

A Descriptive Study to Assess the Psychosocial Problems and Coping Strategies of Blind Children

¹Mrs. Joby Jacob, ²Dr Asha P Shetty*

¹Post Graduate, Department of Paediatric Nursing K. Pandyarajah Ballal Nursing Institute
Ullal, Mangalore 575020, Karnataka, India

²Professor and HOD, Dept of Paediatric Nursing, Yenepoya Nursing College, Yenepoya University,
Deralakatte, Mangalore 575018, Karnataka, India

Abstract

Introduction: Blindness is among the most severe of all forms of physical disability. Without vision, blind people are cut off from a major segment of the social and physical environment to which they must adapt. This creates problems for mobility and everyday skilled activities for which vision is important. At the same time, in relating to other people, the blind can only guess at the meanings and intentions of non-verbal communication, and the social context in which these occur. Blindness may therefore create formidable social and psychological problems for the blind children. These problems are shown to have implications for the integration of the blind children into a sighted society, for the coping and adjustment of the blind, and for the attitudes of the sighted.

Objectives: The objectives of the study were to assess the psychosocial problems of blind children, identify the coping strategies of blind children, find the relationship between psychosocial problems and coping strategies, find the association between psychosocial problems and selected socio-demographic variables, find the association between coping strategies and selected socio-demographic variables.

Design : Descriptive research design

Setting : Mangalajyothi Integrated School, Mangalore and Government School For Blind, Kasaragod.

Sample : 30 blind children studying in selected schools.

Interventions: Demographic Proforma, Psychosocial Problem Assessment Scale and Modified Coping Scale.

Results: Among the subjects 53.33% elicited mild psychosocial problems. Interdependence problems(51.5%) were found to be high in Blind children. Assessment of Coping strategies revealed that majority(53.33%) of the blind children had efficient coping. Focusing on the positive coping mechanisms were used effectively by 79.6% of the blind children. The computed Karl Pearson's correlation coefficient revealed a high negative correlation[$(r) = -0.81$] between psychosocial problems and coping strategies of blind children. Chi square test revealed that there was a significant association between psychosocial problems and coping strategies of blind child with gender of the child at 0.05 level of significance.

Conclusion: The study identified that the majority of the blind children had mild psychosocial problems and were using effective coping strategies. Nursing personnel, as members of the health care team, have an important role in early identification of blindness in children and also assessing their problems in day to day life.

Keywords: Psychosocial problems, Coping strategies, Blind children

I. Introduction

Childhood is a blissful state of innocence and joy, but this is often not for the children, who are disabled¹. Throughout the period of growth and development, children need the stimulation of all senses. Eye obviously tops the list of sense organs². Blindness refers to a condition where a person suffers from any of the following conditions namely,

- Total absence of sight
- Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye even with correction lenses or
- Limitation of the field of vision subtending an angle of 20 degrees or worse.³

Visual impairment is a significant health problem worldwide. The World Health Organization estimates that globally about 314 million people are visually impaired, of whom 45 million are blind in which 1.4 million are children⁴.

Blindness is a devastating physical condition with deep emotional and economical implications. Various problems that the blind people face are problems in orientation and mobility, problems in social contact, problems in conversation, personality problems, psychological problems etc. There are certain coping strategies that a visually impaired person adopts, which includes positive strategies and negative strategies^{5,6}

A study (2006) was conducted on the psychological and social adjustment of blind subjects suggested that the individuals with poor or visual loss showed, 84.5% of highly depressed and 81.5% of minimally depressed. In second analysis 75% were socially independent and 73% were dependent⁷.

A blind child needs medical, psychosocial, educational, and vocational rehabilitation. Most important is social support, which includes accepting them as a useful part of the society, providing proper guidance and advice, helping them regain their self-esteem and relieving them of their attitude of self-pity.⁵

The objectives of the study were to:

- Assess the psychosocial problems of blind children.
- Identify the coping strategies of blind children
- Find the relationship between psychosocial problems and coping strategies.
- Find the association between psychosocial problems and selected socio-demographic variables.
- Find the association between coping strategies and selected socio-demographic variables.

Hypotheses

The following hypotheses were tested at 0.05 level of significance.

H₁: There will be a significant relationship between the psychosocial problems and the coping strategies.

H₂: There will be a significant association between the psychosocial problems and selected socio-demographic variables

H₃: There will be a significant association between the coping strategies and selected socio-demographic variables.

II. Materials and Methods

Descriptive research design was used in this study. Demographic Proforma, Psychosocial Problem Assessment Scale and Modified Coping Scale were administered to blind children to assess the psychosocial problems and coping strategies among blind children. The Psychosocial Problem Assessment Scale consists of 30 items. The content was categorized into 6 areas such as personality problems, scholastic problems, emotional problems, communication problems, interdependence problems and social problems. The items were scored under 3 point scale as never, sometimes and always with scores of 0,1,and 2 respectively. Modified Coping Scale consists of total 30 items including 8 areas like problem focused coping, wishful thinking, detachment, seeking social support, focusing on the positive, self blame, tension reduction, keep to self. The obtained reliability coefficient alpha (Cronbach's alpha) $r = 0.82$ and 0.82 respectively. The main study was conducted among 30 blind children at Mangalajyothi Integrated School, Mangalore and Government School For Blind, Kasaragod. Non probability purposive sampling technique was used to select the sample for the study. Data was analyzed using descriptive and inferential statistics.

III. Results

Distribution of blind children according to their age group shows that majority belongs to the age group of 15-18 years(36.66%). Maximum 53.33% of the blind children were females. Nearly 70 % of the blind children were Hindu and 30% were Muslim. Majority of the sample belonged to nuclear family (80%) and 56.66% were having 3 and above children in the family. 50%of the sample's fathers and 46.66% of the sample's mothers were having secondary level and primary level of education respectively. 66.66 % of the sample's fathers and 56.66% of mothers were daily wagers and homemakers respectively, as shown in the data presented in Table 1.

Table 1: Frequency and Percentage distribution of Demographic characteristics of blind children. N=30

Sl. No	Variables	Frequency (f)	Percentage (%)
1.	Age in years		
	7 – 10	9	30
	11 – 14	10	33.33
	15 – 18	11	36.66
2.	Gender		
	Male	14	46.66
	Female	16	53.33
3.	Religion		
	Hindu	21	70
	Christian	0	0

	Muslim	9	30
	Others	0	0
4.	Type of family		
	Nuclear	24	80
	Joint	6	20
	Extended	0	0
5.	Number of children in family		
	1	2	6.66
	2	11	36.66
	3 and above	17	56.66
6.	Educational status of the father		
	No formal education	1	3.33
	Primary level	11	36.66
	Secondary level	15	50
	Higher secondary & pre degree	3	10
	Graduate & above	0	0
7.	Educational status of the mother		
	a) No formal education	2	6.66
	b) Primary level	14	46.66
	c) Secondary level	10	38.33
	d) Higher secondary & pre degree	4	13.33
	e) Graduate and above	0	0
8.	Occupational status of the father		
	Unemployed	1	3.33
	Daily wager	20	66.66
	Self employed	9	30
	Professional	0	0
9.	Occupational status of the mother		
	Unemployed	17	56.66
	Daily wager	12	40.0
	Self employed	1	3.33
	Professional	0	0

Psychosocial assessment revealed that 53.33% of the blind children were having mild problems and 46.67% of the blind children were having moderate problems as shown in Figure 1. Interdependence problems were having the highest mean percentage (51.5%) and scholastic problems (23%) were having the least mean percentage. Assessment of Coping strategies among blind children revealed that 3.33% of the blind children were having deficient coping, 43.33% of the blind children were having moderate coping and 53.34% of the blind children were having efficient coping as shown in Figure 2. Focusing on the positive were having the highest mean percentage (79.6%) and seeking social support were having the least mean percentage (6.5%)

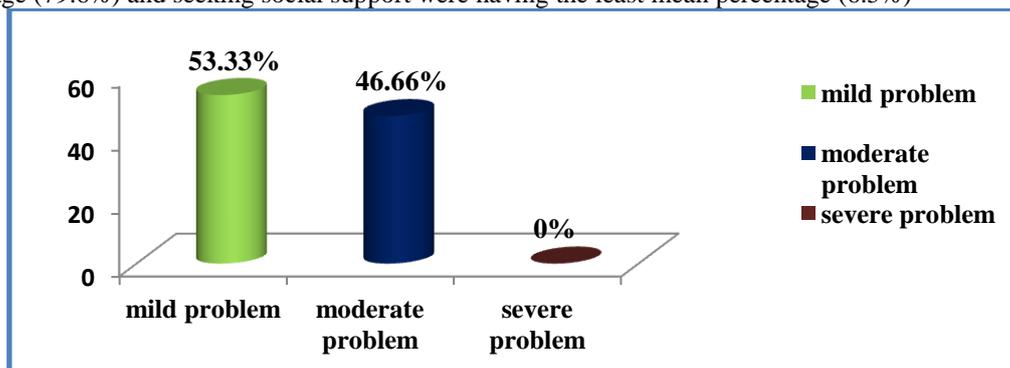


Figure.1 Cylindrical diagram showing the distribution of participants according to psychosocial problem assessments core.

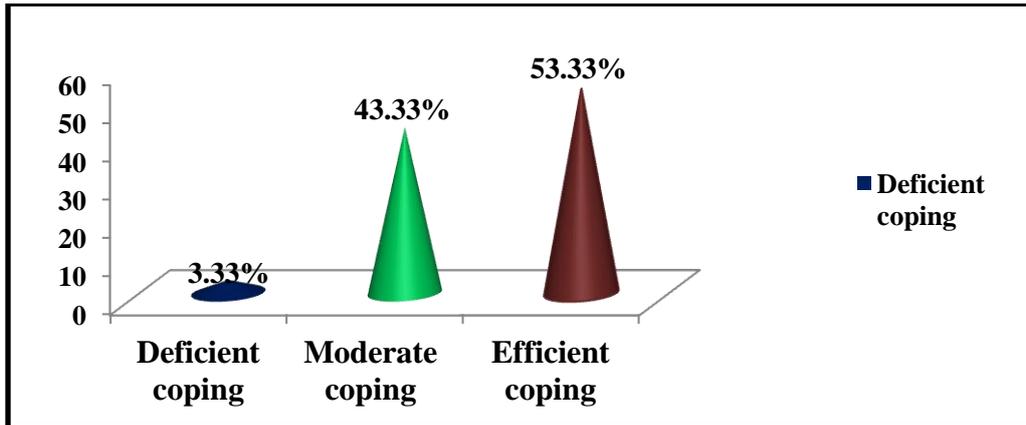


Figure 2: Conical diagram showing the distribution of participants according to coping strategy score.

Table 2 shows Karl Pearson’s correlation coefficient computed in order to find the relationship between psychosocial problems and coping strategies of blind children. The computed Karl Pearson’s correlation coefficient revealed that there is high negative correlation [(r) =-0.81] between psychosocial problems and coping strategies of blind children at 0.05 level of significance.

Table 2: Correlation coefficient computed between psychosocial problems and coping strategies of blind children. N=30

Areas	Karl Pearson’s ‘r’ value	df	Interpretation
Psychosocial problems and coping strategies of blind children	-0.81	28	Significant relationship High negative correlation

$r_{(28)}=0.374, P<0.05$

Table 3. Chi square test to find association between the psychosocial problems of blind children and demographic variables such as gender of blind children. N=30

Variables	Median (< 19.5)	Median (≥ 19.5)	Chi square value	p value	df	Inference
Gender						
Male	12	2	13.39	0.0002	1	Significant
Female	3	13				

$\chi^2_{(1)}=3.84 ; P<0.05$

There is significant association between psychosocial problems of blind children and gender of the child which indicated males had comparatively lesser psychosocial problems than that of females. $\chi^2_{(1)}=13.39 , P=0.0002$, as shown in Table 3.

Table 4. Chi square test to find association between the coping strategies of blind children and demographic variables such as gender of blind children. N=30

Variables	Median (< 41.5)	Median (≥ 41.5)	Chi square values	p value	df	Inference
Gender						
Male	3	11	8.571	0.0034	1	S
Female	12	4				

$\chi^2_{(1)}=3.84 ; P<0.05$

There is significant association between coping strategies of blind children and gender of the child. $\chi^2_{(1)}=8.571 , P=0.0034$, as shown in Table 4.

IV. Discussion

Assessment of the psychosocial problems among blind children revealed that majority (53.33%) of the blind children had mild psychosocial problems and 46.67% of them had moderate psychosocial problems. Similar findings were reported by Geetadas⁸ indicates that among Blind Adolescent girls majority (80%) of the sample didn't feel conscious of their handicap while talking to sighted, 66.7% of the sample responded favourably towards staying in school, which showed that the girls had no major problems due to blindness. Assessment of the coping among blind children revealed that 3.33% of the blind children had deficient coping, 43.33% of the blind children had moderate coping and 53.34% of the blind children had efficient coping. Consistent findings were found in study conducted by Novell CC⁹ on Coping and Blindness showed that 72% of the blind children had efficient coping.

The computed Karl Pearson's correlation coefficient revealed that there is high negative correlation [(r) =-0.81] between psychosocial problems and coping strategies of blind children at 0.05 level of significance at 28 df.. This is supported by a study conducted by Sabina Kef¹⁰(2002), which revealed that there is a negative correlation between problems and coping of blind adolescents.

Computed Chi-square revealed a significant association between the psychosocial problems and gender of the child ($\chi^2 = 13.39$) at 0.05 level of significance. Findings of the present study are contradictory to the study conducted by Sunilkumari K¹¹ indicating a no significant association between problems of blind children and gender of the child ($\chi^2=0.053$) at 5% level of significance.

Computed chi-square revealed a significant association between coping strategies and gender of the child ($\chi^2 = 8.57$) at 0.05 level of significance. The findings are similar to a study conducted by Joseph Jagannathan¹² indicating a significant association between coping strategies and gender of the child, where the female study subjects had high mean score for the problem focused coping(mean score =18.50, $\chi^2 =8.02$,)at 5% level of significance

Implications

School health nurses, Community and Child health nurses should be trained specifically in the areas of children with disabilities. Nursing should collaborate with special schools, vocational training centres, voluntary agencies and other health care professionals in improving the psychosocial functioning of the blind children. Parents should be encouraged to spend quality time with their children.

V. Conclusion

Blindness can cause psychosocial distress leading to maladjustment if not mitigated. Maladjustment is a secondary burden that further reduces quality of life of the blind. Coping is often personalized and depends on nature and quality of prevailing psychosocial support and rehabilitation opportunities. So it is very important to provide special attention to children with disabilities. The study concluded that blind children do experience mild level psycho social problems and there is a negative correlation between psychosocial problems and coping strategies.

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References

- [1]. World Health Organisation. Global initiative for the elimination of avoidable blindness-2009;97:61
- [2]. Gilbert C, Rahi J, Quinn G. Visual Impairment and blindness in children. *Epidemiology of eye diseases* 2003.
- [3]. Ardití A, Rosenthal B. Developing an objective definition of visual impairment. In *vision '96: Proceedings of the International Low Vision Conference Madrid. Spain. 1998.*
- [4]. WHO. Action Plan for the Prevention of avoidable blindness and visual impairment;2009-2013
- [5]. Bhagotha S, Sharma AK, Riana B. Psychosocial adjustments and rehabilitation of the blind. *Social Medicine* 2008 Jan; 10(1).
- [6]. Safir A. The blind person's problems. *Modern Ophthalmology* 1972;4(2):1199-202
- [7]. Greenough TJ, Keegan DL, Ash DG. Psychological and social adjustment of Blind subjects and the 16PF. *Diabet Med.* 2006 Oct; 23(10):1110-6
- [8]. Geetadas. Psychosocial profiles of blind adolescent girls. *Indian JI of Rehabilitation* 1988;2(1):1-13
- [9]. Novell CC. Coping and blindness. *Jl of Visual impairment and blindness* 2002;6(2):541-550
- [10]. Sabina Kef. The role of parental and peer support in adolescents well being; a comparison of adolescents with and without a visual impairment. *Journal of adolescents.* 2004;27(4);453-466
- [11]. Sunilkumari K. Problems and coping strategies of blind children. *Nightingale Nursing Times* 2009;5(2):54-6
- [12]. Jagannathan J. Impact of Visual impairment on psychosocial functioning and the coping strategies of children. *NIMHANS* 2011