

MODES OF SOCIAL ADJUSTMENT OF PHYSICALLY HANDICAPPED CHILDREN: AN INVESTIGATION OF PARENTS POINT OF VIEW

Shagufta Naz¹, Saira Akhtar¹, Yasir Nawaz¹ and Ghulam Yasin²

¹Department of Rural Sociology, University of Agriculture, Faisalabad, Pakistan; ²Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan
Corresponding author's e-mail: sairaakhtar2@gmail.com

Parents have a right, as experts on their own children, to pursue the least restrictive environment with supports and services for their children to successfully achieve their individual goals. They will always have far longer and greater responsibility and interest in their child's future. This study discussed the current research literature related to the rehabilitation of physically handicapped children and programs aimed at the rehabilitation. Simple random sampling techniques was used for the selection of areas were Govt. Special Education Centre, Tandliawala, Govt. Girls Secondary School of Special Education For Hearing Impaired, People's Colony, Faisalabad and Govt. Boys Secondary School of Special Education For Hearing Impaired, Jaranwala Road. The size of sample was 200 mothers of children who were physically handicapped and deaf and dumb. Before collecting the data in order to check the workability, validity of the interviewing schedule, pre-testing was necessary in the same universe. The data collected was statistically analyzed by using computer application software package for social sciences (SPSS). Chi-square statistics was applied to ascertain the relationship between independent and dependent variables. The data was collected with the help of well designed interview schedule. The results were presented in the shape of thesis for degree in Rural Sociology.

Keywords: Handicapped, children, attitude, parents, disability, social, adjustment

INTRODUCTION

The birth of a child with a disability or later discovery that a child has a disability has a profound effect on the family. These children may require a large portion of family time, attention, money and psychological support. Disability means the lack of ability to perform an activity in a manner which is considered to be normal. Biological and sociological researchers have found that there are different possible causes of disabilities such as poverty, ignorance, malnutrition, inter-marriages, inadequate health care and un-conducive environment, various infections (measles, typhoid, influenza etc.) (Pakistan Medical Council, 1982).

According to the United Nation Report there are, at present about 600 million disabled persons in the world constitution nearly 10 percent of the global population. About 400 million of world's disabled persons live in Asia. This population needs positive action on the part of government, family private sector, and civil society. The issue requires policy strategies, legislation and incentive at national level.

The United Nations General Assembly made a declaration to observe 1983-92 as a decade of the disabled, and also declared as the year 1981 the international year of disabled persons. The

"International Day of Disabled Persons" 3rd December was proclaimed by the General Assembly in 1992.

The population of Pakistan is more than 150 million. The population of disabled persons in the country has been calculated according to WHO criterion, i.e., 10% of the total population of Pakistan which comes to more than 15 millions. A survey conducted in 2006 in Pakistan presented province wise break down of population according to types of disability as disabled persons in Punjab (2.48%), Sindh (3.05%), Balochistan (2.23%) and total in Pakistan with 9.88%. Hence the disabled persons need special consideration to cope their problems. To address these needs Pakistani society has also organized specialized education service like other nations of the world. These services signify education consistent with disabilities.

At present there are 45 institutions for physically handicapped children, 40 for mentally retarded children, 63 for visually impaired children, 82 for hearing impaired children and 67 for multiple handicapped children. These institutions are managed by Government and non Government sectors.

Children are the pillar of a nation, if we want to attain peace and revolution in the world, we should start from planning education and socialization of children

on positive lines. If it is not possible we cannot attain peace and progressing in the world (Quaid-a-Azam, 1947).

The parents of disabled children have committed themselves to care for their child as long as he needs it, parents, in reality, deal with the problems and difficulties. There are some common approaches to deal with problems but parents use the strategies they find to work best for them.

Parents frequently make use of informal support, a lot of support from family and friends but it is dropping off rapidly. Parents are very concerned but family and friends are concerned for a short time.

Seeking or receiving some professional help is often seen as stigmatizing. Parents feel they will fail in some way, if they use respite care services. But for achieving some degree of normality in their family life formal help is very important (Joseph, 2006).

The objectives of the studies were to find out socio-economic background of the families, attitude of parents, the role of mothers in the socialization, the causes of disability and to investigate the problems faced by the parents in the rehabilitation of their physically handicapped children.

MATERIALS AND METHODS

A methodology is an essential part of any research study as it provides a guide line of future researchers to evaluate any study to variety its results. Simple random and systematic sampling techniques were used for the selection of the areas and mothers accordingly. Sample size of the present study was consisted of 200 (mothers of school going children). Three areas namely Govt. special Education Campus, Tandlianwala, Govt. Girls Secondary School of Special Education for Hearing Impaired Peoples Colony, Faisalabad and Govt. Boys Secondary School of special Education for Hearing Impaired,

Jaranwala Road, Faisalabad were selected by simple random sampling from Faisalabad district. The size of sample was 200 mothers were selected by systematic sampling technique from these schools that were physically handicapped and deaf and dumb. Before collecting the data in order to check the workability, validity of the interviewing schedule, pre-testing was necessary in the same universe. The data collected was statistically analyzed by using computer application software package for social sciences (SPSS). Chi-square statistics was applied to ascertain the relationship between independent and dependent variables. The data was collected with the help of well designed interview schedule.

RESULTS AND DISCUSSION

Education influence one's socio-economic status as well as mental, physical, emotional development. The question was supposed to frame a logical inference keeping in view the theme. As shown in Table 1, the level of education in the areas surveyed was not encouraging. As many as 33.0 percent respondents were having no education. Primary and matric and above were equal in percentage (33.5%). Only a small fraction of respondents (6.0%) was found to be having education level up to middle standard.

Majority of the respondents i.e., 85.5 percent had income up to 5000, 8.0 had income (6001-10000) and only 6.5 had income (above 10001). Economic deprivation is likely to have a strong impact on the rehabilitation or development of children. Families who suffer economic stress, feel insecure tend to be harsh with their children. The family income undoubtedly affects the upbringing of the offspring. According to Hess and Shipman (1967) in their study of interactions among maternal control techniques, teaching style, language and children's cognitive development found a number of differences between

Table 1. Distribution of the respondents with regard to their education & Income

Education	Frequency	Percent
Illiterate	66	33.0
Primary	61	30.5
Middle	12	6.0
Matric and above	61	30.5
Total	200	100.0
Income	Frequency	Percent
Up to 5000	171	85.5
6001 - 10000	16	8.0
10001 and above	13	6.5
Total	200	100.0

middle-class and lower-class mothers. They concluded that the lower-class mother's communicative style was less likely to help their children learn to make the kinds of discrimination necessary to develop effective problem-solving skills.

Ronald (1974) reported that presence of the disabled child in the family may be felt as a serious threat and insult. Usually such families resort to mourning over the incidence and have feelings of rejection towards the handicapped children. But little effort is done to

Table2. Distribution of respondents with regard to their expression of reason of disability in their Children

Cause of Disability	Frequency	Percent
By Birth	105	52.5
Illness	95	47.5
Total	200	100.0
Distribution of respondents with regard to their family's member's general behavior towards handicapped children		
General Behavior	Frequency	Percent
Helpful	140	70.0
Pitiable	55	27.5
Avoidance	5	2.5
Total	200	100.0
Distribution of respondents with regard to their evaluation of teachers' encouragement to the handicapped in their study program		
Response	Frequency	Percent
Encouraging	185	92.5
Indifferent	15	7.5
Total	200	100.0
Distribution of respondents with regard to giving preference to their handicapped children over other siblings.		
Response	Frequency	Percent
Yes	195	97.5
No	5	2.5
Total	200	100.0
Distribution of respondents with regard to discussion of study problems of handicapped children with their teachers.		
Response	Frequency	Percent
Yes	171	85.5
No	29	14.5
Total	200	100.0
Distribution of respondents with regard to consultation of doctor after discovery of disability in their children.		
Response	Frequency	Percent
Yes	191	95.5
No	9	4.5
Total	200	100.0
Distribution of respondents with regard to their satisfaction with Government policies.		
Response	Frequency	Percent
Yes	167	83.5
No	33	16.5
Total	200	100.0
Distribution of respondents with regard to their handicapped children feeling un easiness in meeting strangers.		
Response	Frequency	Percent
Yes	100	50.0
No	100	50.0
Total	200	100.0

rehabilitate the handicapped children. The data given in Table 2, highlight that in case of more than half of the respondents (52.5%) the disability in their children was by birth. In (47.5%) children the major cause of disability was illness.

Crnic and Leconte (1986) stated that brothers and sisters are playmates first, as they mature, they take on new roles with each other. They may, over the years, do many things to each other.....teacher, friend, companion, follower, protector, enemy, competitor, confidant role model. When this relationship is affected by a sibling's disability, the long-term benefits of the relationship may be altered. The data given in the table, show that majority of the family members (70.0%) had helping behavior towards handicapped children and 27.5% showed pitiable behavior towards handicapped children. Only a small fraction (2.5%) showed avoidance behavior.

The data show that majority of teachers (92.5%) encouraged children in their studies and only 7.5 percent did not encourage handicapped children in their studies. The similar results were found by Tony and Potts (1983). He described comprehensive social services and educational facilities which tended to provide equal opportunities to the handicapped individuals. Integration was the main theme that largely depended on educating the society to accept the handicapped on equal terms.

The information given in table reveals that the majority of the respondents (97.6%) preference their handicapped children over the normal ones, whereas 2.5% of the respondents did not give any preference for their handicapped children over the normal children. Similar results were discussed by Hertenberg and Myers (1987). He drew the evidence on direct training interventions with families. It seems convincing, that parents can be taught skills, knowledge, and techniques that facilitate their children's development. This instruction also is applicable to other children in the effective ways of reducing stress, in their everyday activities centered on the disabled child.

The data given in table also shows that majority of respondent (85.5%) discussed the study problems of their handicapped children with the teacher, while 14.5% did not care to discuss these problems.

The huge majority (99.0%) of the respondents consulted doctors after discovery of disability in their children. Only 4.5% did not consult any doctor. Similar results were reported by Corker and French (1999). They described the medical model of disability, with its emphasis on individuality, rehabilitation and sense of personal tragedy, which has been challenged by the social model emphasizing

that many of the disadvantages faced by disabled people arise because of the wider society's inability to accommodate them.

Majority of the respondents (83.5%) were satisfied with Govt. policies, while 16.5% were not satisfied with Govt. policies. Similar results were reported by Stuart (1996). He further reported that despite its valuable and important role in asserting the rights of disabled people, the disabled peoples' movement was criticized for not recognizing ethnic diversity. Data shows that

The data presented in table elucidate that 50% children felt uneasiness in meeting with stranger, while (50.0 percent) children did not feel any sort of uneasiness in meeting the strangers. Similar results were discussed by Ahmad (2000). He explained that the impairment of disability can only be understood against what is considered as 'normally' for someone of their own age, gender and social class. Normally is not a given universal and impairment needs to be seen in its social and cultural context.

Hertenberg and Myers (1987) drew the evidence on direct training interventions with families, it seems convincing, that parents can be taught skills, knowledge, and techniques that facilitate their children's development. This instruction is also applicable to other children in the family and seems to be related to greater feelings of parental satisfaction and control. The results given in Table 3 shows a highly significant relationship between the education of the husbands and husband's cooperation in handling the handicapped child.

CONCLUSION

Many parents felt that it was difficult to obtain information about various services and benefits available for disabled children. It should be made known to the parents through electronic media. Help the people with disabilities to become productive members of society, should be the slogan of every civilized society. Proper and necessary medical care should be provided to the infants during illness. Earlier diagnosis is necessary for the proper medical treatment of the children.

REFERENCES

- Ahmad, M. 2000. Perspectives from international development assistance. Available at: <http://www.un.edu / unupress / unupbooks / un13se08.ht>. Accessed on 9.11.2009.
- Anwar, N. 1994. Role of parents in the rehabilitation of physically handicapped children. M.Sc. Thesis,

- Deptt. of Rural Sociology, University of Agriculture, Faisalabad.
- Corker, M. and S. French. 1999. Disability Discourse. Buckingham: Open University Press.
- Crnic, D. and H. Leconte. 1986. Direct instruction mathematics: A longitudinal evaluation of low-income elementary school student. *Elementary School Journal* 84:395-407.
- Hertenberg, G. and J. Myers. 1987. Effect of early childhood interventions on primary school progress and performance in the developing countries. Ypsilanti, Michigan: High / Scope Press.
- Hess, R.D. and V. Shipman. 1967. Cognitive elements in maternal behavior. Hill (Ed.), Minnesota Press.
- Joseph, R. 2006. Caring for a severely disabled child. Social policy research Unit, University of New York, Heslington.
- Pakistan Country Profile. 2006. Current situation of disabled persons. [www.apcdproject.org /country profile /Pakistan](http://www.apcdproject.org/country/profile/Pakistan).
- Pakistan Medical Research Council. 1982. Mental Health. pp. 118-122.
- Quaid-e-Azam. 1947. Quotation from the speech of Quaid-e-Azam at first Education Conference.
- Ronland, M. 1974. The feeding and behavior of parents of handicapped children-The handicapped person in the community. Tavistock Publications, London pp.104-118.
- Stuart, A. 1996. Meaningful difference in the everyday experience of young American Children. MD: Brookes, Brooks.
- Tony, B. and P. Potts. 1983. Integrating special education. Basic Black well Pub. England. pp.1-27.
- World Programme of Action. 2002. World programme of action. www.org/esa/socdev/enable/diswp.
- World Health Organization. 1981. Disability prevention and rehabilitation. World Health Organization, Geneva, pp. 8-9, 17-25.