Exploring fear factors among Preschool Children

Upashree Dutta

(14PHD008)

Thesis submitted to

Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore -641043

In Partial Fulfilment of the Requirements for the

Degree of Master of Science in Human Development

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Certified as Bonafide Research Work

Arocha Manachel.
Signature of the supervisor

for Arocha Manachel.
Signature of
Head of the Department

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CONTENTS

LIST OF THE TABLES

LIST OF THE FIGURES

LIST OF THE APPENDICES

I. INTRODUCTION

Childhood is the time for children to be in school and at play, to grow strong and confident with the love and encouragement of their family and an extended community of caring adults. It is a precious time in which children should live free from fear, safe from violence and protected from abuse and exploitation. As such, childhood means much more than just the space between birth and the attainment of adulthood. It refers to the state and condition of a child's life, to the quality of those years (UNICEF, 2016).

All children have fears at some point of lives. Children are particularly susceptible to learning fear from their parents. Most childhood fears are normal, temporary, and eventually outgrown. Some fears, however, may be symptoms of an anxiety disorder. Fears and anxiety are in a continuum, with phobias at the more severe end of the spectrum where symptoms are accompanied by functional impairment. Fears, anxieties and specific phobias, often classified as internalizing behaviour problems, are all relatively common among children of today (Lichtenstein and Annas, 2000).

Fear is a basic human emotion usually defined as a normal response to objects or situations that pose a threat to personal and physical safety, characterized by an outer behavioural expression, an inner subjective distress and associated physiological changes (Marks, 1969). Fear is "a normal human condition, necessary to motivate learning and to protect self from danger". As a normal part of development, fear is an adaptive response to possible imaginary or real danger (Gullone, 1999; 2000).

Fear is an intense aversion to or apprehension of a person, place, activity, event, or object that causes emotional distress and often avoidance behavior (United Health Care, 2013). Fear is defined as normal reaction to a real or imagined threat, is seen as integral part of development (Gullone and King, 1993). It is estimated that more than 40 percent of the general population suffers from one or more fears of a specific object or situation at some times in their lives (Oosterink et al., 2009).

It is “an unpleasant emotional state characterized by anticipation of pain or great distress and accompanied by heightened autonomic activity especially involving the nervous system the state or habit of feeling agitation or dismay something that is the object of apprehension or alarm” (Merriam-Webster, 2002).

In lieu with the Piaget’s theory several researchers studied the changes in fear among children and had come out with two important variables that influence fear. According to Piaget (1970) children develop cognitively as they get older. Children pass through the preoperational stage from sensorimotor stage and conceptualization changes happens in the process of concrete thinking from sensual thinking. Age is one of the most important variables on the development of children’s fears. Many research studies mention about the “ontogenetic parade” (Marks, 1987) related to the change of children’s and adolescences’ fears with age. Gender is another important factor in examining different fear types. Most of the research studies suggested that female children are more fearful than males for overall fear scores and for different fear types with the same age (Burnham, 2005).

Warren and Sroufe (2004) suggested that children between the ages of six and ten who are at school age, 26 percent have fear of school with school adjustment period and have fear of bodily injury and physical danger with the development of cause and effect relations and anticipation of dangerous events.

Subsequently, considering children in four to six years, it has to be realised that this period is a time of intensive growth and development for children, and are characterized by intense activity and discovery. It is a time of marked physical and personality development (Wong and Eaton 2001). The developmental changes during the preschool years are more subtle than those during infancy, but should be considered just as important.

Preschoolers refine abilities, acquire new skills, become bigger and stronger, increase communication skills, and grow socially and emotionally. Children at this age acquire wider social relationships, learn role standards, gain self-control and mastery, become more independent, and begin to

develop self-concept. Development of speech and the ability to communicate are especially important during this period (Boeden and Greenberg 2010; Santrock, 2007; Aaltonen et al., 2003).

In a qualitative study, Bauer (1976), asked 54 children from kindergarten, second and sixth grade to draw picture about their fears and to tell what those drawings are about. It was found that mostly bedtime fears and frightening dreams were reported in kindergarten and second grade level, while fear of bodily injury and physical danger were mostly recorded in sixth grade level. Fear frequency of imaginary themes including fears of ghosts and monsters, bedtime fears, frightening dreams decreases with the increase of grade level, while realistic fears including fears of bodily injuries and physical danger increases.

Children aged four to six years reported a high level of fear of animals and imaginary creatures and both these areas of fears declined with age. In contrast, both studies showed relatively low levels of fear of natural disasters and bodily injury/physical danger in this very young age group, with these categories of fears increasing with age. Both authors noted the developmental shift from fears of imaginary and unrealistic fears towards more realistic and specific events with increasing cognitive development.

Hence, fear is considered as a normal part of child’s development until it becomes too intense and irrational which then starts to impede one’s life. Importantly, normal and adaptive fears have been differentiated from abnormal (clinical) fears or phobias on the basis of several criteria, whether or not the fear is appropriate to age or developmental stage; whether the fear affects daily life of the individual negatively (significantly interferes with everyday functioning) and whether it persists over a protracted period of time.

In analysing whether the real threats to safety with which they have had a real experience (such as spiders or mean dogs) or imaginary causes with which they could never have had a real experience (such as monsters and ghosts), research supports the latter, showing that imaginary creatures loom large in young children's fear concept. Indeed, children think imaginary

creatures are scarier than real ones, even when they readily admit that these creatures are "just pretend" (Sayfan and Lagatutta, 2008, 2009). When asked to generate a story about a possible cause of fear, young children (4-8 years) are more likely to tell stories with imaginary causes than realistic ones (Denham and Zoller, 1991). Children's references to such imaginary causes decrease with age (Muris et al., 2000).

Preschoolers' fear of imaginary creatures reflects the emergence of pretend play in the second year of life and its quick development thereafter (Harris, 2000). On this account, children's fear begins with realistic, experience based causes and only later broadens to include imaginary ones as children's imaginative abilities increase during the preschool years. Specifically, before children can pretend, they must have acquired a causal understanding of the real world. For example, a young child can learn to fear hot stoves via associative learning after burning herself on one, by watching another person get burned (Askew and Field, 2007), or by hearing information about the hazards of touching a hot stove (Muris, et al., 2003).

In the course of development, children are reported to have a predictable array of normal intense specific fears that emerge, level off and decline (Beidel and Turner, 2005; Ollendick, et al., 1996). Some fears start in infancy (e.g., intense unexpected noises, heights), and other types of fears are reported to occur in age periods, one to two years (e.g., strangers), three to five years (e.g., animals, dark, imagery creatures), six to nine years (e.g., animals, storms, school, death), nine to twelve years (e.g., tests, personal health) and thirteen years and older (personal injury, social interactions and political catastrophes).

Maurer (1965) asked children aged five to fourteen years to report “what are the things to be afraid of”. The results were striking in that the highest level of fears reported by five to six year olds related to animals (particularly bears, lions, snakes and tigers) and this effect showed a marked decline.

Dunlop GM has classified fears of children into four categories :

1. **Realistic fears** are the fears related to actual events, or are related to such events which could have happened.
2. **Fears related to events** which have very remote chances of occurring, are included in this category. The examples are: a child is looking at a lion in some zoo, and harbours the fear of being devoured by the same; is sitting safe on a step of a ladder but entertains the fear of falling down from the same, and so on.
3. **Unrealistic fears** make the third category. Fears of ghosts, witches etc. are the examples. Unrealistic fears are based on non-existed causes.
4. In the fourth category are the fears evoked because of a **mysterious situation**; evoked in regard to something not known. Such fears are always imaginary. A child who is alone, or is in the darkness, generally, falls a prey to such a fear. Due to family environment, even little children, younger than five, become afraid of gods and goddesses. They become fearful as they are often reminded of the ire of such supernatural powers. Fear of sin, and fear of the ensuring punishment should also be included in this category.

Because of the rich imagination of pre-school-aged children, imaginary fears and fears caused by the lack of knowledge are emphasized during this stage (Romino et al. 2005; Deering and Cody, 2002).

Typical fears of the developmental stage of a four to six year- old child, reported by parents and the hospital personnel is tabulated in Table I

TABLE I

TYPICAL FAERS OF FOUR TO SIX YEAR OLD CHILDREN

Types of fear	Supportive study
Separation from parents	Romino et al., 2005; Snyder 2004; Koenig et al., 2003; Alsop-Shields 2001; Kain 2001
Fear of unfamiliar people and environment	Brever et al., 2006; Romino et al., 2005; Snyder 2004; Alsop-Shields 2001
Fear of darkness and loud noises	Romino et al,. 2005; Przybylo and Stevenson 2005; Deering and Cody 2002; McCann and Kain 2001; Cullone 2000
Unrealistic or imaginary fears	Romino et al., 2005; Deering and Cody, 2002
Failure of being criticized or rejected, punishments	Romino et al., 2005; Snyder 2004; Alsop-Shields 2001

Gender-role stereotyping is indicated as an important reason of the difference between the fears of boys and girls. Lane and Gullone (1999) clarified it as male children and adolescents have difficulty in expressing their fears when they are together with their friends. So it does not mean that gender differences in fears of children indicate females are more fearful. This is very much related with the gender role expectations and acceptability of fearful behaviour by girls and boys. This verify stood as a factor for the investigator for not considering the gender as a variable in the current study.

With this background the current study on exploring fear factors among preschool children gains importance in three ways. First one is that to devise a tool through which the various types of fear were addressed in such a way that the child reports to every fear by himself or herself.

A good way to get information about children's fears and coping strategies is to ask the child him/herself about them. It is not possible to understand the experiences of a child without including his/her self report. (Lahikainen et al., 2006; Pelander et al., 2006; Irwin and Johnson, 2005; Pelander and Leino-Kilpi, 2004; Miller 2003; Beidler and Dickey, 2001).

The reason of self report measure is already felt by Lalongo et al., (1995) wherein they subsequently found that self-reported anxious symptoms at five years significantly predicted adaptive functioning 4 years later. Children who were in the top third of anxious symptoms in first grade were 10 times more likely to be in the bottom third of achievement in fifth grade, even after controlling for level of adaptive functioning in first grade.

Lack of tools for adequately assessing fears in preschool children is a challenge for the research. However tools that enable early detection of significantly severe fears among preschool children are of vast importance in light of evidence suggesting that untreated anxiety in children is persistent, that it has adverse effects on the child's development, and that it predicts adolescent and adult anxiety and psychopathology (Glickman and La Greca, 2004; Dawson, Ashman and Carver, 2000; Andersen et al., 2003). For example, previous studies have demonstrated that young children who had strong fears or avoidance behaviours exhibited signs of serious social anxiety manifestations in adolescence (Kagan, 2002).

The second way of importance to the current study was that to explore the level of various types of fear present among the kindergarten children, so that the causes, of fear could be traced, helping to formulate coping mechanisms for them. Moreover, the third rationale behind the current study was to explore the theory that among the children varies with age.

With these rationale, the study on fear to animals and reptiles, person, going to school/school refusal, sudden shocking incident, loneliness, place, criticism or teasing, new situation, night time/ bedtime, monsters and ghosts, death and injury, transports, doctor, dentist, playing games, toilet training, illness, social fear, natural disasters was carried out with the following objectives.

Objectives

- To explore the fear factors among preschool children.
- To appraise the level of fear among preschool children
- To analyse the age specific differences on the fear factors appraised

II. REVIEW OF LITERATURE

The review of relevant literature on the topic **"Exploring fear factors among Preschool Children"** is presented below:

A. Conceptualization of the fear concept

B. Fears faced by children

C. Relationship of fear to other emotions

D. Positive and negative effects of fear among children

A. CONCEPTUALIZATION OF THE FEAR CONCEPT

Fear is defined as a normal and integral part of development and normal response to danger. There is a survival value of fear since it warns against danger and motivates to escape or avoidance (Shore and Rapport, 1998; Gullone, 1999; 2000).Fear is defined as a distressing emotion resulting from a real or perceived threat, and anxiety is the anticipation (i.e., fear) of a potential future three (APA, 2013).

Urdang and Flexner (1988) defined fear as "a distressing emotion aroused by an impending pain, danger, or evil or by the illusion of such. Fear is an adaptive emotion and normal part of development. Anxiety is similar to fear, but the reason behind the fear can be defined more clearly. Anxious individuals are generally uneasy and have feeling of something to be negative although they cannot identify danger or danger source. Phobias are different than anxiety and fears. Phobic individuals show excessively severe reactions to stimuli, cannot suppress it although they are aware of the irrationality of their behaviours. Phobias intervene with the individuals daily functioning (Sungur, 1997).

Fear is an intense aversion to or apprehension of a person, place, activity, event, or object that causes emotional distress and often avoidance behaviour (United Health Care, 2013). Research in medical science revealed that amygdala of the brain is primarily responsible for the conditioning of fear through sensory system of the body and the central nucleus of amygdala controls defensive behaviour (freezing), autonomic and endocrine responses. Recent studies implicate the prelimbic cortex in fear expression as well, by

way of its connection to the basal and then to central nucleus of amygdale (Pare and Pare, 2010).

Fears, worries and other stressors (e.g., academic issues, conflict, change) are typical aspects of human development; however, children often do not learn effective or appropriate skills to help them cope with these challenges (Robinson et al., 2004).

More than a century of research confirms the need for professional counsellors to remain current in their understanding and treatment of the fears of children and adolescents (Burnham, 2009). The terms fear and anxiety are often used interchangeably or in tandem in the literature as they appear to reflect similar underlying neurobiological processes. Anxiety disorders are included in the discussion because they are psychological disorders that are viewed as developmentally inappropriate or as reflecting pathological levels of fear and anxiety (APA, 2013; Klein, 2009).

The fear is defined as a distressing emotion, and as a feeling of agitation and anxiety caused by the presence or imminence of danger, evil, pain, etc., whether the threat is real or imagined. The fear is also defined as that which causes a feeling of being afraid; that of which a child is afraid. The fears are seen as a natural part of every child's normal development (Cullone, 2000).

It is no wonder then that fear-arousing messages are a favoured technique of those with an audience to persuade. Fear commands attention. It rises from the primitive parts of our brains to shout "run for your life!" even when the threat takes the shape of a professor asking a pointed question about the rule of perpetuities rather than the shape of a hungry bear. Since the time of Aristotle, scholars have recognized this persuasive potential of fear. In his most influential work on the topic of persuasion, Aristotle noted that "fear makes people inclined to deliberation" (Kennedytrans, 1991).

Fear can sometimes be evoked easily and absurdly for reasons that live in mankind's evolutionary past. For example, reacting to a nonexistent threat, such as a snake that is really a stick, is not as dangerous as the other

way around - failing to respond to the actual threat of a snake. The brain seems to be wired to flinch first and ask questions second. As a consequence, fear can be easily and untruthfully sparked in such a way that is irrational and not subject to reason (Begley, et al., 2007; Maren, 2008)

Substantial number of researchers considered fear as one of basic emotions along with love, joy, surprise, anger and sadness (Shaver et al., 2001) and its survival function has been emphasized. In fact, fear has attracted researchers' attention for a long period of time. Since Hall G.S. (1897) published his first research examining fourteen fears. Many studies were conducted in order to identify, investigate and determine the phenomena and origins of fear. Hall expressed that fear is "a normal human condition, necessary to motivate learning and to protect self from danger".

Many research studies focus on the origins of fear. Gullone and King (1993) suggested a cognitive-developmental model, as well as prepotency and preparedness factors. They mentioned about the change of children's fears depending on the developmental levels and life experiences, such as mostly infants have fear of strangers and separation where as school aged children have fears of criticism and failure. Lazarus (1991) considered that although fear motivates to protect ourselves from danger, fear may also affect memory, perceptions, problem-solving abilities, social interactions and sense of self negatively

Rachman (1991) suggested a straightforward model discussing the role of learning experiences in the acquisition of fears and phobias. According to three-pathways theory, beside the (1) classical conditioning, in other words direct experiences with fearful things or events, (2) modeling which is related to vicarious learning and (3) negative information transmission which means exposure to negative information about the fearful thing or event have role on the development of fear. Many research studies were conducted based on the three-pathways theory. (King, Clowes-Hollins, and Ollendick, 1997; Merckelbach, Muris, and Schouten, 1996; Graham and Gaffan, 1997).

The fear response consists of three components: thoughts, emotions and physical sensations (Hannesdottir and Ollendick, 2007; Robinson et al.,

2004). Distressing events stimulate fear and anxiety in children, but fears also can arise when a child anticipates possible risk of injury, pain or loss (Burnham, 2009). As an upsetting event proceeds from either a real or imagined threat, this anticipation of injury, pain or loss can evoke a fear response in a child. Thus, fear can develop from actual events or from beliefs and perceptions.

Fear responses to stimuli have been defined as the way of avoiding dangerous situations and objects which can be defined as evolutionary advantage for the individual (Mineka and Öhman, 2002). Fears such as heights, strangers and loud noises can be examined to be innate (Poulton and Menzies, 2002).

Fears, anxieties and specific phobias, often classified as internalizing behaviour problems, are all relatively common among children and adolescents of today (Lichtenstein and Annas, 2000). Similar to culture, negative events such as natural disasters and terrorist attacks have role on the difference between the children's fears from different communities. When compared, children who were victims of earthquakes with non-victim children, not surprisingly fear of death scores of victim children were higher than non victim children (Karaırmak and Aydın, 2008).

In addition to dealing with global crises or natural disasters, counsellors must be able to help children with everyday problems such as graphic media coverage of war and disasters, teasing, bullying, family conflict, economic problems, and academic failure (Burnham, 2009). For example, Robinson, Robinson, and Whetsell (1988) found that children's fears of people and of being alone have increased since early research began on children's fears in the 1900s. While the causality behind this change is unknown, the authors suggested possible associations with increased exposure to violent media coverage, changes in family structure and the rise in programs teaching about stranger danger. There is increasingly more evidence that television and other media contribute to children's fears (Burnham and Hooper, 2008; Lahikainen, et al., 2006). Furthermore, children's fears are not relegated only to realistic or plausible events However, many more events presents children with a vast

range of potential fears, and their inability to cope with such fears can have devastating effects.

Sayfan and Lagattuta (2008) found that children between the ages of three and seven are more aware than previously believed regarding the relationship between fears, beliefs and knowledge. Fearful children experience numerous cognitive distortions such as a tendency to doubt their ability to cope, overestimation of the likelihood of adverse consequences and interpretation of threatening information in a distorted manner (Prins and Ollendick, 2003)

Children's fears can intensify over time if they are not addressed appropriately (Moses et al., 2003). Gao et al. (2010) found three to eight year olds' fear conditioning increases with age, with the most substantial increase occurring between the ages of five and six.

Every individual has fears, but normality of fear is determined by several factors, according to whether or not the fear is appropriate to age or stage, the individual persist over the same fear a long period of time, and the fear effects daily functioning negatively. If the individual is fixated in previous developmental stage in terms of expressed fear, persist on the same fear over an extended time or the expressed fear effects the daily life of the individual negatively it is defined as clinical fear (Gullone,1996).

B. FEARS FACED BY CHILDREN

Ollendick (2002) suggested seven components of fear including fear among children of death and danger, aversive social fears, fear of unknown, animal fears, medical and situational fears, school performance fears and anticipatory social fears. Differently, Burnham (2005) suggested five components of fear with an exploratory factor analysis including fear of death and danger, fear of unknown, fear of school and social stress, fear of animals and fear of criticism/ failure.

Zakharov (2000) also classified fear based on the intensity level as horror, fright, fear, anxiety, apprehension, uneasiness and nervousness and suggested seven factors of fear on the basis of its content like "medical fears"

(fear of pain, injections, blood, doctors and illnesses), “physical harm fears” (unexpected noises, attack, fire, war etc.), “fear of death”, “fear of imaginary things and animals”, “social fears” (people, punishment, to be late etc.), “spatial fears” (fear of heights, depths, closed spaces etc.) and “fear of dreams” (fear of dark, before sleeping, bad dreams).

Socioeconomic status of children is social component of children’s fear like the gender. Even the oldest research studies conducted about the effect of socioeconomic status on fear suggested that children’s perceptions about their environment has role on the development of fear. Nearly all of the studies indicated that children from low socioeconomic status have fear of death, violence, animals and strangers because they perceive the environment as dangerous and enemy. Children from middle or upper Socio economic status have fears of illness, transportation vehicles and pet’s safety (Meltzer, Vostanis, Dogra, Doos, Ford and Goodman, 2008).

Examination of the most common fears across cultures with the FSSC-R shows striking commonalities, children in the United Kingdom, the United States, Turkey, Portugal and Australia all showed the fear of being hit by a car as the most frequently endorsed children fears. Fear of not being able to breath, a bomb attack or war, fire, a burglar, falling from a height, and death ranked in the top ten fears of at least four of these countries. In addition, items appended to the original eighty item measure revealed that fear of the parents death was considerable in all countries tested, with endorsement ranging from seventy three to eighty four percent (Fonesca et al., 1994).

Fear learning typically takes place in specific contexts and results in those fears becoming associated with the places where the learning occurred. Children may also express fear in response to situations that are similar (not identical) to those initially learned or to situations that are similar to the contexts in which the original learning occurred. These are called “generalized” fear responses, and they are thought to underlie the expression of later anxiety disorders, including post-traumatic stress disorder (Davis, 2006)

It is especially important to identify the possible fears of children during their life span. School children have hospital related fears because of their developmental stage. They are not able to separate reality from the imaginary and their ability to express and cope with their fears is limited. (Salmela and Marja, 2010).

Watson (1966) stated that in the newborn there are only two things that bring a fear response: sudden loud sound and sudden loss of support. He proposed that three emotional responses can be called out at birth: fear, rage, and love. According to Watson, these have a hereditary background. Crackling a newspaper, striking a steel bar with a hammer, and pulling a blanket on which a baby lay (or dropping him) elicited an emotional response, but only the first few times. Very soon the baby ceased to react emotionally in response to these stimuli.

Well-adjusted young children frequently experience anxiety whey are seperated from their parents and most children also experience night time fear (Jenni et al., 2005). Moreover, several contextual factors as culture; political and economic circumstances, changes in family dynamics and current events like terrorist attacks, conflicts, earthquakes or wars may determine the common types of fear by increasing the number. Through the global media and internet, children are increasingly exposed to world events such as terrorism, wars and other images of danger and death. The mass media are becoming more intrusive and pervasive, and the images shown are more disturbing (Cantor, 1998; Terr et al., 1999).

Bullying and harassment are not new issues that students and schools face. In fact, over the years, it has been viewed as being so common in schools that it has been overlooked as a threat to students and reduced to a belief that bullying is a developmental stage that most youth will experience then get over (Ross, 2002).

Fear frequency of imaginary themes including fears of ghosts and monsters, bedtime fears, frightening dreams decreases with the increase of grade level, while realistic fears including fears of bodily injuries and physical

danger increase. Fear of dark, noise, imaginary and supernatural things and specific types of people were more common among younger children while fear of illness and enclosed places were more common among older children (Burnham, 2005).

Knowledge about pre-school-aged children´s hospital-related fears and coping with fears is mostly based on the information given by parents or nurses and covers fear experienced in a certain operation or situation in nursing care (Brewer et al., 2006; Pelander et al., 2006; Hallström and Elander 2004; Mahajan et al., 1998; Coyne, 1998). Pre-schoolers may experience several hospital-related fears and ongoing posttraumatic stress responses during the hospitalization and post-discharge (Proczkowska-Björklund, 2004; Rennic et al., 2002). Hospitalization, and other frightening or traumatic experiences in childhood may also increase the risk of health problems later in life (Kopec and Sayre 2004; Rees et al., 2004; Rennic et al., 2004), and delay the child's cognitive, physical, emotional, and social development (Aley 2002).

It is especially important to identify the possible fears of a child when caring for preschool-aged children. According to several studies, pre-school-aged children have more hospital-related fears than older children because of their developmental stage (Gazall and Mackie 2007; Fukuchi et al., 2005; Romino et al. 2005; Majstrovic and Veerkamp 2005; Gozal et al., 2004). The pre-school-aged child is not always able to separate reality from the imaginary, and the child's ability to express and cope with his or her fears is limited (Brever et al., 2006; Majstrovic and Veerkamp, 2004). Sometimes it is also difficult for a young child to distinguish between pain and fear (Wennström and Bergh 2008, Young 2005).

Fearful pre-school-aged children often focus their attention on the object of fear. Children cease playing and fall silent. Fear is expressed in the questions children ask and the contents of discussion (Sorenson and Roth 1973). If children repeatedly get into frightening situations, they can become submissive and no longer rely on the adult. Submissive children may not easily accept the adults comforting (Koenig et al. 2003).

Children first acknowledge death in the preschool period. At this age, young children have yet to acquire specific knowledge about the biological underpinnings of life and death, and so make sense of what they know about death and dying in terms of their understanding of human behaviour. Thus preschool-aged children typically consider that death is something that happens only to some (the sick, the aged) and that it can be avoided with healthy living and avoidance of specific situations that they know can be fatal (e.g. car crashes, getting cancer).

Young children tend to conceptualize death as an altered state of living, either in heaven, or under ground in the tomb, and so often assert that the dead still need oxygen or water, and that the dead can hear, dream and so on. At this age children do not understand the causes of death, other than to link dying with internal or external agents such as poison, guns or fatal illness. Hence by collating the literature pertaining to the types of fear prevailing among preschoolers the current study considered twenty ears namely fear to animals and reptiles, person, going to school/school refusal, sudden shocking incident, loneliness, place, criticism or teasing, new situation, night time/ bedtime, monsters and ghosts, death and injury, transports, doctor, dentist, playing games, toilet training, illness, social fear, natural disasters and aimed to analyse their level of suffering.

C. RELATIONSHIP OF FEAR TO OTHER EMOTIONS

Emotions arise because of three factors: verbal cognition, behavior changes, and physiological states. This "*emotion*" is known as the "tripartite," and appears to govern onset and origin of fears generated by the verbal threat pathway (Field, 2010).

The emotion of fear protected humans from predators and other threats to the survival of the species. So it is no wonder that certain dangers evoke that emotion, since fear helps protect you and is therefore adaptive, functional, and necessary. However, there is another important aspect of emotions to consider that, in the case of fear, may be important to decision-making as well as survival. That is, when an emotion is triggered it has an impact on our judgments and choices in situations (Lerner and Keltner, 2001).

In a study of risk taking, participants who were fearful consistently made judgments and choices that were relatively pessimistic and amplified their perception of risk in a given situation, in contrast to happy or angry participants who were more likely to disregard risk by making relatively optimistic judgments and choices (Lerner and Keltner, 2001).

Some children show strong, persistent and irrational fears of and desires to avoid particular objects, activities or situations. When such behaviour interferes with normal everyday functioning, then it is said that the person has a phobia. Normally, encountering the phobic stimulus result in intense anxiety which leads to feelings of tension, panic or even fear of death. Nausea, palpitations and difficulty in breathing may also occur. The psycho-dynamic model sees phobias as the surface expression of a much deeper conflict between id, ego and super ego which has its origin in childhood. (Lokanadha et al., 2005)

There is evidence that children's characteristics and temperaments influence their fear development (Weems and Silverman, 2006). For example, Muris and Ollendick (2005) found a link between fearful or inhibited temperament and childhood anxiety disorders. Overall, research indicates that there is a moderate correlation between genetics and fear-related symptoms, but fear and anxiety appear to arise from a complex interaction among a variety of factors (Weems and Stickle, 2005). Researchers believe that behavioural (Ollendick et al., 2001; Weems and Stickle, 2005) and social learning also play a part.

Fear is a negative valence emotion that is usually accompanied by heightened physiological arousal. Threat is an external stimulus that creates a perception in message receivers that they are susceptible to some negative situation or outcome. And, perceived efficacy is a person's belief that message recommendations can be implemented and will effectively reduce the threat depicted in the message (Gore et al., 1998).

Fear aroused through death-related threats seems to produce increased defense of cultural worldviews in highly ego-involved individuals. When threatened with death, the extent to which an individual derives self-

esteem from an attitude or behaviour will predetermine the extent to which that attitude or behaviour will be defended (Hunt and Shehyar, 2011).

Evolutionary psychologists argue that the non-random distribution of fear stimuli is a legacy of the evolutionary past. The absence of fear responses to evolutionarily novel sources of danger (automobiles, electrical outlets, etc.), for example, suggests that emotional responses are not simply the product of rational deliberation. Instead, human fears are the result of domain-specific mechanisms that correspond to ancient sources of harm such as dangerous animals, bodily insults, heights, social evaluation, and the risk of social exclusion (Ohman and Mineka, 2001)

While the physical and psychological manifestations of anxiety and fear appear to share commonalities, they are in fact two independent entities that merit operational definitions. Anxiety is characterized as a state of being that arises from general and non-specific stimuli that are perceived as being potentially threatening in the future. This perception often results in an apprehensive mood accompanied by increased arousal and vigilance, which when taken to an extreme, persist for extended periods of time. In contrast, fear is stimulated by specific stimuli and results in active defensive responses that gradually subside when the specific stimulus is no longer present (Gen, 1999).

Research has indicated that fear is a highly prevalent phenomenon during the development of children (Gullone 2000). Survey and interview based studies have shown that it is common for young people across various ages to report fears in relation to animals (e.g., spiders, dogs), medical affairs (e.g., injection, dentist), and situational and environmental challenges (e.g., heights, the dark). A review of these studies estimated that the average child has between two and five of such fears, but there is considerable variation across studies with one study (Ollendick et al., 1989) reporting an average of fourteen fears per child . Although such fears are in essence considered as benign, there is also evidence indicating that they reflect more serious anxiety problems in a sizable minority of the children (Muris et al., 2000).

Fear is incorporated in the decision making process and influences individuals' cognitive and behavioural responses (Damasio 1994; Gray, 1971). Although fears are mild and non-pathological in most youths, there is a subgroup of children who display such high fear levels that they qualify for the diagnosis of a phobia, which may even persist into adulthood (Kessler et al., 2005).

While fear subsides when the feared stimulus is removed, worry involves repeated mental rehearsal of the fear-producing situation. Worry is non- adjustive and involves continuously increasing tension which further reduces the worrier's capacity for effective action. Worry involves fear, anxiety, tension, and self-reproach in a complex state of mind.

Fears, worry and anxiety are feelings which arise as a result of one's relations to other people or to actual or imagined happenings in his environment. Fear is specific. It impels action to escape an immediately threatening and identifiable situation whereas anxiety is less sharply defined and therefore persistently pervasive and makes its victim feel helpless and lacking in capacity to cope with the threat. Fears may be normal, exaggerated but limited to one area of life experiences, or as phobias, which are fears so irrational, intense and pervasive, that they threaten physical and mental. Minor fears should not be ignored simply because they are common (Devadas, and Jaya, 2003)

D. POSITIVE AND NEGATIVE EFFECTS OF FEAR AMONG CHILDREN

Current literature points to positive emotions and affect regulation as means of increasing resilience (Fredrickson, 2001; Fredrickson, et.al., 2008; Hannesdottir and Ollendick, 2007). Resilience, or the ability to overcome adversity, is an essential component of coping with fears and anxiety effectively (Masten, 2001). The increase in adversities during the past decade, such as terrorist attacks, war, hurricanes and school shootings (Burnham, 2005, 2007, 2009), warrants a renewed focus on children's fears and the promotion of resilience (Burnham, 2009; Tugade, Fredrickson and Barrett, 2004).

Fears, worries and other stressors (e.g., academic issues, conflict, change) are typical aspects of human development; however, children often do not learn effective or appropriate skills to help them cope with these challenges (Robinson et al., 2004). Although children may develop coping mechanisms in the absence of direct instruction, these are often avoidant mechanisms that lead to poorer outcomes (Abei, Giger, Plattner, Metzke, and Steinhausen, 2013). Maladaptive fear responses can lead to the development of anxiety disorders (Kiel and Buss, 2014). Anxiety is the most prevalent childhood disorder and a strong predictor of adult psychopathology (Weems and Silverman, 2006). Thus, teaching children helpful ways to cope with fears can promote healthy development.

While excessive childhood fears are correlated with adult psychopathology, it should be noted that fear is a normative aspect of childhood development, so fears themselves are not considered the problem (Moses et al., 2003). In fact, there are positive aspects of fear, such as self-preservation, galvanizing of internal coping resources, improved focus and an increased sense of vitality (Goud, 2005; Robinson et al., 1991), but the negative effects of children's fears can be serious. Fears may disrupt sleep, create exhaustion and hinder performance (Cartwright-Hatton, 2006; Robinson et al., 1991). Moreover, children suffering from fear often exhibit diminished academic achievement because fear interrupts motivation and the ability to concentrate (Moses et al., 2003; National Scientific Council on the Developing Child, 2010).Unresolved childhood fears may have deleterious effects on development and contribute to adult mental illness (Moses et al., 2003; Saavedra, et al., 2010).

Any stressful incidents that children experience have the potential to generate fear-related disorders. Because of the ever-changing nature of society, it is essential for counselors to remain cognizant of the impact that current events might have on the children with whom they work, particularly in relation to their fears and coping mechanisms (Langley, Jones, and Kephart, 2001).

Field, Lawson, and Banerjee (2008) found support for the effect of verbal information on persistent fear acquisition in children. These studies reinforce the notion that fear can be acquired through behavioural and social learning factors. Fears resulting from behaviourally based factors have been correlated with anxiety, phobias (fearful or anxious responses to, or avoidance of, specific objects or situations) (APA, 2013), and behaviour problems in children (Gao, et al., 2010).

To examine whether children can acquire a fear through information transfer, Field and Lawson (2003) presented children with negative, positive and no information about these same animals. They reported that verbal threat information significantly increased self-reported fear beliefs, emotional reaction time performance, and behavioural avoidance.

Kiel and Buss (2010) observed that the relationship between toddlers fearful temperament (e.g; seeking close proximity to their mothers, wanting to be held) and mothers' protective behaviours (e.g, shielding the children from an activity) was moderated by the degree of accuracy with which mothers predicted their toddlers' fearful behaviours. Specially, toddler fearful temperament was associated with heightened maternal protectiveness when mothers had a high degree of accuracy in predicting, and thus were much at turned to, their children's behaviour. The authors conclude that high levels of fearful child behaviour do elicit protective behaviours of mothers, but only in the context of mothers who are attuned to their children's behaviour, suggesting that both child and maternal characters play an important role in the dynamic interaction.

Fear is not always harmful. Fear makes one ran away to protest oneself from something which may cause harm to the person. Thus, fear is an emotion which is essential for the survival of the living beings. A child becomes fearful of something or someone which, in the past, has caused pain or trouble or harm of some sort, to him. The painful experiences of the past would make the child avoid similar situations which were responsible for the bitter experiences (Sunder, 2008).

Indeed, children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety. This impairs their ability to learn and interact with others, because they frequently perceive threat in familiar social circumstances, such as on the playground or in school. These responses inhibit their ability to learn and often lead to serious anxiety disorders (Grillon, 2002).

There is extensive and growing scientific evidence that prolonged and/or excessive exposure to fear and states of anxiety can cause levels of stress that can impair early learning and adversely affect later performance in school, the workplace, and the community. Multiple studies in humans have documented problems in cognitive control and learning as a result of toxic stress (Abei et al., 2013).

The extensive review of relevant literature has given elaborate picture of the fear definition, component, different types of fear faced by children at different stage, we also got to know the difference between fear, phobia and anxiety and can find out how it is related to other emotion and can see whether fear has positive and negative effects. It also gave imperative information regarding fear that it varies according to different age level of the children and concentrates on different factor and sees which one is the most important on the development of children's fear. It also helps the children to develop coping mechanisms in the absence of direct instruction. The review has given wide choices to operationalise the study.

III. METHODOLOGY

The research design pertaining to the study “Exploring fear factors among preschool children” was survey research, carried out to analyse the level of fear among preschoolers with its age – specific differences. The methodology of the study pertaining to the study was presented under the following headings.

A. Selection of the area
B. Selection of the sample
C. Construction of the tools
D. Conduct of the study
E. Analysis of data

A. SELECTION OF THE AREA

Coimbatore was the area selected for the present study. Coimbatore was chosen as the area for the research as the district was a well developed industrial and education hub. Moreover, preschools were found mushrooming within and outside the city limits as to fulfill the needs of working parents. As this study demands preschoolers from the age of four to six years and the places around Coimbatore within the city limits were considered to be the best place to get adequate data.

Certain inclusion criteria were set to pick up schools as the area of study. They were

- Semiurban area within 15 km radius from city – the reason for setting up this criteria was that more schools were found escalating in these areas
- Matriculation schools – in order to maintain homogeneity and to further the research with other age groups only matriculation schools following samacheer pattern of syllabus were selected
- Co-education Institute – only the coeducation schools were included in the list

As per the criteria 29 schools within the four zones of Coimbatore were shortlisted. However the investigator confined the research to one zone of the city - south zone – in which 6 schools were identified. However when sought for permission only two schools confirmed their cooperation on time. Hence two schools on Irugur Road and Trichy Main Road were selected identified. Both the schools selected for the research were located in a beautiful geographic environment away from the dust and dins of the city and was found to facilitate the all round development of the preschool children enrolled.

B. SELECTION OF THE SAMPLE

A sample is a subset of population units. Sampling is simply the process of learning about the population on the basis of a sample drawn from it (Gupta, 2000). Sampling enables us to draw a sample which can be used for making statistical inference about population parameters (Hooda, 2000).

After finalizing the schools from where the data were to be procured, secondary data of the student enrolment was obtained. It was found that every class namely lower kindergarten, upper kindergarten and 1st standard had three sections each with a total of approximately thirty students in every section. Hence the sample size accounted around 650 children to be surveyed. As this number is so huge, the investigator adopted k in 8 sampling technique in each class and zeroed in for about 80 children from both the schools. The details of the children included as sample for the current research was projected in Table - II

TABLE II

THE DETAILS OF THE SCHOOLS AND NUMBER OF RESPONDENTS

S.No	Age of the children	School 1	School 2	Total
1	4 Years	10	15	25
2	5 Years	10	15	25
3	6 Years	15	15	30

Ethical consideration

As a matter of ethics the preschool students and their parents were informed about the research orally and through a simple written consent form. Also the administrative personnel and their class tutors were informed about the study. The sample was allowed to make a voluntary choice for participating. The present study was also subjected to Institutional Human Committee and was approved for the same (Approval Number-AUW/IHEC/HD-15-16/XMT-02). (Appendix I)

C. CONSTRUCTION OF THE TOOLS

For the present study two sets of tools were used as explained below:

i. Questionnaire to elicit the general background of the selected sample

The investigator used the questionnaire as a tool for the collection of the general and personal profile of the selected preschool children. The questionnaire was formulated with special relevance to age, gender and type of family they hailed from and enclosed as Appendix-II.

ii. Rating scale to assess the fear objects among children

A rating scale is a set of categories designed to elicit information about a quantitative or a qualitative attribute. The investigator used five point rating scale to secure adequate data. After reviewing the whole literature it was seen that there are more than thirty fear objects and each object consist of several sub factors. But by experience as well as by observation with and among the children and with the suggestions of subject experts, the investigator decided to consider twenty factors with seven sub factors under each. The investigator formulated a new version of rating scale on fear among children. The inventory was carefully formulated in such a way that it gives an important measure relevant to the study purpose.

However, the age of the children was too small to understand the depth of the questions. So, the rating scale was filled up by the investigator herself after observing the children's activity and responses to certain situations and

contexts. For this purpose, the investigator framed certain short stories, vignettes, questions and even extempore way in the children of expressing their attitudes towards certain factors.

Validation of the rating scale

The rating scale tool was subjected to content validation. The subject expert from the field of education, psychology and human development were identified to scrutinize the developed tool. The suggestion put forth by the experts was incorporated and the final version was developed.

Pilot study

The tool after content validation was subjected to pilot study with twenty five children, to gain the insight on the difficulty in comprehension and phrasing of the statements. Statements which were found to be difficult to comprehend were reworded / rephrased. The final conversion of the rating scale has been framed and it has been enclosed as Appendix III.

Scoring of the fear factors

Each fear factors has got seven sub factors with five as maximum score and one as minimum score. Wherein five indicates more fear and one indicates lesser fear. Thus every fear factor has a maximum score of thirty five and a minimum score of five. In order to classify the score with regard to the levels of suffering namely low, moderate and high, the investigator subjected the data of pilot study for descriptive statistics and calculated the mean and standard deviation for every factor and then categorised the levels. The formula used for this classification was:

$$\bar{x} \pm 0.55\ SD$$

The ambit score of each of the level with reference to the identified twenty factors was projected in Table III

TABLE III

THE AMBIT SCORE OF TWENTY FEAR FACTORS

S.No	Types of fear	Ambit Score		
		Low	Moderate	High
1	Fear of animals and reptiles	≤14	15-21	≥21
2	Fear towards the person	≤17	18-24	≥25
3	Fear on going to school/school refusal	≤15	16-22	≥23
4	Fear on sudden shocking incident	≤20	21-27	≥28
5	Fear of loneliness	≤19	20-26	≥27
6	Fear of place	≤16	17-23	≥24
7	Fear of criticism or teasing	≤13	14-21	≥22
8	Fear of new situation	≤14	15-21	≥22
9	Fear of night time/bedtime	≤16	17-24	≥25
10	Fear of imaginary creatures	≤16	17-23	≥24
11	Fear of monsters and ghosts	≤18	19-25	≥26
12	Fear of death and injury	≤18	19-23	≥24
13	Fear of transports	≤15	16-21	≥22
14	Fear of doctor	≤19	20-28	≥29
15	Fear of dentist	≤18	19-27	≥28
16	Fear of playing games/objects	≤14	15-21	≥23
17	Fear of toilet training	≤15	16-22	≥23
18	Fear of illness	≤17	18-24	≥25
19	Social fear	≤15	16-23	≥24
20	Fear of natural disasters	≤23	24-31	≥31

D. CONDUCT OF THE STUDY

The present study was conducted in two phases as below.

i. **Permission from the higher authorities : T**he investigator personally met the higher authorities to conduct the survey from the selected two different matriculation schools in Coimbatore District. The investigator explained the purpose of the study, its values and importance. The permission letter and ID proof was taken from the university, and handed over to the head/ principal of the respective schools.

ii. **Building up rapport :** For any survey to be conducted, establishing rapport with the people where in the survey was to be carried out was very essential. Establishing rapport is necessary to convince the sample for their benevolence. Since the survey consist of questions regarding their factors, developing a sense of confidentiality was very important. Hence prior to the study, efforts were made by the investigator to establish a good rapport with the preschool children so that the survey could be carried out smoothly with maximum level of responses.

iii. **Collection of data :** After establishing rapport the investigator started to filled up the questionnaire on general background. Though five point rating scale questionnaire was used to find out the different level of fear but the students were so small that the investigator had to frame stories, questions to them in order to provoke the children to answer the questions. The investigator has to spent one and half hour with one child which was time consuming.

E. ANALYSIS OF DATA

In order to attain the purpose of the current study, the collected data was coded, classified and tabulated. It was then subjected to statistical analysis using percentage analysis for general information like personal variable. However, Chi square and ANOVA statistic were done wherever to appraise the variations in the levels of fear among the preschoolers and to analyse the age specific difference in relation to every fear factor respectively.

METHODOLOGY AT A GLANCE

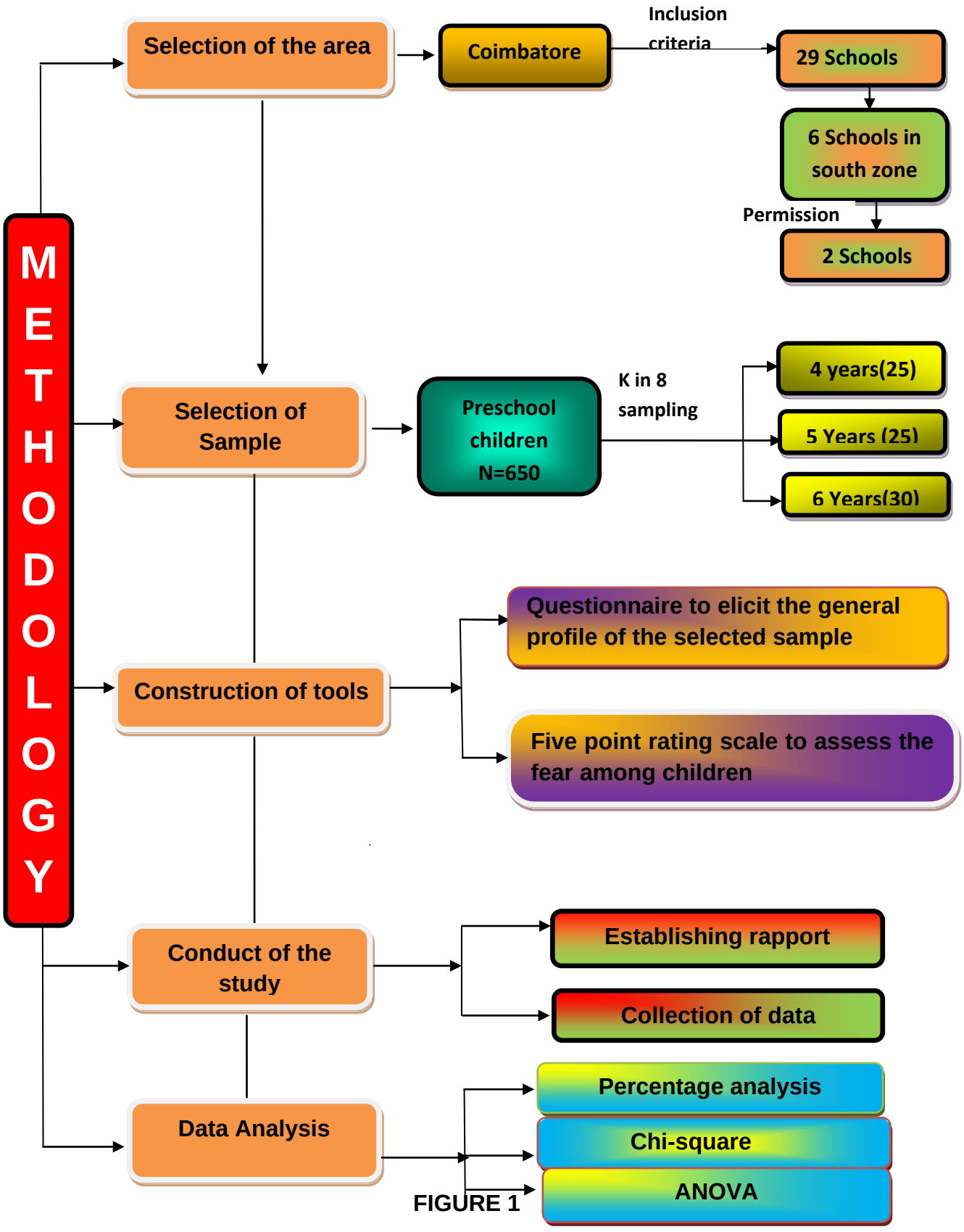

FIGURE 1

IV. RESULTS AND DISCUSSION

The findings of the study entitled “Exploring fear factors among preschool children” were discussed under the following headings.

A. GENERAL PROFILE OF THE RESPONDENT

B. LEVELS OF IDENTIFIED TWENTY FEARS AND ITS AGE SPECIFIC DIFFERENCES AMONG PRESCHOOL CHILDREN

C. RANKING THE FEARS OF SELECTED PRESCHOOL CHILDREN

A. GENERAL PROFILE OF THE RESPONDENTS

A total of eighty students within the age ambit of four to six years were engaged for the study through multistage sampling. The Table IV shows the general profile of the selected preschool children pertaining to age, sex and type of family they hail from. The probability sampling of k in 8 method was used to select the sample, so that they could represent the whole population.

TABLE IV

GENERAL PROFILE OF THE SELECTED PRESCOOL CHILDREN

(N=80)

Sl. No	Personal details	N	%
1.	**Age**		
	4 Yrs	25	31.3
	5 Yrs	25	31.3
	6 Yrs	30	37.5
2.	**Sex**		
	Male	39	48.8
	Female	41	51.2
3	**Type of family**		
	Joint	23	28.7
	Nuclear	57	71.3

The table depicts the distribution of children by age. Out of the 80 children, the highest percentages of them (37.5%) were from six years of age, followed by four and five year (31.3% each) with equal representation.

The above table also depicts the distribution of children by gender. More than half of the preschool children engrossed for the study were girls (51.2%) which bring out the changed scenario from the olden days wherein more boys were enrolled for school education.

Glancing at the type of family nearly three fourth of the children hailed from nuclear family (71.3%) and over one fourth of the children were from joint family, which again brought out the fact that the joint family system being in decline in the present society.

B. LEVEL OF VARIOUS FEARS AND ITS AGE SPECIFIC DIFFERENCES

Fear in children tends to be age-specific and transient, with predominant fears at different ages. The object of fear may change from year to year, month to month, or even week to week. Many of these fears disappear as the child becomes older. The intensity of the fear were to be related to the learning and experiential history of the child. With increased maturity and experience a child should be able to figure out that previously feared stimuli were not threatening and the ability to cope with fear increases. As a result, something fearful for a newborn would not provoke the same response in a school-aged child (Jamison, 2013). With an elaborate review the investigator identified twenty fear factors with seven sub factors under each and procured data from the preschool children. The findings on these factors and age related differences were discussed as below:

1. Fear towards animals and reptiles

The emotion of fear is associated especially with predatory animals that are potentially dangerous to humans, and the emotion of disgust is primarily related to avoidance of certain animals, ill humans, faces, vomit, sexual substances, and other harmful things (Rozin, Haidt, and

McCauley, 2000). Table V and Figure 2 presents the fear towards different animals and reptiles of the selected sample.

TABLE V

FEAR TOWARDS ANIMALS AND REPTILES

Class	Low (<14)		Moderate (15-21)		High (>21)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	11	44	11	44	3	12	15.36	4.56	2.948^{ns}
5 Years	7	28	9	36	9	36	18.04	6.08	
6 Years	8	26.7	8	26.7	14	46.7	19.40	7.36	
Chi square	7.848^{ns}								

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF FEAR TOWARDS ANIMAL AND REPTILES

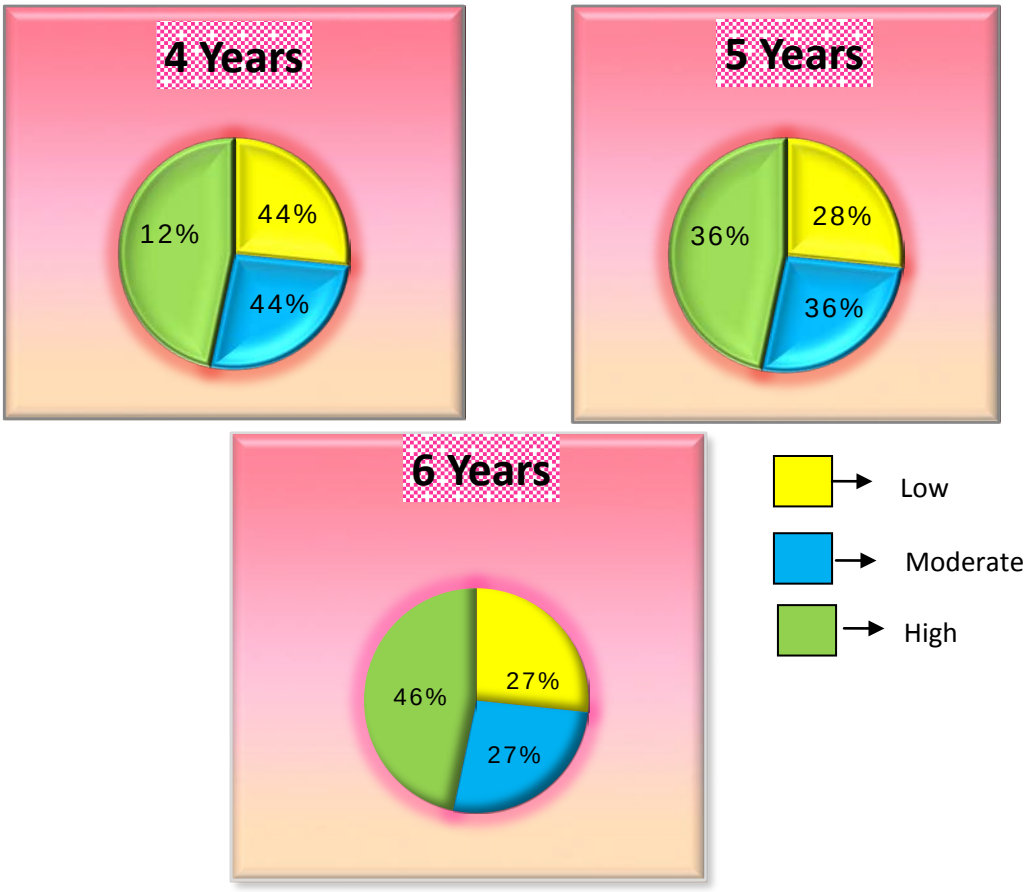

FIGURE 2

It was clear from the above figure that every child surveyed had fear for animal and reptiles but in varying degree. Equal representation was being observed among the percentage for low and moderate fear among four year old children (44%).

The major contribution of high fear was from the six year old children (46.7%) with only fifth of the children in their 5^{th} year facing high fear. This observation could be owed to a reason of lack of awareness among the children at younger age. However, the chi-square value calculated (7.848) to find out the statistical significance among the level of fear namely low, moderate and high shows no significance. In other words the overall level of fear among the preschool children segregated into low, moderate and high was almost the same.

There are some studies, which were focused on the investigation of fear. Arrindell (2000) identified four types of animals that provoke fear: (a) fear relevant animals (e.g., rat, bat, snake); (b) dry or nonslimy invertebrates (e.g., wasp, beetle, bee); (c) slimy or wet-looking animals (e.g., snail, worm, eel); and (d) farm animals. The author also argued for a fifth type (a predatory animals category), found in other studies where larger predators were included in the survey (Davey et al., 1998). Subsequently it was observed that in the present study most of the children feared for snakes (24.8%), cockroach (19.20%), and rats (24.8%) when they were asked to name the animals they feared most.

The insignificant ‘f’ value obtained (2.948) further authenticates that there was no difference in the level of fear among the three age groups namely four, five and six years old children towards the fear of animal and reptiles.

2. Fear towards the person

Understanding the fact that all children have some kind of fear, the description statistics of the ANOVA and Chi square was carried out to find the level of fear towards person among preschool children and was depicted in the Table VI.

TABLE VI

FEAR TOWARDS THE PERSON

Age	Low (<17)		Moderate (18-24)		High (>25)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	10	40	11	44	4	16	18.84	5.57	**3.117***
5 Years	2	8	14	56	9	36	22.84	4.63	
6 Years	7	23.3	16	53.3	7	23	20.70	6.47	
Chi square	**7.838^{ns}**								

A major finding that appeared from the study was that all the three age groups had different level of fear towards person when they were categorised under low, moderate and high fear. Age is always considered to be one of the most important factor on which development of children's fear increases as the children grow older which was further proved by the present finding that 40 percent of children enrolled in their 4th year had low level of fear towards a stranger. Also the present finding was found to be in accordance to the study of Spence (1997) who noted that the percentage of variance in anxiety symptoms explained by specific first order factors (separation anxiety, social phobia, panic/agoraphobia, obsessive–compulsive, generalized anxiety and fears of physical injury) was lower in the younger compared to older primary school children. More than half of children of five years and six years children perceived themselves to possess high and moderate level respectively.

The calculated 'f' value for the score procured by the children of various ages on the fear towards person was 3.117 and was statistically significant at five percent level. In other words, the fear towards the person has significant influence on children's age.

Vasey et al. (1994) found that the content and complexity of worrisome thoughts increased with age and cognitive ability. In their five to six year old sample, worries relating to physical well-being (e.g. injury or kidnapping) predominated. With increasing cognitive and self-concept development, the worries of older children (8–12 years) related more often to behavioural competence, social evaluation and psychological well-being. From the present finding it was seen that most of the preschool children fear for going near a stranger (28.8%), an imaginary creature like magicians (24%) and almost half of the children have fear towards mentally retarded person (42.4%).

AGE DIFFERENCES IN THE MEAN SCORE OF FEAR TOWARDS THE PERSON

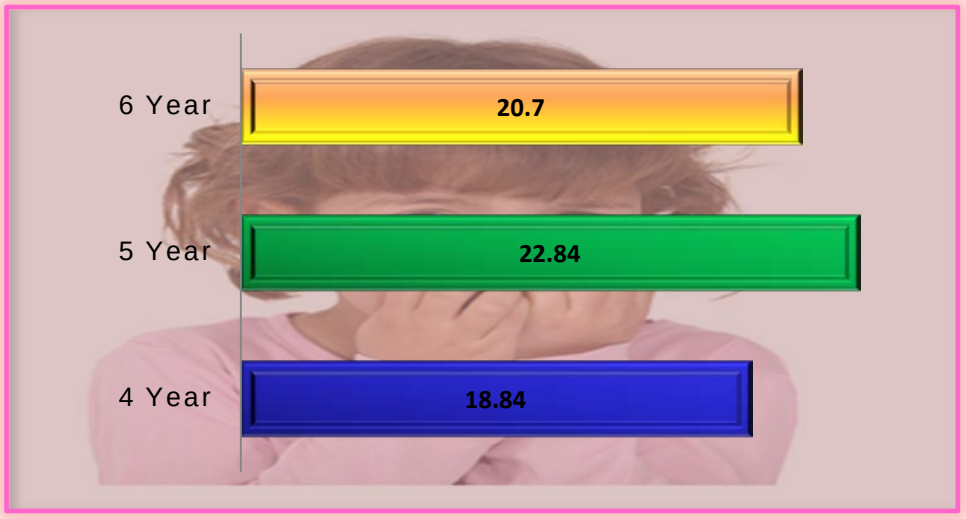

FIGURE 3

However, keenly observing the figure gives a important notion that the mean score of five year old children being the highest with little drop in six years old respondents. The reason that owes to this finding would be that the children in their 6th year become aware of certain things by their own experience which changes their fear attitude too.

3. Fear on going to school/school refusal

School refusal is a psychosocial problem characterized by a child's difficulty in attending school and, in many cases, substantial absence from school (Heyne and Sauter, 2013). The present study that embraced to assess

the preschool children's fear ongoing to school or school refusal was projected in the Table VII.

TABLE VII

FEAR ON GOING TO SCHOOL/SCHOOL REFUSAL

Age	Low (<15)		Moderate (16-22)		High (>23)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	3	12	15	60	7	28	20.12	5.29	**1.067^{ns}**
5 Years	6	24	15	60	4	16	17.80	4.95	
6 Years	12	40	11	36.7	7	23.3	18.10	7.59	
Chi square	**6.950^{ns}**								

Out of the eighty children categorized under low, moderate, high fear it was seen that although there was fear on going to school/school refusal but after calculating the x2 value (6.950) which is statistically not significant. A qualitative analysis by Heyne and King (2004) and a large community-based study by Egger et al., (2003) suggested that school refusal occurs for about one to two percent of young people. In congruence to these finding, the Figure 4 connotes certain information as given below:-

- It was seen that 40 percent of six years old children had low fear towards this factor than the other two age groups, because, by six years they learnt that it was the time to be in school and at play so that they can grow strong and confident.
- It was also projected that the four and five year children had equal distribution in the category of moderate fear (60%).
- Amongst the eighteen children experiencing high level of fear nearly two fifth of the children from 4th and 6th year contributes to high fear. On the other hand fifth year old children had only sixteen percent of

fear towards going to school. As in this age they had fear of school as well as school adjustment and have more concrete fear when they are small as both school and home environment is different to them.

AGE SPECIFIC DIFFIRENCES IN THE LEVEL OF FEAR TOWARDS GOING TO SCHOOL/SCHOOL REFUSAL

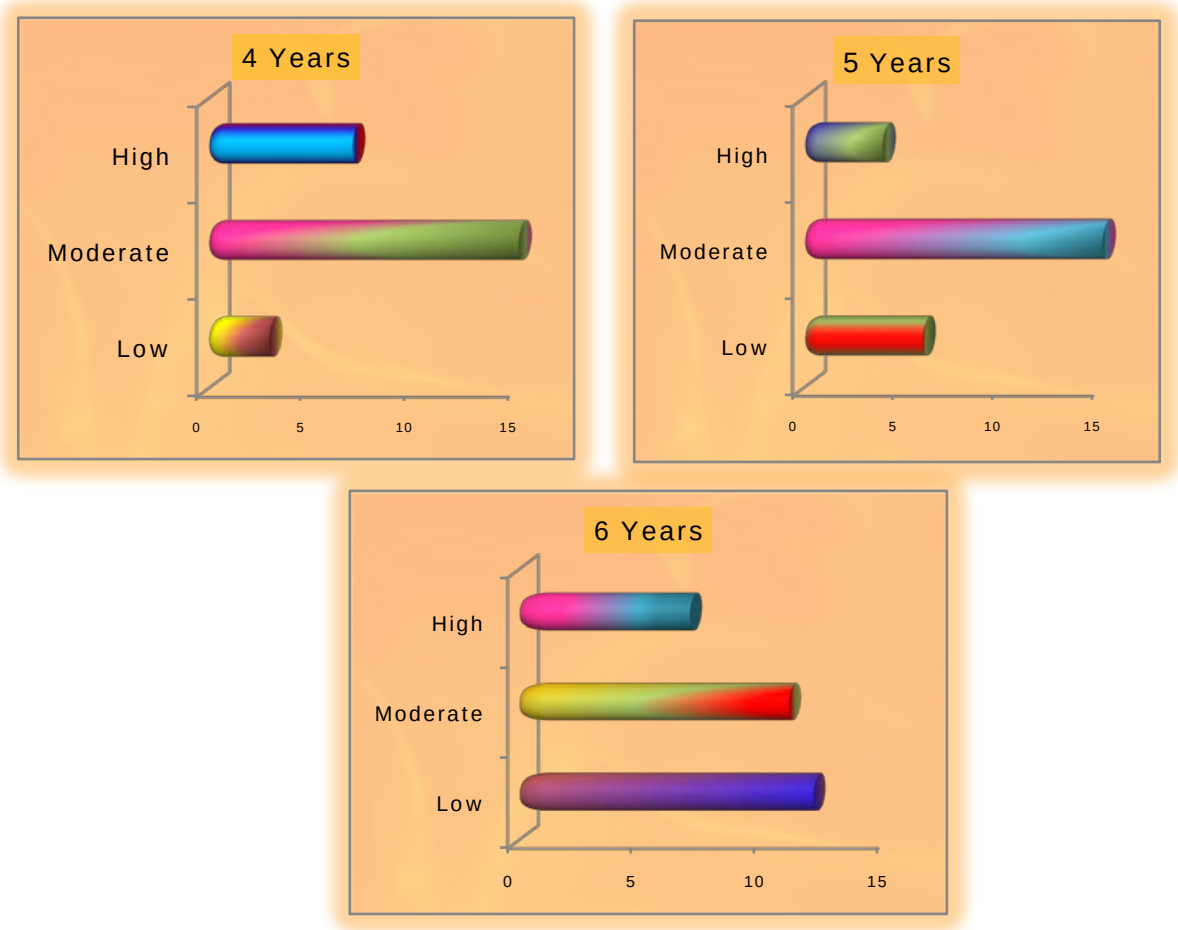

FIGURE 4

However, the calculated 'f' value for the mean score procured by the children of various ages on the fear towards going to school was 1.067 and statistically no significance was found. The reason owing to this data would be that the understanding level of the students was very weak, which becomes a limitation for the study. However, fervently observing the table gives an important opinion that the mean score of four year old children being the highest with little fall in 6th year child. The reason to this finding would be difficulty in adjusting in unfamiliar situation and new experiences. But a detailed analysis of the present finding observed that almost half of the preschool children fear bullied by the fellow student. Many studies have been

carried out related to the phenomenon of bullying in school. Olweus, the first Scandinavian researcher concerned with the issue, conducted his systematic study in Norwegian and Swedish schools and found that many students experienced school bullying. The findings showed that approximately seven percent of Scandinavian students in the sample engaged in school bullying, and between five percent and fifteen percent of students in various grades reported being bullied (Moon, et. al, 2008) or approximately “one in seven pupils are involved in bullying with the degree of regularity - either as bully or victims” (Olweus, 1993). By regarding these studies, it becomes possible to see a consistent indication that school bullying gradually becoming a global phenomenon.

4. Fear on sudden shocking incident

The following Table VIII and Figure 5 depicts the preschool children’s level of fear on sudden incident like being attacked by someone, sudden power cut at night or falling from height because these were some common fears which were very common among small children. Thus the present study showed the differences in the level of fear and its age related differences

TABLE VIII

FEAR ON SUDDEN SHOCKING INCIDENT

AGE	Low		Moderate		High		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	10	40	13	52	2	8	21.52	4.79	**2.462^{ns}**
5 Years	3	12	18	72	4	16	23.80	4.02	
6 Years	7	23.3	11	36.7	12	40	25.07	7.83	
Chi square	**14.107****								

It was common for children to be irrationally fearful as fear is transient and passes with time which was further proved by the present finding that forty percent of children enrolled in their 4th year and sixth year had low and high fear respectively to this factor. Also a major finding

appeared from the study that nearly three fourth of the children from five year old perceived to posses moderate fear.

DIFFERENCES IN THE LEVEL OF FEAR BASED ON SUDDEN SHOCKING INCIDENT

FIGURE 5

The figure projects great differences in the categoration of low, moderate and high level of fear. Three fourth of the children from five year old perceived to posses moderate fear. The calculated chi square value for the score procured by the children of various age groups amongst the levels namely low, moderate and high fear on the fear on sudden shocking incident (14.107) was statistically significant at 1 percent level which further substantiates that this factor contributes to various levels fear among the children. In other words this fear factor has significant influence on children.

The calculated 'f' value obtained (2.948) was found that there was no significant difference among the three age-groups of preschool children towards shocking incident. However, intensely observing the table gives that

the mean score of six years old children is higher than the other two classes because children at this stage have the ability to recognise their own fear factor.

5. Fear of loneliness

Loneliness becomes a critical problem if not attended at night time and would result to other problem with negative outcomes (Ahadi, 2009). The Table IX and Figure 6 projects the distribution of the selected preschool children within the identified categories of low, moderate and high level of fear and the descriptive statistics of chi square and ANOVA was carried out to find out level of fear among the three age group namely four, five and six years.

TABLE IX

FEAR OF LONELINESS

Age	Low (<19)		Moderate (20-26)		High (>27)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	7	28	14	56	4	16	22.08	4.39	**.668^{ns}**
5 Years	6	24	9	36	10	40	24	5.90	
6 Years	8	26.7	17	46.7	8	26.7	23.03	6.84	
Chi square	**3.793^{ns}**								

The table divulges certain important facts as given below. More than one fourth of the children in their 4th, 5th and 6th year perceived themselves to be under low fear level (i.e) they are not affected by loneliness. The finding contradicts with the finding of Zakharov (2004) at the age of three-five the triad of fears that is; fear to stay alone (separation fear is also present here); darkness and closed space can be often seen in children's answers.

Again the level of fear categorized as high with the score of more than forty seven was found with five year old children which owes to the previously quoted reason (being exposed but with little knowledge).

However the chi-square value of 3.793, not showing any statistical significance between the levels of fear vividly projects that the preschoolers fear level was not marked into low, moderate and high. They were almost equal in their distribution.

AGE SPECIFIC DIFFERENCES IN THE MEAN SCORE TOWARS THE FEAR OF LONELINESS

FIGURE 6

The figure illustrates clearly that the mean score of all the three ages to be more or less equal, thereby the 'f' value of 0.668 without statistical significance indicates that the age of preschoolers do not influence their fear towards loneliness.

However, observing the figure gives an important notion that the mean score of all the three age group is almost same with little increase in 5^{th} year old children. The reason that owes to this finding would be that the children at this stage engrossed themselves in media and so they create imaginary world and think in the way it was shown in television.

6. Fear of places

Children are afraid of things that they cannot understand or control, and even strange or new situations or object. The description statistics of the ANOVA and Chi square was carried out to find the level of fear towards new place and was depicted in the Table X.

TABLE X

FEAR OF PLACES

Age	**Low (<16)**		**Moderate (17-23)**		**High (>24)**		**ANOVA**		
	N	**%**	**N**	**%**	**N**	**%**	**Mean**	**S.D**	**F value**
4 Years	6	24	15	60	4	16	19.72	4.83	**.856^{ns}**
5 Years	5	20	12	48	8	32	21.40	6.36	
6 Years	9	30	16	53.3	5	16.7	19.53	5.71	
Chi square	**2.877^{ns}**								

The preschool children responding to the fear of places after categorizing under low, moderate and high fear indicated that nearly two fifth of the six year old children had low fear due to their maturity in their age level and becomes familiar to the new places. Whereas nearly half of the children have moderate level of fear irrespective of their ages, that owes to the verity that they go to various places with their parents who guide them and give information about anything they found new. The major contribution of high fear as usual was from 5th year old children. This observation owes due to the feeling of insecurity among the younger children.

The calculated ‘f’ value for the score secured by the children of various ages on the fear of places was .856 and was statistically not significant. The reason would be the children most of the time they are surrounded by their parents and don’t get time to spent alone. Many studies have been carried out

related to fear towards going to the hospital (Sieben-Hein and Steinmiller 2005, Gozal et al. 2004). However, going deeped in to the study, it was observed that most of the children fear to go to school (40%) and fear of hospitals was only 21 percent.

7. Fear of criticism or teasing

Fears of criticism are common among children of all ages. Most fears are mild and transitory, while others may be severe and persist into adulthood (Li and Morris, 2007). The present study confines itself to assess the preschool children's fear of criticism or teasing and the findings were presented in Table XI.

TABLE XI

FEAR OF CRITICISM OR TEASING

Age	Low (<13)		Moderate (14-21)		High (>22)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	5	20	15	60	5	20	17.84	6.24	0.174^{ns}
5 Years	7	28	12	48	6	24	16.92	6.58	
6 Years	8	26.7	12	40	10	33.3	17.97	7.85	
Chi square	2.490^{ns}								

Out of the eighty student respondents categorised under low, moderate and high fear it was seen that though there was fear of criticism or teasing found among them, by getting x^2 value (2.490) which is statistically not significant evidently proves that the level specific differences does not exist. The focus of attention is on the self, with self-directed attention, feelings and evaluations of self as inadequate, flawed or bad. A key component of internal shame is thus self devaluation and self-criticism. External and internal shame can be fused together (Lewis, 1992,

2003) refers to as the ‘exposed self’). In resemblance to these finding, the above table connotes certain information as given below:

- It was seen that nearly two fifth of the five year old children had low fear towards this factor than the other two age groups because at this stage all the children are not fully grown up and they do not have sufficient knowledge on anything that surrounds them.
- The above table also projects that 60 percent of the four year old children falls in moderate fear whereas amongst twenty one children experiencing high level of fear nearly three fifth of the children were six year old children. As children enter in higher age, the increased social understanding may lead to social and evaluative concerns, which may become the predominant fears in this age group.

However the calculated ‘f’ value for the mean score by the children of various ages on the fear of criticism or teasing was (.174) and statistically no significance was found. The reason owing to this data would be children were very dependent on their parents. There is a theory that in the back of the minds of children they were aware of their dependence. They somehow realize that without their parent’s support they would be in big trouble and this was associated with anxiety and even terror. Each time children were criticized by their parents, it brings this fear to the fore of their thoughts, and they can only take so much of it without attempting to banish this fear, either by running away, dreaming magical thoughts, or screaming to drown out the feeling of terror.

8. Fear of new situation

Young children have more fears and phobias than adults, and experience the emotion of them more intensely. It occurs most frequently in situations that are novel or suggest evaluation of the person or situations where the person is conspicuous or others are intrusive (Crozier, 2001). The following Table XII and Figure 7 carry the distribution of total number of children according to the level of fear and mean scores as per their age respectively.

TABLE XII

FEAR OF NEW SITUATION

Age	Low (<14)		Moderate (15-21)		High (>22)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	7	28	15	60	3	12	17.76	5.54	**2.297^{ns}**
5 Years	10	40	12	48	3	12	16.16	5.46	
6 Years	7	23.3	14	46.7	9	30	19.80	7.47	
Chi square	**5.099^{ns}**								

AGE SPECIFIC DIFFERENCES IN THE MEAN SCORE TOWARDS THE FEAR OF NEW SITUATION

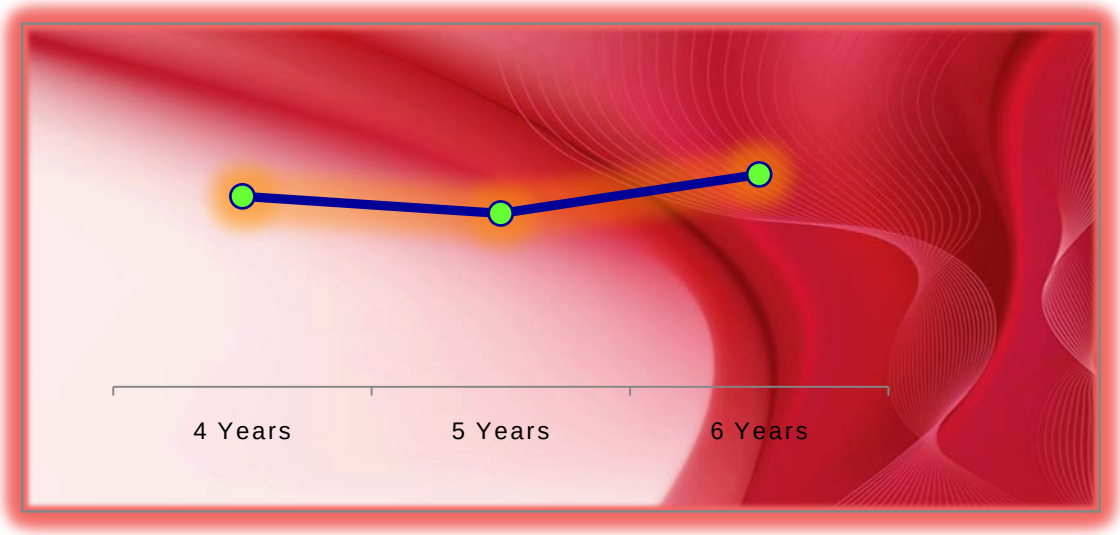

FIGURE 7

In the present study, it has been seen that fourty percent of five year old children had low fear to this factor and sixty percent of moderate fear had been contributed by four year old children because younger children never face any new situation alone there will be someone to guide them whatever they do. However, it was seen that class one student had high fear to this fear factor (30%).However, the chi square value of 5.099, not showing any

statistical significance between the level of fear when they were categorized into low, moderate and high projects that the level of fear is almost same.

The mean score of all the three ages were also found equal as projected in the figure and, therefore the 'f' value of 2.297 without significance indicates the age do not influence preschoolers fear of new situation. However the mean score was found to have little increase in six year old children. The reason that owes to this finding would be children at this stage never faces new situation without their elders permission.

9. Fear of night time/bedtime

Childhood is the time where children fear to real or imagined things as it is an integral part of their life. Bedtime problems and frequent night walking are highly prevalent in young children. The Table XIII and Figure 8 carry the distribution of fear among the preschool children and to find out the level of fear among the three age groups.

TABLE XIII

FEAR OF NIGHT TIME/BEDTIME

Age	**Low (<=13)**		**Moderate (14-21)**		**High (>=22)**		**ANOVA**		
	N	**%**	**N**	**%**	**N**	**%**	**Mean**	**S.D**	**F value**
4 Years	7	28	15	60	3	12	17.76	5.54	**2.297^{ns}**
5 Years	10	40	12	48	3	12	16.16	5.46	
6 Years	7	23.3	14	46.7	9	30	19.80	7.47	
Chi square	**5.099^{ns}**								

AGE SPECIFIC DIFFERENCES IN LEVEL OF FEAR FOR NIGHT TIME/BEDTIME

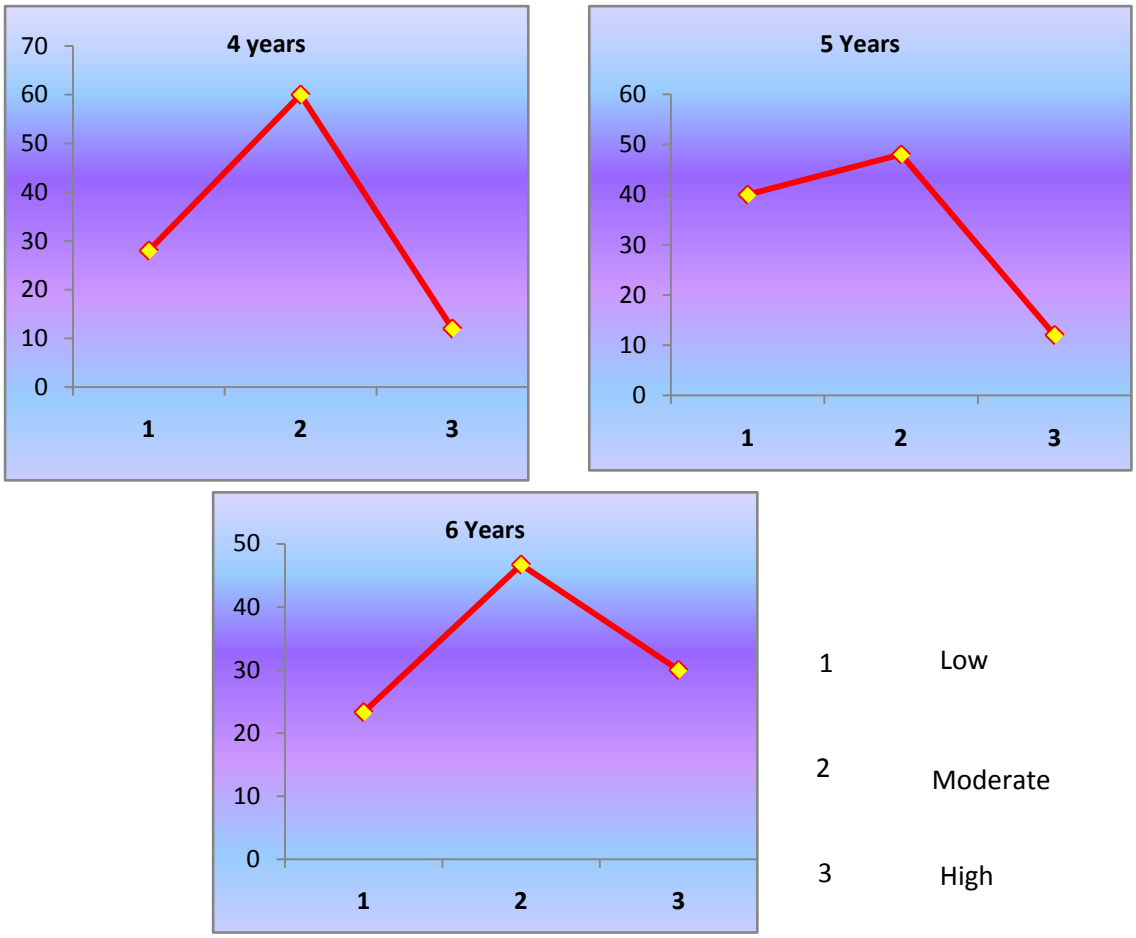

FIGURE 8

The figure 8 depicts the distribution of level of fear among the different age group of children when they were categorized under low, moderate and high fear. In a study of Dutch children, over 73% of kids aged 4-12 years said they experienced fear at night (Muris et al 2001).In accordance with the above study the present finding showed that 40 percent of five years old children had low fear towards this factor as at this stage they sleep with their parents and feel safe. Among the twenty student experiencing high fear majority of them were in their 6th year. The table also projects that 60 percent of four year old contribute to moderate fear. Few modern kids have to worry about getting attacked by predators. But the tendency to be fearful remains, and some young children have trouble distinguishing fantasy from reality. These kids

may have more night time fears as a result (Zisenwine 2012), and sleeping alone might make things worse.

There are some studies which focused on the investigation of fear of night time/bedtime. A substantial proportion of children display night time fears (King, Ollendick and Tonge, 1997). Children with these fears become highly anxious through the night or when exposed to darkness (Graziano, Mooney, Huber and Ignasiak, 1979). In consistent with these finding it was observed that the children engaged for the study fear of bedtime but at varying degrees

The insignificant 'f' value obtained (2.297) further proves that there was no difference in the level of fear among the three age groups namely four, five, six years old children towards the fear of night time/ bedtime.

10. Fear of imaginary creatures

When asked to generate a story about a possible cause of fear, young children (4-8 years) are more likely to tell stories with imaginary causes than realistic ones (Denham and Zoller, 1991). Table XIV and Figure 9 presents the fear of imaginary creatures of the selected sample in relation to age specific and level specific categorisation.

TABLE XIV

FEAR OF IMAGINARY CREATURES

Age	Low (<=16)		Moderate (17-23)		High (>=24)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	7	28	15	60	3	12	17.76	5.54	**2.297^{ns}**
5 Years	10	40	12	48	3	12	16.16	5.46	
6 Years	7	23.3	14	46.7	9	30	19.80	7.47	
Chi square	**5.099^{ns}**								

Many different aspects of the fear of imaginary creatures have been explored. These include, among others, why some children create pretend friends and others do not, the characteristics of the children who create them, the characteristics of the imaginary companions, family correlates of the children who have imaginary companions, and the effect of having an imaginary companion on development (Taylor, 1999).

The table above which lucidly explains that every preschool child had fear of imaginary creatures but in varying level as 40 percent of the five year old children was being observed to have low fear and the major contribution of moderate fear was from four year old children thirty percent of the children observed to had high fear among six year olds. This fact was observed to be because of the preschoolers' fear of imaginary creatures that reflects their undifferentiated and distorted perception of reality. However the chi square value calculated (5.099) to find out the statistical significance among the above mentioned level shows no signicfance, which connotes that the level of fear among the preschool children was more or less same.

AGE SPECIFIC DIFFERENCES IN THE MEAN SCORE TOWARDS THE FEAR OF IMAGINARY CREATURES

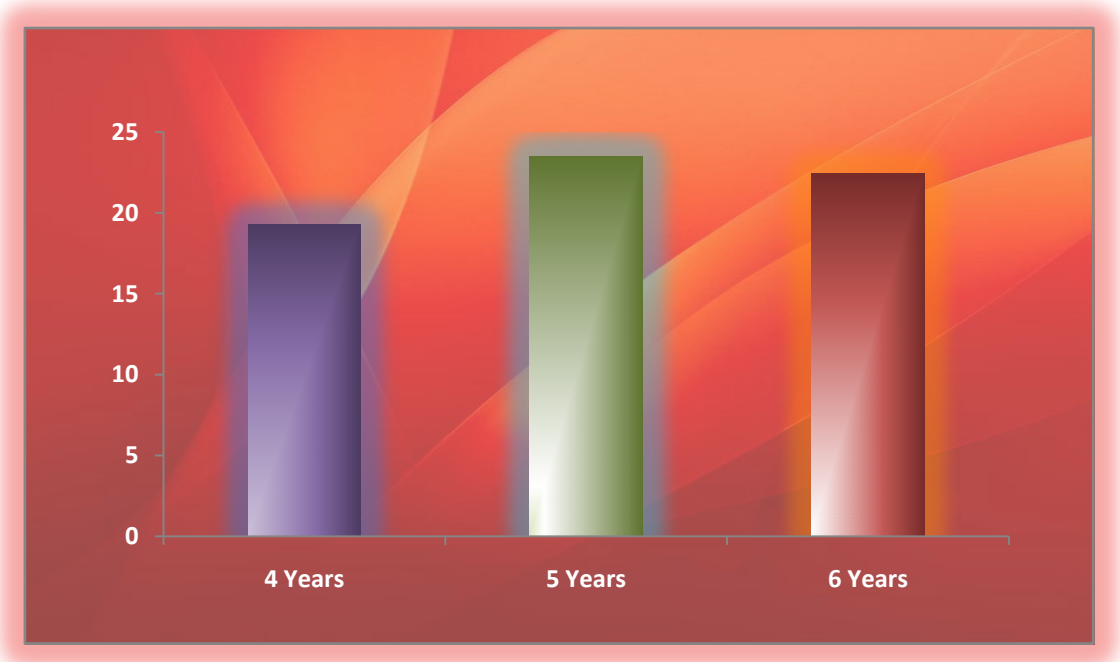

FIGURE 9

The insignificant ‘f’ value obtained (2.297) further authenticates that there was no difference in the level of fear among the three age groups namely four, five and six years old children towards the fear of imaginary creatures. However intensely observing the figure gives a important notion that the mean score of six years is more than the other age group and the reason that owes may be children's references to such imaginary causes decrease with age.

11. Fear of monsters and ghosts

We all understand the fact that fear is a normal and vital part of development and it is perceived by each child differently. It is a natural part of every child and many studies were conducted to identify the above fact and the Table XV and Figure 10 depicts the fear specific to monsters and ghosts among the selected preschoolers with its age specific and level specific difference.

TABLE XV

FEAR OF MONSTERS AND GHOSTS

Age	Low (<=18)		Moderate (19-25)		High (>=26)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	10	40	14	56	1	4	19.36	4.31	**3.662***
5 Years	4	16	12	48	9	36	23.56	5.20	
6 Years	7	23.3	12	40	11	36.7	22.50	7.04	
Chi square	**10.496***								

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF FEAR OF MONSTERS AND GHOST

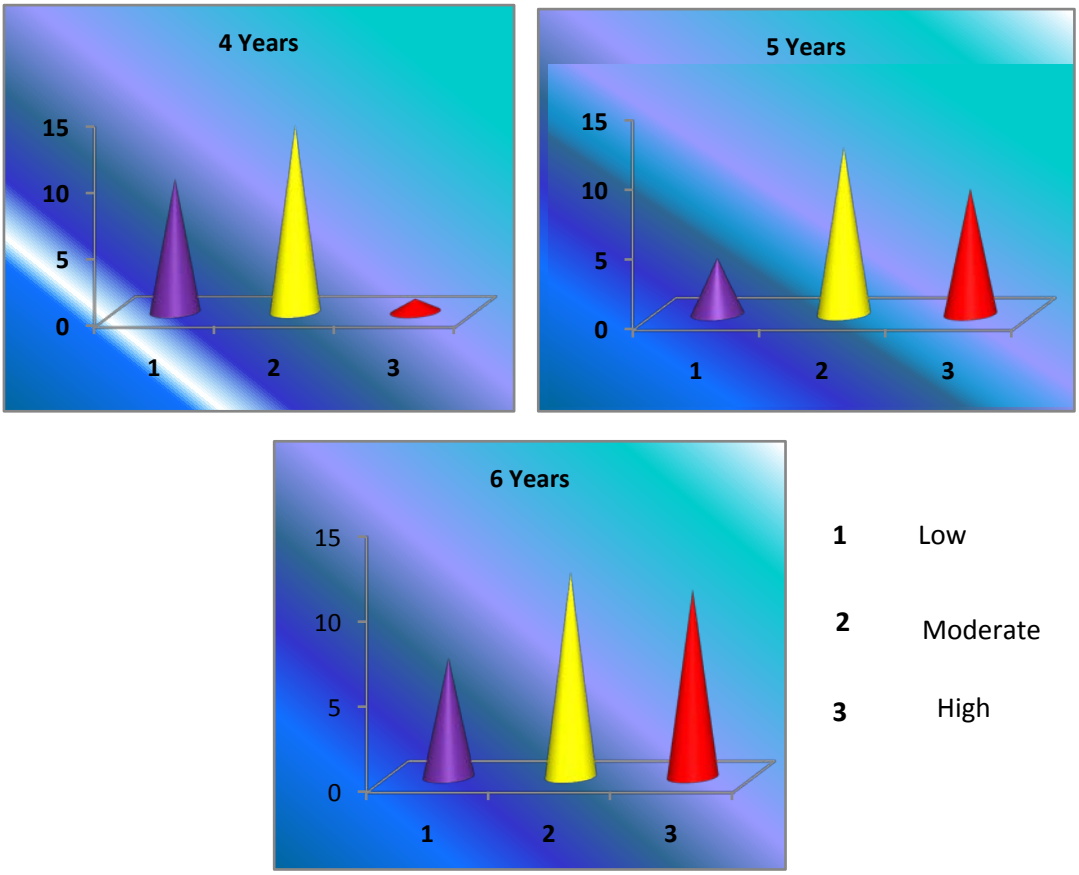

FIGURE 10

A major finding that appeared from the study was that all the three age groups had different level of fear of monster and ghost when they were categorised under low, moderate and high fear. Children's fascination with monsters is a normal part of childhood development. It was interesting to notice that children from 4th year had enrolled in both low (40%) and moderate (56%) fear for this factor. An equal percentage of 5 and 6 year old children (36%) expressed high level of fear towards monsters and ghost. This finding was observed to be because of the inability to distinguish fantasy from the reality may not be fully developed in this age. However, the chi square value calculated (10.496) to find out the statistical significance among the above mentioned level showed 5 percent significance which further showed that this factor contributes to various fear level among the children. A child's relationship with the monsters begins at the age of two and half to three years when she/he learns to replace physical objects with mental images of objects,

thus allowing her/he to imagine things such as frightening creatures and animate inanimate objects (Bettelheim, 1976).

The mean score as projected in the table shows that 5 year old children are more and the reason would be that the children in this stage are more in their fantasy dream world than the other age group. The calculated 'f' value for the score procured by the children of all the three age group namely four, five and six year old children on fear of monsters and ghost was 3.662 and was statistically significant at five percent level. In other words fear of monsters and ghosts has significant influence on the age of children. The majority of preschool aged children, as high as seventy-four percent, experience fears of monsters or monster related fears, associated with bedtime, the dark, being left alone, and frightening dreams but instead of fears of monsters subsiding in the first few of school, these often increases as the child's imagination develop (Muris, Verweij and Meesters, 2003).

12. Fear of death and injury

Thanatophobia, or fear of death, is common in children aged four to eight.(Himelfarb, 2014). The preschool children's fear of death and injury includes fear like sight of dead body, being hit by car, accidental injury or fear on death of family members. The Table XVI vividly portrays the level of fear among preschools on death and injury with age specific difference.

TABLE XVI

FEAR OF DEATH AND INJURY

Age	Low (<18)		Moderate (19-23)		High (>42)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	8	32	11	44	6	24	20.80	5.52	0.749^{ns}
5 Years	10	40	11	44	4	16	19.32	3.70	
6 Years	12	40	11	36	7	23.3	21.13	7.09	
Chi square	1.012^{ns}								

Equal representation was being observed among five and six year old children (40%) towards the low fear category and four and five year old children (44%) in the category of moderate fear.

However, the major contribution of high fear with the score more than 42 was found with four year old children (24%), followed by six year old children (23.3%) and five year old (16%). High fear among preschoolers was that these children are usually curious about death, and this is normal unless the child begins to suddenly worry that someone he loves will die soon. In a study with primary school children, Spence (1997) noted that the percentage of variance in anxiety symptoms explained by specific first order factors (separation anxiety, social phobia, panic/agoraphobia, obsessive–compulsive, generalized anxiety and fears of physical injury) was lower in the younger compared to older primary school children. In accordance with the present finding it was seen that most of the children feared being hit by a car/ truck (i.e) physical injury (40%).

However the Chi square value of 1.012, not showing any statistical significance between the level of fear where in they were categorized into low, moderate and high and it projects that the level of fear was almost equal.

The mean score of all the three ages were also found more or less equal, therefore the ‘f’ value of .749 without statistical significance indicates that the age do not influence preschoolers’ fear of death and injury. However the mean was almost same with little increase in six year old children. The reason that owes to this finding would be children at this stage that even in childhood, loss, endings, separations, and death are core concerns of them.

13. Fear of transport

Fear is an adaptive emotion and normal part of development. Every individual has fears, but normality fear determined was by several factors, according to whether or not the fear is appropriate to age or stage, the individual persist over the same fear a long period of time, and the fear effects daily functioning negatively. The descriptive statistics of the ANOVA and chi

square was carried out to find the level of fear of transport among the preschoolers and was depicted in the Table XVII.

TABLE XVII

FEAR OF TRANSPORT

Age	Low (<15)		Moderate (16-21)		High (>22)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	11	44	9	36	5	20	16.92	5.05	0.529^{ns}
5 Years	10	40	13	52	2	8	17.60	4.50	
6 Years	10	33.3	14	46.7	6	20	18.63	8.09	
Chi square	2.679^{ns}								

Equal representation was being observed among the percentage for moderate fear of both four and five year old children (60%) and six year old children was at 33 percent, because older children have more realistic fears than youngsters related to their developing perceptions about the world.

HIGH FEAR OF TRANSPORT AMONG PRESCHOOL CHILDREN

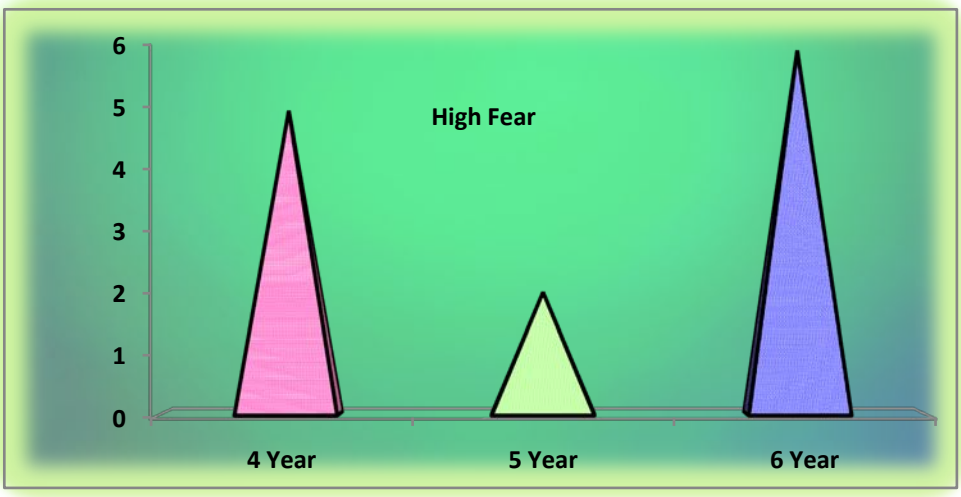

FIGURE 11

The Figure pictures that, the major contribution of high fear with the score more than twenty two was found with six year old children (30%), followed by five year old children (20%) and four years (16%). The fear of children was usually expressed by cognitive and social development. However the Chi square value of 5.495, not showing any statistical significance between the level of fear when they were categorized into low, moderate and high and it projects that the level of fear was almost equal.

The mean score of all the three ages were also found equal, therefore the 'f' value of 0.529 without statistical significance indicates that the age do not influence preschoolers' fear of transportation. However the mean had little increase in six year old children. The reason that owes to this finding would be children at this stage never go anywhere alone and elder member of the family are there to guide them.

14. Fear of doctor

During a medical visit, children may express varying negative reactions, including regression in behaviours, aggression, lack of cooperation, withdrawal, and difficulty recovering from procedures (Hart and Bossert, 1994). Table XVIII and Figure 12 presents the fear of doctor among the selected sample.

TABLE XVIII

FEAR OF DOCTOR

Age	Low (<19)		Moderate (20-28)		High (>29)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	10	40	9	36	6	24	22.72	7.75	1.147^{ns}
5 Years	6	24	9	36	10	40	26.04	7.49	
6 Years	9	30	12	40	9	30	24.17	8.01	
Chi square	2.176^{ns}								

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF FEAR OF DOCTOR

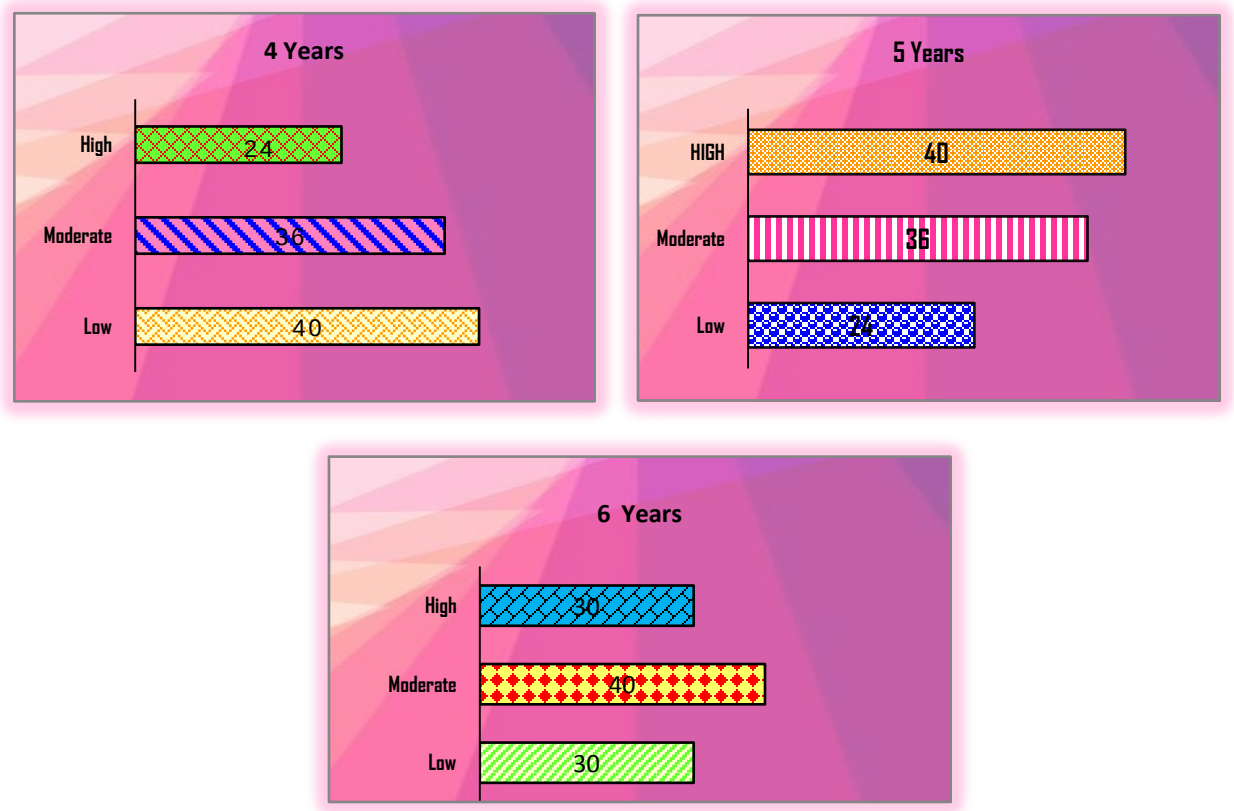

FIGURE 12

The preschool children's fear of doctor after categorising under low, moderate and high indicated that nearly forty percent of four year old children are alleged to posses to have low fear and it was imperative to find out that equal representation was being observed among the percentage for moderate among the two age group 4^{th} and 5^{th} year old children 36 percent.

The major contribution of fear was from five year old children (40%). This observation could be owed to the reason of because of the immaturity of young children, they have often been underestimated as reporters of their own well-being, or have been considered as unreliable informants (Coyne, 2006). The calculated chi square value (2.176) showed that statistically there is no significance among the fear level of children after categorising under three level of fear namely low, moderate and high.

The calculated 'f' value obtained (1.147) also confirms that there was no significant difference among the three age groups of preschool children

towards fear of doctor. However, intensely observing the table gives that the mean score of five year old children is higher than the other classes because children at this stage had a different concept regarding meeting a doctor and thinks them they are very different from others.

15. Fear of dentist

Dental fear is a normal emotional reaction to one or more specific threatening stimuli in dental situation while dental anxiety (DA) refers to a state of apprehension that something dreadful is going to happen in relation to dental treatment. The descriptive statistics of the ANOVA and Chi square was carried out to find the level of fear of dentist among preschoolers and was depicted in XIX.

TABLE XIX

FEAR OF DENTIST

Age	Low (<18)		Moderate (19-27)		High (>28)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	7	28	13	52	5	20	21.84	6.69	**0.606^{ns}**
5 Years	6	24	8	32	11	44	23.92	9.08	
6 Years	6	20	13	43.3	11	36.7	23.90	7.49	
Chi square	**3.807^{ns}**								

Children's experiences and expectations of pain during dental care have been shown to be more common among subjects with dental fear (Versloot et al. 2004) However, the major contribution of high fear with the score more than 28 was found with five year old children (44%), followed by six year old children (36.7%) and two fifth of four year old children was facing high fear. This fact was observed because at this stage children were fond of

sweets and do not take proper care of their teeth and frequently visited dentist for treatment. Dental fear was a unique fear in comparison to other specific fears because it has a stronger component of bodily injury than many other fears. The oral region is a very sensitive area and includes more receptors of somatic sensation than any other part of the human body (Bear et al. 2001).

However the Chi square value of 3.807, not showing any statistical significance between the level of fear when they were categorized into low, moderate and high and it projects that the level of fear was almost equal.

The mean score of all the three ages were also found equal, therefore the 'f' value of 0.606 without statistical significance indicates that there was no difference in the level of fear among the three age groups namely four, five and six years old children towards the fear of dentist. However intensely observing the table gives a important notion that the mean score of five and six year old children was almost same and was high and the reason compared might be that these children when compared to four year olds suffer from frequent dental problems.

16. Fear of playing games/ playing objects

All types of play, from fantasy to rough hand-tumble, have a crucial role in children's development. The present study unveils the fear level of the selected preschoolers towards playing games along with the age specific differences and is projected in Table and Figure 13.

TABLE XX

FEAR OF PLAYING GAMES/PLAYING OBJECTS

Age	Low (<14)		Moderate (15-21)		High (>23)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	8	32	11	44	3	12	17.28	4.50	**0.383^{ns}**
5 Years	2	8	19	76	3	12	18.40	3.75	
6 Years	9	30	11	36.7	10	33.3	18.70	8.61	
Chi square	**16.577***								

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF HIGH FEAR TOWARDS PLAYING GAMES/PLAYING OBJECT

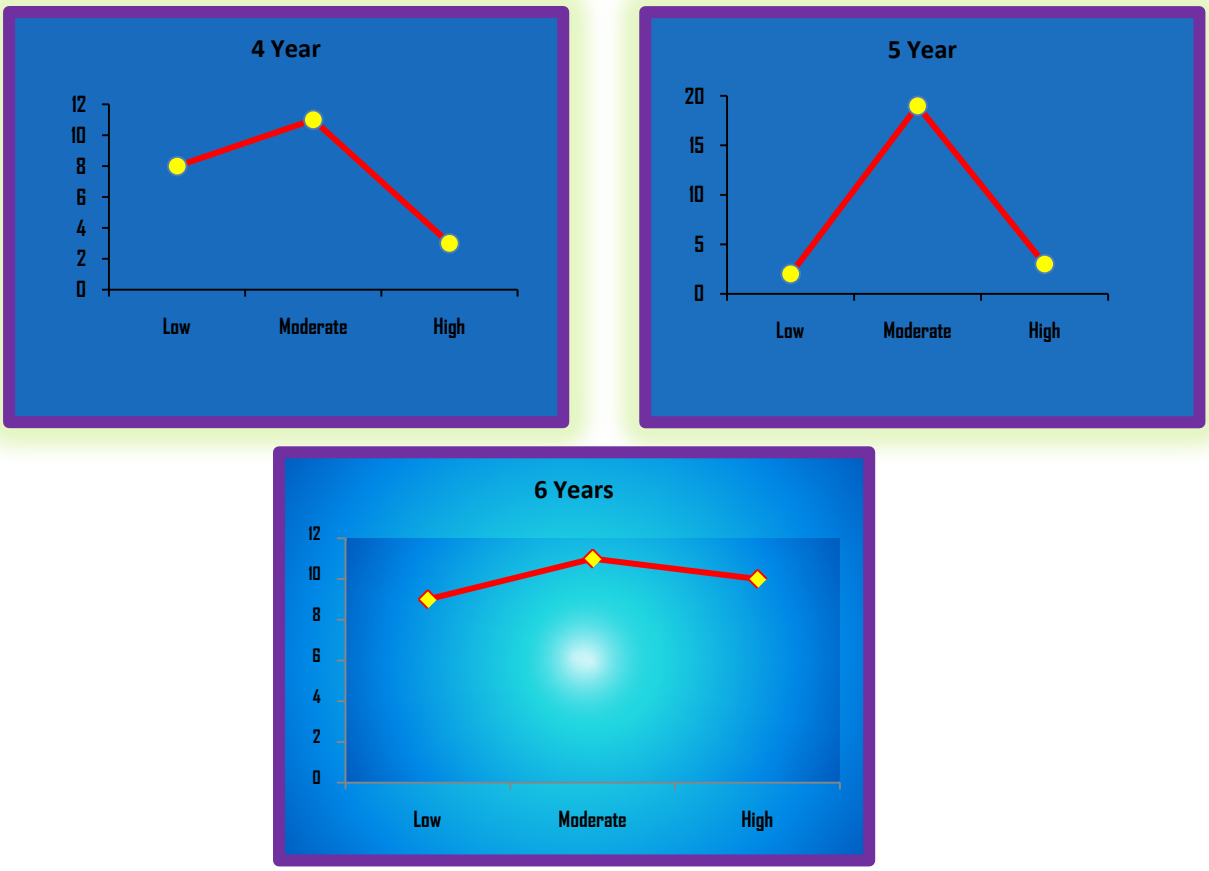

FIGURE 13

Almost all the children from three different age group namely four, five, six years reported to have fear on playing games. It was common for children to be fearful because they were exposed to many new games which they have not seen before which was proved by the present finding that thirty three percent of children the six year old had high fear to this factor. Also it was observed that majority of the four and five year old children placed themselves in low to moderate level of fear towards playing new games or with new objects. The calculated chi square value for the score of the children of the various age groups amongst the levels on the fear of playing games (16.577) was statistically significant at five percent level which further substantiates that this factor contributes to various levels of fear among the children. In other words it has significant influence on children.

However the descriptive statistics of 'f' value obtained (0.383) showed no significant difference among the three age groups of preschool. However the mean score of six years was higher than the other two groups because children at this age were mostly engaged in guided play rather than free play.

17. Fear of toilet training

Toilet training is the acquisition of skills necessary for urinating and defecating in a toilet at a socially acceptable time and age. Table XXI presents the fear of toilet training of the selected sample in relation to age specific and level specific categorisation.

TABLE XXI

FEAR OF TOILET TRAINING

Age	Low (<15)		Moderate (16-22)		High (>23)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	6	24	15	60	4	16	18.32	3.48	**0.272^{ns}**
5 Years	5	20	15	60	5	20	18.92	3.87	
6 Years	11	36.7	10	33.3	9	30	19.40	7.44	
Chi square	**5.495^{ns}**								

Out of the eighty student respondents under only eighteen children perceived themselves to have high level of fear towards toilet training. The chi square value of 5.495 was not significant. Also the table connotes certain other information as given below:

- It was seen that nearly thirty seven percent of the six year old children had low fear which was evidently higher when compared to four and five year old counter parts.

- Sixty percent of both four and five year children fall in moderate fear because during this stage both the age group children are helped by their parents for toilet training and guide them in all the possible ways.
- However passionately observing the table gives an important opinion that the mean score of all the age groups were almost the same.
- Thus the fear on toilet training declines as the age increases and moreover the moderate fear among four and five year old respondents was because the children at this age normally are helped and guided by their parent

The calculated 'f' value for the mean score by the children of various ages on the fear of toilet training was (0.272) without any statistical significance. In other words the age of preschoolers do not influence toilet training. Blum et al., (2003) concluded that training children at a younger age, that is, between the ages of 18 and 26 months, resulted in a longer training duration; however, there were no adverse events (constipation, stool toileting refusal, stool withholding, or hiding during training) associated with early training.

18. Fear of illness

Table XXII presents the fear of illness of the selected sample and the Figure portrays the difference in the mean score of, five and six year old children.

TABLE XXII

FEAR OF ILLNESS

Age	Low (<17)		Moderate (18-24)		High (>25)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	9	36	11	44	5	20	19.60	5.55	**0.373^{ns}**
5 Years	9	36	8	32	8	32	21.16	6.61	
6 Years	11	36.7	8	30	10	33.3	20.97	8.34	
Chi square	**1.836^{ns}**								

It was clear from the above table that every child surveyed had fear of illness but in altering degree. Most children have felt anxious about their health or the health of loved ones at some point in their lives. In fact, we are often faced with health situations in which it is entirely appropriate to feel some anxiety which was further proved by the present finding that nearly all the three age group had low fear to this factor. Also a major finding appeared from the study that nearly half of the children from four year old perceived to have moderate fear and major contribution of high fear was from six year old children. The calculated chi square value for the score procured by the children of various age groups amongst the levels namely low, moderate and high fear on the fear on illness (1.836) was not statistically significant.

The calculated 'f' value obtained (0.373) was found that there was no significant difference among the three age groups of preschool of children towards fear of illness. However, intensely observing the figure below gives that the mean score of five year old children is higher than the other two age group because children at this age group may get into serious illness.

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF FEAR OF ILLNESS

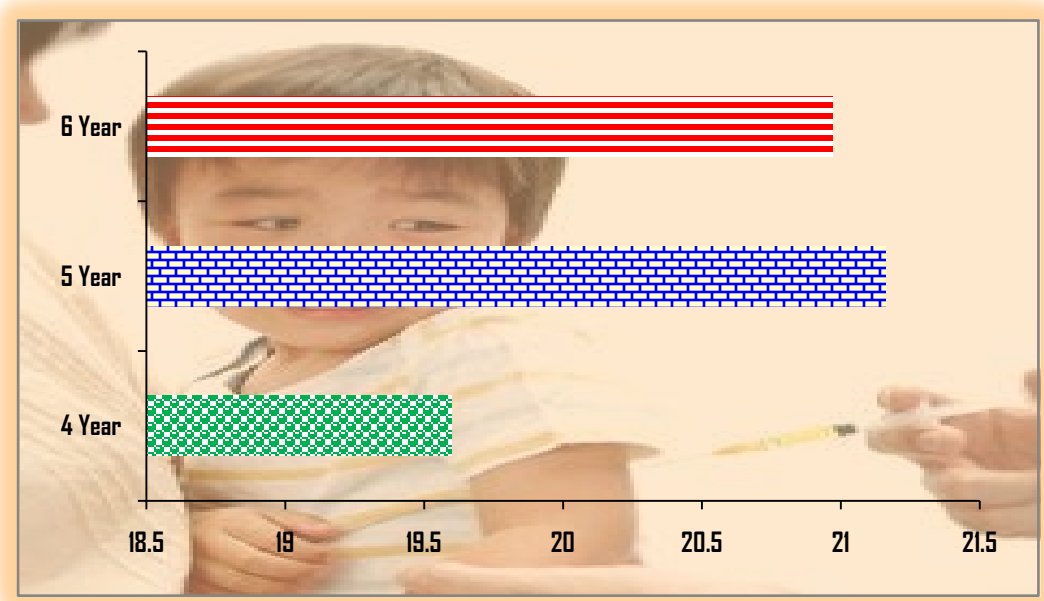

FIGURE 14

19. Social fear

Childhood is considered as a key risk period for the onset of social fear, an anxiety disorder of which the principal symptom is persistent and intensive anxiety arising in one or more situations where there are other people around. The Table XXIII projects the distribution of selected preschool children's, levels of social fear with reference to the three age groups.

TABLE XXIII

SOCIAL FEAR

Age	Low (<15)		Moderate (16-23)		High (>24)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	7	28	15	60	3	12	18.60	6.36	**0.181^{ns}**
5 Years	6	24	13	52	6	24	19.20	5.72	
6 Years	9	31	13	43.3	8	26.7	19.77	8.70	
Chi square	**2.435^{ns}**								

The table signify certain important details as given below:

- More than one fourth of the children from six year perceived themselves to be under high fear, followed by five year old children (24%).
- However majority of the selected children experienced only low to moderate level of fear on this aspect.
- Chi square and 'f' value, descriptive statistics reveals that the age and level specific spent differences do not exist.

When further inquired, the respondents of the present study expressed their fear of giving speech in front of the people (36%), and fear of meeting new people (34.4%). This finding is in accordance to the study of Beidel et.al, (1999) some of the most common fears found in children with

social anxiety disorder include fears about performance situations such as speaking or performing in front of people (e.g, musical recital, plays, etc.), social interactional fears such as joining or starting a conversation and interacting with same-age peers.

However, enthusiastically observing the table gives an information that the mean score of six year old children being highest with little drop in four years children. This reason that owes to this finding would be that the children when grows older shyness may be a possible precursor to social anxiety later in life, although not the sole antecedent.

20. Fear of natural disasters

Children are one of the most vulnerable group during and following a disaster. A disaster is a strange event that is not easily understood. The present study confines itself to the preschool children's fear of natural disaster and the findings were presented in Table XXIV and Figure 15.

TABLE XXIV

FEAR OF NATURAL DISASTERS

Age	Low (<23)		Moderate (24-31)		High (>32)		ANOVA		
	N	%	N	%	N	%	Mean	S.D	F value
4 Years	9	36	11	44	5	20	25.12	7.06	**3.629***
5 Years	3	12	10	40	12	48	30.04	5.03	
6 Years	9	30	8	26.7	13	43.3	28.20	7.15	
Chi square	**7.320^{ns}**								

A major verdict that appeared from the study was that all the three age groups had different level of fear of natural disaster when they were categorised under low, moderate and high fear. It was interesting to notice that children from 4th year had enrolled themselves in having low level of fear

(36%) as well as moderate (44%) even at the period where they could hardly identify what was going around them. A handful of children in their 5th and 6th year expressed their fear level to be high because of the fact that they will generally not be able to understand the nature of the disaster, for instance whether it was human inflicted or natural. Consequently, young children were more worried about the outcome of the disaster.

However, the chi square value calculated (7.320) to find out the statistical significance among the above mentioned level showed there is no significance. The American Academy of Child and Adolescent Psychiatry (AACAP, 1998) suggests that a child's reaction to a disaster, such as a hurricane, flood, fire, or earthquake, depends upon how much destruction is experienced during or after the event. From the present finding it was seen that most of the preschool children had fear for earthquake (49.6%), fire (55.2%). Negative events such as natural disasters and terrorist attacks have role on the difference between the children's fears from different communities. When compared, children who were victims of earthquakes with non-victim children, not surprisingly fear of death scores of victim children were higher than non victim children (Karaırmak and Aydın, 2008).

AGE SPECIFIC DIFFERENCES IN THE LEVEL OF FEAR OF NATURAL DISASTER

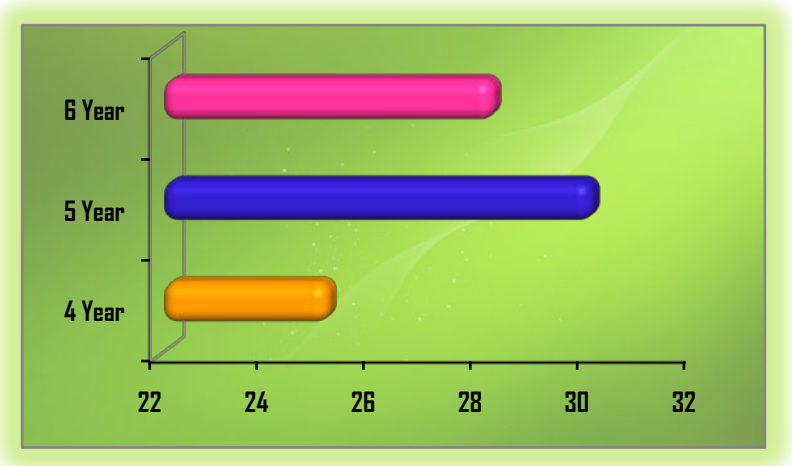

FIGURE 15

The calculated 'f' value for the score procured by the children of all the three age groups namely four, five and six year old children on fear of natural

disaster was 3.629 and was statistically significant at five percent level. In other words fear of natural disaster had significant influence on the age of preschoolers. However the mean score as portrayed in the figure below shows an augmented mean score among five year old children of and the reason would be that the children in this stage understands the affect of natural disaster and by just watching televisions were afraid by looking at the horrified view.

C. RANKING OF THE FEARS OF SELECTED PRESCHOOL CHILDREN

Fear is a basic human emotion and all children have fears at some point of time and it may be normal, temporary and eventually more. Thus Table XXV depicts the list of twenty fears in accordance with their rank of affecting the preschoolers.

TABLE XXV

RANKING OF THE FEARS OF SELECTED PRESCHOOL CHILDREN

Sl. No	Categories of fear	Gender					
		Boys		Girls		Overall	
		Mean	Rank	Mean	Rank	Mean	Rank
1	Fear of animals and reptiles	15.85	***20***	6.33	***13***	17.71	**19**
2	Fear towards the person	20.46	***8***	5.53	***9***	20.79	**7**
3	Fear of going to school/school refusal	19.46	***12***	6.15	***20***	18.64	**15**
4	Fear of sudden shocking incident	22.90	***5***	6.74	***2***	23.56	**3**
5	Fear of loneliness	23.28	***4***	5.70	***5***	23.04	**5**
6	Fear of places	19.49	***11***	6.02	***11***	20.18	**11**
7	Fear of criticism or teasing	16.10	***19***	6.70	***16***	17.60	**20**
8	Fear of new situation	16.69	***18***	6.31	***15***	18.03	**17**
9	Fear of night time/bedtime	19.69	***10***	6	***8***	20.50	**9**
10	Fear of imaginary creatures	18.79	***14***	5.47	***7***	20.10	**12**
11	Fear of monsters and ghosts	21.95	***6***	5.85	***6***	21.85	**6**
12	Fear of death and injury	21.62	***7***	5.97	***14***	20.46	**10**
13	Fear of transports	17.13	***17***	5.92	***19***	17.78	**18**
14	Fear of doctor	25.33	***2***	7.47	***3***	24.30	**2**
15	Fear of dentist	23.49	***3***	7.72	***4***	23.26	**4**
16	Fear of playing games/objects	17.41	***16***	5.73	***17***	18.16	**16**
17	Fear of toilet training	19.18	***13***	5.34	***18***	18.91	**14**
18	Fear of illness	20.13	***9***	7.55	***10***	20.60	**8**
19	Social fear	18.62	***15***	6.05	***12***	19.23	**13**
20	Fear of natural disasters	28.38	***1***	6.64	***1***	27.81	**1**

It was apparent from the above table that almost all the preschool children had fear for twenty fear factors but in varying degrees. However the table brings out noteworthy information that out of eighty preschool children all the boys and girl had highest fear for natural disaster, so the present study the fear of natural disaster was ranked first with highest mean score.

Consequently, categorisation of fear between two to five rankings was almost on the same platform for both boys and girls. With fear of doctor, sudden shocking incident, dentist and loneliness taking the second, third, fourth, fifth rank when put together. The above table also lucidly explains that both the boys and girls had same fear of monsters and ghosts and thus this fear was ranked sixth among them. The 7th fear among boys stands fourteenth among girls- the fear of death or injury. The reason owes to this finding would be as boys have the nature that they were too curious to know things and girls do not see the sight of death body. Bakushkina (2012) claim that no gender differences in overall fear scores neither between pre-school girls and boys nor for different fear types stands in contraction with the present finding.

Glancing at the above table it was clear that fear of imaginary creatures ranked fourteen in boys and the same fear factor ranked seven in girls because girls are more engaged in television than boys and imagine imaginary companion and thus they fear more.

The threshold score of the mean value for fear towards person ranked eighth and ninth among boys and girls respectively and the reason owes to this finding would be that girls socialize more than boys. Another important finding is that fear of illness ranked ninth for boys whereas it ranked tenth for girls.

A major finding was that the night time/bedtime fear ranked sixth in girls where as it ranked tenth in boys. Once again the reason owes to this finding that girls live in fantasy world than reality and most of the time they sleep with their parents and hence when left alone they fear more than boys. By looking at the mean score it vividly explains that fear of place ranks same for both boys and girls.Some gender differences were found in origins of fear

and anxiety of children which are more marked later, in adolescence and youth (Zakharov, 1995).

The above table depicts that girls had least fear for going school/school refusal and boys had more fear to this factor and the reason owes to this finding would be girls are more comfortable to new environment and they like to go to school as they enjoys the company of new friends. Whereas boys had least fear of animals and reptiles and this fear had very less affect in boys than girls as it ranked thirteen in girls among the twenty fear that has been selected for the study. Davey (1994) proposed that sex differences in the prevalence of certain animal phobias may be related to a sex difference in disgust sensitivity, which as reviewed later, has been shown to be elevated in people with phobias of spiders and certain other animal.

From the present study of Exploration of fear factors among preschool children. Each and every child feared for the identified twenty fear factors but in varying degrees. The mean score procured by children of all the three groups namely four, five and six years had age specific differences on fear towards the person, monster and ghosts, and towards natural disaster. But when the fear level is categorized under low, moderate and high the preschool children were found to have significant differences in level of fear towards sudden shocking incident, fear on monsters and ghost, fear of playing games/ playing objects.

Glancing at the overall twenty fear factors with seven of its related sub factors it appeared that both the boys and girls had highest fear of natural disaster and the least factor they feared was of animal and reptiles among boys, fear of going to school among girls.

V. SUMMARY AND CONCLUSION

The current study on exploring fear factors among preschool children gains importance in three ways. First one is that to devise a tool through which the various types of fear were addressed in such a way that the child reports to every fear by himself or herself

The second way of importance to the current study was that to explore the level of various types of fear present among the kindergarten children, so that the causes, of fear could be traced, helping to formulate coping mechanisms for them. Moreover, the third rationale behind the current study was to explore the theory that among the children varies with age.

With these rationale, the study on fear to animals and reptiles, person, going to school/school refusal, sudden shocking incident, loneliness, place, criticism or teasing, new situation, night time/ bedtime, monsters and ghosts, death and injury, transports, doctor, dentist, playing games, toilet training, illness, social fear, natural disasters was carried out with the following objectives.

The objectives framed for the study were:

- ❖ To explore the fear factors among preschool children.
- ❖ To appraise the level of fear among preschool children
- ❖ To analyse the age specific differences on the fear factors appraised

The area selected for the present study was two schools of the Coimbatore district after multi stage sampling procedure with certain inclusion criteria. The investigator adopted k in 8 sampling technique in each section of the selected schools and zeroed in for about 80 preschool children from both the schools. A set of two tools were formulated to secure adequate information from the selected respondents, namely

- General profile of the respondents
- Rating scale to assess the fear objects among children

The five point rating scale was framed in such a way that twenty fear factors with seven of its related sub factors were appraised from the selected respondents. The key findings were given below.

KEY FINDINGS

A. GENERAL PROFILE OF THE RESPONDENTS

- The highest percentages of them (37.5%) were from six years of age, followed by four and five year (31.3% each) with equal representation.
- More than half of the preschool children engrossed for the study were girls (51.2%).
- Nearly three fourth of the children hailed from nuclear family (71.3%) and over one fourth of the children were from joint family.

B. LEVEL OF VARIOUS FEARS AND ITS AGE SPECIFIC DIFFERENCES

1. Fear towards animals and reptiles

- Equal representation was being observed among the percentage for low and moderate fear among four year old children (44%).
- The major contribution of high fear was from the six year old children (46.7%) with only fifth of the children in their 5^{th} year facing high fear
- The insignificant 'f' value obtained (2.948) further authenticates that there was no difference in the level of fear among the three age groups namely four, five and six years old children towards the fear of animal and reptiles.
- The children feared for snakes (24.8%), cockroach (19.20%), and rats (24.8%) when they were asked to name the animals they feared most.

2. Fear towards the person

- Forty percent of children enrolled in their 4^{th} year had low level of fear towards a stranger.
- More than half of children of five years and six years children perceived themselves to posses' high and moderate level respectively.
- The calculated 'f' value for the score procured by the children of various ages on the fear towards person was 3.117 and was statistically significant at five percent level.

- Preschool children fear for going near a stranger (28.8%), an imaginary creature like magicians (24%) and almost half of the children have fear towards mentally retarded person (42.4%).

3. Fear on going to school/school refusal

- It was seen that 40 percent of six years old children had low fear towards this factor than the other two age groups
- It was also projected that the four and five year children had equal distribution in the category of moderate fear (60%).
- Amongst the eighteen children experiencing high level of fear nearly two fifth of the children from 4^{th} and 6^{th} year contributes to high fear

4. Fear on sudden shocking incident

- Three fourth of the children from five year old perceived to posses moderate fear
- The calculated chi square value for the score procured by the children of various age groups amongst the levels namely low, moderate and high fear on the fear on sudden shocking incident (14.107) was statistically significant at 1 percent level
- The calculated 'f' value obtained (2.948) was found that there was no significant difference among the three age-groups of preschool children towards shocking incident.

5. Fear of loneliness

- More than one fourth of the children in their 4^{th},5^{th} and 6^{th} year perceived themselves to be under low fear level (i.e) they are not affected by loneliness.
- Fear categorized as high with the score of more than forty seven was found with five year old children which owes to the previously quoted reason (being exposed but with little knowledge).
- It gives an important notion that the mean score of all the three age group is almost same with little increase in 5^{th} year old children.

6. Fear of places

- The description statistics of the ANOVA and Chi square was carried out to find the level of fear towards new place

- Nearly two fifth of the six year old children had low fear due to their maturity in their age level and becomes familiar to the new places.
- Nearly half of the children have moderate level of fear irrespective of their ages, Major contribution of high fear as usual was from 5th year old children.
- It was observed that most of the children fear to go to school (40%) and fear of hospitals was only 21 percent.

7. Fear of criticism or teasing

- It was seen that nearly two fifth of the five year old children had low fear towards this factor
- 60 percent of the four year old children falls in moderate fear whereas amongst twenty one children experiencing high level of fear nearly three fifth of the children were six year old children.

8. Fear of new situation

- It has been seen that forty percent of five year old children had low fear to this factor and sixty percent of moderate fear had been contributed by four year old children
- It was seen that class one student had high fear to this fear factor (30%).
- The 'f' value of 2.297 without significance indicates the age do not influence preschoolers fear of new situation.

9. Fear of night time/bedtime

- 40 percent of five years old children had low fear towards this factor as at this stage they sleep with their parents and feel safe.
- Among the twenty student experiencing high fear majority of them were in their 6th year.
- It also depicted that 60 percent of four year old contribute to moderate fear

10. Fear of imaginary creature

- 40 percent of the five year old children was being observed to have low fear

- The major contribution of moderate fear was from four year old children thirty percent of the children observed to had high fear among six year olds.
- The mean score of six years is more than the other age group and the reason that owes may be children's references to such imaginary causes decrease with age.

11. Fear of monsters and ghosts

- 4^{th} year had enrolled in both low (40%) and moderate (56%) fear for this factor. An equal percentage of 5 and 6 year old children (36%) expresses high level of fear towards monsters and ghost.
- The chi square value calculated (10.496) to find out the statistical significance among the above mentioned level showed 5 percent significance which further showed that this factor contributes to various fear level among the children.
- The mean score as projected in the figure, shows that 5 year old children are more and the reason would be that the children in this stage are more in their fantasy dream world than the other age group.

12. Fear of death and injury

- Equal representation was being observed among five and six year old children (40%) towards the low fear category and four and five year old children (44%) in the category of moderate fear.
- The major contribution of high fear with the score more than 42 was found with four year old children (24%), followed by six year old children (23.3%) and five year old (16%).
- High fear among preschoolers was that these children are usually curious about death
- It was seen that most of the children feared being hit by a car/ truck (i.e) physical injury (40%).

13. Fear of transport

- Equal representation was being observed among the percentage for moderate fear of both four and five year old children (60%) and six year old children was at 33 percent, because older children h

- High fear with the score more than twenty two was found with six year old children (30%), followed by five year old children (20%) and four years (16%).

14. Fear of doctor

- Nearly forty percent of four year old children are alleged to posses to have low fear
- The percentage for moderate among the two age group 4^{th} and 5^{th} year old children 36 percent
- The major contribution of fear was from five year old children (40%).

15. Fear of dentist

- The major contribution of high fear with the score more than 28 was found with five year old children (44%), followed by six year old children (36.7%)
- Two fifth of four year old children was facing high fear.
- The mean score of all the three ages were also found equal, therefore the 'f' value of 0.606 without statistical significance indicates that there was no difference in the level of fear among the three age groups namely four, five and six years old children

16. Fear of playing games/ playing objects

- Majority of the four and five year old children placed themselves in low to moderate level of fear towards playing new games or with new objects.
- The fear of playing games (16.577) was statistically significant at five percent level which further substantiates that this factor contributes to various levels of fear among the children. In other words it has significant influence on children.
- However the mean score of six years was higher than the other two groups because children at this age were mostly engaged in guided play rather than free play.

17. Fear of toilet training

- Thirty seven percent of the six year old children had low fear which was evidently higher when compared to four and five year old counter parts.
- Sixty percent of both four and five year children fall in moderate fear
- However passionately observing the table gives an important opinion that the mean score of all the age groups were almost the same.

- The fear on toilet training declines as the age increases and moreover the moderate fear among four and five year old respondents

18. Fear of illness

- Nearly half of the children from four year old perceived to have moderate fear and major contribution of high fear was from six year old children.
- Nearly all the three age group had low fear to this factor.
- The calculated chi square value for the score procured by the children of various age groups amongst the levels namely low, moderate and high fear on the fear on illness (1.836) was not statistically significant.

19. Social fear

- More than one fourth of the children from six year perceived themselves to be under high fear, followed by five year old children (24%).
- However majority of the selected children experienced only low to moderate level of fear on this aspect.
- Chi square and 'f' value, descriptive statistics reveals that the age and level specific spent differences do not exist
- The respondents of the present study expressed their fear of giving speech in front of the people (36%), and fear of meeting new people (34.4%).
- The mean score of six year old children being highest with little drop in four years children.

20. Fear of natural disasters

- Children from 4^{th} year had enrolled themselves in having low level of fear (36%) as well as moderate (44%) even at the period where they could hardly identify what was going around them.
- Children in their 5^{th} and 6^{th} year expressed their fear level to be high because of the fact that they will generally not be able to understand the nature of the disaster.
- It was seen that most of the preschool children had fear for earthquake (49.6%), fire (55.2%).
- The score procured by the children of all the three age groups namely four, five and six year old children on fear of natural disaster was 3.629 and was statistically significant at five percent level.

Limitations of the study

Even though this study had many strengths, results were tempered by a consideration of several methodological limitations

- As the respondent were very young, the comprehending level was much lower and the investigator found it difficult to get the adequate data
- Time duration to conduct the research was inadequate
- The data dependent on the respondent's view, which might be biased. A countercheck data from parent should have been procured.

Directions for future research

Several approaches could be taken to improve on this research. The recommendation for similar future research and policy decisions include the following:

- As fear is a normal and integral part of human life, the investigator suggest that each and every education centre try to find out the different level of fear among the children and should try to motivate them to overcome the fear levels in future
- Future studies should try to find out some coping mechanism and should try to observe how these are helpful to children to cope up with their fears in future.
- With improvement in methodology and increased resources, research can be conducted with the entire student from various age groups both from formal as well as non formal education system.

Conclusion

From the present study of Exploration of fear factors among preschool children. Each and every child feared for the identified twenty fear factors but in varying degrees. The mean score procured by children of all the three groups namely four, five and six years had age specific differences on fear towards the person, monster and ghosts, and towards natural disaster. But when the fear level is categorized under low, moderate and high the preschool children were found to have significant differences in level of fear

towards sudden shocking incident, fear on monsters and ghost, fear of playing games/ playing objects.

Glancing at the overall twenty fear factors with seven of its related sub factors it appeared that both the boys and girls had highest fear of natural disaster and the least factor they feared was of animal and reptiles among boys, fear of going to school among girls.

Thus, the investigator concluded that there should be good system in each and every to collect adequate information about children's fear and coping strategies should be formulated to overcome those fear and should try to motivate them to overcome the different levels of fear in future so that the fear among children does not change in anxiety or phobia in them.

BIBLOGRAPHY

Abei, M., Giger, J., Plattner, B., Metzke, C. W., and Steinhausen, H.-C. (2013). Problem coping skills, psychosocial adversities and mental health problems in children and adolescents as predictors of criminal outcomes in young adulthood. *European Child & Adolescent Psychiatry*, *23*, pp. 283–293.

Ahadi, Batool. (2009). The relationship of student's loneliness and self- esteem with Attachments styles. *Journal of Psychological Study,* pp. 17 95.

Aley, K.E. (2002). Developmental approach to pediatric transplantation. Progress inTransplantation. pp. 86-91.

American Academy of Child and Adolescent Psychiatry. (1998). Facts for families: Helping children after a disaster [Fact Sheet No. 36]. Washington, DC: Author. http://www.aacap.org/web/aacap/facts/factsFam/disaster.htm

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC.

Arrindell, W. A. (2000). Phobic dimensions: IV. The structure of animal fears. Behavior Research & Therapy, 38 (5), pp. 509-530.

Askew, C., and Field, A.P. (2007). Vicarious learning and the development of fears during childhood. Behaviour Research and Therapy, 45, pp. 2616-2627.

Bakushkina, N. (2012). The investigation of gender differences in fears among preschool children, IV International Student Electronic Scientific Conference. Retrieved from http://www.rae.ru/forum2012/222/3249

Bauer, D. H. (1976). An exploratory study of developmental changes in children's fears. *Journal of Child Psychology and Psychiatry*, Vol. 17, pp. 69–74.

Bear MF, Connors BW & Paradiso MA (2001) Neuroscience: Exploring the Brain. 2nd edition. Baltimore, Lippincott Williams & Wilkins.

Begley, S., Underwood, A., Wolffe, R., Smalley, S. and Interlandi, J. (2007). The Roots of Fear. Newsweek, 150(26), pp. 36-40.

Beidel, D. B. and Turner, S. M. (2005). Childhood anxiety disorders: A guide to research and treatment. New York: Routledge.

Beidler SM. and Dickey SB. (2001). Children's Competence to Participate in Healthcare Decisions. JONA's Healthcare Law, Ethics, and Regulation. 3, pp. 80-87.

Blum NJ, Taubman B, Nemeth N. (2003). Relationship between age at initiation of toilet training and duration of training: a prospective study. Pediatrics, Vol. 111(4 Pt 1), pp. 810-4.

Boeden V. and Smith Greenberg C. (2010). Children and their famielies. The continuum of care. Wolters Kluver, Lippincott Williams & Wilkins, Philadelphia. (2nd ed.).

Brewer S., Glenditsch S., Syblik C., Tietjens M. And Vacik H. (2006). Pediatric anxiety: Child life intervention in day surgery. Journal of Pediatric Nursing. Vol. 21, pp. 13-22.

Burnham, J. J. (2005). Fears of children in the United States: An examination of the American fear survey schedule with 20 new contemporary fear items. *Measurement & Evaluation in Counseling & Development*, Vol. 38, pp. 78–91.

Burnham, J. J. (2007). Children's fears: A pre-9/11 and post-9/11 comparison using the American fear survey schedule for children. Journal of Counseling & Development, 85, p. 461–466.

Burnham, J. J. (2009). Contemporary fears of children and adolescents: Coping and resiliency in the 21st century, *Journal of Counseling & Development*, Vol. 87, pp. 28–35.

Burnham, J. J., and Hooper, L. M. (2008). The influence of the war in Iraq on American youth's fears: Implications for professional school counselors. Professional School Counseling, 11, pp. 395–403.

Cartwright-Hatton, S. (2006). Anxiety of childhood and adolescence: Challenges and opportunities. Clinical Psychology Review, 26, pp. 813–816.

Coyne I. (2206). Consultation with children in hospital: Children, parents´ and nurses´ perspectives. Journal of Clinical Nursing, Vol. 15, pp. 61-71.

Cullone E. (2000). The development of normal fear: A century of research. Clinical Psychology Review. Vol. 20, pp. 429.

Davey, G. C. L., McDonald, A. S., Hirisave, U., Prabhu, G. G., Iwawaki, S., Jim, C. I., et al. (2011). Children's ability to recognise toxic and non-toxic fruits: A preliminary study. *Eurasia Journal of Mathematics, Science & Technology Education*, Vol. 7 (2), pp. 115-120.

Davis, M. (2006). Neural systems involved in fear and anxiety measured with fear-potentiated startle*. American Psychologist, Vol. 61*(8), pp. 741-756.

Dawson G, Ashman SB, Carver LJ. (2000). The role of early experience in shaping behavioral and brain development and its implications for social policy. Dev Psychopathol ;12, pp. 695-712.

Deering C. & Cody D. (2002). Communicating with children and adolescents. *American Journal of Nursing*, Vol. 102, pp. 34-41..

Denham, A., & Zoller, D. (1991). 'When my hamster died, I cried': Preschoolers' attributions of the causes of emotions. *Journal of Genetic Psychology*, Vol. 152, pp. 371-373.

Egger, H. L., Costello, E. J., & Angold, A. (2003). School refusal and psychiatric disorders: A community study. *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 42, pp. 797-807.

Field, A. P., Lawson, J., and Banerjee, R. (2008). The verbal threat information pathway to fear in children: The longitudinal effects on fear cognitions and the immediate effects on avoidance behavior. *Journal of Abnormal Psychology*, Vol. 117, pp. 270 214–224.

Field, A.P., and Lawson, J. (2003). Fear information and the development of fears during childhood. Effects on implicit fear responses and behavioural avoidance. Behaviour Research and Therapy, Vol. 41(11), pp. 1277-1293.

Fonesca, A.C., W., and Erol, N. (1994). Crosscultutal issues. In T.H. Ollendrick, N.J. King & W. Yule (Eds.), *International handbook of phobic and anxiety discorders in children and adolescents*, New York: Plenum Press, pp. 67-84

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American Psychologist, 56, pp. 218–226.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., and Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, Vol. 95, pp. 1045–1062.

Fukuchi I., Morato M., Rodrigues R., Moretti G., Simone J. & Fukuchi M. (2005). Pre and postoperative psychological profile of children submitted to the adenoidectomy and/or tonsillectomy. (english abstrkt) Revista Brasiliera de Otorrinolaringologia., pp. 71: 521

Gao, Raine, A., Venables, P. H., Dawson, M. E., & Mednick, S. A. (2010). Reduced electrodermal fear conditioning from ages 3 to 8 years is associated with aggressive behaviors at age 8 years. *The Journal of Child Psychology and Psychiatry*, Vol. 51, pp. 550–558.

Gazall G. & Mackie I. (2007). Distress related to dental extraction for children under general anaesthesia and their parents. *European Journal of Paediatric Dentistry*, Vol. 8, pp. 7-12.

Glickman AR, La Greca AM. (2004). The dating anxiety scale for adolescents: Scale development and associations with adolescent functioning. J Clin Child Adolesc Psychol, 33, pp.566-578.

Gore, P., Madhavan, S., Curry, D., McClurg, G., et al. (1998). Persuasive Messages. Marketing Health Services, 18(4), pp. 32-43.

Goud, N. H. (2005). Courage: Its nature and development. *The Journal of Humanistic Counseling, Education and Development*, Vol. 44, pp.102–116.

Gozal D., Drengren B., Levin P., Kadari A. & Gozal Y. (2004). A Pediatric Sedation/Anesthesia Program With Dedicated Care by Anesthesiologists and Nurses for Procedures outside the Operating Room. *Journal of Pediatrics*. Vol. 145, pp 47-52.

Grillon, C. (2002). Startle reactivity and anxiety disorders: aversive conditioning, context, and neurobiology. *Biological Psychiatry,Vol. 52, pp.* 958-975.

Gullone E. (2000). The development of normal fear: A century of research. Clinical Psychology Review, Vol. 20, pp. 429–451.

Gullone, E. (1996). The development of normal fear: A century research. Clinical Psychology Review, Vol. 20, pp. 429-451.

Gullone, E. (2000). The development of normal fear: a century of research. Clinical Psychology Review, Vol. 20, pp. 429–451.

Gullone, E. (2000). The development of normal fear: a century of research. Clinical Psychology Review, Vol.20, pp. 429–451.

Gullone, E: (1999). The assessment of normal fear in children and adolescents. Clinical Child and Family Psychology Review, Vol. 2(2), pp. 91- 106.

Hall, G. S. (1897). A study of fears. *American Journal of Psychology*, Vol. 8, pp. 147–249.

Hannesdottir, D. K., & Ollendick, T. H. (2007). The role of emotion regulation in the treatment of child anxiety disorders. Clinical Child and Family Psychology Review, 10, pp. 275–293.

Harris, P.L. (2000). The work of the imagination. Understanding children's worlds. Malden, MA: Blackwell Publishing.

Hart, D. & Bossert, E. (1994). Self-reported fears of hospitalized school-aged children. Journal of Pediatric Nursing, 9(2), 83-90.

Heyne, D., & King, N. J. (2004). Treatment of school refusal. In P.M. Barrett and T.H. Ollendick (Eds.), Handbook of interventions that work with children and adolescents: Prevention and treatment, Chichester: John Wiley and Sons, pp. 243–272.

Heyne, D.A., & Sauter, F.M. (2013). School refusal. In C.A. Essau and T.H. Ollendick (Eds.), The Wiley-Blackwell handbook of the treatment of childhood and adolescent anxiety, Chichester: John Wiley & Sons Limited, pp. 471-517.

http://www.unicef.org/sowc05/english/childhooddefined.html

Hunt, D. M. and Shehryar, O. (2011). Integrating Terror Management Theory into Fear Appeal Research. Social and Personality Psychology Compass, Vol. 5(6), pp. 372-382.

Ialongo, N., Edelsohn, G., Werthamer-Larsson, L., Crockett, L., & Sheppard, K. (1995). The significance of selfreported anxious symptoms in first grade children: Prediction to anxious symptoms and adaptive functioning in fifth grade. *Journal of Child Psychology and Psychiatry*, Vol. 36, pp. 427–437.

Irwin LG. & Johnson J. (2005). Interviewing young children: explicating our practices and dilemmas. Qualitative Health Research, 15, pp. 821-31.

Jenni OG, Fuhrer HZ, Iglowstein I, Molinare L, Largo RH. (2005). A longitudinal study of bed sharing and sleep problems among Swiss children in the first 10 years of life Pediatrics 115, pp. 233-240.

Kagan J.(2002). Childhood predictors of states of anxiety. Dialogues Clin Neurosci, 4, pp. 287-293.

Karaırmak, Ö. & Aydın, G. (2008). Brief report: Reducing earthquakerelated fears in victim and nonvictim children. *The journal of Genetic Psychology*, Vol. 169(2), pp. 177-185.

Kennedytrans, George, A. (1991). 8 Aristotle, On Rhetoric: A Theory Of Civic Discourse 141

Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry. 62, :pp. 593–602.

Kiel, E. J., & Buss, K. A. (2014). Dysregulated fear in toddlerhood predicts kindergarten social withdrawal through protective parenting. *Infant and Child Development*, Vol. *23*, pp. 304–313.

Kiel, E.J., & Buss, K.A. (2010). Maternal accuracy and behaviour in anticipating children's responses to novelty: Relations to fearful temperament and implications for anxiety development, Social Development, Vol. 19(2), pp. 304-325.

Klein, R. G. (2009). Anxiety disorders. *Journal of Child Psychology and Psychiatry*, Vol. 50(1–2), pp. 153–162.

Koening K., Chesla C. & Kennedy C.(2003). Parents' perspectives of asthma crisis hospital management in infants and toddlers: An interpretive view through the lens of attachment theory. Journal of Pediatric Nursing, Vol. 18: pp. 233-242.

Koening K., Chesla C. and Kennedy C. (2003). Parents' perspectives of asthma crisis hospital management in infants and toddlers: An interpretive view through the lens of attachment theory. *Journal of Pediatric Nursing*. Vol. 18, pp. 233-242.

Kopec J & Sayre E. (2004). Traumatic experiences in childhood and the risk of arthritis: a prospective cohort study. *Canadian Journal of Public Health*, Vol. 95, pp. 361-5.

Lahikainen, A. R., Kraav, I., Kirmanen, T., & Taimalu, M. (2006). Child-parent agreement in the assessment of young children's fears: A comparative perspective. *Journal of Cross-Cultural Psychology,* Vol. 37, pp. 100–119.

Lazarus, R.S. (1991). Emotion and adaptation. New York: Oxford University Press.

Lerner, J. and Keltner, D. (2001). Fear, anger, and risk. *Journal of Personality and Social Psychology*, Vol. 81:1, pp. 146-159.

Li, H., and Morris, R. (2007). Fears and related anxieties in children with learning disabilities and mild mental retardation. *Journal of Research in Developmental Disabilities*, Vol. 28, pp. 445-457.

Lichtenstein P, Annas P. (2000). Heritability and prevalence of specific fears and phobias in childhood. *Journal of Child Psychology and Psychiatry*, Vol. 41: pp. 927–937.

lokanadha et.al (2005). Special education series: Behaviour disorders in children identification, assessment and intervention strategies, Discovery publishing house, New Delhi, pp. 88-89, 95-96.

Majstrovic M. and Veerkamp J. (2005). Developmental changes in dental anxiety in a normative population of Dutch children. *European Journal of Paediatric Dentistry.* Vol. 6, pp. 30-34.

Majstrovic M. and Veerkamp, J. (2004). Relationship between Needle Phobia and Dental Anxiety. *Journal of Dentistry for Children.* Vol. 71, pp. 201-5.

Maren, S. (2008). Pavlovian Fear Conditioning as a Behavioral Assay for Hippocampus and Amygdala Function: Cautions and Caveats. *European Journal of Neuroscience*, Vol. 28(8), pp. 1661-1666

Marks, I. (1987). The development of normal fear: A review. *Journal of Child Psychology and Psychiatry,* Vol. 28(5),pp. 667-697.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56, pp. 227–238.

Maurer, A. (1965). What children fear. *Journal of Genetic Psychology*, Vol. 106, pp. 265–277.

Meltzer, H., Vostanis, P., Dogra, N., Doos, L., Ford, T., and Goodman, R. (2008). Children's specific fears. Child: care, health and development, 35(6), pp. 781-789.

Merriam-Webster (2002). Third New International Dictionary Unabridged, http://search.eb.com/mwu.

Miller S. (2003). Analysis of phenomenological data generated with children as participants. Nurse researcher. 10, pp. 68-82.

Mineka, S., & Öhman, A. (2002). Phobias and preparedness: the selective, automatic, and encapsulated nature of fear. *Biological Psychiatry*, Vol. 52 (10), pp. 927-937.

Moon, B., Hwang, H.W., and McLuskey, J.D. (2008). Causes of school bullying. Crime and delinquency. Vol. XX Number X Sage publication. Retrieved September 11, 2009, from http://cad.sagepub.com

Moses, L. F., Aldridge, J., Cellitti, A., & McCorquodale, G. (2003). Children's fears of war and terrorism: A resource for teachers and parents. Olney, MD: Association for Childhood Education International

Muris P, Field AP. (2010). The role of verbal threat information in the development of childhood fear. "Beware the Jabberwock!" Clin Child Fam Psychol Rev. 2, 13, pp. 129–150.

Muris P, Merckelbach H, Gadet B, Moulaert V. (2000). Fears, worries, and scary dreams in 4- to 12-year-old children: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology*. Vol. 29, pp. 43–52.

Muris P, Merckelbach H, Gadet B, Moulaert V. Fears, worries, and scary dreams in 4- to 12-year-old children: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology*. Vol. 29, pp. 43–52.

Muris, P., Bodden, D., Merckelbach, H., Ollendick, T., & King, N. (2003). Fear of the beast: A prospective study on the effects of negative information on childhood fear. *Behaviour Research and Therapy*, Vol. 41, pp. 195-208.

National Scientific Council on the Developing Child. (2010). Persistent fear and anxiety can affect young children's learning and development. Retrieved from http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp9/

Öhman, A., & Mineka, S. (2001). Fears, phobias, and preparedness: Toward an evolved module of fear and fear learning. Psychological review, 108, pp. 483-522.

Ollendick, T. H., Langley, A. K., Jones, R. T., & Kephart, C. (2001). Fear in children and adolescents: Relations with negative life events, attributional style, and avoidant coping. *Journal of Child Psychology and Psychiatry,* Vol. 42, pp. 1029–1034.

Ollendick, T. H., Yang, B., King, N. J., Dong, Q., & Akande, A. (1996). Fears in American, Australian, Chinese, and Nigerian children and adolescents: A crosscultural study. *Journal of Child Psychology and Psychiatry*, Vol. 37, pp. 213-220.

Ollendick, T., Yang, B., Dong, Q., Xia,Y., & Lin, L. (1995). Perceptions of fear in other children and adolescents: The role of gender and friendship status. *Journal of Abnormal Child Psychology*, 23, 439-452.

Ollendick, T., Yang, B., Dong, Q., Xia,Y., & Lin, L. (1995). Perceptions of fear in other children and adolescents: The role of gender and friendship status. Journal of Abnormal Child Psychology, 23, 439-452.

Olweus, D. (1993). Bullying at school: What we know and what we can do. Cambridge, MA: Blackwell.

Olweus, D. and Solberg, C. (1998). Bullying among children and young people. Information and guidance for parents. [translation to English: Caroline Bond] Oslo: Pedagogisk forum.

Oosterink, F. M. D., De Jongh, A., & Hoogstraten, J. (2009). Prevalence of dental fear and phobia relative to other fear and phobia subtypes*. European Journal of Oral Sciences*, Vol. 117, pp. 135–143.

Pare HC, Pare D. (2010). Plastic Synaptic Networks on the Amagdala for the Acquisition, Expression, and Extinction of Conditioned Fear. *Physiol rev.* 90(2), pp. 419-63

Pelander T., Nuutila L., Salanterä S. & Leino-Kilpi H. (2006). Children as informants: *A review of Finnish academic theses in nursing science. (Finnish, English abstract) Hoitotiede. Vol.* 18, pp. 162- 174.

Pelander T.. & Leino-Kilpi H. (2004). Quality of pediatric nursing care: Children´s expectations*. Issues in Comprehensive Pediatric Nursing*. Vol. 27, pp. 139-51.

Piaget, J. (1970). Structuralism. New York: Harper & Row.

Poulton, R., & Menzies, R.G. (2002). Non-associative fear acquisition: A review of the evidence from retrospective and longitudinal research. Behavior Research and Therapy, 40, pp. 127-149.

Prins, P. J. M., & Ollendick, T. H. (2003). Cognitive change and enhanced coping: Missing mediational links in cognitive behavior therapy with anxiety-disordered children. *Clinical Child and Family Psychology Review*, Vol. 6, 87–105.

Proczkowska-Björklund M. (2004). Child related background factors affecting compliance with induction of anaesthesia. Paediatric anaesthesia. 14, pp. 225-235.

Rachman, S. (1991). Neo-conditioning and the classical theory of fear acquisition. Clinical Psychology Review, 11, pp. 155- 173.

Rajammal P. Devadas, N. Jaya. (2003). A Textbook on Child Development and Dunlop, GM. *Certain Aspects of Children's Fears,* MACMILLAN INDIA LTD, pp. 156,

Rees G, Gledhill J, Garralda ME. & Nadel S. Psychiatric outcome following paediatric intensive care unit (PICU) admission: a cohort study. Intensive Care Medicine. 2004; 30: 1607-14.

Rennick J., Johnston C., Dougherty G., Platt R. & Ritchie J. (2002). Children´s psychological response after critical illness and exposure to invasive technology. *Journal of Developmental & Behavioral Pediatrics*. Vol. 23, pp. 133-44.

Robinson, E. H., Robinson, S. L., & Whetsell, M. V. (1988). A study of children's fears. *The Journal of Humanistic Education and Development*, Vol. 27, pp. 84–95.

Robinson, E. H., Rotter, J. C., Fey, M. A., & Robinson, S. L. (1991). Children's fears: Toward a preventive model. The School Counselor, 38, pp. 187–202.

Robinson, E. H., Rotter, J. C., Robinson, S. L., Fey, M. A., & Vogel, J. E. (2004). Fears, stress, and trauma: Helping children cope. Greensboro, NC: CAPS Press..

Romino S., Keatley V., Secrest, J. & Good K. (2005). Home study program. Parental presence during anesthesia induction in children. *AORN Journal*. Vol. 81, pp. 780-792.

Rozin, P., Haidt, J., & McCauley, C. Disgust. In M. Lewis & J. M. (2000). Haviland (Eds.), Handbook of emotions (2nd ed). New York: Guilford Press, pp. 637-653.

Saavedra, L. M., Silverman, W. K., Morgan-Lopez, A. A., & Kurtines, W. M. (2010). Cognitive behavioral treatment for childhood anxiety disorders: long-term effects on anxiety and secondary disorders in young adulthood. *Journal of Child Psychology and Psychiatry*.

Salmela, Marja. (2010). Hospital-related fears and coping strategies in 4-6-year-old children. Doctoral dissertation, University of Helsinki, Faculty of Medicine, Institute of Clinical Medicine, Clinic for Children and Adolescents, Child Psychiatry. [https://helda.helsinki.fi/bitstream/handle/10138/22646/hospital.pdf?sequence=1]

Sayfan, L., & Lagattuta, K. (2008). Grown-ups are not afraid of scary stuff, but kids are: Young children's and adults' reasoning about children's, infants', and adults' fears. Child Development, 79, pp. 821-835.

Sayfan, L., & Lagattuta, K. (2009). Scaring the monster away: What children know about managing fears of real and imaginary creatures. Child Development, 80, pp. 1756-1774.

Shrimal sunder shyam, (2008). Child Development, Rawat Publications,NEW DELHI, pp 196-197.

Snyder B. (2004). Preventing treatment interference: Nurses´ and parents´ intervention strategies. Pediatric Nursing. 30, pp. 31-40..

Sorenson H. & Roth G. (1973). A Case for Nitrous Oxid-Oxygen Inhalation Sedation: An Aid in the Elimination of the Child´s Fear of The "Needle". Dental Clinics of North America 17, pp. 51-54.

Spence, S. H. (1997). The structure of anxiety symptoms among children: A confirmatory factor analytic study. *Journal of Abnormal Psychology*, Vol. 106, pp. 280–297.

Spence, S. H. (1997). The structure of anxiety symptoms among children: A confirmatory factor analytic study.

Sungur, M. Z. (1997). Fobik bozukluklar. Psikiatri Dünyası, 1, pp. 5-11.

Taylor, M. (1999). Imaginary Companions and the Children who Create Them. New York: Oxford University Press.

Teicher MH, Andersen SL, Polcari A, Anderson CM, Navalta CP, Kim DM. (2003). The neurobiological consequences of early stress and childhood maltreatment. Neurosci Biobehav Rev; 27, pp. 33-44.

United Health Care. (2013). In Hallucinations Complications, Fear. Retrieved from https://member.uhcmedicaresolutions.com/healthlinepage/channel/hallucinations_co mplicati ons#top.

Urdang, L. & Flexner, S.B. (1988). The Random House college dictionary. New York: Random House Inc.

Vasey, M. W., Crnic, K. A., & Carter, W. G. (1994). Worry in childhood: *A developmental perspective. Cognitive Therapy and Research*, Vol. 18, pp. 529–549.

Versloot J, Veerkamp JSJ, Hoogstraten J & Martens LC (2004) Children's coping with pain during dental care. Community Dent Oral Epidemiol 32: 456–461.

Warren, S.L. & Sroufe, L.A. (2004). Developmental issues. In: T.H. Ollendick and J.S. March (Ed.) Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions, New York: Oxford University Press, pp.92-115.

Weems, C. F., & Silverman, W. K. (2006). An integrative model of control: Implications for understanding emotion regulation and dysregulation in childhood anxiety. *Journal of Affective Disorders*, Vol. 91, pp. 113–124.

Weems, C. F., & Stickle, T. R. (2005). Anxiety disorders in children: Casting a nomological net. Clinical Child and Family Psychology Review, 8, pp. 107–134.

Weems, C. F., Silverman, W. K., Rapee, R. M., & Pina, A. A. (2003). The role of control in childhood anxiety disorders. *Cognitive Therapy and Research*, Vol. 27, pp. 557–568.

Wong D. & Hockenberry-Eaton M. Wong. (2001). Essentials of Pediatric Nursing. Mosby. United States of America.

Zakharov, A. (1995). How to help our children to get rid from fears. Saint Petersburg: Gippokrat.

Zakharov, A. (2004). Elimination of fears with the help of game. Saint Petersburg: Soyuz

APPENDIX-I

Institutional Human Ethics Committee

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam
Institute for Home Science and Higher Education for Women
University
(Estd. u/s 3 of UGC Act 1956)

Chairman
Dr. S. Ramalingam
Principal, PSG Institute
of Medical Sciences
& Research, Coimbatore

Member Secretary
Dr. P. R. Padma
Professor, Department of
Biochemistry, Biotechnology and
Bioinformatics

Members
Dr. S. Premakumari
Mr. K.Arulmoli (Legal Expert)
Dr. A. Saraswathy
Mrs. V. Mangayarkarasi
Dr. S. Kowsalya
Dr. N.S. Rohini
Dr.Subhashini K. Sripathi
Mrs. S. Radha Devi
Mrs. Judith Justin

11th March 2016

To
Ms. Upashree Dutta
Department of Human Development
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear Madam,

Ref : Your proposal No. IHEC/15-16/HD/02 entitled "Exploring fear factors among Preschool Children" submitted for approval of the IHEC

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/15-16/HD/02 entitled "Exploring fear factors among Preschool Children" submitted by you. The Approval number for the same is AUW/IHEC/HD-15-16/XMT-02.

We wish you all the best in your research endeavours.

Regards,

11/3/16

Dr.P.R.Padma
Member Secretary

Institutional Human Ethics Committee

APPENDIX II

QUESTIONNAIRE TO ELICIT THE GENERAL BACKGROUND OF THE SELECTED SAMPLE

1. Name of the respondents :
2. Name of the school :
3. Age :
4. Sex :

   Male ☐ Female ☐

5. Class :

a. Details of Family Background

6. Type of family :

   Joint ☐ Nuclear ☐ Extended ☐

S.No	Name	Relation to the respondent	Age	Educational status	Occupational status	Income per month

APPENDIX III

RATING SCALE TO ASSESS THE FEAR OBJECTS AMONG CHILDREN

Do you fear on many events? YES ☐ NO ☐

i. If yes, tick what are the fear you have :

S.No	Object of fear/ statement	1	2	3	4	5	Remarks
I.	**Fear of animals and reptiles**						
1.	Lizard						
2.	Cockroach						
3.	Snakes						
4.	Dogs						
5.	Cats						
6.	Rats /mice						
7.	Bats/ birds						
II.	**Fear towards the person**						
8.	Strangers						
9.	Teachers						
10.	Doctors						
11.	Magicians						
12.	Beggars						
13.	Mentally retarded persons						
14.	Police man						
III.	**Fear on going to school /school refusal**						
15.	Exam						
16.	Failing a test						
17.	Getting a report card						
18.	Not doing home work						
19.	Teacher with cane						
20.	Shyness						
21.	Bullied by fellow student						
IV.	**Fear on sudden shocking incident**						
22.	Being attacked by some one						
23.	Loud sirens						
24.	Electric shock						
25.	Falling things from height						
26.	Sudden burst of an alarm						
27.	Sudden power cut at night						
28.	Suddenly not being able to breath						
V.	**Fear of loneliness**						
29.	Being left at home						
30.	Sleeping alone in darkroom						
31.	Sitting alone / separation						
32.	Getting lost in a strange place						
33.	Fear of crossing the road alone						

34.	Walking alone in busy street						
35.	Left in school for first time.						
Fear of places							
36.	Having to go to the hospital						
37.	Being in a big crowd						
38.	High places like mountains						
39.	Deep blue sea or ocean						
40	Zoo						
41.	Museum						
42.	Open large spaces/closed spaces						
Fear of criticism or teasing.							
43	Being criticized by classmates						
44	Criticized by parents.						
45	Criticized by teachers						
46	Being teased by family members						
47	Teased by friends.						
48	Criticized by neighbours						
49	Teased by siblings/cousins						
Fear of new situation.							
50.	Meeting someone for the first time						
51.	Having to eat some food you don't like.						
52.	Wearing clothes different from other.						
53.	Doing something new.						
54.	Going to mall /crowded shops						
55.	New to using escalator.						
56.	New to using elevators.						
Fear of night time/bedtime							
57.	Fear to sleep at night						
58.	Fear of closing eye						
59.	Someone coughing at night.						
60.	Scared something walking at roof						
61.	Bad dream/nightmares						
62.	Something sitting outside door.						
63.	Horrible visions						
Fear of imaginary creatures.							
64.	Fear of shadows						
65.	Fear of darkness						
66.	Aliens						
67.	Giant robot						
68.	Dragon						
69.	Spirit						
70.	Fairy						

VI.	**Fear of monsters and ghosts**						
71.	Spooky things						
72.	Watching ghosts movies						
73.	Ghost on the neighbour's porch real						
74.	Feeling monster to be under bed						
75.	Sudden closing of windows or door by wind.						
76.	Fear of their own shadow.						
77.	Fear of sound made by air which will be used in moves during ghost comes.						
VII.	**Fear of death and injury.**						
78.	Sight of dead body.						
79.	Fear on cemeteries.						
80.	Being hit by a car /truck						
81.	The sight of blood.						
82.	Accidental injury						
83.	Fire-getting burned						
84.	Fear on death of family members.						
VIII.	**Fear of transports.**						
85.	Travelling in a car or bus.						
86.	Travelling in a train.						
87.	Flying in an airplane						
88.	Sailing in a ship						
89.	Fear of approaching lorry						
90.	Travelling in rope car.						
91.	Flying in an Helicopter.						
IX.	**Fear of doctor.**						
92.	Vaccination/ injection.						
93.	Blood test						
94.	Taking x-rays						
95.	Giving sore tablets.						
96.	Cleaning dressing injuries.						
97.	Scanning						
98.	Operations.						
X.	**Fear of dentist.**						
99.	Fear of going to the dentist.						
100.	Fear of having to open the mouth						
101.	Fear of the sound of drilling.						
102.	Fear of having instrument in the mouth						
103.	Fear of saliva suction.						
104.	Pain during treatment.						
105.	Dental injections.						

XI.	**Fear of playing games/ playing objects.**						
106.	Fear of needles/sharp objects						
107.	Roller coaster/carnival rides						
108.	Fear of tube slide.						
109.	Inflatable water slide.						
110.	Zorbing ball.						
111.	Float rides.						
112.	Playing rough games during recess						
XII.	**Fear of toilet training.**						
113.	Fear of sitting in closets.						
114.	Fear of automatic toilet flush.						
115.	Fear of exhaust fans or even the noise it makes.						
116.	Fear of bathing						
117.	Using public toilets or bathroom.						
118.	using toilet when travelling time.						
119.	Fear of either western/ Indian toilet.						
XIII.	**Fear of illness.**						
120.	Fear of germs.						
121.	Fear of getting a serious illness.						
122.	Fear of itching.						
123.	Fear of insects that cause itching.						
124.	Fear of vomiting						
125.	Fear of pain.						
126.	Fear of disease.						
XIV.	**Social fear.**						
127.	Giving a speech in front of class room/ people.						
128.	Stage fear / stage fright.						
129.	Talking on the telephone.						
130.	Attending social parties.						
131.	Eating or drinking in public.						
132.	Being the centre of attention.						
133.	Meeting new people.						
XV.	**Fear of natural disasters.**						
134.	Earthquake.						
135.	Death.						
136.	Fire.						
137.	Thunderstorm.						
138.	Cyclone.						
139.	Tsunamis.						
140.	Flood.						