stability and improve their

personal and social well-being. Mothers attributed their satisfaction to the profitability of their ventures and the practical skills they had gained during the intervention.

Case study (n=10)

According to Yin (2018), a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life setting, especially when the boundaries between the phenomenon and context are not evident. This method is widely used for studying individuals, groups, or institutions in depth, providing rich and detailed insights into their behavior, practices, and experiences. Case studies are particularly valuable in social sciences for their ability to accommodate multiple sources of evidence, such as interviews, observations, and documents, allowing researchers to develop a comprehensive understanding of the unit of study. Similarly, Creswell and Poth (2018) describe “a case study as a design of inquiry used for the detailed examination of a bounded system (a case), over time, through data collection involving multiple sources of information, to develop in-depth insights and interpretations.” Hence, a case study was conducted among 10 trained mothers to determine their current status and interest in entrepreneurship following their participation in training at the school and college.

Case Study 1: Mariyammal, mother of Kirishna (VI std)

Case Study 2. Lakshmi, mother of Manikanndan (VI std)



Mariyammal, mother of Kirishna (VI std) and Lakshmi, mother of Manikanndan (VI std), was very eager to learn about phenyl making and wanted to develop their business in that area. They hailed from a low-income family in Kollathur, bringing their children and staying on the campus until 3:45 p.m. Their mode of travel was by train.

Mariyammal's husband, a fruit vendor, and Lakshmi's husband lost his job during the pandemic. Lakshmi's support came from her mother, who works as a sweeper in the corporation. Mariyammal and Lakshmi possessed good entrepreneurial qualities and felt that phenyl preparation was an easy task with minimal investment. They both participated very actively in all kinds of training and sales conducted by the researcher. Apart from participating in the sales organized by the researcher, they used to make healthy groundnut laddoos and sold them in their neighbourhood as well. They both utilized the time in phenyl preparation and sold it out at a good profit on campus. The principals of St. Louis School and St. Patrick School received the phenyl from the mothers and utilized the product in the campus itself. In one sale conducted at St. Louis School, they gained a profit of up to Rs. 900 within three months. Mariyammal and Lakshmi were able to manage their family's financial crisis and also spend time with their children.

Case Study 3: S.Jayalakshmi (Mother of Deepak Balajistd: X)

Case Study 4. S. Kavitha (Mother of S. Nagaraj, Std: XI)



S. Jayalakshmi, mother of Deepak Balaji (Std: X), and S. Kavitha, mother of S. Nagaraj (Std: XI), demonstrated remarkable resilience and entrepreneur skills by venturing into face mask-making in the aftermath of the COVID-19 pandemic. Despite lacking prior business experience, they proactively enrolled in skill-development training to acquire the technical knowledge required for mask production. Confronted with economic hardship and a growing community demand for protective masks, these mothers identified a viable opportunity to establish a self-sustaining livelihood. Their

approach emphasized both quality and affordability, ensuring that their products adhere to safety guidelines while remaining economically viable. The masks gained popularity due to their comfort, durability, and cost-effectiveness, leading to steady customer demand and growing market credibility.

As their venture progressed, both mothers implemented innovative outreach strategies, including the use of social media platforms and community-based networks to promote their products. Their efforts extended beyond economic pursuits; they consistently demonstrated social responsibility by distributing masks to vulnerable groups and supporting local health initiatives. Over time, they scaled up production by engaging other women in their neighbourhood, thereby creating income-generating opportunities and fostering community empowerment.

This entrepreneurial initiative not only improved the financial well-being of their respective families but also highlighted created a meaningful social impact. Their journey exemplifies how adversity, when met with adaptability, innovation, and community-centric values, can lead to transformative outcomes. The case of Jayalakshmi and Kavitha serves as a powerful example of micro entrepreneurship can create a pathway for women's empowerment and community development, particularly in crisis-affected settings.

Paper Bag/ Disposal Napkin Cover Making

Case Study 5: Yasmin R (Mother of Safiq R of Std IV)

Case Study 6. Nithya. V (Mother of Rakesh V of Std IV)



Yasmin and Nithya, mothers of Safiq and Rakesh (Class IV students at St. Louis School for the Deaf and Blind), embarked on an inspiring entrepreneurial journey to create eco-friendly paper bags and disposable napkin covers using discarded newspapers. Witnessing the surplus amount of unused newspapers in their community, they identified a dual opportunity: to provide sustainable alternatives to plastic and non-biodegradable products while supporting their families financially. Despite having no prior business or production experience, both mothers participated in training programs facilitated by the school. These sessions provided them with practical knowledge and hands-on experience in creating functional, durable, and aesthetically appealing products. Special attention was given to good quality, bags and covers with newspaper with sufficient folds for strength and featured embellishments crafted from recycled elements, adding visual appeal while remaining eco-conscious.

Their microenterprise resulted in significant financial contributions to their households, helping to cover daily expenses and support their children's education. More importantly, the ventures instilled a renewed sense of purpose, self-worth, and environmental stewardship. As their success story circulated, it motivated other parents and community members to consider similar ventures, thereby creating a ripple effect of eco-conscious entrepreneurship.

Healthy Ladoo

Case Study 7: P. Santhana Lakshmi (Mother of P. Srikanth, XI)

Case Study 8. S. Thilagavathi (Mother of Deepak V)



P. Santhana Lakshmi, mother of P. Srikanth (Class XI) and S.Thilagavathi, mother of Deepak V, both parents of students at St. Louis School for the Deaf and Blind, started a small-scale entrepreneurial initiative driven by a shared purpose. Despite the emotional and logistical demands of raising visually challenged children, both mothers were committed in improving their family's financial situation and ensuring their children to have nutritious food.

Recognizing this need, they actively participated in training sessions organized by the school, where they were taught to prepare health ladoos using nutrient-rich ingredients such as nuts, seeds, and millets. The training not only enhanced their culinary skills but also provided them with the knowledge to develop a marketable product that combined health benefits with taste.

In collaboration with the school, they began distributing the ladoos in campus and gradually expanded their outreach to the surrounding community. They experimented with various recipes to refine flavor and texture while retaining nutritional value, which increased the appeal of their product among parents, staff, and other residents. This initiative provided them with a reliable source of income and directly contributed to improving the dietary intake of their children.

Santhana Lakshmi and Thilagavathi exhibit how determination, skill-building, and supportive community networks can empower mothers to overcome adversity. Their story illustrates how a simple, health-focused idea, when supported with proper training and encouragement, can evolve into a meaningful and sustainable livelihood. Their efforts not only addressed their immediate needs but also served as a motivational model for other parents in similar situations.

Liquid Embroidery blouse

Case Study 9: Geetha (Mother of Ashwin, 7th Std)

Case Study 10. Monica (Mother of Jeyapalan, 9th Std)



Monica and Geetha, the mothers of Ashwin (Class VII) and Jeyapalan (Class IX), respectively, both students at St. Louis School for the Deaf and Blind, demonstrated how personal passion and skill can be transformed into a meaningful livelihood. With academic backgrounds in Commerce and Home Science, both women had previously held formal employment. Still, they made the difficult decision to step away from their careers to care for their children. Despite this, their entrepreneurial aspirations remained strong.

Seeking flexible income-generating opportunities that would not interfere with their caregiving responsibilities, Monica and Geetha chose to pursue their long-standing interest in fashion design. They enrolled in training programs focused on blouse designing, initially catering to the teachers at their children's school. The training equipped them with essential technical skills and confidence, allowing them to start their venture with minimal capital investment.

Their business strategy centered on affordability and creativity. They adopted techniques such as Aari work and liquid embroidery, cost-effective methods that required fewer materials but produced attractive, high-quality results. By working within

the school premises, they were able to engage with a ready customer base and build a reputation for reliability and craftsmanship. Although their initial income was modest, the psychological and creative fulfillment they gained was substantial. As their client base gradually expanded, they established a sustainable, small-scale enterprise that complemented their home responsibilities. Monica and Geetha's experience highlights the potential of skill-based micro-entrepreneurship in empowering mothers of children with disabilities. Their journey highlights how resourcefulness, community support, and a passion for creativity can lead to personal and financial empowerment even in constrained environments.

These case studies exemplifies how targeted training, resourcefulness, and community engagement can empower women, particularly mothers of children with disabilities, to achieve both economic resilience and social impact. It also reinforces the role of inclusive education environments in nurturing entrepreneurial potential and supporting holistic family development.