Research on Humanities and Social Sciences
ISSN 2222-1719 (Paper) ISSN 2222-2863 (Online)
Vol.4, No.3, 2014

Assessment of Self-Concept among Children with Special Needs

P.Neeraja
Research Scholar, Department of Home Science, S.V.University, Tirupati.

ABSTRACT

The self is one's inner world. It results from evolutional interaction with others, becoming the consistent personal perception of "I" and "Me". The self-concept really is the individual's anticipation of his general acceptance or rejection in a given situation; as the self concept is formulated, it tends to shape to new experience and to an established pattern. A handicapped child may be defined as one who suffers from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth and development or capacity to learn. Self-concept means the totality of attitudes, judgment and values of an individual relating to his behavior, abilities and qualities. This self-concept is the evaluation of the self and develops in relation to an individual's creative behavior. During early life the child's self evaluation is heavily dependent on the ways in which others accept him, specially his parents and other family members. For the purpose of the study a total of 96 children were selected. 32 each from the visually challenged, hearing impaired and Orthopaedically challenged. Within each group of 32 children, 8 boys and 8 girls (16) from 11-12 years age group and 8 boys and 8 girls (16) from 13-14 years age group were selected. Each child's self-concept was assessed by using the Tennesse self-concept scale modified and cross validated by Vasundhara Devi (1985). This scale consists of 80 items distributed over eight dimensions to measure the overall level of self-concept. Each dimension consists of 10 items. In visually challenged children boys of 11-12 years recorded highest score for "family-self" and "behaviour and self-satisfaction" (mean score = 26.8 each). In girls of 11-12 years the top score was for "physical-self" (mean score=34.6). Hearing impaired boys of both age-groups recorded highest score "physical-self" (28.1). In contrast in hearing impaired girls "social-self" registered the best mean score (27 and 26.9) in the two age-groups. Orthopeadically challenged boys of both age-groups scored highest for 'social-self' (24.9). Compared to boys in Orthopaedically challenged girls "Physical-self" and "social-self" shared the top spot in scores (mean score=26.2 each) in 11-12 years group. In 13-14 age-group of girls "Physical- self" scored highest (mean score=24) .Irrespective of type of disability gender or age-groups, compared to other dimensions of self-concept moral-self and ethical-self recorded the least scores.

Introduction

In the development of human personality, behavior and social interactions, self concept plays a vital role. Self concept is the internal compass which directs a person's, physical and metaphysical outlook, beliefs and attitudes and human relationships.

Self-concept means the totality of attitudes, judgment and values of an individual relating to his behavior, abilities and qualities. This self-concept is the evaluation of the self and develops in relation to an individual's creative behavior. During early life the child's self evaluation is heavily dependent on the ways in which others accept him, specially his parents and other family members.

The self is one's inner world. It results from evolutional interaction with others, becoming the consistent personal perception of "I" and "Me". The self-concept really is the individual's anticipation of his general acceptance or rejection in a given situation; as the self concept is formulated, it tends to shape to new experience and to an established pattern.

A handicapped child may be defined as one who suffers from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth and development or capacity to learn.

There are no universally agreed definitions for the terms commonly used like "impairment", "disability", "prevention" etc. This category is generally known as "physically handicapped". An individual who is afflicted with a physical handicap that in any way, limits or inhibits his participation in normal activities may be referred to as physically handicapped.

Physical disability in itself may not be as bad a physical experience as the social one, especially in those cases where the handicap is visible. It is only recently that the tern 'Disability' has been termed as a "challenge"-an impediment for an individual. The bias against disability is revealed in the terminologies locally used for referring to these individuals, which are often derogatory and limiting. Such individuals grow up with a very negative self-image resulting in low motivation and aspiration. They grow up that they 'cannot do 'where as when the disability is offered as a "challenge" their outlook towards life changes. The modern attitude and outlook is still not widely prevalent and thus these children still have a tough challenge to face.

According to Dorner (1976) participation in certain activities may be restricted as a consequence of physical disability, possibly resulting in social impoverishment and isolation.

Thomas and Baz (1988) stated that physically challenged children experienced more severe social difficulties than did an able bodied comparison group.

Self-concept is one of the most dominating factors influencing the individual's behaviour; on the other hand life experiences too affect the self-concept. Successes and other pleasurable events in life lead to the enhancement of self-concept while failure, frustration and other denigrating experiences tend to lower the concept of one's self.

The concept of acceptance and rejection is essential for understanding emotional development and emotional health. Self acceptance means attitudes of trust, confidence and healthy self regard that enable a learner to be free to draw upon his potentialities to realize his possibilities.

Sullivan (1981) believes the changing self to be influenced primarily by other people. He expresses the idea that children's self-concepts are influenced by significant people. The child's self-concept changes in reference to the qualities of the mother he is able to internalize.

Seymar Epstein (1973) has brought together a great number of the ideas about the self. Marsh and Shavelon (1985) also conceived of self-concept as a multi-dimensional construct. Brim (1976) borrowing some what from Epstein also used the self-concept to formulate a self theory. As Brim uses it, the self-concept becomes increasingly complex over life span and helps organize the general development of the personality.
The self-concept is a complex thing and a function of the importance (or reward values) of its various facets and the feeling, positive or negative about them.

Gallup (1979) argues that among humans as well "one must have knowledge of others inorder to have knowledge of self" Gender is one of the many categories by which the self is defined. It is a particularly interesting one especially in light of the changing sex roles and concepts in our culture.

Tuttle (1984) stated that although all individuals are susceptible to the same threats to the development of a positive self-concept, individuals with visual impairments are even at greater risk.

Parents of children who are disabled always seem to be creative and successful in finding ways to meet the disabled child's special needs. The normally developing children in such families, whose needs are also very real and urgent, may sometimes feel that their needs are being overlooked in part because the sister or brother who is medically, mentally and/or physically challenged required so much of the family's time and energy.

Children who have siblings with special needs often have to deal with a confusing mixture of emotions embarrassment, sadness and anger mixed with love and compassion. They may resent the way the sibling with special needs gets the lion's share of the families financial and emotional resources and then feel guilty about having these feelings. These children can feel isolated and often don't know whom to talk to or what to say when given the chance to say anything.

Self-concept has two aspects; personally perceived self, and socially perceived self. An individual's evaluation depends up on the way in which he think and also how others view him. Physical changes, skills development, skills evaluations and multiple role expectations are the main sources for the development of self-concept. The content of the self-concept is rich and diverse. It includes information about one's (a) possessions, (b) demographic characteristics, (c) personality and behavioral attributes, (d) physical qualities (e) activities and life-events, (f) feelings, thoughts, goals, values, standards and rules for behavioral regulation, and (g) significant relationships with individuals and groups (Mc Guire and Mc Guire (1981) Markus (1983) Belk (1988) Markus and cross (1990).

Objectives of the present study:

- To assess the level of self concept in physically challenged children of 11-14 years of age.
- To study the self-concept in different categories of physically challenged children.
- To examine the gender-wise self-concept in physically challenged children.
- To examine the age-wise self-concept in physically challenged children.
- To find out the levels of different dimensions of self-concept in physically challenged children.
- To test the statistical significance of age, gender and category of handicap with reference to levels of self-concept.

Hypotheses:

- Physically challenged children may have low to moderates self-concept.
- Physically challenged boys may have more self-concept than similar girls.
- Levels of self-concept may vary with category of handicaps.

Methodology

The present study was undertaken to assess the self-concept in physically challenged children.

Method of sample selection

For the purpose of the study a total of 96 children were selected. 32 each from the visually challenged, hearing impaired and orthopaedically challenged. Within each group of 32 children, 8 boys and 8 girls (16) from 11-12 years age group and 8 boys and 8 girls (16) from 13-14 years age group were selected.

Source of the sample

The sample for the present study was drawn from the following institutions in Tirupati town.

i. Navajeevan School for the Blind. Tiruchanoor Road.
ii. S.V. Deaf School. Alipiri.
iii. S.V.R.R. Government General Hospital. Department of Orthopedics.

Tools and techniques

The general information about each child of the selected sample and the family background were ascertained by means of a schedule which includes income level of the family, educational status or parents, type or family and ordinal position or the physically challenged child. The schedule is given (Annexure No.1)

Each child's self-concept was assessed by using the Tennesse self-concept scale modified and cross validated by Vasundhara Devi (1985).

Description of Tennesse self concept tool

This scale consists of 80 items distributed over eight dimensions, namely physical-self, family self. Social-self, personal-self, Self-identity, behaviour and Self-satisfaction, moral-self and ethical-self, to measure the overall level of self-concept. Each dimension consists of 10 items

Scoring pattern:

Each statement has five answers. A score of 1 to 5 (or) 5 to 1 is given to the answers depending upon the key. Based on the scores the self-concept is classified as follows.

Less than 200: Low self-concept
200 to 300: Moderate self-concept
More than 300: High self-concept

Results and Discussion

An appropriate methodology, an exhaustive analysis of data and its coherent interpretation are the essential prerequisites for good research.

The present study focused on self-concept in physically challenged children. The data obtained was tabulated and discussed as follows.

Table No: 1 Shows the various categories of physically challenged boys and girls selected as the sample belonging to two age groups i.e. 11-12 years (pre adolescence) and 13-14 (early adolescence). The sample is equally distributed category wise, i.e., gender wise, and age wise.

The total sample consists of 96 children, 8 boys and 8 girls (16) of age 11-12 years, and 8 boys and 8 girls (16) of 13-14 years, a total of 32 children each were selected from visually challenged, nearing impaired and orthopaedically challenged children.

From the data obtained of the sample it is observed that 58.33% of the sample children belong to Rs 1,000 to 4,000 pm income group. 28.12% come under the Rs 4001 to 8000 income group and 13.5% constitute the Rs 8001 to 15,000 income group.

Table No. 2b reveals the education sample of physically challenged. Among visually challenged children 65.6% of mother and 46.8% of fathers were illiterate. Among hearing impaired children 62.5% of mothers and 50% of fathers were illiterate while the figures for orthopaedically challenged children were 53.1% of mothers and 40.6% of fathers. The table highlights that the majority of parents were illiterate.

Table No 2c depicts the type of family in the three categories of challenged children. In visually challenged children 93.75% were from nuclear type of family and 6.25% were from a joint family 90.62% of hearing impaired children came from nuclear family where as 9.37% came from joint family. Among orthopaedically challenged children 96.88% hailed from nuclear families while 3.12% was from joint family. The table shows that majority of children belong to nuclear families and none belong to extended family.

As per table no 2d 42% of sample boys and 21% of girls were first born; 21% of boys and 42% of girls were middle born; 27% of boys and 31% of girls were last born, where as 10% of boys and 6°k of girls were the only child in their family.

The self-concept is the apex-the culmination-of all the social and personal experiences, self-concept may be thought of as a set of expectancies and evaluations of the areas or behaviors with reference to which these expectancies are held.

Self - concept should confirm to the actual life situation of the individual. Many children carry within them contradictory and conflicting self-concepts (Boyd 1997). At this juncture it becomes pertinent to assess the levels of self-concept in physically challenged children.

Table No 3: Illustrates the levels of self-concept in the three categories of physically challenged children indicating that 65% of physically challenged children had low self-concept and 35% had moderate self-concept. Incidentally none of the physically challenged children has high self-concept. Among the visually challenged children 53% had low self-concept and 47% had moderate self-concept. 63% of the hearing impaired had low self- concept and 37% had moderate self-concept, where as 78% of orthopedically challenged had low self-concept and 22% had moderate self-concept.

The table stands testimony to the fact that the majority of physically challenged children in each category had low self- concept. It may be due to the limitations imposed by the handicap on their overall development, quality of life and social acceptance. Among the physically challenged children the highest number of children who demonstrated low self-concept were those who were orthopaedically challenged, probably due to the disfiguration of physical appearance, disability in accomplishing physical task and the eternal need for assistance. The above results were in concurrence with the results of Harvey and Green way (1984) and Sharma (2004) who observed that physically challenged children demonstrated poor self-concept.

Table No 4 demonstrates the gender-wise mean scores of self-concept in the total sample (96). Visually challenged girls and hearing impaired boys exhibited moderate self-concept (mean score more than 200) and the other groups showed mean low self- concept (mean score less than 200).

To assess the significance of variance in mean scores of the sample with reference to gender and type of physical challenge the two-way ANOVA test was applied and the results are as follows

From the table no 4a : The observed value of F ration between columns (Category of physically challenge) is 3.05 and significance at 5% limit = 3.19. Therefore the null hypothesis is held valid and there is no significant variance between category of physically challenge.

The observed value for F ratio between rows (gender) is 0.31 and significance at 5% limit = 4.04. Therefore the null hypothesis is held valid and there is no significant variance between the genders.

The table no. 5 represents the age-wise means scores of self-concept in the total sample (96). Only the visually challenged children of 11-12 years showed moderate self-concept (Mean score more than 200) and all the other categories showed low elf-concept (mean score < 200).

The significance of variance in mean scores of the sample with reference to age and type of disability was examined applying the two-way ANOVA test and the results are as follows.

From table No: 5a the observed value of F ratio between columns (category of physical challenge) is 1.858 and significance at 5% limit 3.121. Therefore the null hypothesis is valid and there is no significant variance between the categories of physical disability.

The observed value of F ratio between rows (age) is 3.115 and significance at 5% limit is 3.915. Hence the null hypothesis is held valid and there is no significant variance between the age- groups. The two-way ANOVA test underlines the absence of significant variance among mean scores at self-concept in terms of category of disability or age groups.

Hence the two-way ANOVA test reveals that there is no significant variance among mean scores of self-concept in terms of category of physical challenge or gender or age group. These findings suggest that the very presence of physical disability as such is a constraining factor in the development of a proper self-concept irrespective of gender, age and type of disability.

Table no 6 summarizes the mean scores of the eight dimensions of self-concept in the three categories of physically challenged children. Among the eight dimensions the “physical-self” was observed to be dominant with a total mean score of 80 followed by “social-self” with mean total score of 79. The development of “family-self” took 3d spot with a mean total score of 74. “Behaviour and self-satisfaction ranked next in order with a mean total score of 73 followed by personal self and “self-identity’ which reported identical total mean score of 70. ”moral-self (mean score=60) and ethical -self (mean score = 63) were relegated to the last positions in terms of mean scores obtained.

The pole position occupied by “physical-self” in terms of scoring probably reflects early evolutionary tendencies. Where in a child seeks to identify its “physical-self” in relation to its survival and compatibility with its physical and social environment, with the presence of disability. This is followed by “social-self” and “family- self” which may indicate the challenged child’s endeavour to integrate it self with its environment. “Behaviour and self- satisfaction”, “personal-self” and “self identity” scored comparatively lower mean scores probably due to the constraints imposed by the physical challenge on the integral development of the persona.

The comparatively low mean scores recorded by "moral —self" and "ethical-self" may represent the restrictive effects of the physical disability on the challenged child's efforts to attain accepted standards of ethics and morality.

Conclusion

Irrespective of gender, age and category of physical challenge majority of the children (65%) had "Low self concept" and 35% had moderate self-concept. None of the Physically challenged children had "high self-concept" .In the hearing impaired children the majority of boys (56%) and girls (70%) had low self-concept. In hearing impaired children compared age-wise (56%) of children in both 11-12 years and 13-14 years age-groups displayed low self-concept. Among the Orthopaedically challenged 75% of boys and 82% of girls showed low self-concept. Within the Orthopaedically challenged group of children compared age-wise 75% in the 11-12 year age-group and 81% of 13-14 year age exhibited low self-concept. The two-way ANOVA test reveals that there is no significant variance among mean scores of self-concept in terms of gender, age group and category of physically challenge. Among the eight dimensions of self-concept the Physical self was observed to be dominant (total mean score 80) in all three categories of physically challenged children. In visually challenged children boys of 11-12 years recorded highest score for "family-self" and "behaviour and self-satisfaction" (mean score = 26.8 each). In girls of 11-12 years the top score was for "physical-self" (mean score=34.6). Hearing impaired boys of both age-groups recorded highest score "physical-self" (28.1). In contrast in hearing impaired girls "social-self" registered the best mean score (27 and 26.9) in the two age-groups. Orthopeadically challenged boys of both age-groups scored highest for 'social-self' (24.9). Compared to boys in Orthopaedically challenged girls "Physical-self" and "social-self" shared the top spot in scores (mean score=26.2 each) in 11-12 years group. In 13-14 age-group of girls "Physical- self" scored highest (mean score=24) .Irrespective of type of disability gender or age-groups, compared to other dimensions of self-concept moral-self and ethical-self recorded the least scores.

References

- Sullivan (1981), Hearing impairment (hand book of special education). Engle wood lifts prentice hall international. London.
- Dorner (1976), Journal of education and psychology. Vol 43. Published by R- C Thakkar on behalf of the Patel University.
- Thomas and Baz (1988), Self-concept of blind and normal adolescent children. Journal of psychological students. Vol. 42 (1). Pp: 59.
- Seymar Epstein (1973), A comparative study of the self-concept at visually handicapped and non- handicapped children. Indian journal of psychology. vol no 8 (2). Pp: 58-55.
- Gallup (1979), Exceptional children (introduction to special education). Prentice - Hal Inc. enghle wood cliffs. New Jersey.
- Tuttle (1984), Gender differences in personality in relation to loneliness, Shyness, self-esteem and extra version. Journal of social psychology. vol.133 (6). pp.855 -857.

Table No: 1

Distribution of the sample of physically challenged children.

Disability	Boys		Girls		Total	
	11-12 years	13-14 years	11-12 years	13-14 years	Number	Percent
Visually challenged	8	8	8	8	32	33.33
Hearing impaired	8	8	8	8	32	33.33
Orthopaedically challenged	8	8	8	8	32	33.33
Total	24	24	24	24	96	100

Table No -2

Profile of family background of the sample

2a. Income level

Categories	Income level					
	1000-4000		4001-8000		8001-15000	
	Number	Percent	Number	Percent	Number	Percent
Visually challenged	21	21.87	11	11.45	-	-
Hearing impaired	15	15.62	7	7.29	10	10.41
Orthopaedically challenged	20	20.83	9	9.37	3	3.12
Total	56	58.33	27	28.12	13	13.5

Table No: 2b

Education level of the parents of the selected of the children.

Categories of disability	Parents	Education level									
		Illiterate		Elementary school		High school		Intermediate		Graduate	
		No	%	No	%	No	%	No	%	No	%
Visually impaired	Father	15	46.8	6	18.7	5	15.6	4	12.5	2	6.2
	Mother	21	65.6	5	15.6	4	12.5	2	6.2	-	-
Hearing impaired	Father	13	40.6	7	21.8	6	18.7	5	15.62	1	3.1
	Mother	17	53.1	5	15.6	5	15.6	2	6.2	3	9.3
Orthopaedically challenged	Father	16	50	4	12.5	6	18.7	4	12.5	2	6.2
	Mother	20	62.5	3	9.37	7	21.8	2	6.2	-	-

Table No .2c Type of family

Type of disability	Type of family							
	Nuclear family		Joint family		Extended family			
	Number	%	Number	%	Number	%	Number	%
Visually challenged	30	93.75	2	6.25	-	-	32	100
Hearing impaired	29	90.62	3	9.37	-	-	32	100
Orthopaedically challenged	31	96.87	1	3.12	-	-	32	100

Table No 2d ordinal position of the sample

Ordinal position	Boys		Girls	
	Number	Percent	Number	Percent
First born	20	42	10	21
Middle born	10	21	20	42
Last born	13	27	15	31
Single child	5	10	3	6

Table 3 : Levels of self-concept in physically challenged children

Categories	Levels of self-concept							
	Low self concept		Moderate self-concept		High self-concept		Total	
	Number	%	Number	%	Number	%	Number	%
Visually challenged	17	53	15	47	-	-	32	33.3
Hearing impaired	20	63	12	37	-	-	32	33.3
Orthopedically challenged	25	78	7	22	-	-	32	33.3
TOTAL	62	65	34	35	-	-	96	100

Table 4: Gender wise Mean Scores of self-concept in physically challenged children

Gender	Mean Scores		
	Visually challenged	Hearing impaired	Orthopedically challenged
Boys	195	202	184
Girls	204	190	182

Table 4a: ANOVA table

Source of variation	SS	Df	MS	F ratio	5% limit
Between columns	302.50	3-1=2	151.25	3.05	3.19
Between rows	15.33	2-1=1	15.33	0.31	4.04
Error	99.17	2x1=2	49.59		

Table 5. : Age wise mean scores of self-concept in physically challenged children

Age in years	Mean Scores		
	Visually challenged	Hearing impaired	Orthopedically challenged
11-12	213	197	188
13-14	186	195	178

Table No. 5a ANOVA Table

Source of variation	SS	Df	MS	F ratio	5% limit
Between columns	302.50	3-1=2	151.25	1.858	3.121
Between rows	253.66	2-1=1	253.66	3.115	3.915
Error	162.84	2x1=2	81.42		

Table no 6 mean scores of dimensions of self-concept in physically challenged children.

Dimensions	Physically challenged children						
	Visually challenged		Hearing impaired		Orthopaedically challenged		Total Mean
	Mean scores	SD	Mean scores	SD	Mean scores	SD	
Physical-self	29	4.8	27	3.0	24	5.0	80
Family-self	26	5.1	25	3.5	23	5.9	74
Social-self	27	5.2	27	2.0	25	5.6	79
Personal-self	25	4.3	22	5.1	23	5.9	70
Identity	24	5.6	24	4.1	22	5.6	70
Behaviour and self-satisfaction	25	4.3	25	3.5	23	5.9	73
Moral-self	22	4.8	22	5.1	22	5.6	66
Ethical-self	21	4.7	21	5.0	21	5.5	63