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Comparative Study on Home and Social Adjustment of Differently Abled Adolescents

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Abstract

The present study was conducted to know the “home and social adjustment of differently abled adolescents”. The sample comprised of 180 respondents (60 Hearing Impaired Adolescents, 60 Visually Impaired Adolescents and 60 Physically Deformed Adolescents).The sample was drawn on the basis of random sampling technique and the data was collected from Jammu Province, area selected was Jammu. Tool used for study was HOSOCES Adjustment Inventory and data was collected through school visits. There is a need to address to the lack of trained staff for differently abled adolescents. Parents, families and teachers should be included as partners with policy makers in supporting differently abled adolescent development. Early development staff should be provided with systematic in service training, supportive and continuous supervision and observational methods to monitor adolescent’s development, practice and good theoretical and learning material support. Awareness should be created among general public about the rights and Acts of the disabled people which ensures every disabled the right to development as well as survival. Awareness should be created among people regarding the services being rendered by governmental and non-governmental organizations.

Key words : adjustment, hearing, disability, sensation

1.0. Introduction:

Adjustment is the individual’s meeting of his psychological demands and accepting himself. Positive self-regard is important for successful functioning in everyday life. The self-

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evaluation of members of minority groups such as deaf people, however, is challenged by prejudice toward them on the part of the majority society. Adjustment is the individual's ability to fulfill his psychological needs and his self-acceptance as well as enjoying life without any types of conflicts and accepting social activities and participation in social activities. The ear and eyes are the gates of learning for mankind. The ability of communication is a crucial factor to thriving, working ability and emotional well-being. Man is highly dependent on senses from these he builds his world, learns to conceptualize and to reason. The five basic sense organs plays an important role in personality of an individual of all the five senses, audition is perhaps the most important sense organ since it is primary means by which we monitor or interact with linguistic environment. There are more than 600 million people with disabilities in the world today (UN Report, 2003).Deafness and hearing loss may be defined according to the degree of hearing impairment, which is determined by assessing a person's sensitivity to loudness (Sound intensity) and pitch. The unit used to measure intensity is the decibal (dB), the range of human hearing is approximately 0-130dB. Sound louder than 130dB is extremely painful to hear. Conversational speech registers at 40-60dB.Deafness describes people whose bearing loss is in the extreme: 90db or greater. Deafness is defined by the Individuals with Disabilities Education Act (IDEA) as "a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance. Hard of Hearing, audition is deficient but remains somewhat functional. Individuals who are hard of hearing have enough residual hearing that, with the use of hearing aid, they are able to process human speech auditory. Deafness and hearing loss may be defined according to the degree of hearing impairment, which is determined by assessing a person's sensitivity to loudness (Sound intensity) and pitch. The unit used to measure intensity is the decibel (dB), the range of human hearing is approximately 0-130dB. Sound louder than 130dB is extremely painful to hear. Conversational speech registers at 40-60dB. Blindness is defined as absence or loss of visual ability or perception of visual stimulus. Legal Blindness defined by the Social Security Administration (2006), means either that vision cannot be corrected to better than 20/200 in better eye or that the visual field is 20 degrees or less even with a corrective lens. Many people who meet the legal definition of blindness still have some sight and may be able to read large print and get around without support. The Legal definition of Blindness is based on Visual acuity and field of vision. Visual acuity-the ability to clearly discriminate details at a specified distance- is measured by reading lines of letters, numbers and other symbols from the snellen chart. Vision Loss may be classified according to anatomical site of problem. Anatomical disorders include impairment of refractive structures of eyes, muscle anomalies in the visual system, and problems of receptive structures of the refractive problems are the most common type of visual loss and occur when the refractive structures of eye fail to focus light rays properly or near sightedness; astigmatism or blurred vision and cataracts. Hyperopia occurs when the eye ball is excessively short from front to back (has a flat corneal structure), forcing light rays to focus behind the retina.

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The person with myopia can view objects at close range clearly but cannot see them from a distance. Eyeglasses may be necessary to assist in focusing on distant objects. Astigmatism occurs when the curvature or surface of cornea is uneven, preventing light rays from converging at one point. The rays of light are refracted in different directions, producing unclear, distorted visual images. Astigmatism may occur independently of or in conjunction with myopia or hyperopia. Cataracts occur when the lens becomes opaque, resulting in severely distorted vision or total blindness. Surgical treatment for cataracts has advanced rapidly in recent years, resulting to the individual most of the vision that was lost. The visually impaired children are an integral part of our society.

Physical Deformity can affect person's ability to move about, to use arms and legs effectively, to swallow food, and to breathe independently. They may also affect other primary functions, such as vision, cognition, speech, language, hearing and bowel control. The Individuals with Disabilities Education Act (IDEA) use the term orthopedic impairment to describe students with physical disabilities and the term other health impaired to describe students with health disorders. Sing and Mishra (2015) found that there was no significant difference in overall adjustment, social and educational adjustment of hearing impaired adolescents across gender, while as significant difference was seen in male and female respondent's emotional development. The study by Dhindra, Manhas, and Sethi (2007) revealed that on the basis of social adjustment inventory 54% of hearing impaired children were found to be moderately adjusted followed by 33% and 13% who were negatively adjusted and adjusted respectively. Finding by Ademokoya and Fasoba (2005) revealed that hearing impaired students significantly experience social and academic adjustment problems. Findings by Prabha (1983) reveal that the blind students were found to be high on emotional while the hearing impaired were low on social and educational and average on emotional adjustment. Study by Pothuraj and Yashoda (2014) revealed that visually impaired children have good social adjustment in school and they have good relations with 10 students. Study by Gill (2014) reveals that there is no significant difference between the educational, social and emotional adjustments of visually handicapped boys and girls belonging to special schools.

Asim et al. (2012) designed a study to identify and analyze the need satisfaction and social adjustment of blind children in Faisalabad, Pakistan. The study particularly comprised of blind educational institutions in Faisalabad. Eighty respondents were selected through convenient sampling technique. The data was collected through well designed interview schedule. The study revealed that a large majority (78.8%) of the respondents reported that that they faced blindness since birth. A mainstream of the population (52.5%) reported that their parents paid attention during their sickness and 47.5% of the respondents reported that they discussed their personal problems with their parents. Garaigordobil and Bernarás (2009) conducted a study on a sample of 79 visually impaired adolescents from 13 to 21 years of age and analyzed the relations between

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socio- emotional adjustment and several personality variables. The results revealed that socio-emotional adjustment correlated significantly and negatively with stress, behavior problems, withdrawal behaviors, and lack of attention, and positively with self-esteem.

1.2. RESEARCH METHODOLOGY

Methodology constitutes the basic and an important component of every research project. It refers to a plan or strategy used to seek answers to research questions. This includes sorting of variables independent and dependent, tools to be used for their measurement followed by the decision about the locale and sampling procedure. This chapter provides detail on the design of the study that includes selection of locale, sampling procedure, methodology of data collection and its analysis. It also includes procedures adopted for the execution of the present investigation with the aim to find “Adjustment of differently Abled Adolescents (14-18yrs) in Jammu Province.” The data was collected from two sources. The primary data was obtained by collecting information by using HOSOCES Adjustment Inventory. The secondary data was collected from journals, books and from websites. A detailed account of methodology applied in the present study is given as follows:

1.2.1. Material selection**Locale:**

The locale for the study was Jammu province. Out of ten districts of Jammu Province Jammu district was selected. The data was collected from various schools of Jammu.

Institutions were selected from areas of Gujjar Nagar, Roop Nagar and Udheywala Talab Tillo of Jammu Province. 14-18yrs of Adolescents were enrolled in these Institutions.

Sample Group:

The sample for the study was divided into three groups.

Group 1: Consisted of hearing impaired adolescents: These hearing impaired were taken from J K Samaj School situated at Shahidi Chowk Jammu. This is a Non-governmental organization that runs for hearing impaired children and is up to 12th standard. Sample taken was in the age group of 14-18yrs.

Group 2. Consisted of visually impaired adolescents: These visually impaired adolescents were taken from two blind schools situated at Roop Nagar Jammu meant for boys and girls. Sample was taken in the age group of 14-18yrs. School was up to 10th standard.

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Group 3. Consisted of physically deformed adolescents: These Physically deformed Adolescents were taken from Institute for Physically Handicapped located at Udheywalla in Jammu. The school was meant for both boys and girls.

Sample Size:

From **Group 1** a total of 60 hearing impaired adolescents were taken. Sample taken was 30 males and 30 females.

From **Group 2** a total of 60 visually impaired adolescents was taken. Sample taken was 37 males from boy's school and 23 females from girl's school.

From **Group 3** from physically deformed Institutions a total sample of 60 physically deformed adolescents were taken which comprised as 30 male and 30 female adolescents.

Sampling Technique:

Purposive Sampling Technique was used to select various schools from Jammu, for selecting the differently abled adolescents from schools of Jammu Purposive sampling technique was used.

Criteria for sample selection:

For selecting the sample the criteria set was:

- a) Differently Abled Adolescents in the age group of 14-18 years.
- b) Differently Abled Adolescents from hearing impaired, visually impaired and physically deformed schools of Jammu.

Tool for the study:

The tool used for collecting the data was:

HOSOCES Adjustment Inventory

- c) Statistical Analysis

The data was analysed with the help of percentage statistics and 't' test.

1.1. PROCEDURE:

Tools prepared for data collection were administered on sample groups through personal contact after establishing rapport. In order to elicit information from adolescent the principles

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of desired schools were approached. They were informed about the nature and purpose of the study. To gather information by using scales school visits were conducted because information was needed from adolescents of desired schools. Statements in scales were asked by investigator in English, Urdu as the situation demanded.

1.4. Data Analysis:

The collected data was classified and tabulated depending on the kind of information required keeping in view the objectives of study. The data processing included editing, scoring, classification and tabulation so that they were available to analysis. The computation of certain measures along with searching for patterns of relationships that exists among the data group was done with the help of statistical methods. Statistical methods used were percentage statistic and t test.

2.0. Result and Discussion

2.1. Visually impaired and physically deformed adolescents on Home adjustment.

The data presented in table 1 shows that mean \pm sd in case of visually impaired was 12.38 ± 2.24 and in case of physically deformed 8.78 ± 3.39 . Further, statistical difference between visually impaired and physically deformed was highly significant (< 0.01) on the basis of Home Adjustment. Physically deformed were more adjusted than visually impaired adolescents.

Table: 1. Comparison between visually impaired and physically deformed adolescents on Home adjustment.

Category	No	Mean	S.D	t -value	Significance
Visually Impaired	60	12.38	2.24	6.86	
Physically deformed	60	8.78	3.39		

2.2. Visually impaired and Hearing impaired adolescents on Home Adjustment

The data presented in table 2 shows that mean \pm SD in case of visually impaired was 12.38 ± 2.24 and in case of hearing impaired 8.4 ± 3.38 . Further, statistical difference between visual impaired and hearing impaired was highly significant (< 0.01) on the basis of Home Adjustment. Hearings impaired were more adjusted than visually impaired adolescents.

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Table: 2: Comparison between visually impaired and Hearing impaired adolescents on Home Adjustment

Category	No	Mean	S.D	t -value	Significance
Visually Impaired	60	12.38	2.24	7.607	
Hearing Impaired	60	8.4	3.38		

2.3. Hearing impaired and physically deformed adolescents on Home Adjustment.

The data presented in table 3 shows that mean \pm sd in case of hearing impaired was 8.4 ± 3.38 and in case of physically deformed 8.78 ± 3.39 , however statistical difference between visually impaired and hearing impaired was not-significant (>0.05) on the basis of Home Adjustment.

Table: 3. Comparison between hearings impaired and physically deformed adolescents on Home Adjustment.

Category	No	Mean	S.D	t -value	Significance
Hearing Impaired	60	8.4	3.38	0.62	> 0.05 Not-significant
Physically Deformed	60	8.78	3.39		

2.4. Visually impaired and physically deformed on Social Adjustment.

The data presented in table 4 shows that mean \pm sd in case of visually impaired was 8.4 ± 3.38 and in case of physically deformed 8.8 ± 3.39 . Further, statistical difference between visually impaired and physically deformed was not-significant (>0.05) on the basis of Social Adjustment.

Table: 4. Comparison between visually impaired and physically deformed on Social Adjustment.

Category	No	Mean	S.D	t -value	Significance
Visually Impaired	60	8.4	3.38	0.62	> 0.05 Not-significant
Physically deformed	60	8.8	3.39		

2.5. Visually impaired and hearing impaired adolescents on Social Adjustment.

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The data presented in table 5 shows that mean \pm sd in case of visually impaired was 8.7 ± 1.44 and in case of hearing impaired 8.9 ± 2.09 . However, statistical difference between visually impaired and hearing impaired was not-significant (>0.05) on the basis of Social Adjustment.

Table: 5. Comparison between visually impaired and hearing impaired adolescents on Social Adjustment.

Category	No	Mean	S.D	t -value	Significance
Visually Impaired	60	8.7	1.44	0.608	> 0.05 Not-significant
Hearing Impaired	60	8.9	2.09		

2.6. Hearing impaired and physically deformed adolescents on Social Adjustment.

The data presented in table 6 depicts that Mean \pm sd in case of hearing impaired was 8.7 ± 1.44 and in case of physically deformed 9.4 ± 1.56 . Further, statistical difference between hearing impaired and physically deformed was highly significant (<0.01) on the basis of Social Adjustment .Hearing impaired were more adjusted than physically deformed adolescents.

Table: 6. Comparison between hearings impaired and physically deformed adolescents on Social Adjustment.

Category	No	Mean	S.D	t -value	Significance
Hearing Impaired	60	8.7	1.44	2.67	
Physically deformed	60	9.4	1.56		

ECOMMENDATIONS

There is a need to address to the lack of trained staff for differently abled adolescents. Parents, families and teachers should be included as partners with policy makers in supporting differently abled adolescent development. Early development staff should be provided with systematic in service training, supportive and continuous supervision and observational methods to monitor adolescent’s development, practice and good theoretical and learning

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material support. Awareness should be created among general public about the rights and Acts of the disabled people which ensures every disabled the right to development as well as survival. Awareness should be created among people regarding the services being rendered by governmental and non-governmental organizations.

CONCLUSION

The present study depicts that physically deformed and hearing impaired were more adjusted than visually impaired on the basis of Home Adjustment, however with respect to social adjustment physically deformed were more adjusted than visually impaired and hearing impaired. Emotionally hearing impaired and physically deformed depicted better adjustment than visually impaired. Physically deformed were more adjusted at School, while as hearing impaired showed better total Adjustment.

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