Gratification and Social Adjustment of Blind Children in District Faisalabad, Pakistan

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Abstract: Most of the blind people live in the developing countries with the blindness rate 10-20 times higher than that developed countries. Especially special children face many social and economic problems blind children. Such children want to have special attention regarding their social adjustment. The study was designed to identify and analyze the need satisfaction and social adjustment of blind children in Faisalabad, Pakistan. The universe of the present study was particularly comprised of blind educational institutions in Faisalabad. Eighty respondents were selected through convenient sampling technique. The data were collected through well designed interview schedule. The study revealed that a large majority 78.8% of the respondents of the total 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.

Key words: Child blindness, social adjustment, need, satisfaction

1. Introduction

Most of the world's blind people live in developing countries with blindness affected rate 10-20 times higher than that in developed countries. Blindness rate in developing countries are often in the range of 1-3% or higher, while figure of the developed countries are in the order of 0.1-2%. The majority of the blindness in under developing countries is due to either preventable or curable causes. The leading causes of blindness in developing and under developing countries are generally associated with poverty, illiteracy and depression, mostly commonly found in rural often remote and underdeveloped areas (Teshome, 2002). Globally the number of people of all ages visually impaired is estimated to be 285 million, of whom 39 million are blind. People 50 years and older are 82% of all blind. The major causes of visual impairment are uncorrected refractive errors (43%) and cataract (33%); the first cause of blindness is cataract (51%). Visual impairment in 2010 is a major global health issue: the preventable causes are as high as 80% of the total global burden (Pascolini, 2011). Global estimate of the number of people visually impaired.

Population (Millions)	*(A) Blind (Millions)*	*(B) Low Vision (Millions)*	*(A+B)Visually Impaired (Millions)*
6,737.50	*39.365*	*246.024*	*285.389*

Source: (WHO, 2012).

Approximately 1.4 million children in the world are blind. For every blind child, three children have serious visual impairment and 13 need eyeglasses. Yet, in the general population, 75 percent of blindness can be prevented or treated.

a. Preventable causes include corneal scarring from vitamin A deficiency, measles, neonatal conjunctivitis, and harmful traditional eye treatments. About 8 million people are visually impaired as a result of trachoma, making it the leading infectious cause of preventable blindness.

b. Treatable causes such as cataracts require surgery. Growing evidence suggests that cataracts cause half of all blindness in developing countries, and are replacing vitamin A deficiency as the leading cause of child blindness. This change is due in large part to global efforts to sustain national vitamin A supplementation programs, many of which are supported by USAID.

c. Unavoidable causes are a result of congenital conditions, genetic disease, and central nervous system lesions (USAID, 2007).

Pakistan with a population of 163 million and about 35% are marginalized. According to a population based survey in 2002-2004, the prevalence of blindness is estimated to be 09% in Pakistan. This means that there are nearly 1.3 million blind people and there are 4 million people with vision impairment.

Common Types of Visual Impairments

a. Partially Sighted: A visual impairment that adversely affects a student's educational performance even when corrected to the extent possible.

b. Low Vision: If someone's vision is between 20/70-20/160 and cannot be corrected, the student has moderate to low vision.

c. Legally Blind: From 20/200-20/400 is legally blind with severe low vision. From 20/400-20/1000 is profound visual impairment, and is very close to total blindness.

d. Totally Blind: The lack of light perception is known as total blindness or total visual impairment (Gabbert, 2010).

Blindness and visual impairment persist despite significant reductions in blindness through public health measures. Poverty, lack of primary health care and eye services, and unavoidable causes are major factors contributing to blindness. Injuries, genetic conditions, degenerative disorders, harmful eye treatments, and preventable infectious and non-communicable diseases rarely found in industrialized countries can cause blindness and visual impairment.

In the general population, approximately 75 percent of blindness could be prevented or treated. The primary causes of blindness in children under 16 years of age vary by the country's level of socio-economic development.

Adaptation Approaches

There are some adaptation approaches that a visually impaired person adopts. These include six positive strategies and five negative strategies. Six positive adaptation approaches include:

Acceptance: Acceptance involves acknowledging the disability i.e. ignoring its limitations and emphasizing its possibilities. The person revaluates those aspects of life that were important before the disability and discovers new values and interests that are not influenced by the condition.

Trust: Trust involves accepting social support from others, but may also be a religious belief or a philosophy of life that gives comfort and hope. There is also a strong reliance on health care and medical advances to find a cure.

a. Positive avoidance: Positive avoidance is the ability to focus attention away from the problematic and frightening aspects of disability, a way of dissipating anxiety & grief. This includes listening to music, meeting people, taking a walk etc. and thus living each day and getting optimal pleasure at each moment.

Minimization: This involves viewing the disability in relativistic terms and thinking other people are worse off; so that it seems less serious (Lindo and Nordholm 1999).

Independence: Independence means taking personal responsibility for maintaining a good quality of life and viewing difficulties as challenges to be mastered (Bhagotra *et al,* 2008).

Control: Control involve controlling and compensating for the loss of function such as by obtaining technical aids. It involves informing oneself about one's disability and being attentive to symptoms that may develop so that one can control their effects. To plan & to be prepared to resolve the problems that may occur is the characteristic of this theme. It is also known as problem focusing coping (Watson *et al,* 1988).

b. Five negative adaptation strategies include:

Denial: Denial means not acknowledging the disability. It may be expressed as an unrealistic hope for a cure and as such take the form of daydreaming and fantasies.

Resentment: Resentment is a feeling of bitterness about having become a victim of the disease. The person resents that he or she can no longer do all the things that he or she used to do.
Shame: Shame is the feeling of inferiority in comparison to healthy people. The person feels ashamed of being different from what he or she used to be.
Isolation: Isolation involves the feeling of being an outsider, of being misunderstood by others. As a result, the person avoids socializing.
Helplessness: Helplessness is the feeling of self-pity and of not being able to cope.

2. Methodology

The study was design to identify and analyze the need gratification and social adjustment of blind children in district Faisalabad, Pakistan. In order to achieve this objective, existing literature on the subject was reviewed and survey research was design to collect the information from 80 respondents who were selected by employing convenient sampling technique. Two institutions (Al faisal Markaz Nabina and government school for special education, Faisalabad) were selected (40 from each). The aim was to take hold of the knowledge of the work done by the other researchers under different settings. Keeping in view our cultural norms values and beliefs the respondents were selected on the basis of certain basic criteria, which are called control variables or basic assumption of the study.

3. Result and Discussion

Social adjustment permits the blind to live as usual a life as possible, equivalent to the lives of those people who were without any disability in the society, contrary to it, leads to maladjustment. Maladjustment is the result of negative accommodation. Maladjustment could suggest dysfunction in the one's life. That was why researchers were keenly interested to explore the factors i.e. needs, satisfaction and social adjustment of blind children. Age is the major indicator of social behavior and action. Attitude of the individuals changes with the passage of time. Data show that more than half of the respondents i.e. 52.5% were 11-15 years age group, whilst the mean age was 14.22 years with 3.56 standard deviation. Majority of the respondents were studying in between 6-8 grade class. In this survey majority of the respondents 57.5% were female and remaining 47.5% were male. This data show that gender-based blindness inequality begins in childhood respectively. It was also reported by USAID, (2007) that girls had less access to medical and surgical services than that of boys. These services included diagnosis of correctable cataract, treatment of eye infections, and provision of corrective glasses. In a study in Tanzania, parents were less likely to take their young daughters with congenital cataracts to the hospital for surgery than their sons. This gender inequity continues into adulthood women account for two-thirds of blindness and three-fourths of trachoma-related blindness. Data demonstrated that majority of the respondents belonged to joint family system. Data shows that almost half of the respondents i.e. 47.5% respondents' monthly house hold income up to 10000 rupees belonged to poor family and 17.5% of the respondents' monthly household income.

Table: 1 Socio economic characteristic of the respondents

No.1	Age of the respondents	Frequency	Percentage	Mean	Standard Deviation
i.	Up to 10 years	10	12.5	8.57	2.32
ii.	11-15 years	42	52.5	12.82	1.92
ii.	16-19 years	28	35.0	17.02	2.21
	Total	80	100.0	14.22	3.56
2	Year of schooling				
i.	1-5 grade	28	35.0	3.7	1.33
ii.	6-8 grade	36	45.0	6.88	0.55
ii.	9-10 grade	16	20.0	9.35	0.45
	Total	80	100.0	6.52	2.42
3	Monthly Family Income (in rupees)				
i.	≤ 10000	38	47.5	60589	2158
ii.	10001-20000	28	35.0	13456	3158
ii.	≥ 20001	14	17.5	25621	4365

	Total	80	100.0	12545	4856
4	Type of Family	Frequency		Percentage	
i.	Nuclear	18		22.5	
ii.	Joint	62		77.5	
	Total	80		100.0	
5	Sex of the respondents				
i.	Male	34		42.5	
ii.	Female	46		57.5	
	Total	80		100.0	

Table 2 shows that large majority of the respondents 77.5% were blind by birth and 10.5% of the respondents became blind less than one year of their age. 17.5% respondents told that they became blind due to different types of illness such as typhoid fever, glaucoma and cataracts. While the 5% of the respondents stated that they became blind accidently. As far as the attitude of the teachers concerned, majority of the respondents reported that the attitude of the teachers were friendly and polite and more than one fourth i.e. 35% respondents reported that the attitude of teachers were normal, whilst a small proportion i.e. 5% respondents claimed that the attitude of the teachers were rude and not well cooperative.

Table 2: Background characteristics of the respondents

No.1	Age when they become blind	Frequency	Percentage
i.	By Birth	62	77.5
ii.	Less than one year	8	10.0
ii.	1-4	6	7.5
v.	5-10	4	5
	Total	80	100.0
2	Reasons of their disability	Frequency	Percent
i.	By Birth	62	77.5
ii.	By Illness	14	17.5
ii.	Accidently	4	5
	Total	80	100.0
3	Attitude of the teachers		
i.	Friendly	46	57.5
ii.	Normal	28	35
ii.	Rude	6	7.5
	Total	80	100.0

Table 3: Distribution of the respondents according to their social problems and involvement in recreational activities

No.1	Feel problems in routine activities	To a great extent		To some extent		Not at all	
		Freq.	%age	Freq.	%age	Freq.	%age
i.	Cooking Foods	12	15.0	22	27.5	46	57.5
ii.	Using Washrooms	8	10.0	16	20	56	70.0
ii.	Changing Clothes	6	7.5	18	22.5	56	70.0
v.	Washing Clothes	7	8.75	25	31.25	48	60
v.	Traveling	36	45	40	50.0	4	5
2	Participate in Recreational Activities						
i.	Music	18	22.5	30	37.5	32	40.0
ii.	Indoor Games	39	48.8	21	26.2	20	25.0
ii.	Reading	30	37.5	34	42.5	16	20.0
v.	Radio listening	17	21.3	42	52.5	21	26.3
v.	News listening	3	3.8	37	46.3	40	50.0

Table 3 shows that the respondents' social problems and involvement in recreational activities during their leisure time. Data show that majority of the respondents did not feel any problem in their daily routine work. Whilst the small proportion of the respondents felt problems in their routine work up to great extent and some extent. Similar study conducted by

Huebner (1998) who pointed out that blind children took active participation in age appropriate routine activities in their houses and schools in such activities including eating, house care, money management, sewing, telephone use, child care and at minor level household maintenance. One of the other scholars Beer *et al*, (2006) found that lost vision almost half of the people experiencing sight loss could not cook for themselves. Indeed, the most frequently reported household tasks that were deemed challenging were preparing meals and household cleaning. One of the researchers Zelalem (2002) pointed out that parents believed that their blind children had less learning potential, unable to accomplish household chores, and unable to play like sighted. A huge majority of the respondents 45% and 50% claimed up to great extent and some extent respectively that they had to face many problems whenever they experienced to move from one place to another place. While 5% of the respondents did not experience any difficulties in travelling. As far as participation in recreational activities concerned, 22.5% and 37.5% respondents were interested to listen the music whenever they were free up to great extent and some extent respectively. Whilst 40% of the respondents did not take any interest in musical activities. Data indicate that majority of the respondents showed their interest to participate in different type of home based recreational activities such as different indoor games, reading, listening the radio and news whenever they were free.

Table 4: Distribution of the respondents with regard to their attitudinal statements

No	Parents pay attention during their sickness	To great extent		To some extent		Not at all	
		F	%	F	%	F	%
1	Parents pay attention during their sickness	42	52.5	34	42.5	4	5.0
2	Discuss their personal problems with parents	38	47.5	37	46.3	5	6.3
3	Discuss the study problem with their teachers	32	40.0	44	55.0	4	5.0
4	Fell difficulty in maintaining academic standard	22	27.5	32	40.0	26	32.5
5	Teachers help in solving their problems	42	52.5	32	40.0	6	7.5
6	Fell uneasiness in meeting stranger	18	22.5	16	20.0	46	57.5
7	Feel that their parents consider them as a burden upon them	20	25.0	35	43.8	25	31.3
8	Participation in extra curriculum activities	17	21.3	20	25.0	43	53.8

Table 4 shows that the attitude of the blind children according to their confidence, dependency and needs attainment from others. More than half of the respondents i.e. 52.5% argued that parents paid their attention to great extent when they were sick and 42.5% of the respondents reported that parents gave up to some extent attention when they were sick. Whilst 5% of the respondents claimed that parents did not give any attention during their sickness. One of the researchers Zelalem (2002) found that parents articulated diverse responses as a result of having blind children. These were shock, denial, anger and sadness. The set of belief held by parents about the causes of their children's blindness varies from real cause to sin, evil eye, curse, misdeed in previous life by parents and misfortune. Those parents who are in better educational level have positive perception about their blind children and play positive role in the overall personality development of their children As far as discuss their personal problems with parents concerned 47.5% and 46.3% of the respondents shared their personal problems with their parents to great extent and some extent respectively. More than half of the respondents 55.0% respondents discussed the study problem with their teachers up to some extent. 27.5% and 40.0% of the respondents claimed that they suffered maintaining academic excellence to a great extent and some extent respectively. While the 32.5% of the respondents stated that they had never felt any difficulty in their academic career due to blindness. Majority of the respondents were agreed that the teachers helped in solving their academic problems. Similar result presented by the Ayinmod *et al*, (2011) they found that most of the blind people were reasonably adjusted in key areas of social interaction with parents and teachers, marriage, and other kinship relations. Majority were considered to be poorly adjusted in the areas of education, vocational training, employment, and mobility. Data exhibited that majority of the respondents 57.5% did not feel any hesitation when they experienced to meet any strangers. When the researchers asked the respondents have you feel your parents consider you a burden on them? One fourth of the respondents i.e. 25% and 43.8% respondents were great extent and some extent agreed about this assertion respectively. While the 31.3% respondents were not agreed about that the parents consider them as "a burden". Similar results found by Macha (2001) and Barnartt (2005) they observed that disability was a great problem not only for child but also for the entire family. Macha (2001) further argued that in Africa some parents of disabled children were afraid of being laughed at and isolated by the society. To have a blind child was considered the punishment by God.

As far as participation in extra curriculum activities concerned more than half of the respondents i.e. 53.8% did not take part in extra curriculum activities.

4. Conclusion

Blind children in our society are not considered as helping hand, rather than "a burden". More than half of the blind children belonged to lowest income group. It was found that majority of the respondents were blind by birth due to inherited problems, some were blind by illness due to typhoid, anemia and accidently. Most of the children were satisfied with the attitude of friends and teachers toward them in socio-cultural norms of the society. Majority of the respondents were satisfied with the technical training being provided by them. There is great need that parents of blind children must be encouraged, supported and to take an active role in the education of disable children.

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