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ANNEXURE I

Human Ethical Committee Clearance Certificate

 INSTITUTIONAL HUMAN ETHICS COMMITTEE Avinashilingam Institute for Home Science and Higher Education for Women (Deemed to be University under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956) Re-accredited with 'A+' Grade by NAAC. Recognized by UGC Under Section 12 B Coimbatore-641 043, Tamil Nadu, India	
<p>Chairman Dr. S. Ramalingam Principal, PSG Institute of Medical Sciences & Research, Coimbatore</p> <p>Member Secretary Dr.S.UmaMageshwari Professor and Head, Department of Food Service Management & Dietetics</p> <p>Members Mr.K.Arulmoli (Legal Expert) Dr.Subhashini K. Sripathi Dr.A. Saraswathy Ms.D.Kavitha Dr.S. Muthulakshmi Dr.G.Victoria Naomi Dr. Judith Justin Dr.AnithaSubash</p>	<p style="text-align: right;">7th July2021</p> <p>To Ms.Nirmala Fousta A, Department of Resource Management Avinashilingam Institute for Home Science and Higher Education for Women Coimbatore – 641 043</p> <p>Dear Nirmala Fousta A.,</p> <p>Ref: Your proposal No.IHEC/20-21/RM/17entitled “Management Strategies to de-stress Mothers of Visually Challenged Children” submitted for approval of IHEC on 29.01.21.</p> <p>The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No.IHEC/20-21/RM/17“Management Strategies to de-stress Mothers of Visually Challenged Children”. The Approval number for the same is AUW/IHEC/RM-20-21/XPD-17</p> <p>We wish you all the best in your research endeavours.</p> <p style="text-align: right;">Regards,  Dr.S.Uma Mageshwari Member Secretary</p> <p style="text-align: right;"></p>

ANNEXURE II

Proforma to Elicit Information on “Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children”

(The questionnaire consists of six parts; kindly answer all the questions by ticking in the appropriate box or filling in the spaces provided)

I. GENERAL DETAILS

1. Name of the interviewee :
2. Date of interview :
3. Contact number :
4. Contact address :

Socio Demographic Details of the mothers of visually challenged children

i. Personal Profile

5. Age
 - 26 – 35 years :
 - 36 – 45 years :
 - 46 – 55 years :
6. Educational qualification
 - Illiterate
 - Secondary
 - Higher Secondary
 - UG/ PG
 - Professional (B.Ed., CA, B.E & Medicine)
7. Marital Status
 - Living with spouse :
 - Single mother :
8. Employment status of Mothers
 - a. Not employed :
 - b. Self- Employed :
 - c. Daily Wages :
 - d. Regular Wage/Salary :
 - e. Professionals (Teachers, Lawyers, Doctors and Engineers) :
9. Employment status of Head of the families
 - a. Self- Employed :
 - b. Daily Wages :
 - c. Regular Wage/Salary :
 - d. Professionals :
 - e. Not applicable :
10. Family Income (Annual)
 - a. Low Income (Rs. 70,069 and Below) :
 - b. Middle Income (Rs.70,137 to Rs.8,45,955):
 - c. High Income (Rs 8,46,023 and Above):

ii. Family Profile

11. Family Type/Family structure
 - a. Nuclear Family
 - b. Joint Family
12. Family Size
 - a. Small Family (2 – 3 members)
 - b. Medium Family (4 – 5 members)
 - c. Large Family (more than 6 members)
13. Number of children in the family (Excluding VIC):
 - a. One
 - b. Two
 - c. Three (more than three)

iii. Housing details

14. Ownership
 - a. Own House
 - b. Rental House
 - c. Lease
15. Type of House
 - a. One room/studio
 - b. Twin House
 - c. Duplex House
 - d. Flat/Apartment
 - e. Multi-storey
16. Size of the House
 - a. Small (500 to 750 sq ft)
 - b. Medium (751 to 1200 sq ft)
 - c. Large (above 1201 sq ft)

iv. Details of children

17. Age of the child:
 - a. 4 - 6 years (Early Childhood)
 - b. 7 – 10 years (Middle Childhood)
 - c. 11 – 13 years (Early Adolescent)
 - d. 14 – 18 years (Middle Adolescence)
18. Gender of the child
 - a. Male
 - b. Female
19. Number of visually challenged children in the family:
 - a. one
 - b. Two
 - c. Three
20. Birth order of the Visually challenged children

- a. First-born child
- b. Second born child
- c. Later-born child

21. Place of stay of child

- a. Stay in home
- b. Stay in hostel

22. Severity of Visual Impairment

S. No	Severity of Visual Impairment (census 2011)	Tick in the appropriate box
1	Complete Blindness (Cannot see at all)	
2	Partial Blindness	
	Has no perception of light even with the help of spectacles	
	Has perception of light but has blurred vision even after using spectacles, contact lenses etc	
	Can see light but cannot see properly to move about independently	
	Has blurred vision but had no occasion to test if eyesight would improve after taking corrective measures	
	One- eyed person not to be considered as disabled in seeing	

23. Causes of blindness (as per clinical test)

- a. Retinal disease
- b. Genetic mutation
- c. Consanguineous marriage
- d. Jaundice during pregnancy
- e. Nutritional deficiencies
- f. Premature baby

v. Time with children for various activity (Tick in the appropriate box)

S.No	Time spent with children	< 1 hour	1 – 2 hours	> 2 hours	Nil
1.	Academics				
2	Travel				
3	Extra-curricular activities				
4	Recreation				
5	In school				

II. FACTORS LEADING TO STRESS LEVELS (Reasons for stress for mothers of Visually challenged children) Please put a tick mark from the scale provided to show how much you agree or disagree with each statement, from strongly disagree (SD), Disagree (D), Neutral (N), Agree (A) and strongly agree (SA) follows 1, 2, 3, 4 & 5 respectively.

STATEMENTS	Experience Stressor				
	SA	A	N	D	SD
i. Social stress factors					
Interference by neighbours and relatives					
Stressed on seeing unexpected guest					
Fear of anti-social behaviours					
Inability to participate in social activities					
Feel judged by others					
Avoid crowded place					
Miss job chances					
Accept the situation					
ii. Stress factors related to spouse					
Unhealthy habits of husband					
Domination of husband					
Husband's hindrance towards personal goals					
Differences of opinion in upbringing the child					
Induced stress by husband's attitude					
Rely on husband's money for child care					
Family issues with in-laws					
Lack of care and affection					
Trust issues in taking care of child					
iii. Stress related to children					
Worry a lot about the child's future					
Feel stigmatized by others for having a VCC					
Lack of understanding of mother's emotions and struggles					
Worsening of the child's visual condition					
Over protectiveness towards VCC compared to other children					
Frustration from not achieving personal goals					
Worry about child's safety					
Lack of confidence in helping the child or in their abilities					
Difficulty in training the child self-care skills					
Inability to provide the child's basic needs due to financial constraints					
Quitting employment to care					
Fear to have another child					
Low expectation towards child's future					
iv. Stress related to housing condition					

Noisy environment in home disrupts child's activities and focus.					
House is too spacious making difficult to move around independently.					
House is too small, restricting child's ability to be active					
Absence for smart technologies (voice- activated Devices)					

III. Family and Paid help support Adopted (Kindly specify the household activities supported by family members and paid help)

S.No.	Household Activities	Self	Spouse	Grand Parent	In -laws	Paid help	NA
1.	Helping children in school work/homework						
2.	Spending time with child in telling or hearing story.						
3.	Making children get ready to school						
4.	Leaving children to School						
5.	Playing with children						
6.	Bathing, dressing and feeding my child						
7.	Buying vegetables/provision s/other supplies from stores						
8.	Cooking/Cleaning vessels						
9.	Washing, ironing & folding clothes						
10.	Mopping floor						

IV. Do you actively participate with your children and family in the following activities to cope up your stress

S.No.	Family activity	Yes	No
1.	Reading stories/articles to the child		
2.	Child have meals along with family members		
3.	Have done special for the child on his/her birthday (cake, party, trip to the park etc.)		
4.	Watching Television/ listening music		
5.	Frequent Visit to park, beach, cinema, playground, farm, exhibitions, museum, religious festivals, shows or similar		
6.	Has – or had – any pets		
7.	Holiday Tour/ trip with family members		
8.	Child feels comfortable and enjoyable with peer groups		
9.	Child has been invited by relatives or friends as a treat for her/him on a special occasion		

10	Involvement in cooking/kitchen work		
11	Attend any special classes for Indoor games/ Outdoor games(dance/music/Swimming/fun activities/)		
12	stay with relatives or friends (without parents)		
13	Joined mother/children's group like social network (whatsapp/facebook)		
14	Visit and interaction with family/ friends/ relatives who have children		
15	Membership/interaction with library/Sports/arts club for differently abled		

V.PARENTAL STRESS SCALE (Before/After the Intervention Program)

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

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

S.No	Parenting Stress scale (PSS)	Before					After					
		SA	A	N	D	SD	SA	A	N	D	SD	
1	Caring for my child(ren) sometimes takes more time and energy than I have to give											
2	I sometimes worry whether I am doing enough for my child(ren)											
3	The major source of stress in my life is my child(ren)											
4	Having child(ren) leaves little time and flexibility in my life											
5	Having child(ren) has been a financial burden											
6	It is difficult to balance different responsibilities because of my child(ren)											
7	The behavior of my child(ren) is often embarrassing or stressful to me											
8	If I had it to do over again, I might decide not to have child(ren)											
9	I feel overwhelmed by the responsibility of being a parent											
10	Having child(ren) has meant having too few choices and too little control over my life											
11	I am happy in my role as a parent											

12	There is little or nothing I wouldn't do for my child(ren) if it was necessary										
13	I feel close to my child(ren)										
14	I enjoy spending time with my child(ren)										
15	My child(ren) is an important source of affection for me										
16	Having child(ren) gives me a more certain and optimistic view for the future										
17	I am satisfied as a parent										
18	I find my child(ren) enjoyable										

V. QUALITY OF LIFE AND HEALTH

THE WORLD HEALTH ORGANISATION (QUALITY OF LIFE (WHOQOL)-BREF)

The WHOQOL Group. The World Health Organization Quality of Life Assessment (WHOQOL): Development and General Psychometric Properties. Social Science & Medicine (in press). The following questions ask how are you feel about your quality of life, health, or other areas of your life. I will read out each questions to you along with the response options. please choose the answer that appear most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one. Please keep in mind your standards, hope, pleasures and concerns we ask that you think about your life in the last four weeks.

S. No	Statements (Before and After Intervention Program)					
1.	How would you rate your quality of life (psychology)	Very poor	Poor	Neither poor not good	Good	Very Good
		1	2	3	4	5
2.	How satisfied are you with your health? (psychology)	Very dissatisfied	dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
		1	2	3	4	5
The following questions ask about how much you have experienced certain things in the last four weeks.		Not at all	A little	A moderate amount	Very much	Extremely
3.	To what extent do you feel that physical pain reveals you from doing what you need to do? (Physical)	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life? (Physical)	5	4	3	2	1
5.	How much do you enjoy life? (psychological)	1	2	3	4	5
6.	To what extent do you feel your life to be meaning full? (psychological)	1	2	3	4	5

Annexures

7.	How well are you able to concentrate? (psychological)	1	2	3	4	5
8.	How safe do you feel in your daily life? (environmental)	1	2	3	4	5
9.	How healthy is your physical environment? (environmental)	1	2	3	4	5
The following questions ask about how completely you experienced or were able to do certain the last four weeks.		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life? ? (Physical)	1	2	3	4	5
11.	Are you able to accept your body the appearance? (psychological)	1	2	3	4	5
12.	Have you enough money to meet your needs? (environmental)	1	2	3	4	5
13.	How available to you is the information that you need in your day to day life? (environmental)	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities? (environmental)	1	2	3	4	5
15.	How well are you able to get around? ? (Physical)	Very poor	Poor	Neither poor not good	Good	Very Good
		1	2	3	4	5
16.	How Satisfied are you with your sleep? ? (Physical)	Very dissatisfied	dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
		1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities? ? (Physical)	1	2	3	4	5
18.	How satisfied are you with your capacity for work? ? (Physical)	1	2	3	4	5
19.	How satisfied are you with yourself? (psychological)	1	2	3	4	5
20.	How satisfied are you with your personal relationships? (social)	1	2	3	4	5
21.	How satisfied are you with your sex life? (social)	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends? (social)	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place? (environmental)	1	2	3	4	5
24.	How satisfied are you with your access to health services? (environmental)	1	2	3	4	5

Annexures

25.	How satisfied are you with your transport? (environmental)	1	2	3	4	5
The following question refers to how often you have felt or experienced certain things in the last four weeks		1	2	3	4	5
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression? (psychological)	5	4	3	2	1

ANNEXURE III

Proforma to Elicit Information on Stress Coping Strategies Before/ After training Program

Willingness of Intervention Program and Awareness of stress

I. Awareness of stress

a) Are you aware of stress coping techniques?

Yes [] No []

b) Do you practice any kind of stress relieving techniques in home or outside?

Yes [] No []

c) Do you spend time in relaxing yourself?

a) Not at all b) Rarely c) Sometimes d) Often.

d) Are you willing to participate in stress relieving and skill training program?

Yes [] No []

II. Reasons given for participating training program

S.No	Reasons to participate the training program	Yes	No
1	To be independent		
2	To start own business		
3	To help husband in financial needs		
4	To build up confident to bring up my child		
5	To utilize time effectively in school campus		
6	To take proper decision in all crisis		
7	To balance life		
8	To have positive approach towards the society and family		
9	To be recognized by the society and family members		
10	To overcome the stress		
11	To have good relationship among the neighbors and society		
12	Just like that what new things going to be implemented for mothers		

3. Impact of training program

S.No	Impact of training programme	Yes	no
1	Sufficient knowledge to involve in business		
2	Technical aspects and procedure to start own business		
3	Improve living condition		
4	Opportunities for self sufficiency		
5	Being independent.		
6	Satisfying the family needs		
7	Utilized time in doing business		
8	Risk Taking		

9	Dynamic		
10	Increases Creativity		
11	Goal setting		

Do you have any comments about the assessment? -----

IV. Strategies to control stress (Before and After Training Program)

S.No	Management strategies of stress	Before		After	
		Yes	No	Yes	No
A	Problem focused strategies				
1	Preparing a list of daily activities				
2	Being realistic about time frames				
3	Taking time off/short break				
4	Select commitments very carefully				
5	Mindset to Suicide is not the solution and to face the problems				
B	Emotional focused strategies				
1	Pretending and balancing the problem				
2	Prioritize my child's and my own needs over non-essential tasks				
3	Manage anger and anxiety				
4	Accept that I don't have to accomplish everything				
5	Engage directly in things that matter				
6	Conquer fear about my child's future				
C	Positive Thinking strategies				
1	Increases happiness				
2	Improves Health				
3	Positive attitude towards negative thoughts				
4	Involved all activities				
5	Improved Mental Strength				
6	Accepts good sources				
7	Good sleep during night time				
D	Decision Making strategies				
1	Improving Self Confident				
2	Prioritizing Activities				
3	Allocating Responsibilities				
4	Having Meals with family members together				
5	Everyday Talking and spending time with my child				
E	Skill training program				
1	Provided sufficient knowledge to involve in business				
2	Learned more about technical aspects and procedure in to start my own business				

3	Improved our daily living condition				
4	Provides opportunities for self sufficiency				
5	Became more independent.				
6	Confident on my own ability to provide the need of my child				
7	Able to handle tough situation				
8	Ability to work under stress				
9	Increases Creativity				
10	Inspiration to achieve my goal				

Satisfaction level (How far the training programme helped you to manage your stress and improve you skill)

Level of Satisfaction	Satisfied	Partially Satisfied	Not Satisfied
Positive parenting approach			
Decision Making			
Problem solving			
Inter – personal skill			
Paper bag making/napkin disposal cover			
Face mask			
Nutritious Ladoo			
Liquid embroidery			
Preparation of phenol			

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ANNEXURE IV

Invitation for the Training Programme (English & Tamil)

Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore
&
Sri Kanyaka Parameswari Arts and Science College For Women, Chennai
Students Societies CLUBS (NSS, YRC, Eco Club & Karuna Club)



Jointly Organizes

PH.D RESEARCH INTERVENTION PROGRAMME
on
'STRESS MANAGEMENT - LIFE SKILL & SKILL DEVELOPMENT TRAINING PROGRAM'
for Mother's of Visually Challenged Children

CHIEF GUEST
FATHIMA NASIRA A H
Past president and Present Editor of Inner Wheel, International all Women's Service, NGO, Chennai.

by
Ms.A.Nirmala Fousta
 Ph.D.Research Scholar (Part Time), Asst.Professor,
 Dept. of Home Science-Interior Design & Decor,
 Sri Kanyaka Parameswari Arts and Science College For Women, Chennai-01

Under the Guidance of
Dr.Rymala Mathen
 Asst.Professor & Chief Research Supervisor,
 Entrepreneurship Development Cell, School of Engineering,
 Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore.

VENUE
 Sri Kanyaka Parameswari Arts and Science College For Women,
 No.1, Audiappa Street, Broadway-Parry's Chennai-01
 Date and Time: 12th & 13th February 2021 @ 10.00am

அவினாசிலிங்கம் மனையியல் மற்றும் மகளிர் உயர்கல்வி நிறுவனம், கோயம்புத்தூர் மற்றும்
 ஸ்ரீ கன்னியாகா பரமேஸ்வரி மகளிர் கலை மற்றும் அறிவியல் கல்லூரி, சென்னை
 மாணவர்கள் சங்கம் (NSS, YRC, ECO மற்றும் Karuna club)



இணைந்து நடத்துகிறது
 Ph.D. ஆராய்ச்சி தலையீட்டு திட்டம்
 "மன அழுத்த மேலாண்மை - வாழ்க்கைத் திறன் மற்றும் திறன் மேம்பாட்டு பயிற்சி திட்டம்"
 பார்வை குறைபாடு கொண்ட குழந்தைகளின் தாய்மார்களுக்காக
 சிறப்பு விருந்தினர்
பாத்திமா நஸீரா A H
 முன்னாள் தலைவர் மற்றும் தற்போதைய பதிப்பாசிரியை, இன்னர்வீல், சர்வதேச மகளிர் சேவை அமைப்பு, NGO, சென்னை மூலம்

அ. நிர்மலா பவுஸ்டா
 பி.எச்.டி ஆராய்ச்சி மாணவி (பகுதி நேரம்),
 உதவி பேராசிரியர், உள்துறை வடிவமைப்பு மற்றும் அலங்காரப் பிரிவு,
 ஸ்ரீ கன்னியாகா பரமேஸ்வரி கலை மற்றும் அறிவியல் மகளிர் கல்லூரி,
 சென்னை

முனைவர் ரிமலா மேதன்
 உதவி பேராசிரியர் மற்றும் தலைமை ஆராய்ச்சி வழிகாட்டி,
 தொழில்முனைவர் மேம்பாட்டு செல்,
 அவினாசிலிங்கம் மனையியல் மற்றும் மகளிர் உயர்கல்வி நிறுவனம்,
 கோயம்புத்தூர்
நிகழ்விடம்
ஸ்ரீ கன்னியாகா பரமேஸ்வரி மகளிர் கலை மற்றும் அறிவியல் கல்லூரி,
 எண்.1, ஆடிப்பட்டா வீதி, பிராட்வே-பார்ஸ், சென்னை-01
 நாள் மற்றும் நேரம்:
 12 மற்றும் 13 பிப்ரவரி 2021 காலை 10.00 மணி

ANNEXURE V

Evaluation of Training programme

Life skill training program - Psychological intervention on Positive Parenting, Decision making, Problem solving and Inter-personal skill for mother of visually challenged children (VIC).

Skill development training program - Skill development training program on paper bag making, napkin disposal cover, face mask, phenyl preparation, nutritious laddoo, and liquid embroidery for mother of visually challenged children (VIC)

1. Who motivated you to attend this intervention program? (tick what is applicable)

- a. Self-motivated
- b. Husband
- c. Researcher
- d. School principal
- e. My children

2. Feedback of the training programme (tick what is applicable)

Criteria	Excellent	Good	Fair
Content/Presentation			
Useful Content			
Clarity of Content/Presentation			
Interest and Motivation			
Individual Attention			
Response to Questions			
Organization			
Relevance to Skills taught			
Variety of skills covered			
Materials/Resources Provided			
Time Management			
Interaction and Engagement			
Practical Application			
Ease to apply skills			
Usefulness for daily life			
Potential for Income generation			
Enhancement of Creativity			
Benefits and Impact			
Gained Experience			
Motivation towards own business			
Personal growth			
Increased innovation and strategies			
Enhanced Self-Esteem			
Capacity to adopt new technology			

c. Preference towards entrepreneurship (tick what is applicable)

S. No	Preference towards entrepreneurship	Yes	No
1	Do not prefer		
2	May take up entrepreneurship		
3	Strong liking to take up entrepreneurship		

d. Way of business promotion (tick what is applicable)

S. No	business promotion	Yes	No
1	Personal selling		
2	Advertisement		
3	Public relations		
4	Sales promotion		

Suggestions and Comments

1. What did you like most about the training?
2. What areas can be improved?
3. Any other comments?

ANNEXURE VI


Invitation of the Inauguration of St. Louis Thai Enterprise (English & Tamil)

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR
EDUCATION FOR
&
SAINT LOUIS INSTITUTE FOR THE DEAF AND BLIND, CHENNAI

JOINTLY INVITES YOU FOR
INAUGURATION CEREMONY ON

**Entrepreneurial Development for Mothers
of Visually Challenged children**

21.03.2022
CHIEF GUEST



Dr.B.N.Padmaja Priyadharshini
Managing Director,
M/S Home Plan Guru Civil Consultants PVT. Ltd

Dr.A.Inyasi Raj **Rev. Bro. Y. John Kennedy**
Headmaster, correspondent and director Vice principal, St. Patrick's High School (I.C.S.E)
St Louis School for deaf and blind, Adyar. Adyar

by
Ms.A.Nirmala Fousta
Ph.D Research scholar (Part time),Asst.Professor,
Dept.of Resource Management ,
Avinashilingam Institute for Home Science and Higher
Education for women,
Coimbatore
**Under the Guidance of
Dr. Rymala Mathen**
Asst. Professor & Chief Coordinator
Entrepreneurship Development Cell.School of Engineering,
Avinashilingam Institute for Home Science and Higher Education for
women,Coimbatore

**STALL ON -
Paper Bag,
Designer blouse,
Phenol, Mask
Making, Napkin
disposal cover,
Nutritious Foods.**

VENUE: St. Louis School I No.25, Canal Bank Road, Near Old Cancer Hospital, Gandhi Nagar, Adyar, Chennai.
TIME - 10 AM

அவினாசிலிங்கம் மனையியல் மற்றும் மகளிர்
உயர்கல்வி நிறுவனம், கோயம்புத்தூர்
மற்றும்
புனித லூயி காதுகேளாதோர் மற்றும் பார்வையற்றோருக்கான
நிறுவனம், காந்தி நகர், அடையாறு, சென்னை

இணைந்து நடத்தும்
பார்வை குறைபாடு கொண்ட குழந்தைகளின் தாய்மார்கள் தங்கள்
தொழில்முனைவைத் தொடங்குவதற்காக செயிண்ட லூயிஸ்
பள்ளியில் கடைத் திறப்பு விழா

இடம்: புனித லூயி
காதுகேளாதோர் மற்றும்
பார்வையற்றோருக்கான
நிறுவனம், காந்தி நகர்,
அடையாறு, சென்னை

நாள்: 21.03.2022
நேரம்: காலை 10.00 மணி




முகிய விருந்தினர்கள்:

டாக்டர். பி.என். பத்மஜா பிரியதர்ஷினி
மூலதன மேலாளர்,
M/S ஹோம் பிளான் குரு சிவில் கன்சல்டன்ட்ஸ் பி.வி.டி. அமிடி.சி.

டாக்டர். அ. இனியாஸ் ராஜ்
தலைமை ஆசிரியர், நிரவாசி மற்றும் இயக்குநர்,
செயிண்ட லூயிஸ் அமை மற்றும் குரு-ர் பள்ளி, அடையாறு

மாண்புமிகு சகோதரர். டாக்டர் ஜான் கென்னடி
ஆணை முதல்வர், செயிண்ட் பாடரிக் உயர் நிலையப்பள்ளி (I.C.S.E), அடையாறு


காட்சியமைப்பு கையெழுத்து:
ஸ்டால் வைப்பல், டிசைனிங் பைப்பர், டிசைனிங் பைப்பர், டிசைனிங் பைப்பர், டிசைனிங் பைப்பர், டிசைனிங் பைப்பர்

நிகழ்வை ஏற்பாடு செய்பவர்
அ. நிர்மலா பவுஸ்டா
பி.எச்.டி ஆராய்ச்சி மாணவி (பகுதி நேரம்), உதவி பேராசிரியர்,
உள்துறை வடிவமைப்பு மற்றும் அலங்காரப் பிரிவு,
ஸ்ரீ கண்ணியகா பரமேஸ்வரி கலை மற்றும் அறிவியல் மகளிர் கல்லூரி,
சென்னை

முனைவர் ரிமலா மேதன்
உதவி பேராசிரியர் மற்றும் தலைமை ஆராய்ச்சி வழிகாட்டி,
தொழில்முனைவர் மேம்பாட்டு செல்,
அவினாசிலிங்கம் மனையியல் மற்றும் மகளிர் உயர்கல்வி நிறுவனம்,
கோயம்புத்தூர்

ANNEXURE VII

Appreciation Letter from St. Louis Institute for the Deaf and the Blind



St. Louis Institute for the Deaf and the Blind
 Canal Bank Road, Gandhi Nagar, Adyar, Chennai - 600 020.
 Phone: 044-24910596, e-mail : stlouisedy@rediffmail.com
 Website : stlouisedeafblindadyar.org

14-06-2017 **Date :**

Dear mam, I'm happy that Ms. A. Nirmala Fousa, ph.d research scholar, Resource Management, Avinashilingam Institute for Home Science and Higher education for women, Coimbatore under the guidance of Dr Rymala Mathen, Assistant professor, Department of science and humanities and chief coordinator, Entrepreneurship Development Cell, School of engineering, Avinashilingam Institute for Home Science and Higher education for women, Coimbatore is undergoing research on " Entrepreneurship - A strategy to De-stress mothers of children with visual impairment".


With happy note Ms. Nirmala Fousa has taken lot of efforts to train mothers in various skills. 50 mothers was allowed from our school for intervention program to Sri Kanyaka Parameswari arts and science college for women, Chennai, KVK, Thiruvallur and in our campus Saint Louis school for deaf and blind.

The mothers underwent intervention program for past 30 days on various convenient dates. In that I'm happy to say that 15 mothers started business in our campus and selling the products within the campus. It gives me a pleasure that the mothers are utilizing their time by doing their business and I feel that mothers are also happy by seeing their own growth. It's the efforts taken by the researcher with the help of the school management to enhance the life.

Thanking you,


Regards,

Dr. Bro. A. Innaciraj
Headmaster & Director,



Head Master

ST. LOUIS INSTITUTE FOR THE DEAF & THE BLIND
ADYAR, CHENNAI-600 020.



Degree College for the Deaf, B.com, B.C.A., M.com
 Higher Secondary School for the Blind.
 Higher Secondary School for the D

We thank you, thank you, thank you for being a part of our journey at St. Louis

ANNEXURE VIII



Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be University under Category 'A' by MHRD, Estd. u/s 3
of UGC Act 1956) Re-accredited with 'A+' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore-641 043, Tamil Nadu, India

Recipe – Healthy Snacks

சத்தான ஸ்நாக்ஸ் செய்முறை

A.Nirmala Fousta

Ph.D Research Scholar

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

Under the Guidance of

Dr. Rymala Mathen



1. Nuts Ladoo Recipe

Ingredients:

- Roasted peanuts – 1 cup (you can use peanuts or a mix of peanuts and almonds for variety)
- Dates (deseeded) – 1 cup (acts as a natural sweetener)
- Cardamom powder – ¼ tsp (optional)
- Honey – 5 tsp (optional, for binding and richness)

Instructions:

1. Grind the roasted peanuts to a coarse powder.
2. Add dates, honey and pulse until they blend well with the peanuts to form a sticky mixture.
3. Add cardamom powder and pulse again to combine.
4. Transfer the mixture to a plate and shape into small ladoos with your hands. If the mixture feels too dry, add a bit of ghee to help with binding.
5. Store in an airtight container. These ladoos stay fresh for up to a week at room temperature.

1. நடஸ் லடூ ரெசிபி

தேவையான பொருட்கள்:

- வறுத்த வேர்க்கடலை - 1 கப் (நீங்கள் வேர்க்கடலை அல்லது வேர்க்கடலை மற்றும் பாதாம் கலவையைப் பயன்படுத்தலாம்)
- பேரிச்சம்பழம் (விதைக்கப்பட்ட) - 1 கப் (இயற்கை இனிப்பானாக செயல்படுகிறது)
- காய்ந்த தேங்காய் - ¼ கப் (சேர்க்கப்பட்ட சுவைக்கு விருப்பமானது)
- ஏலக்காய் தூள் - ¼ தேக்கரண்டி (விரும்பினால்)
- தேன் - 5 தேக்கரண்டி (விரும்பினால், பிணைப்பு மற்றும் செழுமைக்காக)

வழிமுறைகள்:

1. வறுத்த வேர்க்கடலையை கரடுமுரடான பொடியாக அரைக்கவும்.
2. ஒரு ஓட்டும் கலவையை உருவாக்கும் வரை வேர்க்கடலையுடன் நன்றாகக் கலக்கும் வரை பேரிச்சம்பழம் மற்றும் பருப்புகளைச் சேர்க்கவும்.
3. ஏலக்காய் தூள் சேர்த்து மீண்டும் கலக்கவும்.
4. கலவையை ஒரு தட்டில் மாற்றி, உங்கள் கைகளால் சிறிய லட்டுகளாக வடிவமைக்கவும். கலவை மிகவும் உலர்ந்ததாக உணர்ந்தால், பிணைக்க உதவும் வகையில் சிறிது தேன் சேர்க்கவும்.
5. காற்று புகாத கொள்கலனில் சேமிக்கவும். இந்த லடூக்கள் அறை வெப்பநிலையில் ஒரு வாரம் வரை புதியதாக இருக்கும்.

2. Ragi Mixture Ladoo Recipe

Ingredients:

- **Ragi flour** – 1 cup (finger millet flour)
- **Jaggery** – ½ cup (grated, as a natural sweetener)
- **Mixed nuts** (like peanuts, almonds, cashews) – ½ cup (crushed or coarsely powdered)
- **Cardamom powder** – ¼ tsp
- **Ghee** – 1-2 tbsp (for roasting and binding)

Instructions:

1. **Dry roast the ragi flour** in a pan on low heat until it releases a nutty aroma, then set aside to cool.
2. **In the same pan, add ghee** and lightly roast the crushed nuts until golden.
3. Add the ragi flour, grated jaggery, and cardamom powder. **Mix well** until everything is well combined.
4. While still warm, **shape the mixture into small ladoos**. If the mixture doesn't hold together, add a bit more ghee to bind.
5. Store in an airtight container. These ladoos stay fresh for up to a week.

2. ராகி கலவை லடூ செய்முறை

தேவையான பொருட்கள்:

- ராகி மாவு - 1 கப் (தினை மாவு)
- வெல்லம் - ½ கப் (துருவியது, இயற்கை இனிப்பானது)
- கலந்த கொட்டைகள் (வேர்க்கடலை, பாதாம், முந்திரி போன்றவை) - ½ கப் (நசுக்கப்பட்டது அல்லது கரடுமுரடான பொடியாக)
- ஏலக்காய் தூள் - ¼ தேக்கரண்டி
- நெய் - 1-2 டீஸ்பூன் (வறுக்கவும் கட்டவும்)

வழிமுறைகள்:

1. ராகி மாவை ஒரு கடாயில் குறைந்த வெப்பத்தில் ஒரு நறுமணம் வரும் வரை வறுக்கவும், பின்னர் ஆற வைக்கவும்.
2. அதே கடாயில், நெய் சேர்த்து, நறுக்கிய கொட்டைகள் சிறிது பொன்னிறமாக வறுக்கவும்.
3. ராகி மாவு, துருவிய வெல்லம் மற்றும் ஏலக்காய் தூள் சேர்க்கவும். எல்லாம் நன்றாக சேரும் வரை நன்கு கலக்கவும்.
4. சூடாக இருக்கும்போதே, கலவையை சிறிய லடூவாக வடிவமைக்கவும். கலவை ஒன்றாகப் பிடிக்கவில்லை என்றால், பிணைக்க இன்னும் சிறிது நெய் சேர்க்கவும்.
5. காற்று புகாத கொள்கலனில் சேமிக்கவும். இந்த லடூக்கள் ஒரு வாரம் வரை புத்துணர்ச்சியுடன் இருக்கும்.

Cost-Effectiveness & Nutritional Benefits

- **Peanuts, ragi flour, and jaggery** are all budget-friendly and nutrient-dense ingredients.
- **Peanuts** are high in protein and healthy fats.
- **Ragi** (finger millet) is rich in calcium, fiber, and iron, making it great for bone health and digestion.
- **Jaggery** provides iron and natural sweetness without processed sugars.

These ladoos are easy to make, nutrient-dense, and great for snacking, providing energy, protein, and essential minerals!

செலவு-செயல்திறன் & ஊட்டச்சத்து நன்மைகள்

- வேர்க்கடலை, ராகி மாவு மற்றும் வெல்லம் அனைத்தும் பட்ஜெட்டுக்கு ஏற்ற மற்றும் ஊட்டச்சத்து நிறைந்த பொருட்கள்.
 - வேர்க்கடலையில் புரதம் மற்றும் ஆரோக்கியமான கொழுப்புகள் அதிகம்.
 - ராகி (விரல் தினை) கால்சியம், நார்ச்சத்து மற்றும் இரும்புச்சத்து நிறைந்தது, இது எலும்பு ஆரோக்கியத்திற்கும் செரிமானத்திற்கும் சிறந்தது.
 - வெல்லம், பதப்படுத்தப்பட்ட சர்க்கரை இல்லாமல் இரும்பு மற்றும் இயற்கையான இனிப்பை வழங்குகிறது.
- இந்த லாடூக்கள் தயாரிக்க எளிதானது, ஊட்டச்சத்துக்கள் நிறைந்தவை மற்றும் சிறுநீரணுக்கு சிறந்தவை, ஆற்றல், புரதம் மற்றும் அத்தியாவசிய தாதுக்களை வழங்குகின்றன!

ANNEXURE IX

PLAGIARISM REPORT



Avinashilingam Institute for Home Science and Higher Education for Women
(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD)
Re-accredited with 'A++' Grade by NAAC.CGPA 3.65/4, Category I by UGC
Coimbatore – 641 043, Tamil Nadu, India

PLAGIARISM CHECK REPORT (THESES)

1.	Name of the Research Scholar	A. Nirmala Fousta
2.	Roll No. and Year of Registration	18PHRMP001, 2018
3.	Department	Resource Management
4.	Name of the Research Guide	Dr. Rymala Mathen
5.	Title of the Thesis / Dissertation	Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children
6.	Similarity Content (%) Identified	8%
7.	Software Used	Turnitin
8.	Date of Verification	21-08-2025

Note : The report is excluding 14 Consecutive words, Review of Literature and Quoted Materials.

Checked by :


21/8/25
Information Scientist


Research Scholar


21.08.25
Assistant Librarian


Research Guide

Date: 21-08-2025

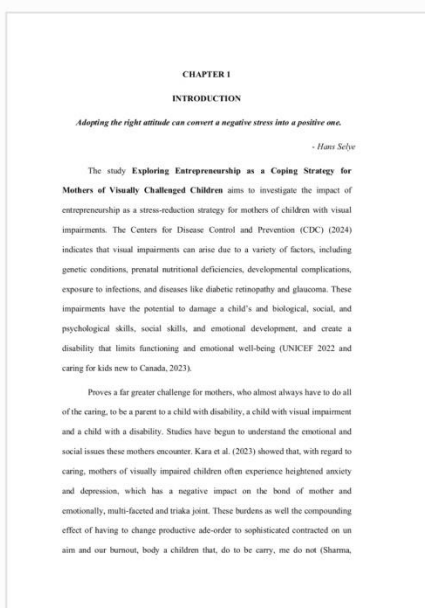


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Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children

ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

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ANNEXURE X

PUBLICATIONS

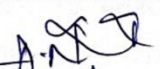


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Coimbatore - 641 043, Tamil Nadu, India)

Appendix L2 (Item No 5 of Check List) Details of Research Publications

S.No	Article	Journal	Other Details Vol/No/Page No/ Year	Published in UGC CARE / Scopus Indexed/ Web of Science
1	Exploring Stress Management Strategies among Mothers of Visually Impaired Children	The Indian Journal of HOME SCIENCE	January 2025, Vol.37, No 1 Pp. 246-255	UGC CARE Group I
2	Challenges Encountered by Mothers of Physically Challenged Children	Health and Population: Perspectives and Issues (HPPI)	December 2024. Vol.47, Number-4 pp. 290-299	UGC CARE Group I

*Proof of list of Journals from Internet to be attached along with copies of reprints.

Scholar: 
A. NIRMALA FOUSTA

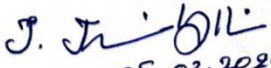
Supervisor: 

Checked By: 
6/3/25

The scholar Miss. Nirmala Foushta, A (18PHRMP
001) HoD/Dean of Respective School
has published her research papers in the
following journals:

- The Indian Journal of Home Science - indexed in UGC Care Group I from July 2020 to present,
- Health and Population: Perspectives and Issues - indexed in UGC Care Grp. I from July 2023 to present.

This may be considered.


05.03.2025

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अक्टूबर-दिसंबर 2024
October-December 2024

आई.एस.एस.एन.-0253-6803
ISSN- 0253-6803

स्वास्थ्य एवं जनसंख्या:
परिप्रेक्ष्य एवं मुद्दे

**Health and Population:
Perspectives and Issues**



राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
The National Institute of Health and Family Welfare
बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली—110067
Baba Gangnath Marg, Munirka, New Delhi –110067

Challenges Encountered by Mothers of Physically Challenged Children in Practicing Self-Care

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Abstract

Parenting a child with physical limitations presents both rewarding and challenging experiences, affecting stress levels, parental psychological well-being, and parenting self-efficacy. Mothers often describe the experience as draining and upsetting, with potential consequences for their self-image as effective parents and their mental health. Based on the findings of Wenzel & Battle (2018), it is evident that mothers of children with disabilities encounter obstacles when addressing their self-care needs. These challenges often arise from perceiving additional tasks as burdensome rather than supportive, prompting further investigation. Therefore, a study was conducted to explore the time expenditure patterns, challenges faced and self-care practices among 100 mothers of physically challenged children residing in Chennai city. Employing a structured questionnaire, the study revealed that a majority of these mothers' experience significant challenges such as limited time, lack of family and social support, and financial constraints. It is evident that many of these mothers require effective coping strategies to manage their stress and prioritize self-care. Supporting mothers of children with special needs can yield positive outcomes for the entire family. As part of the study's action plan, recommendations for self-care were provided to assist mothers in balancing and overcoming their stress.

Key words: Self Care, Strategies, Special Needs, Physical Disabilities, Parental Fatigue.

Introduction

The journey of motherhood is often marked by various challenges, yet there is typically a sense of relief as children grow older and become more independent, gradually lessening the demands on a mother's time. Milestones such as toddlers learning to feed themselves and becoming potty trained, or children going off to school and taking on responsibilities, provide moments of respite for many mothers. However, for mothers of children with disabilities, these challenges and demands often persist intensely. The needs of disabled children are diverse and individualized, with varying levels of support required that may evolve over time. Generally, the needs of disabled children exceed those of their non-disabled peers, contributing significantly to parental stress and associated physical and mental health issues. Moreover, these high levels of need can endure throughout the lives of disabled individuals.

In addition to the existing stress and challenges, modern portrayals of motherhood in the media often exacerbate pressure on mothers to adhere to unrealistic standards. Mothers are frequently exposed to and influenced by the portrayal of celebrity supermoms, idealized images of "perfect" motherhood on social media platforms, and the phenomenon known as the "Mommy Wars," characterized by competitive attitudes among mothers where any parenting decision is subject to criticism from peers, family members, and even strangers.

Parents need to prioritize their own well-being to prevent burnout, which includes ensuring they get enough rest, exercise regularly, stay hydrated, and carve out time for themselves. While some parents may feel they must manage everything alone, seeking support from others is vital. Spending time with friends, participating in support groups, or simply scheduling leisure activities can all have positive effects. A British study suggests that chronic stress places these parents at risk of health issues. The study found significantly higher levels of the stress hormone cortisol and the biomarker CRP in parents of children with autism or ADHD. CRP has been linked to various health conditions, including colorectal cancer, diabetes, and heart disease. It is crucial to address the physical and emotional risks that caregivers of challenging children face, for the sake of both the children and the parents themselves. In the following section, we explore common causes of caregiver stress and provide advice for parents on how to maintain their physical health, emotional well-being, and commitment to their children.

Strategies that Help in Self-Care

Experts concur that challenging the notion that the only one who can help them is themselves and that there is no end to the amount of work one needs to perform is a key component in preventing or lessening burnout. Allocating time for hobbies or enjoyable activities at least once a week can be beneficial, along with practicing self-observation and spending ten minutes daily on mindfulness exercises. Taking breaks is also highly recommended, and hiring help such as cleaners or gardeners can alleviate some of the workload. Connecting with others for support is crucial, as is advocating for breaks and joining support groups. Prioritizing self-care is important not only for mothers' self-esteem but also for their mental health and children's well-being, including exercise and healthy eating. Additionally, visiting uplifting places can serve as a distraction. This study aims to evaluate the efficacy of these approaches among mothers of physically challenged children and recommend their adoption.

Objectives

The objectives of this study is to

- find out the Socio demography profile of the selected respondents,
- investigate the time expenditure patterns of the selected respondents,
- identify the challenges faced by mothers of physically challenged children,
- examine the self-care practices employed by mothers in managing their well-being, and
- suggest recommendations for self-care strategies tailored to the needs of mothers caring physically challenged children.

Methodology

Research Design: The research design employed for this study was an Expost-facto research design, which involves collecting data at a single point in time to explore the time allocation patterns, difficulties encountered by mothers of physically challenged children, and the self-care strategies they utilize to maintain their own well-being. This approach allows for an examination of these factors retrospectively, providing insights into the experiences of the participants within the specified timeframe.

Sampling Design: For this study, a purposive sampling approach was employed. This method involves deliberate selection of sample items by the researcher, with the researcher's discretion guiding the selection process. As described by Kothari (2004), in purposive sampling, the researcher intentionally chooses specific units from the population to form the sample. Utilizing this technique, the study focused exclusively on mothers of physically challenged children between the ages of 5 and 20 who reside in Chennai city. Participation in the study was voluntary, and only those mothers who expressed willingness to take part were selected.

Sample Size: A study was conducted in Chennai city, focusing on a sample of one hundred mothers with physically challenged children. Participation in the survey was voluntary, and data collection commenced only after obtaining consent. Additionally, the participants received guidance on self-care strategies tailored to address both their own needs and those of their physically challenged children.

Tools Used for Assessment: Data collected through structured questionnaires administered to the participants. The questionnaire includes sections addressing time expenditure patterns, social support networks, challenges faced, and self-care practices. Pilot study was conducted to test reliability and validity of the tool. Data was analysed using percentage analysis.

Analysis of Data: The analysis of data is made using frequency distribution.

Findings and Discussion

Demographic Profile of the Selected Respondents: This aspect includes the age, educational qualification, marital status, employment status, family income, number of children in family, number of physical challenged children, age(s) of physically challenged and type of disability children is depicted in Table 1.

Table 1
Demographic Profile of the Selected Respondents

Demographic Profile		Percentage (N=100)
Age	21-30 Years	38
	31-40 Years	32
	41-50 Years	30
Education	High School	43
Qualification	Graduate	34

	Professional	23
Marital Status	Living with Husband	78
	Divorced	12
	Widowed	10
Employment Status	Employed Full-time	12
	Employed Part-time	31
	Unemployed	23
	Homemaker	34
Family Income (Monthly)	Below Rs. 25,000/-	45
	Rs.25,000/- – Rs.50,000/-	38
	Above Rs.50,000/-	16
No. of Children in family	One – Two	52
	Three – Four	45
	Above Four	3
No. of Physically Challenged Children	One	93
	Two	7
Age(s) of Physically Challenged Children	(5- 10 Years)	29
	(11-15 Years)	48
	(15-20 Years)	23
Type of Disability	Mobility Impairments	20
	Orthopedic Disabilities	15
	Neurological Disorder	8
	Sensory Impairments	43
	Chronic Health Conditions	4
	Developmental Disabilities	10

It is clear from the above table that majority of respondents were aged between 21-30 years (38 per cent) had completed high school (43%), were married and living with their husbands (78%), and the highest proportion were homemakers (34%). Families predominantly have a monthly income below Rs. 25,000/- (45%) with one to two children (52%). Among these families, 93 per cent have one physically challenged child (93%), aged 11-15 years (48%) with sensory impairments being the most prevalent disability type of disability (43%).

Time Spent by Mothers for Childrens' Activities: Table 2 presents the time expenditure on selected activities among mothers of physically challenged children, categorized by different time intervals ranging from nil to more than 5 hours.

The data reveal that the majority of mothers of physically challenged children predominantly spend their time on household chores, preparing meals (73 per cent) and children studies/care

giving activities (64 per cent) for more than 5 hours daily, illustrating a significant workload in managing domestic tasks. Furthermore, a considerable proportion (46 per cent) dedicate 1-3 hours commuting to healthcare appointments for their children, underscoring the challenges in accessing necessary medical care. Despite limited personal leisure time, a notable proportion (52 per cent) allocate 1-3 hours to engage in community or support group activities, emphasizing the value of social support networks. However, alarmingly, the majority of mothers (82 per cent) reported spending no time on self-care activities, indicating a concerning neglect of their own well-being amidst caregiving responsibilities followed by no time socializing with friends or family (36 percent) and no time to engage in recreational activities for personal enjoyment (12 per cent). These findings underscore the urgent need for interventions to support mothers in managing their caregiving duties while prioritizing their own health and well-being, fostering social connections, and promoting opportunities for rest and relaxation. Raina et al., (2005) and Keller & Honig, (2004) reported that caregivers of children with disabilities often experience high levels of stress and time constraints. Studies have shown that these caregivers frequently prioritize the needs of their children over their own, leading to burnout and neglect of personal.

Table 2
Time Expenditure on Selected Activities

Details	No time	Less than 1 hour	1-3 hours	3-5 hours	More than 5 hours
Time spent on children studies/ care giving activities.	-	7	10	19	64
Time spent on household chores and preparing meals.	-	-	7	20	73
Time spent on daily living activates of child (bathing, dressing)	-	93	7	-	-
Time spent for to and from medical appointments or therapy	-	23	46	31	-
Time spent for recreational activities for personal enjoyment	12	80	8	-	-
time spend on socializing with friends or family members	36	64	-	-	-
Time allocate for self-care activities, such as exercise, relaxation, or pursuing personal interests	82	18	-	-	-
Time spent on engaging in community or support group activities related to your child's disability	31	52	17	-	-
Time allocate for personal rest or relaxation	67	33	-	-	-
Time spent on own healthcare needs (Medical appointments, therapy)	59	41	-	-	-

Details of Self-Care Practices: Table 3 presents the insights into the self-care activities prioritized by mothers of physically challenged children and the figure 1 illustrates the frequency of engagement in self-care activities.

The most commonly prioritized activities include listening to music or podcasts (95 %), indulging in favorite leisure activities (85 %), spending time with friends or family (64 %), participating in support groups or online communities (63 per cent), and practicing gratitude or positive affirmations (56 %). Conversely, activities such as meditation or mindfulness practices (20 per

cent) and relaxation techniques (12 %) were less commonly prioritized. These findings highlight the diverse range of self-care strategies adopted by mothers, emphasizing the importance of tailoring interventions to individual preferences and needs. Additionally, the relatively low prioritization of certain activities underscores potential areas for targeted support and encouragement to promote holistic well-being among mothers of physically challenged children. According to Zeman et al.¹, engaging in enjoyable leisure activities, including listening to music, is a common strategy for managing stress among caregivers. Music therapy has been shown to significantly reduce stress and improve mood in caregivers².

Table 3
Prioritize of Self-care Activities*

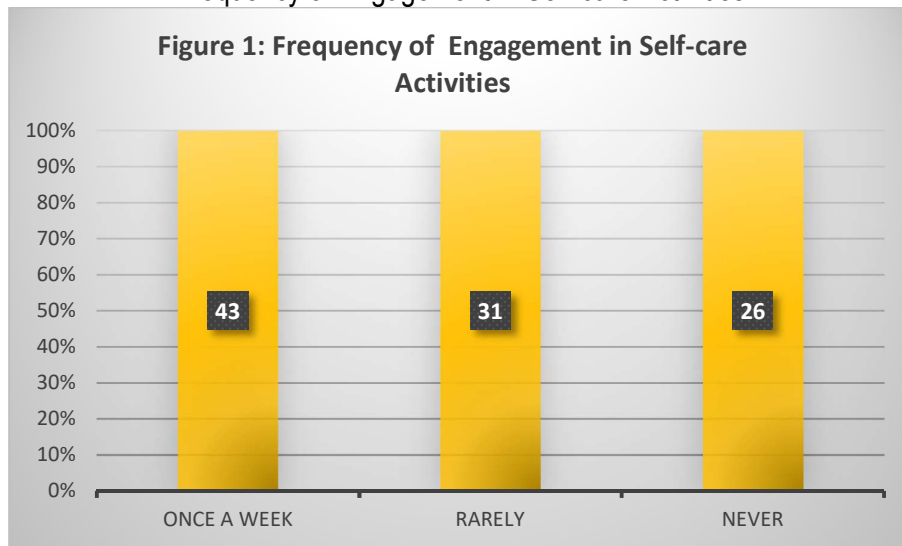
Prioritize of Self-care activities*	Percentage
Exercise (walking, jogging)	23
Meditation or mindfulness practices	20
Hobbies or creative activities (painting, gardening, cooking)	59
Spending time with friends or family	64
Relaxation techniques (e.g., deep breathing, yoga)	12
Seeking professional support (e.g., therapy, counseling)	26
Listening to music or podcasts	95
Indulging in a favorite leisure activity (e.g., reading, watching movies)	85
Getting enough sleep and rest	32
Practicing gratitude or positive affirmations	56
Taking time for self-reflection or journaling	41
Participating in support groups or online communities	63
Taking breaks from technology or social media	46
Going for nature walks or spending time outdoors	21
Engaging in acts of self-care, such as pampering oneself with a bath, massage, or spa treatment	12

*Indicates data exceeds 100 because of multiple responses

Frequency of Engagement in Self-care Activities: Figure 1 illustrates the frequency of mothers engage in self-care activities, categorized into three distinct intervals: "Once a Week," "Rarely," and "Never." Each category's engagement frequency is represented as a percentage.

The majority of respondents reported engaging in self-care activities once a week (43 %), indicating that nearly half of the mothers manage to incorporate some form of self-care into their routine, which is a positive sign of attempting to balance caregiving responsibilities with personal well-being. However smaller percentages indicated engaging in self-care rarely (31 %) due to time constraints or other factors. Alarmingly, a significant portion reported never (26 %) engaging in self-care activities were mothers completely neglect their self-care, which can have significant negative impacts on their physical and mental health. These findings underscore the need for interventions to promote regular and consistent self-care practices among mothers of physically challenged children, as neglecting self-care can adversely affect maternal well-being and resilience.

Figure 1
Frequency of Engagement in Self-care Activities



Family Support in House Hold Activities

Table 4 illustrates the distribution of family support among mothers of physically challenged children across various household activities.

Table 4
Family Support in House Hold Activities (%)

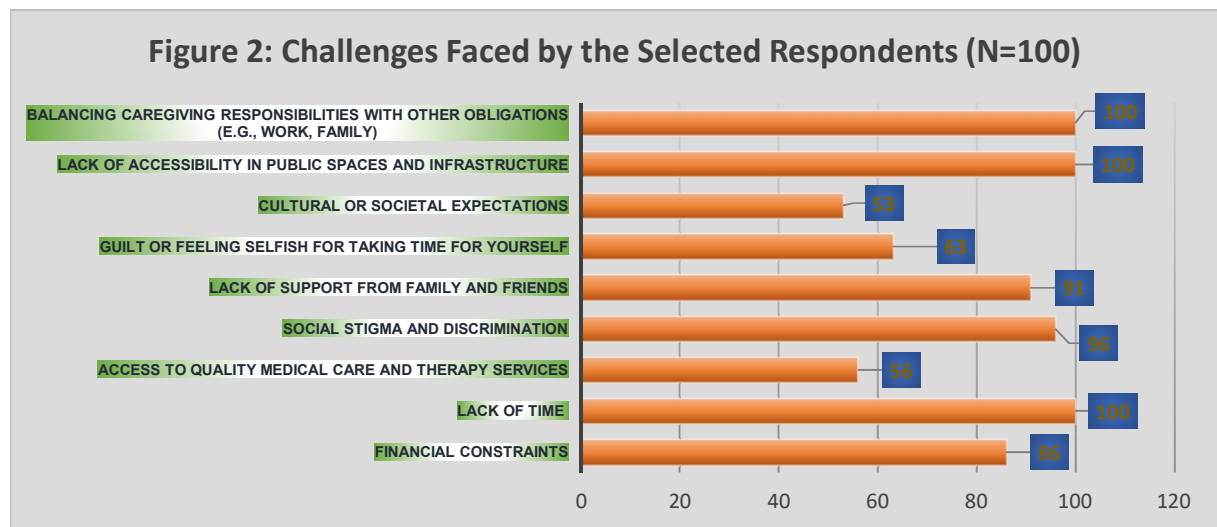
Family Support in House Hold Activities	Self	Spouse	Grand Parent	In-Laws	Paid help
Cooking/Cleaning Vessels	55	7	3	8	27
Washing, Ironing & Folding Clothes	60	10	5	-	25
Mopping Floor	60	-	15	3	22
Spending time with my child in telling or hearing story	60	15	10	5	10
Making children get ready to school & Leave them to school	55	10	12	8	15
Helping children in school work/home work	58	8	15	5	14
Buying Vegetables/Provisions	50	12	18	8	12
Bathing, dressing and feeding child	65	7	10	5	13

The above table indicates that the majority of mothers rely on themselves on different tasks, with bathing, dressing, and feeding the child seeing significant support from mothers themselves (65 %) while others depend on paid help (13 %), grandparents (10 %), spouse (7 %) and in-laws.

It was noted that sixty per cent of the mothers rely on themselves for washing, ironing & folding clothes, mopping floor and spending time with their child by telling or hearing story followed by making children get ready for school and leaving them at school and cooking/cleaning vessels (55 %). Spousal support is notable in activities like spending time with the child (15 %) followed by buying vegetables/provisions (12 %), washing, ironing & folding clothes & making children get

ready for school and leave them and helping with school work/homework (8 per cent). It was noted that most of the mothers depend on paid help for cooking/cleaning vessels (27 per cent), washing, ironing and folding clothes (25 %), mopping floor (22 %), making children ready to school and leaving them at school (15 %), helping children in school work/home work (14 per cent) and bathing, dressing and feeding child (13 %). Marks et al.⁴ study found that many families of children with disabilities rely on paid help for various household and caregiving tasks. This reliance is often due to the overwhelming nature of caregiving responsibilities which necessitates external support.

Challenges Faced by the Mothers of a Physically Challenged Child: The figure 2 illustrates the primary challenges faced by the mothers of physically challenged children in Chennai from practicing self-care regularly.



*Total exceeds 100 due to multiple response

It was noted that cent per cent of the mothers faced challenges related to a lack of time, balancing caregiving responsibilities with other obligations and lack of accessibility in public spaces and infrastructure followed by social stigma and discrimination (96 %), lack of support from family or friends (91 %), financial constraints (86 per cent) emphasizing the impact of economic limitations on accessing self-care resources, feelings of guilt or selfishness, reported by 63 per cent of respondents, highlighting the internal challenges in prioritizing personal well-being. Additionally, access to quality medical care and therapy services (56 %) and cultural or societal expectations (53 %) reveal the influence of cultural norms on self-care practices. These findings underscore the complex interplay of personal, social, and economic factors shaping the self-care behaviors of mothers caring for physically challenged children in Chennai. Brehaut et al.⁵ study found that parents of children with special health care needs often struggle with time constraints and balancing caregiving with other responsibilities, leading to high levels of stress and burnout, social support from family and friends is crucial for caregivers' mental health, and the lack of such support can lead to increased caregiver burden⁶.

Here are the suggestions for mothers of physically challenged children to practice self-care, this aim to empower mothers of physically challenged children to prioritize their own well-being amidst their caregiving responsibilities. By implementing these suggestions, support systems can be enhanced to better meet the self-care needs of mothers caring for physically challenged children, promoting their resilience, health, and overall quality of life.

Conclusion and Recommendations

The study provides insights into the challenges encountered by mothers of physically challenged children in practicing self-care, along with suggestions for enhancing support structures tailored to their needs. Findings indicate that while mothers dedicate significant time to caregiving and household responsibilities, they often neglect their own well-being, with a majority reporting no time spent on self-care activities. Lack of time, support from family or friends, financial constraints, feelings of guilt or selfishness, and cultural/societal expectations are identified as significant barriers to regular self-care. Additionally, the distribution of family support in household activities highlights the prominent role of mothers themselves, with spousal support noted in certain caregiving tasks.

When given the chance, taking a day or an hour to one self can help to rekindle the relationships in one's life. One of the main barriers to hiring a respite service is that parents frequently feel anxious or guilty about leaving their child unattended. Finding time to dedicate to mothers of disabled child might be challenging. But even just five to ten minutes a day will help them feel better all day long. One can handle stress and stay in the present moment by practicing mindfulness. Starting the day with some peaceful reflection and thought-gathering can help mothers and their child has a fulfilling day. A quick guided meditation that aligns with interests and principles can frequently be used to begin with when it can be intimidating to start meditating on their own. Tailored self-care plans, incorporating mindfulness techniques and seeking support from peers, are recommended to address the identified challenges. Respite care services, flexible work arrangements, and access to counseling are also proposed to alleviate the burden on mothers. By implementing these suggestions, support systems can be enhanced to better meet the self-care needs of mothers, promoting their resilience, health, and overall quality of life amidst the challenges of caring for physically challenged children. Future is unpredictable for everyone, it's time to understand the faces of reality and lead a better life than that of yesterday.

The authors suggest the following recommendations for mothers of physically challenged children to enhance the support structures tailored to their needs:

- Develop personalized self-care plans tailored to your needs, preferences, and circumstances.
- Incorporate mindfulness and stress reduction techniques such as meditation and deep breathing exercises into your daily routine
- Seek support from other caregivers facing similar challenges through support groups, online forums, or peer mentoring programs
- Advocate for respite care services to provide temporary relief and allow you to focus on your own well-being

- Explore flexible work arrangements or accommodations to better balance caregiving responsibilities with work commitments
- Ensure access to counseling and therapy services to address any emotional challenges or burnout related to caregiving
- Engage in community activities and recreational pursuits that bring you joy and fulfillment outside of your caregiving role
- Prioritize nutrition and physical activity to maintain your energy levels and overall well-being
- Learn effective time management strategies and set boundaries to protect your own needs and priorities
- It would be more helpful to study the availability of support networks and the extent to which mothers are able to engage in self-care activities.

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EXPLORING STRESS MANAGEMENT STRATEGIES AMONG MOTHERS OF VISUALLY IMPAIRED CHILDREN

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ABSTRACT

Raising children with visual impairment (VI) presents unique challenges that significantly impact the emotional, physical, and psychological well-being of mothers. This study investigates the stress among 150 mothers of children with visual impairment using structured interviews and surveys, focusing on their socio-economic backgrounds, stressors, support systems, and the effectiveness of various coping mechanisms. Findings reveal that the primary sources of stress include concerns over the child's health, emotional demands, financial pressures, and limited support. Family and friends are the most crucial support sources, while professional services are underutilized. Intervention on stress management strategies was implemented among the selected 50 mothers, on problem-focused strategies, emotion-focused strategies, positive thinking strategies and decision-making strategies. These strategies involved self-care, establishing routines and seeking emotional support which showed significant improvement in stress management whereas professional help and task delegation are seen as less effective. The study emphasizes the need for tailored support systems to enhance maternal resilience and offers insights into practical approaches to improve their quality of life.

Keywords: Visual Impairment, Strategy, Emotional well-being, Self-care, Intervention, Stress Management.

INTRODUCTION

Mothers of children with visual impairment (VI) face unique and multifaceted challenges that significantly impact their emotional, physical and mental well-being. These mothers often experience heightened stress due to the demands of caregiving, which encompass managing their child's health, developmental needs and ensuring their social integration. The care giving roles extends beyond typical parenting responsibilities, involving additional tasks such as navigating special education systems, seeking medical and therapeutic interventions and addressing the social and emotional needs of their visually impaired children (Gupta et al., 2012).

The stress experienced by these mothers is profound, emotional stress often arises from concerns about their child's future, feelings of guilt or helplessness and the emotional toll of continuous caregiving journey. Financial stress is compounded by the cost of specialised care and resources, while physical stress results from the relentless nature of their caregiving roles. The

availability and utilization of support systems which are critical in mitigating these stressors are frequently influenced by socio-economic factors, awareness and access to resources (Turner, 1993).

“Coping strategies are vital in managing the stress of caregiving. These strategies ranges from problem-focused approaches such as time management and realistic goal setting to emotional-focused techniques, including emotional regulations and seeking social support. Positive thinking and decision making strategies also enhance resilience and improve overall well-being” (Baker et al., 2003). According to Marshal et al., (2012), “Mothers who engage in self-care and seek social support report better mental health outcomes and increased resilience, enabling them to provide the necessary support and care for their children while maintaining their own health and well-being”.

The study aims to explore the socio-economic background of mothers of children with visual impairment, identify key stressors, evaluate the effectiveness of various support systems and assess the impact of stress management strategies. Key strategies to reduce stress include building support network, practicing self-care, establishing routines and accessing resources.

By examining these aspects, the study seeks to provide insights into effective interventions that can improve the physical and mental well-being for these mothers and their families fostering a supportive environment for the growth and development of visually impaired children.

OBJECTIVES OF THE STUDY

1. To find out the socio-economic background of the selected samples.
2. To identify the main stressors experienced by mothers of visually challenged children.
3. To evaluate the support system from family, friends, support groups and professionals.
4. To investigate the stress management strategies employed by these mothers.

Hypothesis:

H₀₁: There is no significant difference in problem focused strategy, emotional focused strategies, positive thinking strategies and decision-making strategies among mothers of visually challenged children before and after the intervention program. The hypothesis was tested and the null hypothesis was not accepted, indicating a significant improvement in the mothers’ stress management strategies after the intervention.

METHODOLOGY OF THE STUDY

Research Design:

The study employs a cross-sectional survey designed to investigate stress management among mothers of children with visual impairment. The research aims to identify the sources of stress, evaluate the effectiveness of various stress management strategies and explore the role of support systems.

Sampling Design:

For the present study, a purposive sampling technique was adopted, selecting participants from various age groups, educational backgrounds and employment statuses. Mothers of children with visual impairment (VI) residing in Chennai city were purposely selected for the study. The study includes a sample of 150 mothers of children with visual impairment for survey and among them, 50 mothers of children with VI were chosen from Little Flower Convent School for the Blind and St. Louis School for Deaf and the Blind, Chennai, were identified to participate in intervention program on stress management strategies. The aim was to study the effectiveness of the program in managing their stress. Data collection was conducted with the maternal consent. These 50 mothers were selected based on their willingness to participate in the intervention program and

the support from the schools to provide their premises for the sessions. Accessibility to the investigator, familiarity could be exercised on the mothers of children with VI made the researcher easy for conducting the programme.

The intervention plan was implemented over a three-month period, with structured sessions conducted bi-weekly. Each session lasted approximately two hours and included group discussions, individual counselling and practical exercises tailored to the mothers' specific needs. Follow-up support was provided through weekly phone calls to ensure continuous engagement and reinforcement of the strategies introduced during the sessions. The intervention was conducted at two locations: Sri Kanyaka Parameswari Arts & Science College for Women, Chennai, and St. Louis School for the Deaf and the Blind, providing a comprehensive support structure for the participants.

Tools Used for the Study and Analysis of Data:

The primary tool for data collection was a structured questionnaire, developed based on existing literature and validated through a pilot study with a small sample of 10 participants. The structured questionnaire with details pertaining towards sources of stress, role of family, friends, support groups, coping strategies and its effectiveness was used to collect the data. Data were analysed using percentage and 't' test to compare stress management strategies before and after the intervention. The results are presented below.

RESULTS AND DISCUSSION

Results of the study were analysed and discussed under the following headings

- I. Socio-economic background of the families
- II. Sources of stress
- III. Role of support systems
- IV. Stress management strategies (before and after intervention program)
- V. Impact of intervention programme

I. Socio-economic background of the families:

This aspect includes the type of family, number of family members, age, educational level, occupation of family members and family income and is depicted in Table 1.

Table 1: Socio-economic background of the families (in frequency and percent)

S.No	Particulars	Frequency (N=150)	Percentage
1	Age of the mothers of Visually impaired children		
	21 – 30 years	40	26.7
	31 – 40 years	60	40.0
	41 – 50 years	50	33.3
2	Educational Level		
	High School	50	33.3
	Undergraduate	70	46.7
	Postgraduate	30	20.0
3	Employment Status of the mothers		
	Employed	80	53.3
	Unemployed	70	46.7

4	Family Income (Annual) (As per Economic Survey, 2019-20)		
	Low Income (Below Rs 70,069)	45	30.0
	Middle Income (Rs 70,137 to Rs 8,45,955)	75	50.0
	High Income (Above Rs 8,46,023)	30	20.0
5	Marital Status		
	Married	100	66.7
	Single	20	13.3
	Divorced/Widow	30	20.0

The study revealed that a significant proportion (40 per cent) of the mothers were aged between 31 to 40 years and were predominantly undergraduates (46.7 per cent) with a middle-income background (50 per cent). Regarding employment status of the mother, more than half (53.3 per cent) were employed and living with their husband (66.7 per cent).

II. Sources of Stress for mothers of children with visual impairment:

Table 2 summarizes the multifaceted stressors faced by mothers of children with VI with physical, emotional, financial and support-related challenges.

Table 2: Sources of Stress of selected respondents

S.No	*Stress Factor	Frequency (N=150)	Percentage
1	Physical factors		
	Lack of strength to handle all jobs	143	95.3
	Sleep deprivation	140	93.3
	Health issues	130	86.7
	Increased physical demands	121	80.7
2	Emotional factors		
	Fear of future	141	94.0
	VC Child's tantrums	135	90.0
	Neglected feeling	120	80.0
	Emotional distress of the child	94	62.7
	Guilt and self-blame	56	37.3
	Single parenting	50	33.3
3	Financial factors		
	High cost of special services	112	74.7
	No financial support from family	100	66.7
	Lack of dual income	100	66.7
	Poor salary	80	53.3
	Unemployment/ Inability to work	70	46.7
4	Lack of Support		
	For household chores	139	92.7
	Social isolation	121	80.7
	Broken family	111	74.7

	Moral support in child rearing	90	60.0
5	Child's Health and Development		
	Child's health issues	150	100.0
	Child's development issues	150	100.0
	Behavioural challenges	120	80.0

* multiple responses

From Table 2, it was noted that all respondents' stress was due to their child's health and developmental issues, highlighting the importance of their children's well-being in their lives. Additionally, behavioural challenges related to child's health and development contribute to stress for 80 per cent of respondents. Baker et al. (2003) studied that "managing these challenges requires significant emotional and physical resources, intensifying the overall stress experienced by parents, especially mothers which demands the nature of addressing behavioural issues in children with disabilities."

Regarding physical factors, majority of the mothers reported, lack of strength to handle all jobs (95.3 per cent) as a major source of stress followed by sleep deprivation (93.3 per cent), health issues (86.7 per cent) and caring for a child often increased physical demands (80.7 per cent).

In terms of emotional factors, 94 per cent of the mothers reported fear of their child's future followed by child's tantrums (90 per cent), neglected feelings (80 per cent), emotional distress of the child (62.7 percent), guilt and self-blame (37.3 per cent) and single parenting (33.3 per cent). Thurston (2011) highlighted that "single mother face significant stress due to the dual burden of care giving and financial support. These mothers frequently internalize guilt and self-blame for their child's condition and fear of the future regarding their child's independence and well-being". Emerson et al. (2006) found that "managing behavioural issues such as tantrums adds substantial stress", while Sloper and Turner, (1993) noted that "emotional neglect and lack of support further exacerbate this burden."

Regarding financial factors, high cost of special services is the most prominent financial stressor, affecting 74.7 per cent of respondents followed by no financial support from family and lack of dual income, both affecting 66.7 per cent each respectively, poor salary (53.3 per cent) and unemployment/inability to work (46.7 per cent) respectively. These issues reflect the economic vulnerabilities faced by single-income families highlighting the intersection of economic instability and care giving responsibilities, consistent with findings by Brandon (2007).

Lack of support is another significant stressor, with household chores being the highest, affecting 92.7 per cent of respondents followed by social isolation (80.7 per cent), broken family structures (74.7 per cent) and lack of moral support in child-rearing (60 per cent). The findings highlight the intense physical and time demands placed on parents, exacerbated by insufficient external support as noted by Firkowska and Mankiewicz, (2002).

III. Role of Support Systems.

Table 3 highlights the pivotal role of various support systems in alleviating stress for mothers of children with visual impairment (VI).

Table - 3: Role of Support System (In frequency and percent)

*Support System	Number of respondents N = 150	Percentage of respondents
Family Support	100	66.7
Friends	80	53.3
Support Groups	70	46.7
Professional Services	60	40.0

* multiple responses

Table-3 exhibits that the most significant source of support comes from family, with 66.7 per cent of mothers reporting it as vital. This underscores the importance of familial bonds and the emotional and practical assistance they provide. Following this, 53.3 per cent of mothers highlight the value of social connections and peer support from friends in managing stress. The mothers reported that support groups (46.7 per cent) offer shared experiences and emotional solidarity. It was also noted that professional services are less frequently utilized, possibly due to lack of awareness about available guidance.

IV. Stress Management Strategies (Before and After Intervention Program)

Table 4 exhibits the changes in stress management strategies employed by 50 mothers of children with visual impairment before and after intervention program. The strategies are categorized into four key areas: problem-focused, emotion-focused, positive-focused and decision-making. Each category reflects that mothers have improved their coping mechanism to manage stress more effectively. The data shows the impact of the intervention in enhancing these strategies leading to better emotional and mental well-being.

Table 4: Stress Management strategies (In Percent)

Stress Management strategies		Percentage of respondents	
		Before (N=50)	After (N=50)
Problem-focused strategies	Select commitments very carefully	94	98
	Being realistic about time frames	70	98
	Believing that suicide is not the solution and facing problems directly	12	78
	Taking time off/short break with regard to the life changes	16	72
	Preparing a list of daily activities	0	58
Emotion-focused strategies	Engage directly in things that matter	0	80
	Prioritize children and own needs	18	73
	Conquer fear about my child's future	12	69
	Manage anger and anxiety	4	68

	Pretend and balance the problem	39	58
	Accept that I don't have to accomplish everything	10	57
Positive thinking strategies	Involved all activities	7	79
	Increases happiness and self confidence	17	78
	Enhanced optimism about overcoming challenges	20	72
	Good sleep during night time	18	69
	Improved Mental Strength in facing society	0	68
	Positive attitude towards negative thoughts	7	64
Decision making strategies	Everyday Talking and spending time with children	45	84
	Allocating Responsibilities	0	61
	Having Meals with family members together	12	60

Table 4 reveals notable improvement in problem-focused strategies among the mothers of children with visual impairment after the intervention program. Specifically, the percentage of mothers who selected commitments carefully increased from 94 per cent to 98 per cent followed by being realistic about time frames (from 70 to 98 per cent), believing that suicide is not the solution and facing problems directly (from 12 to 78 per cent), taking time off/short break with regard to the life changes (from 16 to 72 per cent) and preparing a list of daily activities (from 0 to 58 per cent). Overall, the intervention effectively enhanced the mothers' ability to manage stress and to face problems directly.

In terms of emotion- focused strategies for mothers of children with visual impairment before and after the programme, it was noted that engaging themselves directly in things that matter (from 0 to 80 per cent) followed by prioritizing child's and own needs over non-essential tasks (from 18 to 73 per cent), fear about child's future (from 12 to 69 per cent), pretend and balance the problem (39 to 58 per cent) and accept that I don't have to accomplish everything (from 10 to 57 per cent).

Regarding positive thinking strategies for mothers of children with visual impairment before and after the programme it was noted that increases happiness and self-confidence (from 17 to 78 per cent) followed by enhanced optimism about overcoming challenges (from 20 to 72 per cent), good sleep during night time (from 18 to 69 per cent), improve mental strength in facing society (0 to 68 percent) and positive attitude towards negative thoughts (7 to 64 per cent).

Regarding decision making strategies for mothers of children with visual impairment before and after the programme, it was noted that everyday talking and spending time with children (from 45 to 84 per cent) followed by allocating responsibilities (from 0 to 61 per cent) and having meals with family members together (from 12 to 60 per cent) were followed by the mothers.

Overall, the study proves that with proper interventions focusing on different aspects of stress management - problem-focused, emotion-focused, positive thinking and decision-making strategies mothers of children with visual impairment can significantly improve their ability to cope with stress. This highlights the need for tailored support systems and targeted interventions to

enhance maternal resilience, well-being and the overall quality of life for these mothers and their families.

5. Impact of intervention programme acquired by the selected mothers of children with visual impairment T test (before and after)

The impact of intervention programs for mothers of children with visual impairment was analyzed through a t-test comparing pre-intervention and post- intervention scores across various strategies is presented in Table 5.

Table 5 Impact of intervention program acquired by the selected mothers

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

The ‘t’ value found from the analysis of the mean score of before and after stress management programme among the mothers of children with visual impairment is -52.515 for problem-focused strategies, 47.066 for emotion-focused strategies, 152.249 for positive thinking strategies and 128.037 for decision making strategies. It was also revealed that “p” value or significant value is 0.000 ($p < 0.05$) indicates that the intervention program had a significant impact on the use of problem-focused strategies, emotion-focused strategies, positive thinking strategies and decision-making strategies among the selected mothers of children with VI. There exists a significant difference between the mean scores of before and after intervention programme at 5 per cent level of significance rejecting the null hypothesis. Hence the null hypothesis **Ho1: “There is no significant difference in problem-focused strategy, emotion-focused strategies, positive-thinking strategies and decision-making strategies among mothers of children with visual impairment before and after the intervention program” is not accepted**, indicating that the intervention program significantly improved the mothers’ stress management by following the above strategies leading to improved mental health and overall well-being.

CONCLUSION

The study concludes that mothers of children with visual impairment (VI) face significant stress from various sources, including their child's health, physical and emotional demands, financial pressures and lack of support. Predominantly, these mothers are aged between 31 to 40 years, hold undergraduate degrees and come from middle-income backgrounds. Employment and marital status further influence their stress levels, with most mothers employed and living with their husbands. Child health issues and developmental challenges are primary stressors, requiring considerable emotional and physical resources. Physical factors such as lack of strength, sleep deprivation, and

health issues further compound their stress, necessitating comprehensive physical coping strategies. Emotional factors, including fear of the child's future, child's tantrums, neglected feelings, and guilt, significantly impact these mothers. Financial pressures from high costs of special services, loss of dual income, and poor salary further strain these families. Lack of support, both practical and emotional, is a critical issue. Building a support network, utilizing respite care, and advocating for services are crucial strategies to alleviate this stress. Child health and development-focused strategies, such as early intervention programs and professional collaboration, are universally adopted and highly effective, emphasizing the importance of these interventions in improving developmental outcomes. Overall, the study highlights the transformative potential of intervention programs aimed at reducing stress among mothers of children with visual impairment. The significant improvement observed in stress management strategies suggest that such programs can empower mothers, leading to improved emotional resilience and a better quality of life for both the caregivers and their children. Comprehensive support systems and targeted intervention strategies can significantly ease the burdens of caregiving, fostering a more supportive and nurturing environment for families of children with visual impairment.

FURTHER STUDY

It would be more helpful to study the role of support systems, including family, friends, support groups and professional services, in alleviating stress for parents of visually challenged children. It explores how different support systems contribute to parental coping and well-being.

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