RESEARCH REVIEW JOURNALS
Volume-03
Issue-11
November -2018

ISSN: 2455-3085 (Online)
RESEARCH REVIEW International Journal of Multidisciplinary
www.rrjournals.com [UGC Listed Journal]

Distribution of orthopaedically impaired, hearing impaired & visually impaired secondary school students on Self-esteem, Personal Adjustment, Social Adjustment and Emotional Intelligence

Dr. Seema Naz

Associate Professor, Govt. College of Education (India)

ARTICLE DETAILS

Article History
Published Online: 10 November 2018

Keywords
Orthopaedically, EII, CPT

ABSTRACT

The study was conducted to study the distribution of orthopaedically impaired, visually impaired and hearing impaired secondary school studentson self-esteem, personal adjustment, social adjustment and emotional intelligence. The sample for the study consisted of 240 secondary school students (visually impaired 80, hearing impaired 80, orthopedically impaired 80).The physically challenged students were selected by purposive sampling. The sample was taken from different Higher Secondary and High Schools of Kashmir. Rosenberg's self-esteem scale was used to study Self-esteem, California Test of Personality (CTP) was used to study personal & social adjustment and self-constructed Emotional Intelligence Inventory (EII) was used to study emotional intelligence. On analysis of three categories of physically challenged students it was revealed that the hearing impaired students have the lowest level on Self-esteem,personal adjustment and emotional intelligence however on social adjustment both orthopaedically impaired and hearing impaired scored the lowest.

1. Introduction

The National Policy on Education 1986 brought education of disabled within the equal education opportunity section. The global literacy rate for adults with disabilities is as low as 3% and 1% for women with disability.UNESCO estimates that 98% of children with disabilities in developing countries do not attend school and 99% of girls with disabilities are illiterate.

In a society where children are given a right to belong, they are also given a right to be diverse. Thus, providing support to students with disabilities so that their inclusion can be socially and academically meaningful is a challenge faced by the country. The fight for rights of the disadvantage has been a major concern of India.

The prevalence of different types of disabilities in India, a glance:

Types of Disability	Census of India 2001	NSSO 2002	Census 2011
Movement (Locomotor)	28%	51%	27.9%
Seeing (Visual)	49%	14%	48.50%
Hearing	6%	15%	5.8%
Speech	7%	10%	7.5%
Mental	10%	10%	10.3%

Source: (www.WHO.int/factsheet/en)

Disability is no more taken as an impediment but as a challenge(WHO 1980), so the term used to denote such children in the study is"Physically Challenged". For the purpose of the present investigation under the umbrella term "Physically Challenged"includes the Hearing Impaired, Visually Impaired and Orthopaedically Impaired.

Hearing Impaired- Disabling hearing loss refers to hearing loss greater than 40dB in the better ear in adults (15 years and above) and a hearing loss greater than 30dB in the better ear in children (0 to 14 years) WHO.

Visually Impaired- Low visual acuity means vision between 20/70 and 20/400 with the best possible correction, or a visual field of 20 degrees or less. WHO

Orthopaedically Impaired- The crippled child is one who has a defect or deformity which causes interference with normal functions of bones, muscles or joints.

Self-esteem comes from a Greek word which means "reverence for self". The self refers to the values, beliefs and attitudes and the esteem designates the worth that one gives to oneself.[1]Abraham Maslow[2], in hierarchy of needs mentioned self-esteem. He described two forms of self-esteem: respect from others (recognition, success) and self-respect (self-love, self-confidence skill, aptitude etc.). Self-esteem is a universal need for every human being and essential for maintaining mental and physical health.

Peter Salovey and John Mayer, introduced the concept of emotional intelligence. According to Salovey and Mayer [3] (1990) emotional intelligence is: *"The ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and*

[1]RekhaSrivastava,andShobhnaJoshi2014;RelationshipbetweenSelf-conceptandSelf-esteeminadolescents,InternationalJournalofAdvancedResearch(2014),Volume2,Issue2,36-43evented or cured)

[2]Maslow,ahumanisticpsychologistwhotalkedaboutthehierarchyofneeds.

[3]Salovey and Mayer:*Peter Salovey* is an American social psychologist and current President of ***Yale*** University

John D. Mayer is an American psychologist at the Hampshire. He is a personality psychologist.

*actions."*According to Peter Salovey and John Mayer (2002)[4] emotional intelligence is: *"The ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional meanings, and to reflectively regulate emotions in ways that promote emotional and intellectual growth."*

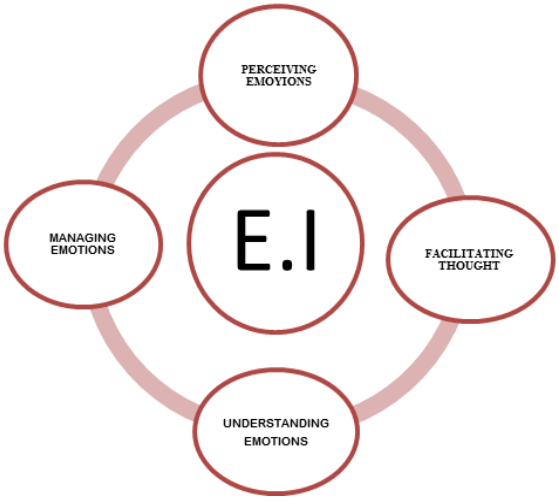


Fig1.1:***Salovey and Mayer ability model of EI:***

Four interrelated branches

Adjustment is a built-in mechanism for coping with the glitches or other realities of life. Adjustment has been considered as an index to integration; a harmonious behaviour of the individual by which other individual or society recognise a persons is well adjusted.[5] Carter V. Good [6], "Adjustment is the process of finding and adapting modes of behaviour suitable to the environment or the change in the environment".

2. Objectives of the Study

The following objectives were formulated for the present study:

1. To study the distribution of physically challenged secondary school students on*Self-esteem.*
2. To study the distribution of physically challenged secondary school students on *Personal Adjustment*.
3. To study the distribution of physically challenged secondary school students on *Social Adjustment*.
4. To study the distribution of physically challenged secondary school students on *Emotional Intelligence.*

3. Hypotheses

The following hypotheses were formulated for the present investigation:

1. There is no significant difference between orthopaedically impaired, visually impaired and hearing impaired secondary school students on self-esteem.
2. There is no significant difference between orthopaedically impaired, visually impaired and hearing impaired secondary school students on personal adjustment.
3. There is no significant difference between orthopaedically impaired, visually impaired and hearing impaired secondary school students on social adjustment.
4. There is no significant difference between orthopaedically impaired, visually impaired and hearing impaired secondary school students on emotional intelligence.

Operational Definition of Terms and Variables:

Physically Challenged: Physically challenged are those students who have some physical impairment which hinders with their participation in any activity.

The following categories of physically challenged were chosen for the present investigation.

1. Visually impaired
2. Hearing impaired
3. Orthopedically impaired

Self-Esteem refers to the scores obtained by the students on Rosenberg Self-Esteem Scale (SES 1965).

*Emotional Intelligence*refers to the scores obtained by the students on the nine traits; Self Awareness, Trustworthiness, Adaptability, Emotional Self-Control, Empathy, Interpersonal Communication /Interpersonal Influence, Initiative/Achievement Drive, Managing Relations and Optimism of the self-constructed Inventory (E.I. I).

Personal adjustment refers to the scores obtained by the students on the six factors; self-reliance, sense of personal worth, sense of personal freedom, feeling of belongingness, withdrawal tendencies, nervous symptoms.

Social adjustment refers to the scores obtained by the students on six factors; *social standards, social skills, anti-social tendencies, family relations, social relations, community relations*

4. Methodology and Procedure:

Method: The present study was concluded through the descriptive method of research (descriptive design). This method has been the most popular and widely used method of research in Social Sciences and Education.

Sample: The total sample for the present investigation consisted of 240 physically challenged secondary school students of Kashmir Division. The physically challenged students were identified on the basis of visiting High schools and Higher Sec. Schools. The investigator looked for three categories visually impaired N=80, hearing impaired N=80, orthopedically impaired N=80. All the three categories of physically challenged students were taken from 97 Higher Secondary schools and High Schools. These physically challenged students, sample (N=240) was selected by using purposive sampling technique.

Tools used:-. **Rosenberg's Self-Esteem Scale (SES)** The scale consists of 10 statements related to overall feelings of self-worth or self- acceptance. The positive and negative

[4]Mayer, J. D., Salovey, P., &Carsuo, D. R., (2004). Emotional Intelligence: Theory, findings, and implications. Psychological Inquiry, 15(3), p. 197.

[5] Pathak.A.N. (1990).Patterns of High and Low Creative Tribal Individuals.Psy. Rev. 35: pp11-14.

[6]Good, (1959). Dictionary of Education 2nd Ed. New Delhi. Mcgraw Hill Book Com.

items were presented in random order to reduce the effect of respondent set. The items are answered on a four-point scale ranging from strongly agrees to strongly disagree. Statements 1, 2,4,6,7 are positive and statements 3, 5, 8,9,10 are negative.

Self-constructed Emotional Intelligence Inventory (E.I. I): The inventory consists of 85 short statements measuring nine traits: Self Awareness, Trustworthiness, Adaptability, Emotional Self-Control, Empathy, Interpersonal Communication /Interpersonal Influence, Initiative/Achievement Drive, Managing Relations and Optimism. Items are rated on 5-point response scale. The tool uses both positive and negative statements under all the traits measured to add variety and to reduce student's tendency to respond perfunctorily.

The California Test of Personality (CTP) developed by Louis P. Thorpe, Wills W. Clark and Ernest W. Tiegs (1954) was used to study personal and social adjustment. The test contains 144 statements which are divided into two divisions' personal adjustment and social adjustment. The items in the personal adjustment are designed to measure evidence to six components of personal security. The items in the social adjustment are designed to measure evidence of six components of social security.

Statistical treatment: - The data for the present study was analysed by finding the percentage

5. Analysis and Interpretation of Data

Table1.1: Distribution of the physically challenged secondary school students on self-esteem (N=80 in each case)

Levels	Orthopaedically Impaired (N=80)	Visually Impaired (N=80)	Hearing Impaired (N=80)
High Self-Esteem	4 (5%)	6 (7.5%)	7 (8.75%)
Average Self-Esteem	51 (63.75%)	52 (65%)	31 (38.75%)
Low Self-Esteem	25 (31.25%)	22 (27.5%)	42 (52.5%)

The table 1.1 shows the distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students on self-esteem. The table shows that in the orthopaedically impaired (N=80) secondary school students only 5% have high self-esteem, 63.75% have average self-esteem and 31.25% have low self-esteem. In the visually impaired (N=80) secondary school students only 7.5% students have high self-esteem, 65% have average self-esteem and 27.5% students have low self-esteem. In the hearing impaired (N=80) secondary school students only 8.75% have high self-esteem, 38.75% students have average self-esteem and the majority of 52.5% students have low levels of self-esteem.

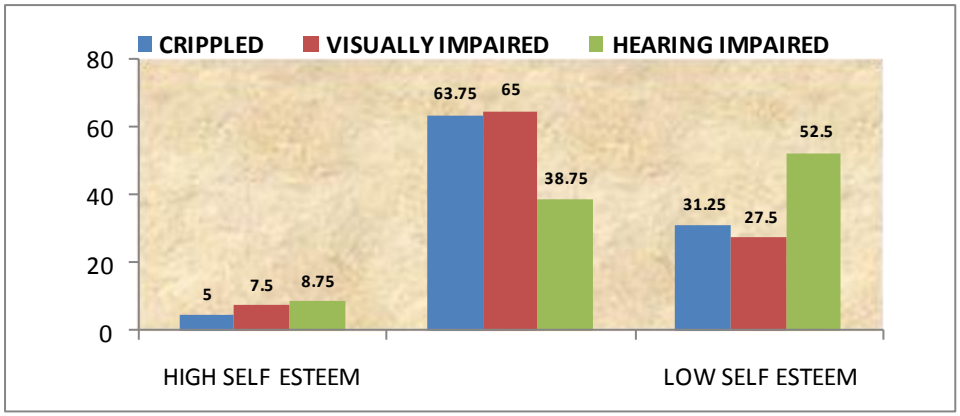


Table 1.2: Distribution of physically challenged secondary school students on personal adjustment (N=80 in each case)

Levels	Orthopaedically Impaired (N=80)	Visually Impaired (N=80)	Hearing Impaired (N=80)
High Personal Adjustment	2 (2.5%)	7 (8.75%)	*
Average Personal Adjustment	15 (18.75%)	23 (28.75%)	16 (20%)
Low Personal Adjustment	63 (78.75%)	50 (62.5%)	64 (80%)

The table 1.2 shows the distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students on personal adjustment. The above table reveals that the personal adjustment shown by the hearing impaired students is the lowest among the three categories of physically disabled students, 20% have average personal adjustment and 80% have a low personal adjustment. The orthopaedically impaired shows that 2.5% have high personal adjustment 18.75% have average personal adjustment and 78.75% have a low personal adjustment. The visually impaired reveal that 8.75% have a high personal adjustment, 28.75% have average personal adjustment and 62.5% have a low personal adjustment.

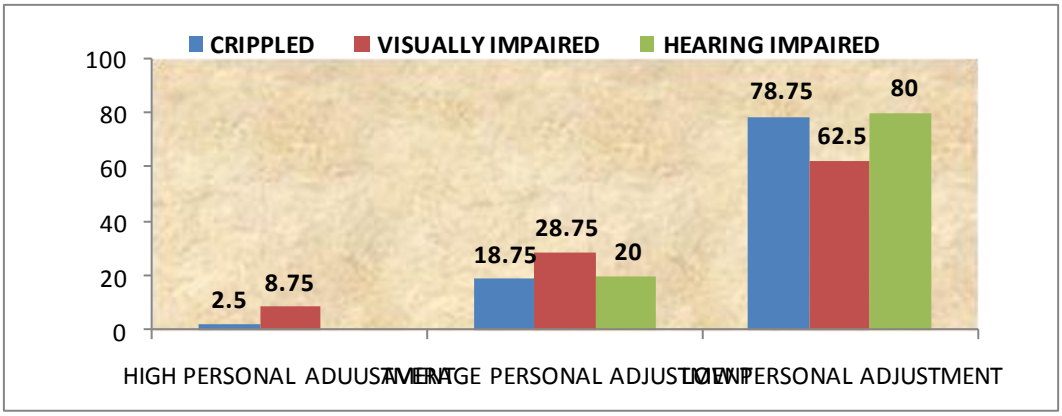


Table 1.3: Distribution of physically challenged secondary school students on social adjustment (N=80 in each case)

Levels	Orthopaedically Impaired (N=80)	Visually Impaired (N=80)	Hearing Impaired (N=80)
High Social Adjustment	2 (2.5%)	7 (8.75%)	1 (1.25%)
Average Social Adjustment	9 (11. 25%)	26 (32.5%)	10 (12.5%)
Low Social Adjustment	69 (86.25%)	47 (58.75%)	69 (86.25%)

The table 1.3 shows the distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students (N=80 in each case) on social adjustment. The above table reveals that in the case of orthopaedically impaired secondary school students 2.5% have high social adjustments, 11.25% have average social adjustment and the majority 86.25% of orthopaedically impaired students have a low social adjustment which clearly signifies that due to their disability they are not accepted by their normal peers and are not treated as inmates but discriminated. In the case of visually impaired students, 8.75% have a high social adjustment, 32.5% have average social adjustment and 58.75% have a low social adjustment. The hearing impaired show the least levels of social adjustment; a few,1.25% have a high social adjustment, 12.5% have average social adjustment and the majority 86.25 % of these have a low social adjustment. This confirms that the greatest obstacle that the hearing disabled child or adolescent face is not the hearing disability, but the failure of parents, teachers, professionals and the general public to understand and accept the person with this disability (Adoyo, 2008).[7]

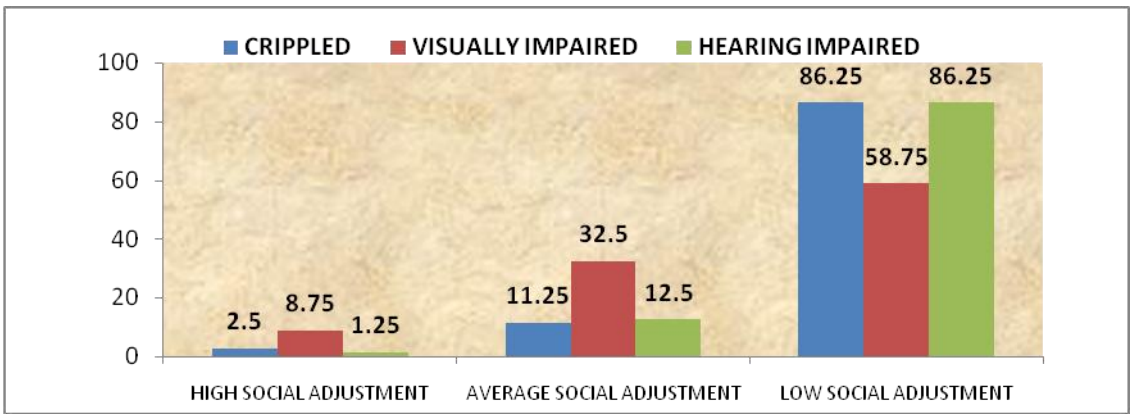
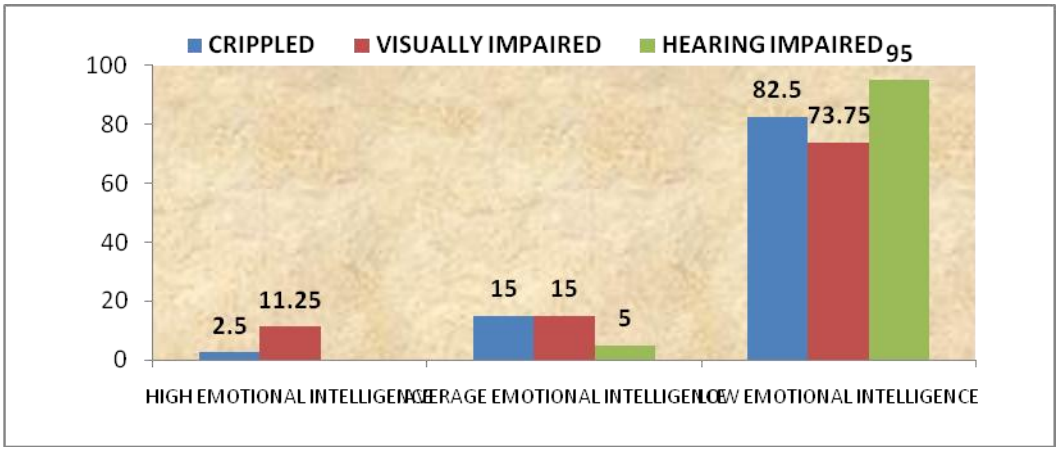


Table 1.4: Distribution of physically challenged secondary school students on emotional intelligence (N=80 in each case)

Levels	Orthopaedically Impaired (N=80)	Visually Impaired (N=80)	Hearing Impaired (N=80)
High Emotional Intelligence	2 (2.5%)	9 (11.25%)	X
Average Emotional Intelligence	12 (15%)	12 (15%)	4 (5%)
Low Emotional Intelligence	66 (82.5%)	59 (73.75%)	76 (95%)

The table 1.4 shows the distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students (N=80 in each case) on Emotional Intelligence. The table reveals that the hearing impaired students have the lowest score on emotional intelligence, only 5% of them have average emotional intelligence and the majority 95% have low emotional intelligence. In these children, inability to listen contributes to social, emotional and behavioural problems. Children with hearing problems tend to have low emotional intelligence due to their inability to speak or express their emotions to their peers and parents. The orthopaedically impaired show that only a few 2.5% have high emotional intelligence, 15% have average emotional intelligence and 82.5% have low emotional intelligence. The visually impaired students show that those with mild visual impairment have high emotional intelligence,

11.25% have high EI and those with moderate and severe visual impairment have average and low emotional intelligence, 15% have average and 73.75% have low emotional intelligence. The severity of the disability creates additional burden on the disabled child.



6. Discussion of Results

i. The distribution of the three categories of physically handicapped viz, orthopaedically impaired, visually impaired and hearing impaired secondary school students (N==80 in each case) on levels of self-esteem revealed that the self-esteem of hearing impaired students is the least, 52.5% of hearing impaired students have low self-esteem, 31.25% orthopaedically impaired students have low self-esteem and 27.5% visually impaired students have low self-esteem.

ii. The distribution of the three categories of physically handicapped viz, orthopaedically impaired, visually impaired and hearing impaired secondary school students on personal adjustment revealed that the personal adjustment shown by the hearing impaired students is the least, 80% have low personal adjustment, 78.75% orthopaedically impaired students have low personal adjustment. The visually impaired students reveal that 62.5% have a low personal adjustment.

iii. The distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students (N=80 in each case) on social adjustment reveals that orthopaedically impaired and hearing impaired students have lower social adjustment than the visually impaired students. 86.25% of orthopaedically impaired and hearing impaired students have a low social adjustment however in the case of visually impaired students, 8.75% have a high social adjustment, 32.5% have average social adjustment and 58.75% have a low social adjustment.

iv. The distribution of physically challenged viz. orthopaedically impaired, visually impaired and hearing impaired secondary school students (N=80 in each case) on Emotional Intelligence revealed that the hearing impaired students have the lowest score on emotional intelligence, 95% have low emotional intelligence. The orthopaedically impaired reveal that 82.5% have low emotional intelligence. The visually impaired students show that those with mild visual impairment have high emotional intelligence, 11.25% have high EI and those with moderate and severe visual impairment have average and low emotional intelligence, 15% have average and 73.75% have low emotional intelligence.

References

1. Aden Walla D. (1999). Education of the Deaf in India- A Global Perspective on Education of the Deaf. Millsbore Pub, pp. 82.
2. Adoyo, P.O. (2008). Educating Deaf Children in an Inclusive setting in Kenya: Challenges and Considerations. Nairobi: University of Kenya.
3. Advani, L. (2002). Education: A Fundamental Right of Every Child Regardless of His/Her Special Needs. Journal of Indian Education; Special Issue on Education of Learners with Special Needs, Vol. 34: 46-52.
4. RekhaSrivastava, and Shobhna Joshi (2014) Relationship between Self-concept and Self-esteem in adolescents, International Journal of Advanced Research, Volume 2, Issue 2,pg 36-43.evented or cured)
5. Mayer, J. D., & Cobb, C. D. (2000). Educational policy on emotional intelligence: Does it make sense? Educational Psychology Review, 12, 163–183.
6. Mayer, J. D., &Salovey, P. (1997). What is emotional intelligence? In P. Salovey& J. D. Mayer (Eds.). Emotional development and emotional intelligence (pp. 3–31). New York: Basic Books.
7. Mayer, J. D., Salovey, P., &Carsuo, D. R., (2004). Emotional Intelligence: Theory, findings, and implications. Psychological Inquiry, 15(3), p. 197.

8. Pathak.A.N. (1990).Patterns of High and Low Creative Tribal Individuals.Psy. Rev. 35: pp11-14.
9. Good, (1959). Dictionary of Education 2nd Ed. New Delhi. Mcgraw Hill Book Com.
10. Terwogt, M.M. and Rieffe, (2004) Behavioural problems in deaf children : Theory of mind delay or communication failure. Eur .J . Dev . Psychology 231-240.
11. Adoyo, P.O. (2008). Educating Deaf Children in an Inclusive setting in Kenya: Challenges and Considerations. Nairobi: the University of Kenya.
12. NidhiSingal (2008) Forgotten Youth: Disability and Development in India; RECOUP; Working Paper 14. Research Consortium on Educational outcomes and Poverty. Rosenberg Self-esteem Scale, University of Maryland, available at http://www.socy.umd.edu/quicklink/rosenbergself-esteemscale
13. Rosenberg, M. (1965). Society and the Adolescent self-image. Princeton, NJ: Princeton University Press.
14. Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
15. Rosenberg, M. (1986). Self concept to middle childhood to adolescence. In J. Suls (eds), Psychological perspectives on the self, 107-136. Hillsdale, NJ: Erlbaum. Singh, D. (2002). Emotional Intelligence at Work: A Professional Guide. Sage Publications, New Delhi.
16. SmritiSwarup, Sixth survey of Educational Research 1993-2000 vol. I p.197-208.
17. Thorpe, Louis P, Clark Willis, Tiegs, Ernest W; (1953). Manual for California Test of Personality- all levels. Mc. Graw Hill Publications, Del Monte Research Park California, USA.
18. UNESCO. (1994). The Salamanca Statement and Framework for Action on Special Needs Education. Salamanca, Spain: World Conference on Special Needs Education: Access and Quality (Report).
19. UNESCO. (1994). World Conference on Special Needs Education: Access and quality (Final Report).
20. United Nation Development Programme: Human Development Programme: Country Report.
21. WHO (1996). ICD 10 Guide for Mental Retardation. Geneva:
22. WHO World Bank (2007). People with Disabilities in India: From Commitments to Outcomes. Human Development Unit, South Asia Region.
23. www.savethechildren.net/alliance/resources/child_second.pdf

