Perception Of Parents Regarding Pre-School Anxiety In District Mirpur Azad Jammu & Kashmir

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ABSTRACT

Anxiety is a common problem within today’s society – and it targets no specific age. The current study aimed to explore the perception of parents regarding preschool anxiety of their children, the level of anxiety in preschool children and suggests strategies parents may use to help their children cope. A Cross sectional survey design and a standardized Questionnaire, adopted from ‘Spence Child Anxiety Scale”- parent version (SCAS-p; Spence, 1999) was used. The data was analyzed using Mean and standard deviation. The findings reported that physical injury fear is the most common out of all anxiety disorders, separation anxiety ranks second, obsessive compulsive disorder is the third major anxiety disorder, while agoraphobia ranks fourth and social phobia and general anxiety appear to have the lowest mean. Recommendations are that parents may encourage their child to talk about her/his feelings and fears, find a trained therapist and take his/her child to all the therapy appointment and make friendly relationship with their children, talk to them about school and people in a positive way.

Keywords: Preschool, Anxiety, Parental Perceptions

INTRODUCTION

Anxiety is an important aspect of human life. It can be defined as an unpleasant emotional state or condition marked by apprehension. The anxiety disorder is the most common or frequently occurring mental disorder (Munir et al., 2019). The group compasses Anxiety as the principal disturbance of mood or emotional tone. Anxiety may be understanding as the pathological counterpart of normal fear is manifest by disturbances of mood, also thinking behavior and physiological activity (Almukhtar A. Adwas et al. & J Med Sci Oct, 2019). It is often discussed as being such a complex experience causing scientific investigation difficult or impossible.
According to Spence (1998) early intervention is dependent upon the availability of psychometrical sound, valid assessment instrument to identify children with anxiety problems. A structured interview represents one method of identifying anxious children, however most existing schedules are cumbersome to administer and are not as practical as large scale screening instrument in schools. Child, teacher or parent’s questionnaires represent a more efficient method of identifying anxious children. Parents’ perception about their preschool children help more in identifying the problem and cure it as soon as possible. Anxiety is a rising issue among school going children. Moreover it should also be taken into consideration that feelings and emotions develop in early three years of a child. In general observation children aged between 4 to 7 years are found to be more anxious (Spence et al., 2001). Anxiety symptoms at an early age lead to the anxiety problems during childhood and adolescence (Nauta et al., 2005). Moreover, it is significant to explore the anxiety among the preschoolers. The role of parents and teachers is very important in identifying anxiety symptoms among the preschoolers. Therefore, the current study aims to investigate parents’ perception regarding preschool anxiety and to suggest strategies to cope with preschool anxiety.

**Literature Review**

The body's reaction to a perceived threat is known as anxiety. If the sense of threat is exaggerated or overplayed to the point where it interferes with functionality, it can lead to a long-term disorder. Unlike some psychopathologies, anxiety is an emotion that aids in the protection and adaptability of the individual as he or she matures physically and mentally (Karayagız et al., 2020).

Anxiety disorder is one of the most common conditions in the field of psychiatry. Genetic and environmental factors, as well as the individuals' parental attachment, are all possible causes (Karayagiz et al., 2020).

**Anxiety in Children**

Anxiety disorders are one of the most common childhood mental illnesses. According to Anderson et.al, (1987), studies have shown that about 8% to 12% of children meet the diagnostic criteria of anxiety disorder that is severe enough to interfere with daily activities.

Rapee, Schniering & Hudson, (2009) examined that the rate of anxiety spread to preschool duration estimates between 2.5% and 10%. Anxiety is associated with a series of lifelong disorders, however, some fears and anxieties are common for young children.

Costello et al., (2003) found out and proved that anxiety at young age reaches to the higher rate until the age of 16. Early childhood children may show symptoms of various developmental and behavioral disabilities. In the early years biologically significant traits, such as abnormal shyness, appear at a high level. Especially at the age of 6 and 7, it causes reactions such as fear and retreat from the new and unknown circumstances. However, there is evidence that anxiety problems in older children reflect their early age (Hakan & Sahin, 2020).
Beidel, Christ, & Long, (1991) described that in general, children with anxiety disorders are characterized by anxiety that is not age-appropriate but extreme, which has a long duration and interferes with daily working. These children avoid collisions with frightening objects or situations, or endure the situation with great anxiety. Anxious children experience a wide range of physical symptoms, usually heart and respiratory distress, tremors, redness or chills; fainting and sweating symptoms, such as nausea, headache, shortness of breath and dizziness are rarely reported.

Factors involved in child anxiety disorder are separation anxiety disorder, social phobia, generalized anxiety disorder, and panic with or without agoraphobia.

**Separation Anxiety Disorder**

Separation anxiety is characterized by development-wise inappropriate and excessive unease about separation from home or those with whom the child is attached. This causes significant discomfort or disruption in social, educational, or other important areas of work. Children with this kind of anxiety disorder usually avoid being home alone, playing at a friend's house, staying with a nanny or sleeping at a friend's or relative's house. Domestic illness is very common in addition, children concerned about separation can often call their parents when they are away and repeatedly asking for reassurance.

**Social Phobia**

Social phobia is defined as the constant fear of one or more situations, which involves scrutiny. For example, the possibility of doing something embarrassing or insulting because of others or facing a situation that immediately provokes an outburst. Usually avoided or tolerated with fear when answered, it significantly interferes with a child's daily routine.

Children with social phobia may avoid taking the initiative of ordering at a restaurant or snack bar; asking for something at a store; joining sports clubs; going to birthday parties, or generally insist on avoiding to show up. In addition to escaping, children can portray the following behaviors: crying, jerking, or irritability. Children with social phobia have reported high levels of somatic symptoms including; shivering, heart palpitations, sweating, flushing / cold and nausea.

**Generalized Anxiety Disorder**

The main feature of General Anxiety Disorder (GAD) is excessive angst and worry (Terrible expectation. This can be prevented by doing school work or playing sports. In addition, they may ask a number of questions and express repeated concerns of upcoming events. Children with GAD may have physical symptoms, such as failing to sit quietly or rest, having difficulty in concentrating, or irritability, along with concerning signs like muscle aches and sleep disturbances.

**Panic Agoraphobia;**
The panic attack is described as 'a separate period of intense fear or distress' and is characterized by 'a solid period' in which sudden onset intense fear, dread, or terror, is often associated with feelings. During these attacks, symptoms such as shortness of breath, palpitations, chest pain, choking, smoothing, the fear of 'going crazy' or losing control are present. Agoraphobia can occur accompanied by panic attacks and is described as a concern. Avoiding places or situations where embarrassment is a possibility or in which no help is available in case of panic attack like symptoms is a cautious move. For a long time, this was thought of not to be in children; some researchers claim that there are no sudden panic attacks occurrences during childhood, while others argue against this, but that children cannot have the intellectual ability to misinterpret and attribute bodily feelings for internal reasons. This is the current consensus. Panic attacks are more common in young people, and they can happen, but less often in children.

**Obsessive compulsive disorder**

Obsessive compulsive disorder is a mental disorder in which a person feels the needs to perform certain routines repeatedly, having certain thoughts frequently called obsession.

**Physical injury fears**

It is characterized as being scared of the dark, heights, flying, dogs etc.

**Impact of early childhood anxiety on later development of child**

According to Stallard et al (2012) it has become clear over the last two decades that anxiety is not only a detailed analysis problem among adolescents, but that the majority of childhood anxiety disorders are genuine and remain throughout adulthood. Anxiety and stress affect children in a variety of ways, and they can have serious social and educational consequences. Children with social anxiety believe they are being judged or criticized all of the time, making social work more difficult. Anxiety alters children's perceptions of the world, causing them to react negatively to complex situations. Moreover, they have problems with peer relationships, self-esteem, school performance, and social behaviour when compared to non-anxious children. Having more negative social expectations, report lower social self-competence, they are rated as more socially maladjusted by their parents and teachers. Anxiety disordered children were 2.9 times more likely than non-anxiety disordered children to drop out of high school (Nauta et al., 2005).

Children with social phobia had significantly poorer social skills, as well as a high level of general, emotional, over-responsiveness and loneliness. In children, generalized anxiety symptoms were linked to a higher risk of alcohol consumption during adolescence (Kaplow et al., 2001).

Kovacs and Devlin (1998) reported that up to 8 years after the onset of the disorder, children with an anxiety disorder were still likely to meet the diagnostic criteria. However, the anxiety symptoms may differ over time. Children with anxiety disorders were more likely to suffer from the disorder in the future, or to develop depression or substance abuse (Costello et al., 2003).

According to Last et al., 1996 children who are clinically referred anxious in their early childhood are more likely to have mental illness in their later life.
Research Objectives and questions

Research Objectives of the study are:

1. To find out the perception of parents regarding preschool anxiety of their children
2. To find out the level of anxiety in preschool children
3. To suggest the strategies parents may use to help their children

Research Questions of the study are:

1. What is the perception of parents regarding preschool anxiety?
2. What is the level of anxiety in preschool children?
3. What are the strategies to help children with preschool anxiety?

Significance of The Study

The research has the potential to extend the recent studies by looking at the parent’s cognition and expectations regarding their child’s emotional and behavioral responses to uncertain circumstances. This study will be helpful for parents to perceive over child behavior and also help to change their parental behavior. This study will also helpful for teacher to recognize anxious children and report to parents. Study will enable curriculum implementers to design creative curriculum, fun co-curricular activities for preschool children that they come to school without any fear or anxiety. It will be helpful for children to overcome anxiety.

Methodology

In this research the quantitative research approach and a Cross-Sectional survey design has been used. According to Neuman (2015) survey research design is a most preferred design chosen by professionals from education, healthcare, management, marketing, policy researchers and journalists. It is mainly used to collect data from a sample or the total population to know about attitudes, activities, opinions, beliefs, behaviors, experiences, observations and characteristics of the population (Christensen, 2015; Creswell 2015 and Gay, et al 2015).

Questionnaire was used as a tool to collect data to find out the perception of parents regarding preschool anxiety in district Mirpur AJ&K.

Data Collection Instrument and Data Collection

The researchers adopted questionnaire from “Spence Child Anxiety Scale”- parent version (SCAS-p; Spence, 1999). SCAS-p is proved reliable and valid by many researchers (Spence, 1999; Nauta et al., 2003; Hakan & Ali, 2020).

The SCAS-p was developed to measure anxiety symptoms in children. It contains 38 items Each item of questionnaire was reaching the objectives of the study. The researchers distributed the Urdu version of the questionnaire to the parents of preschool children randomly. Parents are asked to grade each statement according to their perception about their children.
Population of this study were the parents of preschool children of Azad Jammu & Kashmir. In this study, parents of preschool children of district Mirpur were selected. Number of 300 parents of preschool children were selected to get their perception about their child anxiety. Convenient sampling technique is used to collect data. The members are selected without specifying any criteria for selection. From parents, individual can be father or mother of a child. There were no criteria for parent’s selection, educated and uneducated both, who are conveniently available.

**Data Analysis**

The SPENCE child anxiety scale consists of 38 items that are divided into six factors: 6 items for separation anxiety, 6 items for social phobia, 6 items for generalized anxiety, 9 items for panic agoraphobia, 6 items for obsessive compulsive disorder and 5 items for physical injury fears. These factors are separately examined to find out that in which factor symptoms of anxiety are maximum in children of district Mirpur AJ&K.

**Separation Anxiety**

Separation anxiety is about separation from home or those with whom the child is attached. Children with anxiety disorder can avoid being alone at home, playing at a friend's house, staying with unknown person or sleeping at a friend's or relative's house. The response rate is maximum. Most of the questions were responded by the participants.

![Graph 1: Separation Anxiety](http://www.webology.org)

The bar graph is the cumulative representation of all items that were in separation anxiety factor. The result of bar graph has shown that children become anxious sometimes when they were asked
to sleep alone, away from parents and going to school in the morning. In this factor the level of anxiety is high among these statements is the “children worry about being away from their parents” which is 1.9333 and in another statement that is children feel scared when they have to stay away from home overnight, the value for this is 1.93.

**Social Phobia**

Social phobia is about constant fear of one or more situations. Children with social phobia show behavior like crying, jerking. Children with social phobia reported high levels of somatic symptoms in children with anxiety disorders including; shivering, heart palpitations, sweating, flushing / cold and nausea.

![Graph 2: Social phobia](http://www.webology.org)

The bar graph is the cumulative representation of all items that were in social phobia factor. The result has shown that children become anxious sometimes when they have to give test, when they have to use public toilets. They are afraid of being fooled in front of others, afraid of bad grades in school and worries about what other people think about him/her. In this factor among all these statements the level of anxiety about taking a test is quit high which is 1.31333.

**Generalized Anxiety**

Generalized anxiety is about persistent and excessive worry about different things. The response rate is maximum. Most of the questions were responded by the participants.
Graph 3: Generalized Anxiety

The bar graph is the cumulative representation of all items that are in generalized anxiety factor. Children worries about different things, they complain about bad feeling in their stomach, feel afraid sometime, complain about that their heart beating so fast and problem of being shaky when they face any problem. Among all these the ratio of feeling afraid is slightly higher than other statements which is 1.14.

Panic Agoraphobia
It is an anxiety disorder in which unexpected panic attacks occur. During these attacks, symptoms such as shortness of breath, palpitations, and chest pain, and fear of 'going crazy' or losing control are present.
Graph 4: Panic Agoraphobia

The bar graph is the cumulative representation of all items that are in panic agoraphobia factor. Children feel anxious, start shaking, while traveling in car or bus, feel sacred, become dizzy or faint, heart start beating fast when there is no reason of it and also afraid of being in small places like tunnels. The ration of being afraid of in small places in little bit high which is 1.5933.

**Obsessive Compulsive Disorder**

Obsessive compulsive disorder is a mental disorder in which a person feels the needs to perform certain routines repeatedly are having certain thoughts repeatedly called obsession.
Graph 5: Obsessive compulsive disorder

The bar graph is the cumulative representation of all items that are in obsessive compulsive disorder factor. Children has to do lot of things over and over again and they are unable to forgets about silly thought. And they are unable to forget about things easily. The ratio of “children has to do things over and over again” is slightly higher than other factors which is 1.4467.

Physical Injury Fears

It is characterized as being scared of the dark, heights, flying, dogs etc.
Graph 6: Physical injury fear
The bar graph is the cumulative representation of all items that are in physical injury fears factor. Children scared of dark, scared of dogs, scared of going to doctor, scared of heights and scared of insects or spiders. Among all these statements the ratio of child being scared of dogs which is 1.9567.

Cumulative Mean of all Factors
Cumulative mean of all factors shows the mean values of all factors of anxiety. Physical injury fear factor shows the average mean in district Mirpur AJK which is 1.83734, while Separation Anxiety disorder shows the second most prominent anxiety factor in children which is 1.645, obsessive compulsive disorder has ranked as the third major factor which is 1.381134, panic agoraphobia disorder ranked as the fourth major anxiety factor which is 1.26185, social phobia and generalized anxiety factor shows the low mean value as compared to other factors which are 1.001067 and 1.00567 respectively.
Graph 7: Cumulative Mean of all Factors
The bar graph provides a clear rank wise representation of the anxiety factor of preschool children in district Mirpur AJ&K. All these factors previously discussed separately section wise. The current graph clearly representing the level of anxiety in preschool children in district Mirpur Azad Jammu & Kashmir.

Findings and Recommendations

Findings depends on the parents reports about their preschool children in district Mirpur Azad Jammu and Kashmir. The researchers analyzed data statistically.

i. In the separation anxiety subscale the cumulative mean value of all items is 1.645. Mean value shows that children have moderate level of anxiety. That means children feel anxious sometimes when they have to remain at home lonely, sleep lonely and being away from their parents.

ii. In the social phobia subscale the cumulative mean value of all the items included in it is 1.001067 which shows that the anxiety level in children is not much high. Children feel anxious sometimes when they have to take test in schools, use public bathrooms and when they have to talk in front of people or in front of class at school.

iii. In the generalized anxiety subscale the cumulative mean of all items is 1.00567. The value shows that children anxiety level is low. They feel anxious when they face any problem.

iv. In the panic phobia subscale the cumulative mean of all the items is 1.26185 which shows that the children feel afraid of being in crowded and closed dark places. Their heart start beating so fast...
sometimes and start shaking while there is reason of that. These all are the symptoms of anxiety. Children show these symptoms sometimes for a while.

v. In the obsessive compulsive subscale, children do some things over and over again like washing their hands and the light being turned off or not or putting things in order, silly thoughts in their minds. These things are the some sought of anxiety symptoms. The cumulative mean of all the items in this factor is 1.381134 which shows that children become slightly anxious sometime.

vi. In the physical injury subscale, children scared of dogs, dark, going to doctor, heights and insects. These things show the anxiety symptoms in children. The cumulative mean of all items in it is 1.83734. This is slightly higher mean as compared to other factors and closer to 2 which means children feel anxious often when they face these situations

Based on the findings of the research the research gives following recommendations. Parents may encourage their child to talk about her/his feelings and fears. Parents may find a trained therapist and take his/her child to all the therapy appointment. Parents may make friendly relationship with their children, talk to them about school and people in a positive way. Build trust and motivate preschool children and show them you understand how they are feeling. Try to spend maximum enjoyable time with your child. Develop in your child self-confidence and help your child to make friendships. Parents and teacher may engage children in healthy social and physical activities

References


