

# **SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS AT SECONDARY LEVEL: A CASE STUDY**

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**NATIONAL UNIVERSITY OF MODERN LANGUAGES,  
ISLAMABAD**

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# **SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS AT SECONDARY LEVEL: A CASE STUDY**

**By**

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I want to take this opportunity to first thank God for giving me the strength and insight to write this book. It was never easy to choose a topic to which I was having so much emotional attachment.

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To all the special children in the world, may we continue to make this world a better place for you.

**Nadra Jawad**

## **Dedicated to**

I dedicate this modest effort to my youngest sister **Nilma Ali**, I wish you were here, and to all the special children like her. My love for you can never be quantified.

## **ABSTRACT**

### **Title: Self Esteem of Physically Challenged Students at Secondary Level: A Case Study**

The main objectives of the study were (a) to determine the level of self-esteem among physically challenged students of secondary level (b) to compare the self-esteem of students on the basis of Gender (c) to compare the self-esteem of students on the basis of social class (d) to compare the self-esteem of students on the basis of Ethnicity (e) to explore effect of factors related to personal experiences on self-esteem of students at secondary level (f) to explore effect of factors related to parents behavior on self-esteem of students at secondary level. The study used both qualitative and quantitative approach for a generation of rich dataset about the state of variables. 100% population was used by the researcher. Population of the study consisted of 25 students of National Special Education for Physically Handicapped children. For this study three instruments were used. Two questionnaires and one interview. Statistical techniques of percentage, individual scoring, Regression and ANOVA were applied to calculate results. Major findings of the study indicated that few students were at low and high level of self-esteem while mostly students were at medium level of self-esteem. Statistically no significant effect of factors related to success or failure on self-esteem of students. There was statistically no significant effect of factors related to appearance on self-esteem. There was statistically no significant effect of factors related to appearance and gender was found on self-esteem of students at secondary level. In the light of findings, it is suggested that parents and people related to special children may be sensitized to identify the factors that affect their children's self-esteem. It is suggested that strategies may be adopted by parents, teachers and institutions for improving well-being of special children and focus may be drawn upon improving emotional, cognitive, or motivational processes, increasing behavioral proficiencies, or making changes to the social conditions in which special children live and work. Government may provide equal opportunities of education, trainings and professional opportunities special children. Parents and teachers of special children may develop and maintain healthy communication with their children so they can express their needs, likes and dislikes with confidence and trust.



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## **LIST OF ABBREVIATIONS**

<b>Abbreviations.</b>	<b>Terms</b>
df	Difference
F	Value of ANOVA
GB	Gilgit Baltistan
KPK	Khyber Pakhton Khwa
NGOs	Non-Governmental Organizations
Sig	significance
t	t- value
WHO	World Health Organization
UNESCO	United Nations Educational, Scientific and Cultural Organization
MDGS	Millennium Development Goals
ICF	International Classification of Functioning

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background of the Study

Being physically challenged is a physical condition covering impairments, activity limitations and participation restriction. It may be physical, psychological, mental, or some mix of these that result in limitations in an individual's capacity to take part in what is viewed as normal in their society. Persons with special needs are seen everywhere in the world with different socio-economic status, cultural backgrounds and genders (David, 2009). 1981 was celebrated as year of disabled person by United Nations (UN) to create awareness about the needs, problems and challenges for the persons with special needs. Government of Pakistan took serious steps for resolving problems and improvement of situations for persons with special needs by establishing different special educational institutes and by making policies for the student with challenges. In 1980 the major step was taken in Pakistan for providing legal cover and continuity in this field for the person with requiring special educational needs according to their challenges. Policy development was started in 1985 in this regard. Finally; first National policy for special persons was presented in 2002 (Ahmed, 1993).

Hussain (2006) stated that being physically challenged is a limitation on a person's functioning, mobility, skill or stamina. Other physical challenges include impairments, which limit activities of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorder. All children are different with unique combination of skills, attitudes and capacities and they will grow and develop at their own place. Children with physical challenges are likely to have greater emotional and psychological problems including lower self-esteem than



normal children. Self-esteem is self-worth or self-regard that one connects to himself or herself. General self-regard has a tendency to increase and decrease from outset of different events and continue growing or decreasing for whole lifespan of an individual. In case of children with any kind of physical challenge the awareness of self-esteem comes very early in life as they witness the normal children around and compare themselves with others. A physical challenge is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic diseases. When general self-esteem was examined in children with major physical challenges, the effect size was smaller than that found for children with minor physical challenges. Hence, the formula for the relationship between the severity of physical challenge and the degree of their negative effects on general self-esteem was not as simple as 'the greater the physical challenge, the lower the self-esteem.

Lack of understanding and empathy might lead the surrounding people to attribute poor physical performance to a lack of effort, rather than a challenge. Thus, the child with minor physical challenges could be subjected to criticism and judgments by significant others, such as, peers, parents and teachers (Miles, 1990). The society normally rejects the disabled ones because of their inability to perform some actions. Physical and mental needs are commonly related to self-esteem of a marginalized group of individuals who needs special attention especially when they are entering into their adulthood. In this regard knowledge about the factors that affect self-confidence and support trainings can actually help in improving the situations. At the same, knowing about their self-esteem will help the mental health professionals understand their needs, requirements and help them to cope better with the

challenges of life. There is a stigma that people with physical challenges are generally having low self-esteem and society usually ignores them. (Arokiasamy et al, 1995)

## **1.2. Rationale of the Study**

The study intends to highlight the area of physically challenged persons to educators, parents and education policy makers to find some alternative approaches to address self-esteem levels in school children which is been neglected due to various reasons (Singal, 2015). The study intended to explore the factors influencing the self-esteem and social relation of children with physical challenges in alternative schools and the role of peers, teachers and parents (Saban and Arian, 2013). Henriksen (2017) stated that it is necessary to provide information to policy makers of the country to modify the educational policies that address the concerns of children and parents of children with physical challenges. This study is motivated primarily by the need to address the role of self-esteem in children with physical Challenges. Mohammed (2012) stated that healthy self-esteem is important to be successful and happy throughout one's life.

Dai and Chu (2018) stated that knowing that physical challenges often pose formidable hurdles to positive self-esteem and in turn, contribute to a hard to break cycle of self-doubt, frustration and failure. Literature review indicates that though there are various studies are conducted on physically challenged persons but most studies were based on self-esteem and its relation with social relations, specifically in Islamabad context (Hammad and Singal, 2015). This study provides a base to address the importance of self-esteem in children, especially children with physical challenges (Castellanos and Septeowski 2005). The study would help in taking decisions about instructional methodologies and support based programs. This will result in a positive, collaborative relationship with child's teachers, parents and everyone involved in his or her education, which is critical for the success of the child. Hence the need of policy innovation becomes more urgent. Researcher had a special

interest in the topic as she had her own sister facing physical challenges for nineteen years. Due to emotional attachment with her sister, she had keen interest in finding out the self-esteem of physically challenged children.

### **1.3. Statement of the Problem**

Physically challenged students face particular challenges in developing high self-esteem due to their reduced competency in physical activities and to the social stigma of disability. Self-esteem is an important and dominant component in an individual's motivation system, being the evaluative component of the self-concept. A physical disability has a pervasive influence in the life of a child and their family. The child's self-esteem is likely to be affected through self-appraisals and reflected appraisals of significant others. Difficulties encountered in developing physical competence and forming peer relationships may impact self-esteem negatively. Disability is socially stigmatized, affecting self-perceptions and the perceptions and behaviors of others towards the disabled person. Influences can also be positive, depending on the experience of successful coping with the stress of the disability and the availability of a social support network.

Children born with physical challenges are seen everywhere all over the world. Any physical problem leads to feelings of inadequacy which results in the feelings of depression, anxiety and low levels of tolerance. Such children need more attention than the normal people. In the same way they have more psychological problems if they do not get the proper directions and support. To overcome the psychological problems among these children parents, teachers and the education system must take serious steps for their education, rehabilitation and other support programs for all the persons with special needs. The study under investigation aimed to have an understanding of how we can help special children to adjust in the society normally without feeling themselves a handicapped and getting into low self-esteem and other psychological problems.

## 1.4. Research Objectives

Following objectives were formulated to conduct this study:

1. To identify the factors that affect the self-esteem of physically challenged students at secondary level.
2. To determine the level of self-esteem among physically challenged students of secondary level.
3. To compare the self-esteem of students on the basis of gender at secondary level.
4. To compare the self-esteem of students on the basis of social class at secondary level.
5. To compare the self-esteem of students on the basis of ethnicity at secondary level.
6. To investigate the effect of factors related to personal experiences on self-esteem of students at secondary level.
  - 6a. To analyze the effect of success or failure on self-esteem of students at secondary level
  - 6b. To explore the effect of rejection and acceptance on self-esteem of students at secondary level
  - 6c. To explore the effect of appearance on self-esteem of students at secondary level
7. To examine effect of factors related to parents' behavior on self-esteem of students at secondary level.

## 1.5 Research Questions

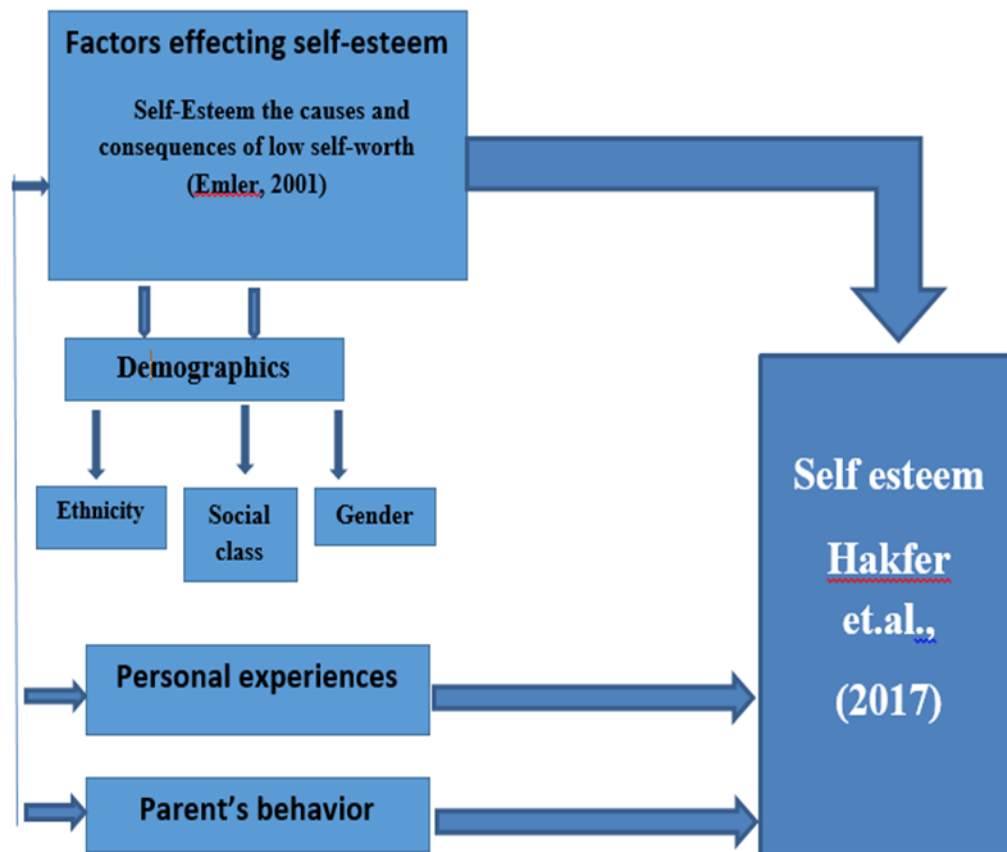
1. What are factors that affect self-esteem of physically challenged students at secondary level?
2. What is the level of self-esteem among physically challenged students of secondary level?

## 1.6 Null Hypotheses

- Ho1. There is statistically no significant effect of factors on self-esteem of physically challenged students at secondary level.
- Ho2. There is statistically no significant difference on level of self-esteem among physically challenged students of secondary level.
- Ho3. There is statistically no significant difference of self-esteem of students on the basis of Gender.
- Ho4. There is statistically no significant difference of self-esteem of students on the basis social class.
- Ho5. There is statistically no significant difference of self-esteem of students on the basis of Ethnicity.
- Ho6. There is statistically no significant effect of factors related to personal experiences on self-esteem of students at secondary level.
- Ho6a there is statistically no significant effect of success or failure on self-esteem of students at secondary level
- Ho6b there is statistically no significant effect of rejection and acceptance on self-esteem of students at secondary level
- Ho6c. There is statistically no significant effect of appearance on self-esteem of students at secondary level
- Ho7. There is statistically no significant effect of factors related to parents' behavior on self-esteem of students at secondary level.

## 1.7 Conceptual framework

The conceptual frame work of the study was based on combination of two models. One was of factors effecting self-esteem presented by Emler (2001) and second was of self-esteem by (Hafekost 2017). Following diagram explains the conceptual frame work of the study.



*Fig 1.1* Conceptual Frame Work of the Study

### **1.7.1 factors effecting self-esteem by (Emler 2001)**

Emler (2001) stated that Self-esteem is affected by a wide range of personal and social factors. He has explained the following factors that highly effects self-esteem of an individual.

#### ***1.7.1.1 Demographic variations***

The demographic section of the conceptual frame work indicates the personal details of a person. It consisted of following factors

##### ***1.7.1.1.1 Ethnicity***

Emler (2001) stated that the relationship between ethnic identity and self-esteem has been studied extensively and it is proved through research that there is a strong relationship between ethnic identity and self-esteem.

##### ***1.7.1.1.2 Social class***

Social class seems to carry a different and perhaps clearer message about one's relative worth as person. Social class is strongly linked to adult self-esteem.

##### ***1.7.1.1.3 Gender***

Gender roles for males and females prescribe different qualities. Boys are encouraged to be assertive and self-promoting, girls are not; in other words, girls, compared to boys, are not encouraged to make strong claims about their self-worth.

#### ***1.7.1.2 Personal Experiences***

The study shows how personal experiences effect self-esteem of children. Every child goes through different experiences in their lives. Emler (2001) has given some factors that affects self-esteem.

#### ***1.7.1.2.1 Success and failure***

Real success should raise self-esteem. Real failures should lower self-esteem.

Experience of continual failure should result in chronic low self-esteem.

#### ***1.7.1.2.2 Rejection or Acceptance***

Rejection creates social isolation and loss of social support. Rejection is linked to loss of esteem, even if the link is reduced by various kinds of denial.

#### ***1.7.1.2.3 Appearance***

One factor young people consistently mention when asked what particularly affects the way they feel about themselves in their physical appearance. The correlations between self-esteem and perceptions of physical appearance are high in young age, and even higher in adolescence.

#### ***1.7.1.3 Parents behavior***

Parent's behavior has the most important influence on self-esteem of the children. Some recent British research points out the key role of parental support and interest in sustaining the self-esteem of kids as they move through adolescence (Katz, 2000).

### **1.8 Significance of the Study**

The main purpose of this study was to explore the factors affecting self-esteem of physically challenged students at secondary level. This study would have potential significant implication for parents, teachers and policy makers to address the problems of the mentally challenged children studying at secondary level.

It is also expected that the study would contribute to the existing body of knowledge in the domain of teaching and training of special education teachers. As it is important to arrange teaching for these children and also help them in focusing more on their talents rather than their physical challenges and make them feel as normal children who can do all the things and



activities. Teachers are supposed to realize their role in highlighting their abilities more than their limitations. This study would help teachers to increase their knowledge regarding self-esteem of their students so that they can coordinate better according to the needs of their students. It would also help students to assess themselves regarding their self-esteem.

The results of the study would help parents to know more about their special children. This study also highlights the efforts of parents of special children. As parents it's really hard to remain by and see their youngsters feeling like they don't "have what it takes" or can't deal with things and their companions appear to do. It's inconceivably hard to have a kid with special needs.

The current study will play a vital role in understanding the importance of special persons in society. It will help to remove the stigma that is attached to the special children by understanding the challenges they face in everyday life.

This study would be also effective for the policy makers to help special children to make their lives easy by providing them with modern facilities and education.

## **1.9 Methodology**

This section deals with methodology and procedure that was adopted to conduct this research, which was consisted of research approach, population, sampling techniques, instruments, data collection and data analysis techniques. The details of methodology are given below.

### **1.9.1 Research Approach**

Mixed method research approach was used in this study. Quantitative research basically involves numerical data for the interpretation of the results. Qualitative research is a scientific method of observation to gather non-numerical data. Considering the sensitivity of the topic the researcher included the qualitative approach to get the inside stories and to capture the feelings of the physically challenged students.

### 1.9.2 Research Method/ Design

This study was based on a case study of 25 special children from National Special Education Center for Physically Handicapped Children. A Hybrid research method was adopted a combination of qualitative and quantitative research to ensure the provision of a rich data set about the topic under consideration.

### 1.9.3 Population of the Study

Population of the study was based on 25 students of secondary level who were enrolled in school for physically challenged students at secondary level, 5 parents of physically challenged students and 5 teachers of physically challenged students. There was only one schools for physically challenged students in Islamabad.

Table No.1.1.

*Population of the study*

S.N	Population of the study	Male	Female	Total
1	National Special Education Centre for physically handicapped Children	15	10	25
2	Parents of physically challenged students	2	3	5
3	Teachers of physically challenged students	1	4	5

### **1.9.3.1 Population A Students**

The population A of the research study included 25 students from national special center for physically handicapped children.

### **1.9.3.2 Population B Teachers**

The population B of the research was 5 teachers of National special center for physically handicapped children. The population includes 4 female and 1 male participants.

### **1.9.3.3 Population C Parents**

Population C of the current study was 5 parents of physically challenged students from National special center for physically handicapped children. The population includes 2 male and 3 female participants.

## **1.9.4 Sample**

The sample of the study was 25 students enrolled in school for physically challenged students at secondary level, 5 parents of physically challenged students and 5 teachers of physically challenged students. There was only one schools for physically challenged students in Islamabad.

#### **1.9.4.1 Sample A Students**

The sample A of the research study included 25 students from national special center for physically handicapped children.

#### **1.9.4.2 Sample B Teachers**

The sample B of the research was 5 teachers of National special center for physically handicapped children. The population includes 4 female and 1 male participants.

#### **1.9.4.3 Sample C Parents**

Sample C of the current study was 5 parents of physically challenged students from National special center for physically handicapped children. The population includes 2 male and 3 female participants.

### **1.9.5 Instrumentation**

For this survey three instruments were used. Two questionnaires and one interview. The first questionnaire was called factors effecting self-esteem that was developed by the researcher and the second questionnaire was assessment scale on Self Esteem called Adolescent Self-Esteem Questionnaire Hafekost et al., (2017) was adopted for data collection. Third instrument was structured interview to know the inner stories of physically challenged students.

#### **1.9.5.1 *Demographic sheet***

First section of the questionnaire had demographic sheet to collect the background information of the sample. The demographic section was consisted of the following information:

- a) Gender
- b) Grade
- c) Kind of challenges
- d) Ethnicity

- e) Social class

#### ***1.9.5.2 Factors effecting self-esteem (Emler, 2001)***

This questionnaire intended to explore four factors that effects self-esteem of the children with physical challenges. Each factor contains ten questions. Those factors were demographical variations, personal experiences, appearance and parent's behavior.

#### ***1.9.5.3 Adolescent Self-Esteem Questionnaire Hafekost et al., (2017)***

The instrument intended to measure the level of self-esteem among special students. The instrument had 11 items that showed the level of self-esteem among students with physical challenges.

#### ***1.9.5.4 Self-esteem Assessment Interview***

The researcher conducted interviews from the students. The interview protocol had different questions that intended to explore the factors that affect self-esteem of the students. The interview sheet was semi-structured.

### **1.9.6 Data Collection**

Data were collected from all participants and before distributing the questionnaire, the researcher gave brief introduction about research purpose. The researcher also guaranteed the privacy of the respondent's responses.

### **1.9.7 Data analysis**

After collecting the data, it were screened for errors. Also, Descriptive and statistical analysis techniques were applied for the purpose of drawing the conclusions based on the collected data.

Table No. 1.2

*Data Analysis*

<b>Research Objectives</b>	<b>Research Questions</b>	<b>Null Hypotheses</b>	<b>Instrumentation</b>	<b>Data analysis technique</b>
1. To identify the factors that affect self-esteem of physically challenged students at secondary level	1. What are factors that affect self-esteem of physically challenged students at secondary level?	1. There is no statistically significant effect of factors on self-esteem of physically challenged students at secondary level.	Questionnaire/ interview	Mean/ Descriptive

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<p>2. To determine the level of self-esteem among physically challenged students of secondary level.</p>	<p>2. What was the level of self-esteem among physically challenged students of secondary level?</p>	<p>There is statistically no significant difference on level of self-esteem among physically challenged students of secondary level.</p>	<p>Questionnaire</p>	<p>Score</p>
<p>3. To compare the self-esteem of students on the basis of Gender.</p>		<p>There is statistically no significant difference of self-esteem of students on the basis of Gender.</p>	<p>Questionnaire/ interview</p>	<p>T test/ Descriptive</p>
<p>4. To compare the self-esteem of students on the basis of social class.</p>		<p>There is statistically no significant difference of self-esteem of students on the basis social class.</p>	<p>Questionnaire/ interview</p>	<p>ANOVA Descriptive</p>

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5. To compare the self-esteem of students on the basis of Ethnicity.	There is statistically no significant difference of self-esteem of students on the basis of Ethnicity.	Questionnaire/ interview	Mean score/ Descriptive
6. To investigate effect of factors related to personal experiences on self-esteem of students at secondary level.	There is statistically no significant effect of factors related to personal experiences on self-esteem of students at secondary level.	Questionnaire/ interview	Mean score/ Descriptive
7. To examine effect of factors	There is statistically no significant effect of factors related to parents' behavior	Questionnaire/ interview	Mean score/ Descriptive

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related to on self-esteem of  
parents students at  
behavior secondary level.  
on self-  
esteem of  
students at  
secondary  
level.

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### **1.10 Delimitations of the Study**

1. This study was delimited to only one school of physically challenged students.
2. Due to the lack of time, the research study was delimited to only Motor disabilities that are
  - a) Multiple Sclerosis
  - b) Neurological deterioration
  - c) Muscular Dystrophy
  - d) Muscular disorders
  - e) Cerebral Palsy
  - f) Neurological condition
  - g) Spina Bifida
  - h) Congenital malformation of the spinal cord
  - i) Spinal Cord Injury
  - j) Neurological damage resulting from trauma
  - k) Dwarfism

1) Poliomyelitis.

## **1.11 Operational definitions**

### **1.11.1 Physically challenged Students**

Physically challenged students are students who are affected either temporarily or permanently, a person's physical capacity or mobility. There are many different causes of physical disabilities that can include inherited or genetic disorders, serious illnesses, and injury.

### **1.11.2 Self esteem**

Self-esteem is a way of thinking, feeling, and acting that implies that you accept, respect, and believe in yourself.

### **1.11.3 Factors**

Emler (2001) stated that Self-esteem has been affected by a wide range of personal and social factors. He has explained the following factors that highly effects self-esteem of an individual.

### **1.11.4 Demographic Variations**

The demographic section of the conceptual frame work indicates the personal details of a person. It consists of following factors

### **1.11.5 Ethnicity**

Ethnicity refers to a person's physical characteristics, such as bone structure and skin, hair, or eye color. Ethnicity also covers cultural factors, including nationality, regional culture, ancestry, and language.

### **1.11.6 Social Class**

Social class indicates the order or status and prestige, and because they carry implications of relative social value, a person's position in the class structure might be expected to have consequences for their view of their own personal worth.

### **1.11.7 Personal Experiences**

This section of the conceptual framework explains the experiences that a person has to go through his life. It highlights the effect of personal experiences on self-esteem.

### **1.11.8 Success and Failure**

Terms meant to define events, not people. You are either successful at doing something, or achieving some milestone, or you failed at doing something or did not achieve some milestone.

### **1.11.9 Rejection or Acceptance**

Rejection refers to one's perceived reduction of social acceptance, group inclusion, or sense of belongingness. Social psychologists presented the idea that there are real, imagined, and implied rejection in a variety of forms and contexts.

Acceptance in human psychology is a person's perception of a situation, recognizing a process or condition (often a negative or uncomfortable situation) without attempting to change it or protest it.

### **1.11.10 Appearance**

It refers to how things look to the visual system. Objects have physical properties, and in this regard, optical properties are usually most relevant together with size, texture, shape, etc.

### **1.11.11 Multiple Sclerosis – neurological deterioration**

MS occurs when the myelin sheath – protective tissue around nerve fibers in the body damages, causing random patches or scars. The scars can interfere even the messages sent through the central nervous system, affecting the brain, optic nerves, and spinal cord. The symptoms of MS are very varied but can include fatigue, loss of motor control, tingling, numbness, visual disturbances, memory loss, depression, and

difficulties in cognitive activity. The progress and severity of MS can be difficult to predict it may progress very slowly for one person, but develop quickly in another.

#### **1.11.12 Muscular Dystrophy – muscular disorders**

Muscular dystrophy is a group of genetic disorders that leads to progressive and irreversible weakness and loss of muscle mass. There are more than 30 different types of muscular dystrophy, and each has a separate cause. Signs and symptoms can be very varied however can include difficulty walking, trouble breathing or swallowing, restriction in joint motion, and heart and other organ problems. Symptoms of the most common type of this disease appear in childhood, however, others do not become apparent until middle age or older age.

#### **1.11.13 Cerebral Palsy – neurological condition**

Cerebral palsy is typically due to an injury to the developing brain before or during birth, caused by a reduced blood supply and lack of oxygen to the brain, illnesses during pregnancy such as rubella (the German measles), accidental injury to the brain, meningitis in young children, and premature birth can all be causes. In Australia, over 90% of cerebral palsy was due to a brain injury while the mother was pregnant, or before one month of age, however, 10% of people develop the disability later in life, usually as a result of infections such as meningitis or encephalitis, stroke, or a severe head injury (Cerebral Palsy Alliance). People with Cerebral palsy may experience weakness, difficulty walking, lack of muscle control, and problems with coordination, involuntary movements, and other symptoms.

#### **1.11.14 Spina Bifida – congenital malformation of the spinal cord**

Spina bifida is the incomplete formation of the spine and spinal cord. It can cause the spinal cord and nerves to be exposed on the surface of the back, instead of being inside a canal of bone surrounded by muscle. People with spina bifida experience a range

of mild to severe physical disabilities including paralysis or weakness in the legs, bowel and bladder incontinence, hydrocephalus (too much fluid in the brain cavities), deformities of the spine, and learning difficulties. The cause of spina bifida is not well understood, but it is likely caused by genetic and environmental factors. Adequate intake of folate by the mother in early pregnancy has been found to be a significant factor in preventing a child developing spina bifida.

#### **1.11.15 Spinal Cord Injury – neurological damage resulting from trauma**

The spinal cord can become injured, if too much pressure is applied or if the blood and oxygen supply to the spinal cord is cut. When the spinal cord has been damaged, it leads to a loss of function such as mobility or feeling. For some people, a spinal cord injury results in paraplegia (loss of function below the chest), for others it leads to quadriplegia (loss of function below the neck). Accidents account for 79% of spinal cord injuries in Australia – mostly caused by motor vehicle accidents and falls. Other causes include cancer, arthritis, infections, blood clots, and degenerative spinal conditions. As well as affecting the ability to move through paralysis, it may affect many areas of a person's body such as the cardiovascular and respiratory systems, bladder and bowel function, temperature, and sensory abilities.

#### **1.11.16 Dwarfism**

Dwarfism is short stature (abnormal skeletal growth) which can be caused by over 300 genetic or medical conditions. It is generally defined as an adult height of 4 feet 10 inches or less, with the average height of someone with dwarfism being 4 feet (Mayo Clinic).

**1.11.17 Poliomyelitis**

Polio, or poliomyelitis, is a disabling and life-threatening disease caused by the poliovirus. The virus spreads from person to person and can infect a person's spinal cord, causing paralysis (can't move parts of the body).

**1.11.18 Lower Class**

People earning from Rs10, 000 to Rs20, 000 are categorized as belonging to the lower class.

**1.11.19 Middle Class**

People earning from Rs20, 000 to Rs50, 000 are categorized as belonging to the middle class.

**1.11.20 Upper Class**

People earning from Rs50, 000 and above are categorized as belonging to the upper class.

**1.11.21 Motor Disabilities**

Motor disabilities are perceived as limitations in walking and in use of the lower or upper extremities (arms/ hands/legs). Some motor disabilities also affect speech and swallowing. Severity can range from mild to profound. Motor disabilities diagnosed in infancy or childhood were taken as motor disabilities.

## CHAPTER 2

### REVIEW OF RELATED LITERATURE

#### 2.1. Physically Challenge

Although there is no widely accepted definition of physically challenged individuals, two definitions can be found in the National Policy for Special Education. 1. Physically challenged individuals are those who have a lack of ability to perform an activity in a manner that is considered to be normal. 2. A person with physical challenge means a person who, on account of injury, disease, or congenital deformity, is handicapped in undertaking any profession or employment, and includes persons who are visually, hearing, and physically and mentally disabled LaPlante and Mitchell (1991). Physically challenged individuals are a class in itself that any one may fall victim at any time. It can come about as a result of a sudden accident, a fall down from stairs or catching any disease. Being physically challenged maintains no socio-economic boundaries. Since physically challenged individuals are not always facing this condition by birth rather anyone can face this condition at any stage of life. Women, men and children with disabilities are too often amongst the most marginalized in all societies and face unique challenges in the enjoying their basic rights even. Though the Universal Declaration of Human Rights stated that all human beings are born free and equal in dignity and rights. Nevertheless, this is far from being a reality for around 500 million differently abled persons around the globe. “We know that equality of individual ability has never existed and never will, but we do insist that equality of opportunity must be sought.” Franklin D. Roosevelt Human rights are the rights of an individual by virtue of being human. Our ancient Vedic set up explains the concept of human rights as the right to happiness and universal brotherhood (Vasudeva Kutumbakam(Date?). Human rights are absolute and inherent rights for everyone.

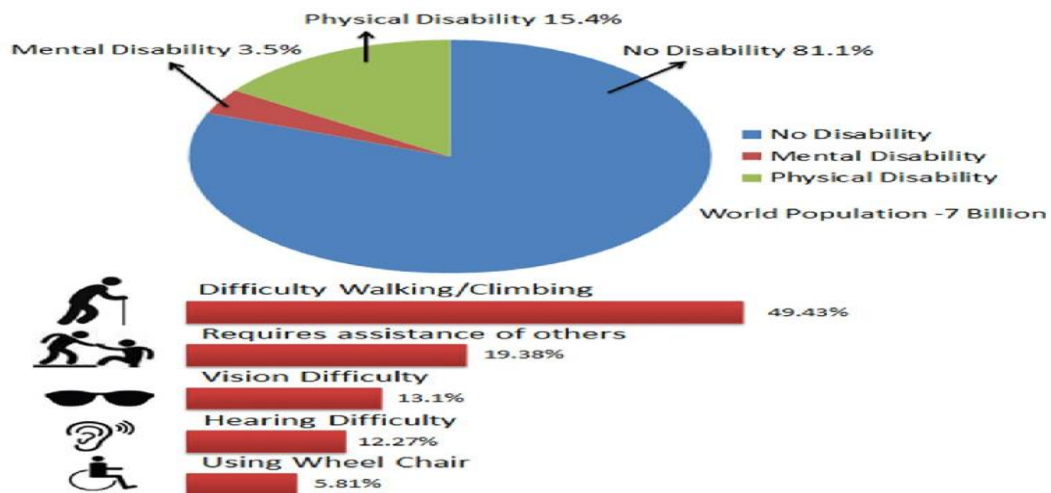
These principles are recognized in natural law but discrimination in our society still continues to exist due to ignorance and prejudices. The people suffering from disabilities do have human rights but such rights are frequently violated. Their living conditions are always worse than those of other citizens (Schulze, 2010)

Physically challenged persons are, thus not just facing a health problem rather It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. People with disabilities have the same health needs as non-disabled people for immunization, cancer screening etc. They also may experience a narrower margin of health, both because of poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections. Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings (World Health Organization, 2012)

Physically challenged persons are visibly different from others. The differences are apparent at least in the way they move, whether slowly or awkwardly, or by the presence of devices like orthoses, crutches, or wheelchairs. A movement dysfunction results in being labelled as "different" by members of society. Resnick (1984a; 1986) described the social construction of physically challenged person as occurring when people observe physical events (like physical challenge) and evaluate or assign meaning or value to them, resulting in consensus on a social and subjective reality. The social consensus about physically challenged individuals is a devalued social status and stigmatization. Physical illness and disability are often accompanied by a number of fears and problems, including pain, disfigurement, energy depletion, dependency on others, and self-concept challenges. (Alaçam, 2019)



## 2.2. Statistics of disabled persons in the world



*Fig 2.2 Statistics of Disabled Persons in the World*

Around 15% of the global population, almost over a billion people are living with some form of physical challenge, of whom 2–4% experience significant difficulties in functioning. Many of these people require assistive technologies such as low-vision devices, wheelchairs or hearing aids. This number is expected to double to 2 billion by 2050. Women are more likely to experience physical challenge than men and older people more than young. Low- and middle-income countries have higher rates of physical challenges than high-income countries, and the impact of physical challenges on people in poorer areas is boosted by issues of accessibility and lack of health care services. Native persons, stateless persons, refugees, migrants and prisoners with physical challenges also face particular challenges in accessing services. In recent years, the understanding of physical challenge has moved away from a physical or medical perspective to one that takes into account a person's physical, social and political context. Today, physical challenge is understood to arise from the interaction between a person's health condition or impairment and the multitude of influencing factors in their environment. World health organization (2011). Across the world, people with disabilities have poorer health outcomes as lower educational achievements, less economic

gains and higher rates of poverty than normal people. This is partly because people with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, and transport as well as information. These difficulties are intensified in less advantaged communities.

According to World Health Organization, (WHO) it is estimated that there are over 650 million disabled people in the world, of those fifty (50) million people are living in Africa. They comprise 10% of world population, with 80% of them in developing countries. 70% of disabled adults are unemployed and live in poverty. Some disabled people are locked up or hidden from the public because their families view them as a curse. Over 90% of the disabled people in Africa are children who die before the age of five years. Low employment levels for people with disabilities have drawn concern for policy makers, professionals and people with disabilities themselves because only 30% of the disabled have been employed. Lack of employment causes them to have low self-esteem. Despite expectations that the Americans with Disabilities Act (ADA) would expand employment opportunities, the percentage has dropped significantly since the Act was implemented. The drop has been from 44% to 33 %. People with physical challenges are among the most marginalized groups in the world. People with poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than normal people. Physically challenged persons are now understood to be a human rights issue. People are disabled by society, not just by their bodies. These barriers can be overcome, if governments, nongovernmental organizations, professionals and people with physically challenged persons and their families work together (Shakespeare, 2013)

The proportion of children with physical challenges is 43.4% of total PWDs population, 58.4% male and 41.6% female (Population Census 1998). The number of males with physical challenges is greater than females, possibly because of the high incidence of female

infanticide caused by social discrimination, preference for the male child, and deep-rooted gender insensitivity within households. It is estimated that around 1.4 million (28.9% of total number of PWDs) children of school going age who do not have access to education (Hassan and Mumtaz, 2014)

Historically, there has been a persistent negative attitude and social rejection of people with disabilities across all cultures. Ancient Roman and Greek cultures viewed disabled people as burden on society and less than human. In African and Asian context, disability was viewed as a curse or punishment for some sin and caused great shame and feelings of guilt to the family. The result was to hide the disabled person from the public eye. (Balal and Rehan, 2012). Noe (2002) described attitudes as “a combination of beliefs and feelings that predispose a person to behave in a certain way”. According to Chubon (1992) behavior is influenced by attitude while attitude motivates behavior. He goes on to suggest that such things as attitudes, behaviors, expectations, interactions, treatments and attributions that are exhibited in regard to people with disabilities will be affected by the stereotypes that are held by an individual. Clark and Crewe (2000) pointed out that negative social attitudes lead to situations that develop, reinforce and solidify socioeconomic barriers to mainstream activities for people with disabilities. According to research reasons for negative attitudes can be based on myths or social misconceptions stereotypes, and fear. (Diksa and Rogers, 1996). For many students with disabilities, the key to success in the classroom lies in having appropriate adaptations, accommodations and modifications made to the instruction and other classroom activities. Listen (2010) described that a student with disabilities studying in mainstream educational institutions of higher learning experiences many obstacles. The unavailability of accessible contents, lack of sensitive and trained staff and lack of awareness about developments in enabling technologies render higher education difficult to access for students with disabilities. The educational goals for students with disabilities are essentially the same

as for all students. These are social competence, effective communication, employability and personal independence. Desrochers et al., (2014). In order to achieve functional levels of inclusion of special needs students in mainstream classes, it is imperative that certain modifications and adaptations be made in existing educational resources and learning environment to enable these learners maximize their participation in the learning activities. Because of the fact that students with disabilities often struggle in the mainstream classrooms, by providing them with differentiated classroom instruction and a modified curriculum, teachers and support staff can provide a playing field that is both equitable and accessible (Wilkinson, 2012). Alman (2014) says that accommodations, modifications and assistive technologies can help for the purpose of providing a disabled student with access to academic materials that may otherwise be inaccessible. Beal (2014) defined accommodation as “a reasonable adjustment to teaching practices so that the student learns the same material but in a format that is more accessible to the student.

Accommodations may be arranged by changing the presentation, response, setting or scheduling. For example a visually impaired student may be accommodated by being provided with a large-print book. This is an example of a presentation accommodation. Busuttill, Reynaud (2018) defined modification as changes or adaptations that make the learning material simpler. Modifications change what is learned, how difficult the material is, what level of mastery is expected from the student to achieve required level of knowledge or skill, whether and how the student is assessed or any other aspect of the curriculum.

In South Africa, studies carried out by the Department of Education showed high levels of exclusion of disabled children especially among the blacks, from the education system (ODP, 1997). The report went on to say that this was particularly true during the apartheid era. Education was provided separately not only on the basis of race but also on the identification and categorization of learners into those considered “normal” and those who were considered

to have special needs. These inequalities in the education system had a profound effect on the number of disabled people who were able to access higher education. Since 1994, there have been changes in the education systems which have helped to break down many barriers faced by the disabled children. The census of 2001 indicated a great increase in the number of disabled children accessing the school system (Stats SA, 2003). In the Kenyan context, a survey was carried out in 2008 by the Kenya National Survey for Persons with Disabilities showed that about 1.6 million people in the country are living with disabilities. The Journal of Emerging Trends in Educational Research and Policy Studies reports that about 10% of disabled children are accessing basic and secondary education, yet their representation in institutions of higher learning remains less than 1%. (JETEPRAS). On the 19th of May 2008, Kenya became the 27th country to ratify the UN convention on the Rights of Persons with Disabilities. This led to efforts to include disabled learners in mainstream schools through inclusive education.

The Kenyan constitution (2010) provides a firm foundation for policy and legislation on physical challenges in accordance with the universal standards for the promotion of fundamental human rights and freedom for persons with disabilities. Some of the landmark in legislation include the Persons with Disabilities Act (2003) which came into effect on 16th June 2014. This act established the National Council for Persons with Disabilities, an autonomous body dealing with physically challenged persons. The act also established the National Development Fund for Persons with Disabilities (2009), which is used to channel out financial support for persons with disabilities. Others include the Children's Act no. 8 of 2001 and the Employment Act of 2007 both of which outlaw discrimination against persons with disabilities. (Disability Rights Promotion International, the Constitution of Kenya, 2010). With the enactment of legislation that aims at ensuring and protecting the rights of persons with physical challenges, increasing number of students with special needs are

pursuing higher education but there is need for action to expand accessibility of special needs students in institutions of higher education and enactment of support programme for them.

The persons with physical challenges act of 2003 and the persons with physical challenges amendment bill (2007) state that “Learning institutions shall take into account the special needs of persons with physical challenges with respect to the entry requirements, passing marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements and other similar considerations”. Higher education institutions are mandated by law to ensure that they take specific steps to make physical adjustments in buildings and their surroundings, provision of assistive technology and other modified learning equipment in order to make the environment accessible to students with special needs. An understanding of exceptional children and youth begins with an understanding of the range of similarities and differences within the population as a whole (Pellock, 2004). People are different in some ways, yet people are more alike than they are different. They all have the same basic needs and are require the same rights under constitution of Pakistan. Moreover, in most areas or activities the similarities among people are much more significant than the differences. The labels used to identify groups of exceptional persons can be very confusing (Shah, Holmes and Wing, 1982)

There is a distinctly declared agreement in the world that all children have the right to education regardless of their race, gender, nationality, physical challenges and etc. These agreements have been indicated in universally important documents. The United Nations Declaration on the Rights of Mentally Retarded Persons (1971), the UN Declaration in the Rights of Disabled Persons (1975), World Program of Action Concerning Disabled Persons (1982) adopted by the United Nations General Assembly, the United Nations Convention on the Rights of the Child (1989), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and UNESCO's Salamanca Statement and

Framework for Action (1994) form a strong basis for international legal standards on physical challenges and function as critical documents providing children with disabilities the right to education and abolish discrimination against them. Erhard et al, (2013) quoted United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) emphasizes principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. But United Nations Guidelines for Inclusion provides the clearest statement: “Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. UNESCO (2005)

### **2.3. The Millennium Development Goals and disability**

The Millennium Development Goals (MDGs) also agreed on the international community in 2000 and endorsed by 189 countries are a unified set of development objectives addressing the needs of the world’s poorest and most marginalized people, and are supposed to be achieved by 2015. The goals are:

- a) Eradicate extreme poverty and hunger
- b) Achieve universal primary education
- c) Promote gender equality and empower women
- d) Reduce child mortality
- e) Improve maternal health
- f) Combat HIV/AIDS, malaria, and other diseases
- g) Ensure environmental sustainability
- h) Develop a global partnership for development.

The MDGs are a compact set of guidelines for developing and developed nations. They recognize the efforts that must be taken by developing countries themselves, as well as the

contribution that developed countries need to make through trade, development assistance, debt relief, access to essential medicines, and technology transfer. While some of the background documents explicitly mention people with disabilities, they are not referred to in the MDGs, or in the material generated as part of the process to achieve them. The 2010 MDG report is the first to mention disabilities, noting the limited opportunities available for children with disabilities, and the link between physical challenges and marginalization in education. The Ministerial Declaration of July 2010 recognizes physical challenge as a cross-cutting issue essential for the attainment of the MDGs, emphasizing the need to ensure that women and girls with disabilities are not subject to multiple or aggravated forms of discrimination, or excluded from participation in the implementation of the MDGs. The United Nations General Assembly has highlighted the neglect of data about persons with disabilities in official statistics. The General Assembly concluded its High-Level Meeting on the MDGs in September 2010 by adopting the resolution “Keeping the promise: united to achieve the Millennium Development Goals,” which recognizes that “policies and actions must also focus on persons with disabilities, so that they benefit from progress towards achieving the MDGs”.

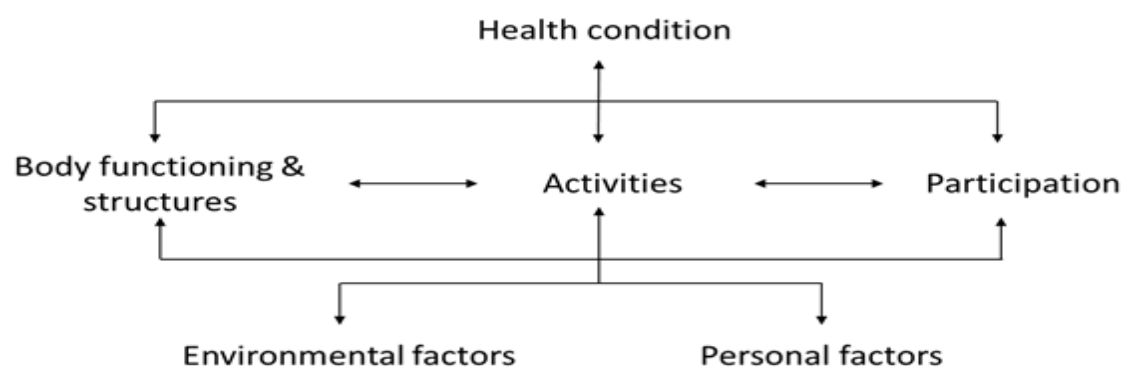
#### **2.4. International Classification of Functioning, Disability and Health (ICF)**

As a "second generation" classification, ICF is concept driven. Apart from classifying the universe of physical challenges, ICF also provides a conceptual framework for understanding physical challenges. At the core of the ICF concept of health and physical challenges is the notion that physical challenge is a multidimensional and universal phenomenon placed on a continuum with health. Human functioning is understood as a continuum of health state and every human being exhibits a different degree of functioning in each domain, at the body, person and society levels. ICF conceptualizes physical challenge not solely as a problem that resides in the individual, but as a health experience that occurs in a context. Physical challenges and functioning are, according to the ICF model, outcomes of interactions between



health conditions (diseases, disorders and injuries) and contextual factors. The bio-psychosocial model embedded in the ICF broadens the perspective of physical challenges and allows medical, individual, social, and environmental influences on functioning and physical challenges to be examined.

Moreover, ICF is grounded in the principle of universality, namely functioning and physical challenges are applicable to all people, irrespective of health condition, and in particular that physical challenge – or decline in functioning at one or more levels – is not the mark of a specific minority class of people, but is a feature of all human conditions, which is, epidemiologically speaking, over the life-span, a universal phenomenon. In addition, ICF is committed to the principle of parity, which states that the functional status is not determined by background etiology, and in particular by whether one has a ‘physical’ rather than ‘mental’ health condition.



*Fig.3.3* the Bio-Psycho-Social Model of Functioning, Physical Challenge and Health

The ICF component ‘personal factors’ includes psychological resources, which might serve to buffer negative consequences of and to enhance adjustment to disabilities. Among them, self-esteem and self-efficacy are prominent factors. Self-efficacy relates to ‘beliefs in one’s capabilities to organize and execute courses of action required to produce given attainments. In other words, it is the belief ‘I can do it’. Self-esteem is a general evaluation of the self-concept and the ‘sense of personal worth or worthiness’. Put in simplified terms, it is the belief that ‘I am all right the way I am’. According to the findings of previous research in disabilities,

self-esteem and self-efficacy, seem to be associated with different components of the ICF framework. Regarding health conditions, persons with high self-efficacy or self-esteem show better mental health and less secondary physical conditions. At the body level, high self-esteem and self-efficacy were associated with less impairment and might be compromised by pain. Concerning environmental factors, self-efficacy and self-esteem seem to be associated with social support. Although persons with high self-efficacy and self-esteem consistently report higher life satisfaction and well-being. (Geyh et al., 2012)

## 2.5. Statistics of disabled persons in Pakistan

The population of disabled persons across Pakistan has been registered to be less than 0.48 per cent of the total population as per the '6th Population and Housing Census 2017'. The population of the disabled as per the 5th Population and Housing Census conducted in 1998 was recorded at 2.38 per cent of the total population, indicating that there has been a decline of 80 per cent in the population of disabled persons. There are less than a million disabled persons living in the country as per the census data by Pakistan (Pakistan Bureau of Statistics, 2017).

### 2.5.1. Prevalence of Physical challenges by Types, Regions and Gender

Table No. 2.1

*Prevalence of Physical challenges by Types, Regions and Gender (%) in Pakistan*

	Hearing	Vision Retarded	Speech	Mentally	Lower Limb	Upper Limb
<b>Gender</b>	0.1	0.3	0.2	0.3	0.7	0.2
<b>Male</b>	0.1	0.3	0.2	0.4	0.8	0.2
<b>Female</b>	0.1	0.3	0.1	0.2	0.6	0.1

Table No. 2.2

*Prevalence of Physical challenges by Types, Regions and Gender in Punjab*

<b>Punjab</b>						
<b>Gender</b>	0.1	0.3	0.1	0.3	0.7	0.2
<b>Male</b>	0.1	0.3	0.2	0.4	0.8	0.3
<b>Female</b>	0.1	0.3	0.1	0.2	0.6	0.1

Table No. 2.3

*Prevalence of Physical challenges by Types, Regions and Gender in Sindh*

<b>Sindh</b>						
<b>Gender</b>	0.1	0.2	0.1	0.2	0.5	0.1
<b>Male</b>	0.1	0.2	0.1	0.3	0.5	0.1
<b>Female</b>	0.1	0.2	0.1	0.2	0.4	0.1

Table No. 2.4

*Prevalence of Physical challenges by Types, Regions and Gender in Khyber Pakhtunkhwa*

<b>Khyber Pakhtunkhwa</b>						
<b>Both</b>	0.1	0.3	0.2	0.4	0.9	0.2
<b>Sexes</b>						
<b>Male</b>	0.1	0.3	0.2	0.5	0.9	0.2
<b>Female</b>	0.1	0.3	0.2	0.4	0.8	0.1

Table No. 2.5

*Prevalence of Physical challenges by Types, Regions and Gender in Baluchistan*

<b>Baluchistan</b>						
<b>Gender</b>	0.2	0.3	0.1	0.3	0.7	0.3
<b>Male</b>	0.2	0.3	0.2	0.3	0.7	0.3
<b>Female</b>	0.2	0.3	0.1	0.3	0.8	0.3

Table No. 2.6

*Prevalence of Physical challenges by Types, Regions and Gender in Azad Kashmir*

<b>Azad Kashmir</b>						
<b>Gender</b>	0.2	0.4	0.3	0.5	1.1	0.3
<b>Male</b>	0.2	0.4	0.3	0.6	1.2	0.4
<b>Female</b>	0.1	0.4	0.3	0.4	0.9	0.2

Table No. 2.7

*Prevalence of Physical challenges by Types, Regions and Gender in Gilgit Baltistan*

<b>Gilgit Baltistan</b>						
<b>Gender</b>	0.4	0.5	0.5	0.4	0.9	0.3
<b>Male</b>	0.4	0.4	0.5	0.4	0.9	0.3
<b>Female</b>	0.4	0.5	0.5	0.3	0.9	0.2

Table No. 2.8

*Prevalence of Physical challenges by Types, Regions and Gender in FATA*

<b>Federally Administered Tribal Area (FATA)</b>						
<b>Gender</b>	0.2	0.4	0.2	0.6	1.1	0.3
<b>Male</b>	0.2	0.4	0.2	0.6	1.1	0.3
<b>Female</b>	0.2	0.4	0.2	0.5	1.1	0.2

The analysis about the nature of physical challenges provides information on the prevalence of physical challenges by its type (Table 2) and the distribution of disabled persons by type of physical challenges (Table 3). It exhibits that physical challenge related to lower limb is the most prevalent (0.7 percent), whereas hearing disability is least prevalent (0.1 percent) in Pakistan. The prevalence of other forms of physical challenges are as follows: vision (0.3 percent), speech (0.2 percent), mentally retarded (0.3 percent) and upper limb (0.2 percent). The same results are found for both males and females, though males have slightly higher prevalence of lower limb disability. According to 1998 census data, prevalence of blinds (vision disability) was 0.8 percent, deaf and mute (hearing and speech disability) was 0.7 percent, whereas mentally retarded were 0.8 percent. So clearly there is reduction in similar forms of disability over the period.

The regional comparison on the nature of disability illustrates that the prevalence of hearing, vision and speech related disability is highest in Gilgit-Baltistan. Further, the prevalence of the mentally retarded population is highest (0.6 percent) in FATA whereas Khyber Pakhtunkhwa and Gilgit-Baltistan are home to the highest (0.9 percent) proportion of population with lower limb disability. The distribution of

disabled population, as presented in Table 3, reveals that out of total disabled population, 40.7 percent has lower limb related disability, 18.2 percent are mentally retarded, 15.9 percent suffer from vision related disability, 10.8 percent have upper limb, 8.8 percent have speech and 5.6 percent have hearing disability.

The gender comparison also reveals similar picture of contribution of above-mentioned disabilities in both males and females. However, more males are mentally retarded than females, whereas share of vision related disability is higher among females as compared to males. The provincial distribution also follows generally the same trend as that of national and three main types of disability in each region are lower limb, mentally retarded and vision. There are 51.6 percent males whereas 48.4 percent females in total population covered by the BISP census. The analysis about distribution of disabled population reveals that males account for 57.8 percent of total disabled population, whereas females are 42.2 percent, indicating a wider gender gap than in actual population (Table A1 in appendix). The distribution of disabled persons is identical to one found in 1998 census data in which 58 percent males and 42 percent females were found disabled. The gender disparity in disability prevalence could be due to more vulnerability of males to external risks associated with job related mobility, involvement in conflicts and other risky activities in contrast to females.

An examination of gender distribution of disabled persons by nature of disability reveals that gender disparity is almost non-existent in vision related disability (50.5 percent males vs. 49.5 percent females), whereas it is the most prevalent in upper limb related disability (65.1 percent males vs. 34.9 percent females). The regional analysis indicates that gender gaps are large in prevalence of mentally retarded, lower limb and upper limb related disabilities, particularly in Punjab, Sindh, Khyber-Pakhtunkhwa and Islamabad NCER Disable Population (2010-2011)

The area of disability and special education has remained neglected in Pakistan. There is no comprehensive legal and policy apparatus to protect the rights of people with intellectual or physical disabilities. Furthermore, there is no evidence available on collection of data on regular basis to quantify the prevalence of the problem. In the 1998 census, the prevalence rates for people with disabilities were noted as 2.38 percent of the total population. Ironically, this figure is much lower at 0.48 percent, in the recently concluded 6th Population and Housing Census 2017. Pakistan Bureau of Statistics (2017). Both these figures are significantly low and one of the main reasons is how disability questions are framed in Census and other large-scale surveys (Singal, 2016).

### **2.5.2. Article 25 A and disability**

The first effort to take care of disabled persons was initiated in 1981 with the promulgation of “Disabled Persons (Employment and Rehabilitation) Ordinance 1981” that came in response to the proclamation of the year 1981 as an International Year of Disabled Persons (IYDP) by the United Nations (UN). Thirty-three years have elapsed since the ordinance was passed, but it still remains poorly implemented. In order to ensure the implementation of legislation formulated in 1981, the Government of Pakistan introduced the “National Policy for Persons with Disabilities” in 2002 followed by “National Plan of Action (NPA) for Persons with Disabilities” legislated in 2006. The efforts lost momentum in the wake of 18th Amendment to the Constitution which devolved powers from the federal government to the provinces leading to a confusing patchwork with each province working through different agency. The Right to Free and Compulsory Education Act 2012 Government of Pakistan (2012), which ensures free education to children aged 5–16 years, as enshrined in Article 25A of the constitution, makes reference in definitions pertaining

to children and institutions with disabilities. The only mention of disability (termed "handicapped") is in the 2009 National Education Policy. Government of Pakistan (2009), where under the section 'aims and objectives' it is noted (as point 15 of 20 bullet points): "to equalize access to education through provision of special facilities for girls and boys alike, under-privileged/marginalized groups and handicapped children and adults (Singal, 2018).

Waqar (2014) reported that article 25 A Government of Pakistan addresses the needs of PWD through a Directorate General of Special Education & Social Welfare (under the Capital Administration & Development Division) and a number of institutes and centers established in the Islamabad Capital Territory (ICT). Government of Pakistan has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on 5th July, 2011 in UN General Assembly and implementation of UNCRPD is mandatory for the Government of Pakistan. DGSE&SW established a cell called UNCRPD secretariat for the implementation of UN Convention in January, 2012. It is clear that the Governments (Federal and Provincial) need to implement various Policies and Action Plans particularly the UNCRPD, integrating the needs of PWDs also into national Millennium Development Goals (MDGs) agendas. Like all children, children with disability require that they be provided with all basic rights and facilities for living a peaceful productive life. These basic rights include the right to quality education. Pakistan has signed and ratified the UN conventions on human rights and rights of people with disabilities UNCRPD which call for equal rights and opportunities for all people including those with disabilities.

After 18th Constitutional Amendment, it becomes the responsibility of both the Federal and Provincial governments to undertake compact and immediate planning in order to fulfill the commitments of this convention. People and children with



disabilities face many hardships as a result of their disability. Social ostracization as a result of stigmatization is one of them. They are excluded from social, economic and political decision-making. Focusing attention on the life chances of persons with disabilities translating the notion of inclusive development into ground reality is a dire need in face of various challenges. Raising awareness amongst the people, media, government and nongovernment organizations, as well as academic and other sectors of the society is a dire need. Inclusion in education process or Inclusive education is “the process of increasing the participation of students with special needs in, and reducing their exclusion from, the cultures, curricula and communities of local schools”. This clearly focuses on all children who are excluded for whatever reason, disability being one of these reasons. Experience from the countries who have adopted IE has shown that it benefits all children, academically as well as socially, because children learn to be more tolerant and accept each other’s’ differences and develop a cooperative spirit. IE reduces segregation and isolation of children and families, giving a chance to implement the right to all to education. Rehabilitation with equipment, improved access and attitudinal change in the society will pave the way for an Inclusive society with opportunities to reach their potential for all (Miles and Miles, 1993).

## **2.6. Types of physical challenges**

### **2.6.1. Multiple Sclerosis – neurological deterioration**

MS occurs when the myelin sheath protective tissue around nerve fibers in the body – becomes damaged, causing random patches or scars. The scars can interfere with messages sent through the central nervous system, affecting the brain, optic nerves, and spinal cord. The symptoms of MS are very varied but can include fatigue, loss of motor control, tingling, numbness, visual disturbances, memory loss, depression, and

cognitive difficulties. The progress and severity of MS can be difficult to predict – it may progress very slowly for one person, but develop quickly in another. The cause is unknown, but it appears to involve a combination of genetic susceptibility and a non-genetic trigger, such as a virus, metabolism, or environmental factors, that together result in a self-sustaining autoimmune disorder that leads to recurrent immune attacks on the CNS. Neurologists agree that patients may be grouped into four major categories based on the course of disease (Goldenberg, 2012).

#### ***2.6.1.1 Relapsing–remitting***

The most common form, affecting about 85% of MS patients is called relapsing remitting. It is marked by flare-ups (relapses or exacerbations) of symptoms followed by periods of remission, when symptoms improve or disappear. (Hauser et al., 2008)

#### ***2.6.1.2. Secondary progressive***

It may develop in some patients with relapsing–remitting disease. For many patients, treatment with disease-modifying agents helps delay such progression. The disease course continues to worsen with or without periods of remission or leveling off of symptom severity (plateaus).

#### ***2.6.1.3. Primary progressive***

It affects approximately 10% of MS patients. Symptoms continue to worsen gradually from the beginning. There are no relapses or remissions, but there may be occasional plateaus. This form of MS is more resistant to the drugs typically used to treat the disease.

#### ***2.6.1.4. Progressive-relapsing***

A rare form, affecting fewer than 5% of patients. It is progressive from the start, with intermittent flare-ups of worsening symptoms along the way. There are no periods of remission.

### **2.6.2. Muscular Dystrophy – muscular disorders**

Muscular dystrophy is a group of genetic disorders that lead to progressive and irreversible weakness and loss of muscle mass. There are more than 30 different types of muscular dystrophy, and each has a separate cause. Signs and symptoms can be very varied however can include difficulty walking, trouble breathing or swallowing, restriction in joint motion, and heart and other organ problems. Symptoms of the most common type of the disease appear in childhood, however, others do not become apparent until middle age or older (Emery et al., 2015).

Some types of muscular dystrophy are defined by a specific feature in the body with some symptoms. Examples include:

#### ***2.6.2.1. Myotonic***

This is characterized by an inability to relax muscles following contractions. Facial and neck muscles are usually the first to be affected. People with this form typically have long, thin faces; drooping eyelids; and swanlike necks.

#### ***2.6.2.2. Facioscapulohumeral***

Muscle weakness typically begins in the face, hip and shoulders. The shoulder blades might stick out like wings when arms are raised. Onset of such symptoms usually occurs in the teenage years but can begin in childhood or as late as age 50.

### ***2.6.2.3. Congenital***

This type affects boys and girls and is apparent at birth or before age of 2 years. Some forms progress slowly and cause only mild disability, while others progress rapidly and cause severe impairment.

### ***2.6.2.4 Limb-girdle***

Hip and shoulder muscles are usually affected first. People with this type of muscular dystrophy might have difficulty lifting the front part of the foot and so might slip and drop frequently. Onset usually begins in childhood or the teenage years (Ahlström and Gunnarsson, 1996).

## **2.6.3. Cerebral Palsy – neurological condition**

Cerebral palsy is typically due to an injury to the developing brain before or during birth, caused by a reduced blood supply and lack of oxygen to the brain. Illnesses during pregnancy such as rubella (the German measles), accidental injury to the brain, meningitis in young children, and premature birth can all be causes. In Australia, over 90% of cerebral palsy was due to a brain injury while the mother was pregnant, or before one month of age, however, 10% of people develop the disability later in life, usually as a result of infections such as meningitis or encephalitis, stroke, or a severe head injury (Cerebral Palsy Alliance). People with Cerebral palsy may experience weakness, difficulty walking, lack of muscle control, and problems with coordination, involuntary movements, and other symptoms (Kriger, 2006).

## **2.6.4. Spina Bifida – congenital malformation of the spinal cord**

Spina bifida is the incomplete formation of the spine and spinal cord in utero. It can cause the spinal cord and nerves to be exposed on the surface of the back, instead of being inside a canal of bone surrounded by muscle. People with spina bifida experience a range of mild to severe physical disabilities including paralysis or

weakness in the legs, bowel and bladder incontinence, hydrocephalus (too much fluid in the brain cavities), deformities of the spine, and learning difficulties. The cause of spina bifida is not well understood, but it is likely caused by genetic and environmental factors. Adequate intake of folate by the mother in early pregnancy has been found to be a significant factor in preventing a child developing spina bifida. There are four types of spina bifida. (Copp et al., 2015)

#### ***2.6.4.1 Occulta***

It is the mildest and most common form in which one or more vertebrae are malformed. The name “occulta,” which means “hidden,” indicates that a layer of skin covers the malformation, or opening in the vertebrae. This form of spina bifida, present in 10-20 percent of the general population, rarely causes disability or symptoms.

#### ***2.6.4.2. Closed neural tube***

Its defects are called the second type of spina bifida. This form consists of a diverse group of defects in which the spinal cord is marked by malformations of fat, bone, or meninges. In most instances there are few or no symptoms; in others the malformation causes incomplete paralysis with urinary and bowel dysfunction.

#### ***2.6.4.3. Meningocele***

Spinal fluid and meninges protrude through an abnormal vertebral opening; the malformation contains no neural elements and may or may not be covered by a layer of skin. Some individuals with meningocele may have few or no symptoms while others may experience such symptoms as complete paralysis with bladder and bowel dysfunction.

#### ***2.6.4.4. Myelomeningocele***

It is the most severe form and occurs when the neural elements of spinal cord are exposed through the opening in the spine, resulting in partial or complete paralysis of the parts of the body below the spinal opening. The impairment may be so severe that the affected individual is unable to walk and may have bladder and bowel dysfunction.

#### **2.6.5. Spinal Cord Injury – neurological damage resulting from trauma**

The spinal cord can become injured if too much pressure is applied and/or if the blood and oxygen supply to the spinal cord is cut. When the spinal cord has been damaged, it leads to a loss of function such as mobility or feeling. For some people, a spinal cord injury results in paraplegia (loss of function below the chest), for others it leads to quadriplegia (loss of function below the neck). Accidents account for 79% of spinal cord injuries in Australia mostly caused by motor vehicle accidents and falls. Other causes include cancer, arthritis, infections, blood clots, and degenerative spinal conditions. As well as affecting the ability to move through paralysis, it may affect many areas of a person's body such as the cardiovascular and respiratory systems, bladder and bowel function, temperature, and sensory abilities (Bains and Hall, 2012).

#### **2.6.6. Dwarfism**

Dwarfism is short stature (abnormal skeletal growth) which can be caused by over 300 genetic or medical conditions. It is generally defined as an adult height of 4 feet 10 inches or less, with the average height of someone with dwarfism being 4 feet. Most dwarfism-related conditions are genetic disorders, but the causes of some disorders are unknown. Most occurrences of dwarfism result from a random genetic mutation in either the father's sperm or the mother's egg rather than from either parent's complete genetic makeup. About 80 percent of people with Dwarfism are born to

parents of average height. A person with Dwarfism and with two average-size parents received one mutated copy of the gene associated with the disorder and one normal copy of the gene. A person with the disorder may pass along either a mutated or normal copy to his or her own children. Other causes of dwarfism include other genetic disorders, deficiencies in other hormones or poor nutrition. Sometimes the cause is unknown (Gardner, 1972).

There are two main categories of dwarfism

#### **2.6.6.1. *Disproportionate Dwarfism***

This means that a person has some average-size parts of the body, such as the head and/or trunk, and some shorter-than-normal parts of the body, such as the legs and arms. The most common type of disproportionate dwarfism and the most common type of dwarfism in general is achondroplasia, in which a person has a normal-size torso and short limbs.

#### **2.6.6.2. *Proportionate Dwarfism***

This means that the person is smaller-than-average all over. Growth-hormone deficiency dwarfism, primordial dwarfism, and Seckel syndrome are all types of proportionate dwarfism.

#### **2.6.7. Poliomyelitis**

Polio, or poliomyelitis, is a disabling and life-threatening disease caused by the poliovirus. The virus spreads from person to person and can infect a person's spinal cord, causing paralysis (can't move parts of the body). Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. The virus is transmitted by person-to-person spread mainly through the oral route or, less frequently, by a common vehicle (e.g. contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and can cause paralysis.

Initial symptoms of polio include fever, fatigue, headache, vomiting, stiffness in the neck, and pain in the limbs. In a small proportion of cases, the disease causes paralysis, which is often permanent. There is no cure for polio, it can only be prevented by immunization. While there is no cure for polio, it can be prevented by vaccination (WHO, 2018).

## **2.7. Self esteem**

Self-esteem refers most generally to an individual's overall positive evaluation of the self. It is composed of two distinct dimensions, competence and worth. The competence dimension (efficacy-based self-esteem) refers to the degree to which people see themselves as capable and efficacious. The worth dimension (worth-based self-esteem) refers to the degree to which individuals feel they are persons of value (Cast and Burke, 2002).

Self-esteem is gradually developed within the individual as the result of self-concept formation. Self-esteem reflects our cognitive appraisal of both our competence and adequacy in areas important to us and to society, and the support and regard we received from our significant others (Wallander et al., 1989). Appraisals may be favorable or unfavorable. The social environment influences the possibilities for an individual's efficacious action and shapes the contexts of one's action, thus influencing evaluative criteria. Self-appraisal of one's own ideas and interpretations of one's own behavior is compared to the idealized image of oneself. The dimensions of the self which form the self-concept and are evaluated in the formation of self-esteem are the physical, cognitive, social, emotional, sexual, and moral (Patel, 2017). Each self-dimension is perceived and evaluated by the individual in the judgment of his or her own worthiness. The individual, family, community, and culture may differentially value certain competencies and contexts of action, and the individual chooses those which she or he considers salient to the sense of self-worth, thus actively participating in the self-esteem formation process. Self-esteem is a personal judgment about worth and



accepting or rejecting of self that appears in one's attitude. Self-esteem has a prominent role in the mental health and personality balance. Self-esteem is a product of social life and life values. This is the life and society that makes the person efficient and give them a kind of accepting the self. Campbell (1990) stated that self-esteem is a way of thinking, feeling, and acting that implies that you accept, respect, and believe in yourself. When you accept yourself, you are okay with both the good and not so good things about yourself. When you respect yourself, you treat yourself well in much the same way you would treat someone else you respect. To believe in yourself means that you feel you deserve to have the good things in life. It also means that you have confidence that you can make choices and take actions that will have a positive effect on your life. One part of self-esteem is knowing that you are important enough to take good care of yourself by making good choices for yourself. For example, choosing nutritious food for your body, exercising, giving yourself time to relax, etc. Self-esteem doesn't mean you think you are better or more important than other people are, it means that you respect and value yourself as much as other people. Self-esteem needs to come from within and not be dependent on external sources such as material possessions, your status, or approval from others. Having self-esteem also means you don't have to put other people down to feel good about yourself (Strauss, 2000).

A person throughout their life can exhibit different types of self-esteem depending on the situations they are facing or the relationships they have with the people around them. However, from my point of view, the basis of having a good self-esteem will always be found in childhood. The first steps to build the personality and temperament of a person and their self-esteem occurs in childhood, so it must be understood as one of the most important factors in the development of a person's self-esteem (Gavric, 2015).

### **2.7.1. Effect of high and low self-esteem.**

Having a positive opinion about one's own self is high self-esteem, which is associated with good mental health and resilience at managing stresses of daily living (Coopersmith, 1967). Valuing one's own opinion of one's self, and knowing that one is valued to significant others enables the individual to get rid of negative experiences and evaluations of others. One can defend one's self against devaluation. The confidence that one is competent encourages one to take risks, which may develop greater competence. If one risks and the venture is unsuccessful, high self-esteem allows one not to internalize a sense of failure. Feather (1988) describes "the rosy glow of self-esteem" permits external attribution of negative outcomes and internal attribution of positive ones. High self-esteem provides a defense in giving the individual confidence in his or her own judgment and abilities, a sense of capability in dealing with adversity. He or she can approach situations with the expectation of success and does not feel threatened at the outset, nor destroyed by failure. Negative self-appraisal can result in low self-esteem.

Coopersmith (1967) concluded that low self-esteem is positively associated with limited psychological defense abilities, fearfulness, and an expectation of failure. When one is critical of one's self, one is quite ready to accept the criticism of others as well, real or imagined. By dwelling on personal in-competencies and inadequacies, a person with low self-esteem sabotages his or her own morale and chances for success. Such a person does not trust her/himself, is not willing to expose the self by taking risks or standing out in a crowd. Withdrawal into social isolation often occurs, further removing her/him from potential friendly relationships. Thus, it can be seen that the evaluation one has of oneself vitally affects and directs the way one responds to the self, to the outside world, and to the opportunities one may experience (Alaçam

and Incioğlu, 2019). Persons, who have a high level of self-esteem, have a highly-distinct self-concept. Nobody is born with low self-esteem; it's something that is learned. It is the result of filtering opinions, comments, looks, suggestions, and actions of those around us through a person's own feelings and self-image.

## **2.8. Physical challenges and self esteem**

Self-esteem indicates an individual's evaluation about themselves progressively or regressively (Roessler, 1978). Self-esteem has a prominent role in the mental health and personality balance. This evaluation is believed to be relevant to the individual's personal adjustment and functioning. Self-esteem with reference to disability can be defined as a disabled person evaluating his/her capacity to perform in the society. Low self-esteem unsettles human's balance and vitality and negatively influences the efficacy, efficiency, learning and creativity of physically disabled humans. It is characterized by the feeling of inadequacy, guilt, shyness, social inhibition, dependency, helplessness, masked hospitality, withdrawal, complainer, tendency to downgrade others, reduced ability, accepting unfavorable assessment as accurate, vulnerability and interpersonal problems. One of the most disastrous outcomes of defected inefficient self-esteem is the slowed personal function and person's reduced efficiency. This defected self-esteem deprive person from using complete mental and intellectual powers. Akhoury (2016) conducted a survey on self-esteem and body image of physically disabled persons showing that physical health has a positive significant relationship with self-esteem and assessment of self. Level of self-esteem will decrease in the existence of physical disability.

Depression is also a very serious problem among physically disabled. A person having depression feels very low which hinders his activities of daily living. A study was conducted by Hussain (2014) to assess the level of depression among physically handicapped people. Results of the study has indicated that physical disability is a risk factor for the development

of depression among physically handicapped. Physical disability either congenital or acquired may lead to feelings of inadequacy (Chang & Johnson, 2008). Marschark (2006) concluded a strong relationship between physical and mental functioning in humans because any type of physical or sensory deficiency disturbs one's overall psychological functioning by creating an obstruction in normal flow of such processes, leading to an experience of the world, which is distinct in context. People who experience physical impediment are more likely to have low frustration tolerance (Mushtaq & Akhouri, 2016).

Many individuals with physical disability experience anxiety (Boswell & Wingrove, 1974) and also experience depression due to loss and as well as due to the changed behaviors of people around them. Disabilities are often associated with vulnerable self-esteem. It has a negative effect on those who were ambitious and could have achieved their life goals easily in the absence of their present disability. Puranen (1999) found that participants displayed symptoms of anxiety and depression more commonly than general population. Dehghani (2014) also found a significant difference in the mean scores of handicapped and normal students on self-esteem.

Physical disabilities and community attributes influence the self-esteem of a person. According to previous researches major disabilities do not seem to affect general self-esteem as much as minor physical disabilities such as clumsiness and coordination disorder because the society can see for themselves why the person with major disabilities is unable to do everything for himself. Some studies have shown that children and young adults with disabilities have fewer friends, experience more loneliness and are more teased and/or neglected compared to those without disabilities. Individuals with disabilities often receive negative remarks related to their body, which contributes to the development of the low self-esteem. Individuals with physical disabilities generally have a more negative self-esteem than

other people but the ones who have excelled in academic, sports, drama and other areas of learning have high self-esteem (Saeed and Dawood, 2013).

It is clear that the needs of the Persons with challenges are the same as the persons without disabilities (Rimmer, 2004). They do not want to be categorized as “impaired” or “disabled” but they want to see them as people who also have rights and needs like engaging in social activities to recognize their emotional life, autonomy and aspirations (Colver, 2005). However, the illness and physical limitations that are experienced by physically challenged have impact on their participation to activities and their involvement with other people (Campen and Iedema, 2007) and experiencing practical and social problems. Sometimes such people are isolated also by their parents because of the shame about their physical condition (Kandasamy, Prakash & Thirusangu, 2009). Due to their physical conditions, they also experience bullying more than persons without disabilities and the young, physically challenged, students are reportedly most victimized by bullying (Sentenac, 2011). Physically challenged students are being bullied by name calling, teasing, physical attacks, harsh verbal bullying, verbal aggression, threats, taking belongings, imitating of their disability and making fun of them (Carter and Spencer, 2006).

Because of these negative experiences by the physically challenged students, negative effects are manifested (Crothers and Kolbert, 2008). Special students are dropping out and the worst, they are not enrolling in school (Kandasamy et al., 2009). Because of the situations, students with physical challenges are often experiencing stress which has direct impact to their family as well. They are also experiencing anxiety and even wherein these experiences made them feel very dissatisfied in life and very unhappy. They also look to themselves as burden to the people around them especially to their family when the members are showing hatred towards them Kandasamy et al., (2009). On the other hand, there is existing literature that look at the positive sides among PWDs wherein the social activities promote psychological wellbeing to

the PWDs by giving importance to their environment that promotes quality of life among PWDs. The participation which the PWDs are involved together with their family and the environment will help them to become goal-oriented, family-centered, cooperative, strength-based, ecological, and self-determined (Palisano et al., 2011). It also promotes subjective wellbeing especially if they perceive that their participation to different social activities is valuable. Their interaction to their co-PWDs also makes them happy and cooperative. Based on literature cited, there are also ways to promote wellbeing among PWDs and engaging them in social activities is one factor to be looked in detail (Hartley et al., 2017).

In the context of the study, though different types of literature proves that self-esteem is associated with happiness, there are still gaps if this correlation is true among physically challenged students. Thus, according to the context and situations of students in Pakistan, the main focus of the study is to verify this effect on their daily lives (Nebrida and Dullas, 2018). Physically challenged people face much higher levels of stress, anxiety and depression because of the helplessness, hopelessness, frustration, sense of dependence, loss and changed behavior of people around them. They feel that their life could have been on some other track if they are not less fortunate. People who know that they cannot achieve their desired goals because of their disability feel much more depressed. They do not feel to be fit in the society of normal people. They sometimes or the other faced difficulty in interacting with the society. Physically challenged people are also unable to support themselves in their daily life activities. Which results in a sense of dependence on others and it leads to frustration which is a cause of stress and anxiety. Physical unattractiveness is also an important factor that leads to depression in physically disabled people. As the level of depression, stress and anxiety starts increasing, the self-esteem of an individual starts declining.

When a person starts thinking of himself as useless, he starts losing his self-confidence as a result his motivational level and the belief on one's abilities declines, it fills the person with

negativity and this negative self-image will be the reason for low level of self-esteem. But as they start living with their disability and accept the fact that they are not less fortunate than others and stop blaming themselves or others for their disability they are able to adapt with the situation effectively and as a result their self-esteem starts enhancing and the level of depression, stress and anxiety starts declining. There is a need of change in the attitude of the society towards the disabled, as well as the physically challenged people also need to change their own attitude towards themselves. Mushtaq and Akhouri (2016) stated that though good quality work has been done in this field but there is a need of much more research and a number of positive initiatives in order to solve the issue. Maintaining positive self-image in both male and female is important for achievement of positive image for others as well which also associated with self-esteem of individuals (Vohs et al., 2001; Park and Maner, 2009). But what if there is nothing to be looked perfect in body image? Having imperfections in physical attributes like PWDs which are perfectly imperfect? How do they look towards themselves?

Human beings are not perfect in nature or in physical appearance. Grieger and Wyse (2013) defined the state of being perfectly imperfect indicates the acceptance of individuals to themselves as who they are, and that people are not perfect in nature. This means having positive outlook about the self and being happy as individual despite of the imperfections that human beings have. Despite of the imperfections of human beings, there are people who are facing negative experiences because of the physical imperfections that affect their lives as a whole. These people include Persons with minor as well as major disabilities. Previous study show that being self-critic and having personal standards increase the fear of closeness with others and decreases self-esteem (Dunkley et al., 2012). Due to social, physical and emotional barriers to the PWDs direct influence is observed to their self-esteem and they become submissive, less pertinent, having low concentration, low social life and low enthusiasm.

Since PWDs are being isolated have negative manifestations that may include self-pity and the permissiveness of the parents especially the mother will cause difficulties in expressing self-esteem (DeHart, Pelham, and Tennen, 2006).

Therefore, the failure of the people with PWDs in recognizing their needs may have big impact in developing high self-esteem. Women with disabilities which are experiencing not just disability but also gender biasness also face the same problem with high intensity. Different studies argue that it may end-up in a negative relationship between physical disability and self-esteem wherein lower the self-esteem is expressed (Nebrida and Dullas, 2018). Individuals' attitudes about persons with disability (PwD) strongly affect disabled persons' quality of life and position in society. Research offers support for the ability of systematic, supported, longitudinal contact between different groups of individuals to improve attitudes (Magsamen-Conrad et al, 2016). The current research focuses self-esteem of physically challenged students of secondary level. Such physically, mentally, and emotionally, adolescents experience many things that affect who they become later in life. These things can have both positive and negative effect. At this age, adolescents are exposed to a wide variety of environments that include social, emotional, and academic nature that have the capability of affecting self-esteem. Environment in which we are living also have capability of affecting our self-esteem. Nonetheless, being exposed to great diversity of these environments greater the likeliness of one's self-esteem of being affected. In social environments, factors such as relationships with friends and families can affect one's self esteem, where good and reliable relationships have greater chances of improving self-esteem, and unhealthy relationships have greater chances of lowering self-esteem.

As stated earlier, anything that affects the satisfaction of one's self affects self-esteem. In competitive circumstances, one might not be satisfied about their performance thus resulting them to fail to perform to their possible potential, thus causing to become possibly vulnerable



of having lower self-esteem (Wright, 2015). Society's view of the ideal body as portrayed by normal persons and models rarely include diverse shapes, sizes and abilities. Stigma theory suggests that individuals with disabilities possess "discrediting attributes" that disqualify them from meeting culturally constructed appearance. This stigmatization of marginalized groups often leads to negative attitudes, discrimination and exclusion, which can contribute to decrease self-worth. A previous study discovered that individuals with intellectual disabilities reported lower self-esteem than the general population. This internalization of being the "other" and not meeting appearance demands can also contribute to body dissatisfaction, which is a strong predictor of clinical eating disorders and disordered eating behaviors (MacMaster et al., 2002)

### **2.8.1. Factors affecting self esteem**

Cooley (1902) emphasized on the perceived or anticipated reactions of others might seem to suggest that experience of others' disapproval, or experience of hostility, rejection or stigmatization by others will lead those who experience these reactions to devalue themselves. In fact, much attention has been given to the consequences of belonging to low status categories. What has emerged about the roots of self-esteem is not entirely what was anticipated. And this is leading to a reappraisal of the nature of self-esteem. I will consider in turn: factors that have weak effects or none; factors that have moderate effect; factors that have a more significant impact (Raevuori et al., 2007).

#### ***2.8.1.1. Effect of Ethnicity on self-esteem of physically challenged students***

Membership of a racial or ethnic minority frequently results in exposure to rejection, abuse, discrimination and persecution. Such membership carries with it a clear message that one is not valued by the majority culture. The impact of this kind of experience on self-esteem is very clear. The relation

between ethnic identity and self-esteem has been studied extensively. Global self-esteem, an individual's overall evaluation of self, is one of the most studied constructs in the social sciences. A healthy and diverse literature that spans disciplines and theoretical perspectives suggests that high self-esteem is positively associated with goals, expectancies, coping mechanisms, and behaviors that facilitate productive achievement and work experiences; and it is negatively associated with mental and physical health problems, abuse, and antisocial behavior. Although self-esteem is a popular research topic, there are important issues, including how self-esteem is related to demographic characteristics such as race/ethnicity and, to a lesser extent, gender and age (Bachman et al., 2011).

This research adds to our understanding of disability as an element of human diversity and the role of power in self-society interactions from the perspective of those with firsthand experience. This research presents dominant cultural narratives of disability and the interplay of these narratives with those linked to gender and race/ethnicity (Gans et al., 2003). Scholars have been criticized for their lack of attention to people of color with disabilities (Hutzler et al., 2002). There is considerable debate about the potential interplay between disability and ethnic minority status, but relatively little is known empirically about their relationship. It is thought that having a disability may isolate people with disabilities from their ethnic/racial group. Likewise, individuals' race/ethnicity may segregate them from people with disabilities. In other words, people with disabilities may struggle to affiliate with groups based on either racial/ethnic or disability identification. Ethnic minorities with disabilities, who struggle with discrimination on two fronts, may find it more

difficult to overcome negative stereotypes for either of their minority statuses and/or receive needed social support. This experience may be less true for people with learning disabilities who have a less directly observable form of disability. These individuals may have more choice in their group affiliations as they can more readily conceal the presence of their disability. In fact, disclosure of their disability may continue to isolate them from their ethnic/racial group (McDonald et al., 2011).

#### ***2.8.1.2. Effect of social class on self-esteem of physically challenged students***

Social class is, often, identified by current economic resources, is significantly less well understood than either race/ethnicity or gender in relation to disability. In fact, we could not identify any cultural narrative related to disability and class in the existing literature. Equally noteworthy, the two methods of inquiry that we employed in this research suggested a lack of awareness or presence of these narratives and/or a discomfort in discussing them. While no cultural narrative regarding the intersection of class and disability was found, class and financial concerns play an important role that is more implicit in the lives of low-income ethnic minorities with learning disabilities McDonald (2003).

In fact, most people with disabilities are living in poverty so the implications of social class impact their daily life routines. The experience of poverty may worsen the already marginalized experience of disability as people with disabilities living in poverty have fewer resources through which they can constructively address any disability-related impairment and/or institutionalized discrimination (Sherry, 2004). While limited financial resources and lower-class standing contributes contextually to the lives of

participants in this study, as others have stated most individuals avoid explicitly addressing class despite its relevance. Cultural narratives of disability and the intersection of these narratives with those related to race/ethnicity and gender derived from the socio-political analysis of literature, media and public policy are helping identify the pejorative ways in which members of these socio-political minority groups are popularly conceived and represented. While there is a clear need for data to assess the accuracy and comprehensiveness of these initial analyses, it appears that the experience of disability may further exacerbate already oppressed social identities and detract from advantaged social identities. For many, membership in multiple marginalized groups is an experience of being a minority within a minority or of an existence where one is marginalized even from the margins of society. Questions persist as to how individuals experience multiple layers of marginalization and how a less visible disability may modify these experiences (Sorbi et al., 2006). The presence of a disability has only recently noticed in members of a social group. Traditional frameworks of disability emphasize the medical nature of disability and focus on individual-centered deficits and impairments. Newer paradigms reject a medical framing by redefining disability primarily as a socially construed issue. Under a socioecological model, disability is redefined as a function of an individual's impairment in context; social and structural limitations are stressed as the primary determinants of the experience of having a disability (Pledger, 2003)

In recent years, a socio-political analysis of disability analogous to conceptualizations of social problems in community psychology has emerged (Dowrick and Keys, 2001). In analyzing discourse, policies, and structures,

disability scholars have identified dominant cultural narratives of disability (Snyder and Mitchell, 2010). Dominant cultural narratives are stories communicated to individuals through socialization channels such as schools and mass media and often convey pejorative stereotypes about sociopolitical minority groups. The analysis of dominant cultural narratives and their replacement with empowering personal stories and community narratives has helped many oppressed individuals and groups to make sense of their experience and work to transform social inequality (Nelson and Prilleltensky, 2005).

#### ***2.8.1.3. Effect of gender on self-esteem of students physically challenged students***

Several female disability scholars have highlighted the field for under attending to gender issues among individuals with disabilities, African-Americans have noted with the civil rights movement. Recent analyses focused on the experience of physical disabilities have suggested a relationship between cultural narratives of disability and gender. Men with disabilities may be perceived as incomplete men for their failure to live up to the assumption of masculinity as capable and strong. Women with disabilities may receive more conflicting social narratives. Consistent with cultural narratives of femininity, women with disabilities are often perceived as weak and dependent. However, unlike normal women, cultural expectations for women with disabilities often exclude sexuality, work of any nature and motherhood. Women with disabilities are thus expected to be unable to fulfill traditional roles of homemaker, wife, employee, or mother. However, these relationships between disability and gender may not be as relevant to individuals with

learning disabilities who do not experience the same physical difficulties and who can more readily pass as non-disabled (McDonald, 2007).

#### ***2.8.1.4. Effect of success or failure on self-esteem of physically challenged students***

In Western societies, data on the integration of people with disabilities into the labor market consistently indicates that this category of workers faces serious discrimination. Research has evidenced negative perceptions about their occupational skills, despite positive beliefs about their personal qualities. Real successes should raise self-esteem. Real failures should lower self-esteem. A history of continual success should secure permanently high self-esteem. Experience of continual failure should result in chronic low self-esteem. These assumptions are embedded not just in popular suppositions about self-esteem but in much of the scientific thinking about the phenomenon. They also underlie several measures of self-esteem, which essentially assess people's beliefs about their successes and failures, their assets and liabilities (Emler, 2002).

A person can honestly and accurately evaluate themselves as physically uncoordinated, lacking in academic accomplishments and bereft of musical talent, and also remain convinced that they are of great worth. Furthermore, this does happen and to a considerable extent. People's feeling about themselves, their global sense of self-worth, is only modestly influenced by their actual accomplishments and imperfectly related to their own estimates of these.

#### *2.8.1.5. Effect of rejection and acceptance on self-esteem of physically challenged students*

Peer acceptance is considered crucial to gain positive outcomes for young children with disabilities. Earlier studies have suggested that the success of early childhood inclusion practices heavily depends on peer acceptance of children with disabilities. According to Kiuru et al., (2012) social acceptance refers to the generally positive appraisals of a child by his/her peers, usually in reference to playing or working together in classrooms or in playgroup settings whereas social rejection refers to the active exclusion of a child from peer group activity (Odom et al., 2011). The early childhood years are a foundation for social development in which children start to develop positive or negative attitudes towards people who are different. In the majority of the studies, children with disabilities were less accepted as playmates than typically developing children Manetti et al., (2001). Similarly, recent studies document that children with disabilities have fewer interactions with their classmates, experience difficulties in social participation, have significantly fewer friends than their typically developing peers and participate less often as members of a subgroup. Koster et al., (2010) found that children with disabilities in inclusive child care programs were almost twice more likely to have at least one typical friend than were the children attending specialized programs. Additionally, socially accepted children with disabilities had at least one reciprocal friendship in inclusive settings (Walker and Berthelsen, 2007).

Developmental competencies/skills of children are considered as an important factor in peer acceptance or rejection. Moreover, peer acceptance was significantly associated with children's social communication abilities and

personal-social skills. Odom et al. (2006) revealed that socially accepted children tended to have disabilities that were less likely to affect social problem solving and emotional regulation, whereas children who were socially rejected had disabilities that were more likely to affect such skills and developmental capabilities. In the same study, social awareness and interest in peers, communication and play skills of children with disabilities were appeared to be associated strongly with social acceptance. On the other hand, deficiency in communication skills, social withdrawal, and aggression appeared to be characteristics associated strongly with social rejection (Kicker, 2014).

#### ***2.8.1.6. Effect of appearance on self-esteem of physically challenged students***

One factor young people consistently mentioned when asked what particularly affects the way they feel about themselves is their physical appearance. Furthermore, the correlations between self-esteem and perceptions of physical appearance are high, and exceptionally same in adolescence. Harter (1998) reports correlations from her own research with teenagers in the range 0.65 to 0.82. At the upper end, this is close to the theoretical maximum. It would mean that self-esteem in some groups of young people, therefore, is entirely dependent on physical appearance.

By early adolescence, physical appearance has become increasingly important due to the physical and psychological changes that occur during the onset of puberty. Adolescents with different physical attributes evoke different judgments from their peers. Children who are taller, or shorter, or are in some way atypical in appearance, may be treated more negatively than their more



"normal-appearing" peers. These judgments affect the way in which children interact with each other, and their level of acceptance by their peers. Children who do not look the same as their peers, may be ridiculed, ignored, or rejected by their peers. Children who have physical disability Self-esteem and body image have been examined in both general and special populations, but there is often a lack of agreement as to how to define these terms. One definition of body image is that it represents "explicit mental representations of the body and bodily functions" Cragg and Lafreniere (2010) defines body image as "perceptions, attitudes, and beliefs pertaining to one's own body". Body image is believed to form before birth, and to develop further as an individual grows and changes (Gallagher).

The concept of self-esteem is often described as the way in which an individual assesses himself or herself. It is believed that humans are motivated to achieve and sustain elevated levels of self-esteem, as well as protect their self-esteem when they feel vulnerable. Studies in the general adolescent population have shown that body image and self-esteem appear to be linked to each other. The way in which an individual views his or her body is a strong predictor of self-esteem levels in both males and females (Clay et al., 2005). This is most often seen during adolescence, when individuals are experiencing puberty and are also attempting to figure out their identity, their values, and their place in the world. A number of studies has examined correlates and predictors of self-esteem in general pre-adolescent, adolescent, and young adult populations. Self-esteem and body image have been widely investigated in a number of studies, particularly in adolescent and young adult populations, and previous

research has established a link between body image concerns and low self-esteem (Davison and McCabe, 2006).

#### ***2.8.1.7. Effect of parents' behavior on self-esteem of physically challenged students***

The self-concept would be shaped by the appraisals of significant others. More precisely, Cooley (2016) thought that the appraisals anticipated would matter, and Mead similarly discussed seeing ourselves as we imagine others see us. But, as psychologists were to point out later, we do not have to imagine what our parents think of us. Their views will be difficult to avoid while we remain with them. What is more, throughout childhood at least, no other people will assume so much emotional significance for us. Our parents' views will matter and they will matter rather a lot. Coopersmith (1967) was one of the first to emphasize the key role of parents in the development of self-esteem Sanders (2006). He concluded that four qualities of their behavior towards their children would be crucial. These were:

- a. The amount of acceptance, approval and affection shown
- b. The degree to which clear standards of behavior were promoted and expected
- c. The degree to which discipline and control were based on explanation rather than force or coercion
- d. The extent to which they invited their children to express views about family decisions, in effect valuing the child as a contributor.

A child's disability is a triadic experience, involving three-way interaction among the child who experiences the dysfunction, the family that is affected by it, and the external environment where the disability is manifested (Feuerstein, 2019). The crisis engendered by the first intimation or diagnosis

that something is wrong with their child is probably the parents' most difficult and shocking experience. In most cases, parents' initial reactions are likely to be negative, and similar to those related to bereavement. Families either adapt flexibly and mobilize into effective action or freeze in various degrees of rigid, ineffective reactions, whereas others tend to resist or even deny the diagnosis itself (Lardieri, 2000).

Numerous studies have found higher rates of psychological distress among mothers and, less consistently, fathers of children with physical challenges. Recent population-based studies and systematic reviews confirm that mothers of adult children with special challenges are two to three times more likely than mothers of typically developing children to report clinically significant levels of stress, anxiety and depression. Disability is generally assumed to be aberrant, tragic and pitiable. Such cultural beliefs reify parent grief and parent efforts to normalize their child, often at great personal cost. Further, owing to such beliefs, parents may feel the sting of social stigma attached to disability and suffer the hurt of social exclusion McConnell and Savage (2015). Finances are often a source of stress. Frequently one parent, usually the mother, sacrifices her career to attend to the child's needs with a resulting loss of income for the family. The emotional impact is enormous and may include fear and worry about the child's pain and suffering, the child's future, the question of whether you are doing enough or doing the right things to help the child. Parents can have guilt over the limits of their ability to protect the child. The loss of attention toward other children, spouse and aging parents, jealousy and resentment of those with "normal" children. Studies show that parents of special children feel isolation because they miss out on many family-oriented

activities because child's disability prevents her/him from successfully participating. Parents encounter criticism and judgment of parenting from others who don't understand child's disability. Parents feel like an outsider around parents of typically developing children. They have grief over the loss of hopes and dreams they had for the child. Parents of children with special needs are often exhausted and frequently become depressed. Their reserves of time and resources for self-care are even more depleted than those of parents of normal children. Yet their need for refueling is also greater. To be sustained through the marathon of caring for a child with special needs, it is essential that parents attend to their own needs (Pruthi and Babu, 2012).

We must empower people living with disabilities and remove the barriers which prevent their participating in their communities; getting a quality education, finding decent work, and having their voices heard. governments, civil society organizations and disabled people's organizations to create enabling environments, develop rehabilitation and support services, ensure adequate social protection, create inclusive policies and programmers' and enforce new and existing standards and legislation, to the benefit of people with disabilities and the wider community. People with disabilities should be central to these endeavors. Our driving vision is of an inclusive world in which we are all able to live a life of health, comfort, and dignity. People and children with disabilities face many hardships, not all of them as a result of their disability. Social marginalization as a result of stigmatization is one of them. They are excluded from social, economic and political decision-making. Focusing attention on the chances of persons with disabilities translating the

notion of inclusive development into ground reality is a dire need in face of various challenges.

Raising awareness amongst the people, media, government and nongovernment organizations, as well as academic and other sectors of the society are a source of hope (Jones & Lucas, 2012). Like all children, children with physical challenges require that they should be provided with all basic rights and facilities for living a peaceful productive life. These basic rights include the right to quality education. To achieve positive outcomes, children with disabilities need strong, positive support networks, including the child's family (or other responsible adults); health care providers; teachers, related service providers, and other school faculty; therapists; peers (with and without disabilities); and advocates. It is important that programs and services help bring together the various individuals who support the child to ensure that all are working toward similar goals. Such supportive relationships can help children with disabilities and their families navigate the wide variety of health, education, and community-based services they may require. Perhaps more importantly, this help develop a working alliance among the child, their family, and service providers, where both the child and the family believe the provider has the child's best interests at heart. Children with disabilities need access to a wide range of quality programs and services that meet their individual needs and support smooth transitions to new and different programs and services across childhood and into adulthood. It is important that children, parents, health care providers, schools, and other support sectors dealing with children with disabilities work together in improving the health and functioning of children with disabilities. When all parties will be involved and strive to create

working alliance for children will believe that providers have their best interests at heart, value their contributions, and share in developing and helping them achieve their goals the result is increased opportunities for ensuring children's health and encouraging their positive growth and development (Wang, 2010)

It is important that families of children with disabilities be engaged as partners and advocates for their children, and to this end, they need a supportive environment that recognizes and addresses the caregiver's own needs and capacities and facilitates informed decisions regarding the child's care. For example, health beliefs and cultural competence have been found to be important factors in ensuring access to services among children with autism spectrum disorder, as well as among immigrant children with other disabilities (Rapp and Ginsburg, 2001).

## CHAPTER 3

### METHODS AND PROCEDURES

#### 3.1. Research Approach

Mixed method research approach was used in this study. The term “mixed method” refers to an emergent methodology of research that advances the systematic integration, or “mixing,” of quantitative and qualitative data within a single investigation or sustained program of inquiry. Quantitative research basically involves numerical data for the interpretation of the results. It involves a systematic investigation of phenomena by gathering quantifiable data and performing statistical, mathematical, or computational techniques. Quantitative research collects information from existing and potential consumers of the phenomenon, using sampling methods and sending out online surveys, online polls, questionnaires, etc., the results of which can be depicted in the form of numerical data. After careful understanding of these numbers to predict the future of a product or service and suggesting changes accordingly.

Qualitative research is a scientific method of observation to gather non-numerical data. While focusing on meanings. This often occurs through "case study, personal experience, introspection, life story, interview, artifacts, and cultural texts and products, along with observational, historical, interactional, and visual texts. Considering the sensitivity of the topic the researcher has included the qualitative approach to get the insight stories and to capture the feelings of the physically challenged students. The present study focuses on the exploring factors that effect on self-esteem of students who are enrolled in special education school at secondary level.

### 3.2. Overview of Research objectives

Research objectives are meant to set at the very start of a study to guide the direction of research. Their main role is to ensure you gain insights that are relevant and useful. The researcher developed three major research objectives. The objectives of the research were established and decided in advance. This study was guided by seven main objectives that are listed below:

#### i Objective No. 1

**To identify the factors that affect the self-esteem of physically challenged students at secondary level.**

The Objective No. 1 was designed to fill the gap in the literature review using qualitative approach. To identify the factors that affect the self-esteem of physically challenged students at secondary level after analyzing number of researches, articles and books.

Emler (2001) stated in his book “Self-esteem- costs and causes low self-worth” means that what has emerged about the roots of self-esteem is not entirely what was anticipated. This is leading to a reappraisal of the nature of self-esteem. Many of the factors which might be expected to result in low or high self-esteem.

Cooley’s (1902) emphasized on the perceived or anticipated reactions of others might seem to suggest that experience of others’ disapproval, or experience of hostility, rejection or stigmatization by others will lead those who experience these reactions to devalue themselves. In fact, much attention has been given to the consequences of belonging to low status categories. What has emerged about the roots of self-esteem is not entirely what was anticipated. This is leading to a reappraisal of the nature of self-esteem. Many of the factors which might be expected to result in low self-esteem do not do so. I will consider in turn: factors that have weak effects or none; factors that have modest effects; factors that have a more significant impact Emler (2001).



Adolescence is an important stage for the development of the self-esteem, it is a stage from childhood to adulthood. Several longitudinal studies found out that early adolescence is a typical time when the self-esteem declines (Nagy et al., 2010). These researches support Erikson's opinion that young adolescents could experience more changes than in childhood and the negative changes could lead to the decrease of self-esteem. During this time, adolescents become more cognitively sophisticated, the realities of the society might help them to have a clearer understanding of their abilities. The changes in physical and social development pattern could decrease self-esteem. Therefore, Adolescence is a critical stage for the development of self-esteem and it is of great importance to analyze different factors that boost or impair self-esteem in different contexts (Gray & Hafdahl, 2000).

**ii Objective No. 2**

**To determine the level of self-esteem among physically challenged students of secondary level.**

Self-esteem is a way of thinking, feeling, and acting that implies that you accept, respect, and believe in yourself. Physical challenges and self-esteem and also depression can be one of the causes from our community, and it is a major factor that can complicate well-being for individuals with more than one disabilities. Individuals often consider disability as they think of someone in a wheelchair or with a perceptible bodily disability, not 'hidden' conditions (Scarpa, 2011). There are several aspects of physical disability and self-esteem that encounter to be faced that is lack or loss of freedom in personal management, travel, reading and writing, vocational opportunities and recreation. The impacts of these issues can be temporary or long lasting. An individual with physical impairment has feeling of helplessness and dependence. Self-esteem of a child can be measured from the protection and care given from parents love what they are giving and they getting from of others, approvals from the

community and from the family in simple case of clothing, attractiveness, and for their character sometimes for the effort what they are taking (Nair & Anarudha, 2014)

Self-esteem is a term used to describe how we view ourselves. It is how we value our worth as a person. It may be more positive or more negative and it is not static and permanent. Thus, if someone has low self-esteem, he or she can do things to boost his or her self-concept. When someone has a healthy or more positive self-esteem, he or she is able to accept him or herself "as is." This means acknowledging that we all have both strengths and weaknesses - and that's OK! Healthy or positive self-esteem does not mean that someone has an inflated or self-righteous view of him or herself. One added challenge for a person with a disability may be viewing him or herself as a person first. A disability is only one facet of a person. Thus, for people with disabilities, it's important to allow yourself to view your disability as one component of your life, not the whole of your life and personality. Another issue for people with disabilities is dealing with discrimination and stereotypes from society with a positive attitude. Our society places emphasis on looks, speed, and being the same as everyone else. Thus, people with disabilities might place additional pressure on themselves to try to meet society's impossible standards (Dinomais et al., 2010)

### **iii. Objective No. 3**

#### **To compare the self-esteem of students on the basis of Gender at secondary level**

Gender is an important factor which influence the growth, emergence and demonstration of self-esteem. Numerous differences have been found between males and females in their level of self-esteem during adolescence because they tend to adopt to gender stereotypes. Men with disabilities may be perceived as incomplete men for their failure to live up to the assumption of masculinity as capable and strong. Women with disabilities may receive more conflicting social narratives. Consistent with cultural narratives of femininity, women with disabilities are often perceived as weak and dependent. However, unlike non-disabled women, cultural

expectations for women with disabilities often exclude sexuality, work of any nature and motherhood (Rosenberg & Owens, 2001).

#### **iv Objective No. 4**

##### **To compare the self-esteem of students on the basis of social class at secondary level**

Some researchers reported that minorities are disproportionately over-identified as having disabilities in that the proportion of minority students in special education programs exceeds their proportions in the general population Sullivan & Bal (2013). Most people with disabilities are living in poverty so the implications of social class impact their daily life. The experience of poverty may intensify the already marginalized experience of disability as people with disabilities living in poverty have fewer social and economic resources through which to constructively address any disability-related impairment and/or institutionalized discrimination (Sherry, 2004).

#### **V Objective No. 5**

##### **To compare the self-esteem of students on the basis of Ethnicity at secondary level**

Disability scholars have been criticized for their lack of attention to people of different color and races. There is considerable debate about the potential interplay between disability and ethnic minority status, but relatively little is known empirically about their relationship. It is thought that having a disability may isolate people with disabilities from their ethnic/racial group. Likewise, individuals' race/ethnicity may segregate them from people with disabilities. In other words, people of color with disabilities may struggle to affiliate with groups based on either racial/ethnic or disability identification (Jacobs, 2005).

**Vi Objective No. 6**

**To investigate effect of factors related to personal experiences on self-esteem of students at secondary level.**

- 6a. To analyze the effect of success or failure on self-esteem of students at secondary level
- 6b. To explore the effect of rejection and acceptance on self-esteem of students at secondary level
- 6c. To explore the effect of appearance on self-esteem of students at secondary level

The Self-esteem can be referred as person's global judgments of competency regarding one's self-worth. This construct emerges when children compare their self-evaluation with actual performance on a variety of tasks. Moreover, this comparison between the perceived self and the ideal self is very crucial especially during adolescence because adolescents encounter with diversified job of developing and challenges of their own age. Hence, development of self-esteem is considered as one of the most important developmental processes of adolescence. Almost 40% of respondents in a survey in Britain said that disabled people aren't as productive as others. In the same survey, a quarter of disabled people said people expected less of them because of their disability (Orth, 2010)

One factor that young people have been consistently mentioning when asked which factor particularly affects the way they feel about themselves is their physical appearance. Furthermore, the correlations between self-esteem and perceptions of physical appearance are high, and exceptionally so in adolescence. Harter (1998) reports correlations from her own research with teenagers in the range 0.65 to 0.82. At the upper end, this is close to the theoretical maximum. It would mean that self-esteem in some groups of young people, therefore, is entirely dependent on physical appearance.

## **Vii Objective No. 7**

### **To examine effect of factors related to parents behavior on self-esteem of students at secondary level”**

A child’s disability is a triadic experience, involving three-way interactions among the child who experiences the dysfunction, the family that is affected by it, and the external environment where the disability is manifested. Crisis engendered by the first intimation or diagnosis that something is wrong with their child is probably the parents’ most difficult and shocking experience. In most cases, parents’ initial reactions are likely to be negative, and similar to those related to sorrow or worry. Families either adapt this situation flexibly and mobilize into effective action or freeze in various degrees of rigid, ineffective reactions, whereas others tend to resist or even deny the diagnosis itself (Furnham & Cheng, 2000). McConnell and Savage (2015) stated that recent population-based studies and systematic reviews confirm that mothers of adult children with special challenges are facing two to three times more stressed, anxiety and depression than mothers of normal children.

### **3.3. Population of the Study**

Population of the study was based on 25 students of secondary level who were enrolled in National Special Education for Physically Handicapped Children School at secondary level. The school is located in sector G-8/4 in Islamabad Capital Territory, Pakistan. There was only one schools for physically challenged students in Islamabad. 25 students with different physical conditions are enrolled in the national special education center for physically handicapped children. These are having minor to major physical challenges. Some students have the physical challenges from their birth and some students had some accident latter because of different reasons.

Table No.3.1.

*Population of the Study*

<b>S.N</b>	<b>Population of the study</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>1</b>	National Special Education Centre for physically handicapped Children	15	10	25
<b>2</b>	Parents of physically challenged students	2	3	5
<b>3</b>	Teachers of physically challenged students	1	4	5

**3.3.1 Population A Students**

The population A of the research study included 25 students from national special center for physically handicapped children.

**3.3.2 Population B Teachers**

The population B of the research was 5 teachers of National special center for physically handicapped children. The population includes 4 female and 1 male participants.

**3.3.3 Population C Parents**

Population C of the current study was 5 parents of physically challenged students from National special center for physically handicapped children. The population includes 2 male and 3 female participants.

**3.4. Sample**

The sample of the study was 25 students enrolled in school for physically challenged students at secondary level, 5 parents of physically challenged students and 5 teachers of physically

challenged students. There was only one schools for physically challenged students in Islamabad.

#### **3.4.1 Sample A Students**

The sample A of the research study included 25 students from national special center for physically handicapped children.

#### **3.4.2 Sample B Teachers**

The sample B of the research was 5 teachers of National special center for physically handicapped children. The population includes 4 female and 1 male participants.

#### **3.4.3 Sample C Parents**

Sample C of the current study was 5 parents of physically challenged students from National special center for physically handicapped children. The population includes 2 male and 3 female participants.

### **3.5. Tool construction**

For this survey three instruments were used. Two questionnaires and one interview. First section of the questionnaire had demographic sheet to have the background information of the students. The first questionnaire was called “Factors Affecting Self-esteem Scale” that was developed by the researcher and the second questionnaire was assessment scale on Self Esteem called “Adolescent Self-Esteem Questionnaire” (Hafekost et al., 2017) was adopted for data collection. Third instrument was semi structured interview to know the inner stories of physically challenged students.

Following is the description of the tools that were used in the research along with the demographic details.

#### **3.5.1. Demographic sheet**

The demographic sheet consisted of gender, age, and types of disabilities for the detailed introduction of children.

### **3.5.1.1. Gender**

The gender section was added in the questionnaire to know the basic details of students. There were 15 male and 10 female students.

### **3.5.1.2. Grade**

To know the educational status the section of grade was included in the questionnaire.

### **3.5.1.3. Kind of challenges**

This section was added to know the kind of physical challenge that students are facing. The researcher has added twelve kind of challenges that are known as Motor disabilities

1. Multiple Sclerosis
2. Neurological deterioration
3. Muscular Dystrophy
4. Muscular disorders
5. Cerebral Palsy
6. Neurological condition
7. Spina Bifida
8. Congenital malformation of the spinal cord
9. Spinal Cord Injury
10. Neurological damage resulting from trauma
11. Dwarfism
12. Poliomyelitis.

### **3.5.2. Adolescent Self-Esteem Questionnaire**

A research tool called Adolescent Self-Esteem Questionnaire by Hafekost et al., (2017) was adopted by researcher to check the self-esteem of the students. The



Adolescent Self-Esteem Questionnaire was designed to measure self-esteem in youth within population. This questionnaire has 11 close ended questions.

### **3.5.3. Self-esteem Factors Scale**

The self-esteem factor scale was developed by the researcher in the light of theoretical frame work. The theoretical framework of the study shows three main categories of factors. First one was demographic factors having three sub categories that were gender, ethnicity and social class. The second part was of personal experiences having three sub parts and that were success or failure, rejection or acceptance, appearance. Third category was Parents behavior.

### **3.5.4. Self-esteem Assessment Interview**

The researcher conducted interviews from the students for qualitative analysis. The interview sheet had different questions that showed the factors that affects self-esteem of the students. The interview sheet was semi-structured.

### **3.5.5. Scoring Procedure**

The researcher used five-point likert scales for both of the questionnaires one “Adolescent Self-Esteem Questionnaire” and the other “self-esteem factor scale” for quantitative analysis and for interviews qualitative Analysis was used.

#### **3.5.5.1. Five Point Likert Scale**

Five-point likert scales was used for both of the questionnaires for quantitative analysis. These scales have five points they are as follow:

1. Strongly disagree (SA)
2. Disagree (A)
3. Neutral (N)
4. Agree (D)
5. Strongly Agree (SD)

### 3.5.6. Coding Procedure

The coding procedure for both of the questionnaire was same. 1 was used for strongly disagree, 2 was used for disagree, 3 was used for neutral, 4 was used for agree and 5 was used for strongly disagree.

### 3.5.7. Validity of the Instrument

In this study the researcher had used two questionnaires one questionnaire was an assessment scale on Self Esteem called Adolescent Self-Esteem Questionnaire by Hafekost et al., (2017). It was a closed ended questionnaire having 11 items to check the self-esteem of students. The second questionnaire was developed by researcher in the light of theoretical framework. It shows the factors that affect self-esteem of students at secondary level. It was titled as Self-esteem Factors Scale. This questionnaire had 40 items constructed by researcher from each factor of theoretical frame work. These questions were close ended.

The experts observed the two questionnaires in the light of objectives, title of the research and models. Experts had given comments and advices for improvement of the questionnaire, the questionnaires were improved, rearranged and prepared for data collection by following their valuable remarks and suggestions. The experts of the instruments validity committee was given below

The experts of the instruments validity committee was given below:

Table No.3.2.

#### *List of Experts Instruments Validation*

<b>Sr No.</b>	<b>Validity of Experts</b>	<b>Name of the University</b>
<b>1</b>	Dr. Ghulam Behlol	Hod Fatima Jinah Women University
<b>2</b>	Dr Fouzia Ajmal	Assistant Professor in International Islamic University Islamabad (IIUI)

### 3.6. Data Collection

Data were collected from all participants and before distributing the questionnaire, the researcher gave brief introduction about research purpose. The researcher also guaranteed the privacy of the respondent's responses. The data was collected in 2019 from 25 students of National Special Center for Physically Handicapped Children from secondary level.

### 3.7. Data analysis

After collecting the data, it were screened for errors and descriptive and statistical tests were applied

Table No. 3.3

#### *Data analysis*

<b>Research Objectives</b>	<b>Research Questions</b>	<b>Null Hypotheses</b>	<b>Instrum entation</b>	<b>Data analysis technique</b>
To identify the factors that affect the self-esteem of physically challenged students at secondary level	What were factors that affect self-esteem of physically challenged students at secondary level?	There is statistically no significant effect of factors on self-esteem of physically challenged students at secondary level.	Questionnaire/ interview	Score/ Descriptive

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<p>To determine the level of self-esteem among physically challenged students of secondary level.</p>	<p>What was the level of self-esteem among physically challenged students of secondary level?</p>	<p>There is statistically no significant difference on level of self-esteem among physically challenged students of secondary level.</p>	<p>Questionnaire</p>	<p>Score</p>
<p>To compare the self-esteem of students on the basis of Gender at secondary level.</p>		<p>There is statistically no significant difference of self-esteem of students on the basis of Gender.</p>	<p>Questionnaire/ interview</p>	<p>Mean score/ Descriptive</p>
<p>To compare the self-esteem of students on the basis of social class at secondary level.</p>		<p>There is statistically no significant difference of self-esteem of students on the basis social class.</p>	<p>Questionnaire/ interview</p>	<p>Mean score/ Descriptive</p>

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<p>To compare the self-esteem of students on the basis of Ethnicity at secondary level</p>	<p>There is statistically no significant difference of self-esteem of students on the basis of Ethnicity.</p>	<p>Questionnaire/ interview w</p>	<p>Mean score/ descriptive</p>
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<p>To investigate effect of factors related to personal experiences on self-esteem of students at secondary level.</p>	<p>There is statistically no significant effect of factors related to personal experiences on self-esteem of students at secondary level.</p>	<p>Questionnaire/ interview w</p>	<p>Mean score/ Descriptive</p>
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<p>To examine effect of factors related to parents behavior on self-esteem of students at secondary level.</p>	<p>There is statistically no significant effect of factors related to parents' behavior on self-esteem of students at secondary level.</p>	<p>Questionnaire/ interview w</p>	<p>Mean score/ Descriptive</p>
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## CHAPTER 4

### DATA ANALYSIS AND INTERPRETATION

This chapter includes detail description of statistical analysis of data and its interpretation. Two questionnaires were used as tools to check the self-esteem of physically challenged students at secondary level. The present research was conducted using a mixed approach. A framework was chosen for the study. The tool used five-point Likert scale to take responses from male and female respondents. The responses were collected from students of physical challenges.

#### 4.1. Summary of the Analysis

This chapter was divided into following sections. The interviews taken from the physically challenged students was analyzed through qualitative method given in section 1. For the quantitative section of the study, statistical tools applied were individual scores, mean scores and regression and also discussed the analysis of the data in detail.

##### **Section 1                      Tool Reliability and Validation**

The first section is related to the analysis of data with reference to tool validation, reliability and correlation between the sub variables. In this section inter section correlation, item total correlation, reliability and factor analysis has been used.

##### **Section 2                      Demographics**

The second section is related to the demographic information and its interpretation. The demographic data of the respondents of the study revealed the important facts about the background of the respondents. That is the reason that the researcher found

it important to discuss these in data analysis. The tool was having the following demographics to get the details of the students

- a) Gender
- b) Age
- c) Grade
- d) Ethnicity
- e) Social class

**Section 3            objective 1**

Section four was about first objective that is to identify the factors that affect the self-esteem of students at secondary level. It was tested through Mean score.

**Section 4            objective 2**

Objective two was to determine the level of self-esteem among physically challenged students at secondary level. To achieve the objective the level was divided into three categories in account of student's financial condition. Low, medium and high.

**Section 5            objective 3**

Objective three was to compare the self-esteem of students on the basis of gender. t test was used for statistical analysis of gander of the students.

**Section 6            objective 4**

Objective four for this study was to compare the self-esteem of students on the basis of social class. ANOVA was used for statistical analysis. The social class was divided into upper, lower and middle.

**Section 7            objective 5**

Objective five was to compare the self-esteem of students on the basis of Ethnicity. For statistical analysis of social class ANOVA was used as it was divided into five further categories.

**Section 8      objective 6**

Objective six was to explore the effect of factors related to personal experiences on self-esteem. This objective was divided into three sub objectives. (3a) To explore the effect of success or failure on self-esteem. (3b) To explore the effect of rejection or acceptance on self-esteem. (3c) To explore the effect of physical appearance on self-esteem. Regression analysis has been applied in this section to draw the results from the data.

**Section 9      objective 7**

Objective seven was to examine effect of factors related to parent's behavior on self-esteem of the students. To draw the results regression analysis was used.

**Section 10      Self-esteem Assessment Interview**

The researcher arranged interviews of the students to get their inner stories. Each student was asked 8 questions from the conceptual frame work, Factors effecting self-esteem (Emler, 2001). To maintain the privacy of the students the researcher has named the students in alphabetical order. The total sample for the present study was 25 students from National special education center for physically handicapped children. Due to the Covid19 lockdown the researcher was able to reach out to only 10 students. The interviews were taken on telephone calls.



## Section 1

### 4.2. Tool Reliability

Table No.4.1

*Reliability of the research scales (n=25)*

<b>Scales</b>	<b>Sub Scale</b>	<b>Items</b>	<b>Reliability</b>
Factors effecting self esteem		40	.870
	Success OR Failure		
	Acceptance OR		
	Rejection		
	Appearance		
	Parent's behavior		
Adolescent self-esteem questionnaire		11	.758

The table 4.1 indicated that the reliability of Self Esteem Factor Scale (SEFS) was .870 and the reliability of Adolescent Self Esteem Questionnaire (ASQ) was .758.

Table No.4.2

*Item total correlation of “Adolescent Self-Esteem Questionnaire” (ASEQ) (n=25)*

<b>Item Code</b>	<b>R</b>	<b>Item Code</b>	<b>R</b>
SE 1	.451*	SE 7	.594**
SE 2	.311**	SE 8	.523**
SE 3	.839**	SE 9	.645**
SE 4	.695**	SE 10	.511**
SE 5	.733**	SE 11	.346**
SE 6	.327**		

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

This table 4.2 indicates that item total correlation of Adolescent Self Esteem Questionnaire (ASEQ). The highest correlation was of item No SE 3 (.839\*\*) and the lowest correlation was of item No SE (.311\*\*).

Table No. 4.3

*Item total correlation of Self-Esteem Factors Scale (SEFS) (n=25)*

Items	r	Items	R	Items	R	Items	r
Code		Code		Code		Code	
F 1	.429*	F11	.580**	F21	.546**	F31	.279**
F 2	.389**	F12	.395**	F22	.289**	F32	.307**
F 3	.580*	F13	.730**	F23	.226**	F33	.371**
F 4	.728**	F14	.531**	F24	.132**	F34	.368**
F 5	.442**	F15	.661**	F25	.302**	F35	.078*
F 6	.621**	F16	.623**	F26	.166**	F36	.224**
F 7	.625**	F17	.589**	F27	.375**	F37	.426**
F 8	.525**	F18	.533**	F28	.023	F38	.044
F 9	.567**	F19	.421**	F29	.507**	F39	.497*
F 10	.631**	F20	.512**	F30	.424**	F40	.526**

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

This table 4.3 indicates item total correlation of Self Esteem Factors Scale (SEFS). The highest correlation was of item No F4 (.728\*\*) and the lowest correlation was of item No F28 (R) (.023).

Table No.4.4

*Intersection correlation of Self-Esteem Factors scale (SEFS) (n=25)*

<b>Sections</b>	<b>Success or Failure</b>	<b>Rejection or Acceptance</b>	<b>Appearance</b>	<b>Parents Behavior</b>	<b>FTOT</b>
<b>Success or Failure</b>	1				
<b>Rejection or Acceptance</b>	.783**	1			
<b>Appearance</b>	.339**	.280**	1		
<b>Parents Behavior</b>	.618**	.399**	.378**	1	
<b>FTOT</b>	.796**	.875**	.563**	.555**	1

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

This table 4.4 indicates that the highest correlation was found between sections related to FTOT and Success or Failure (.796\*\*). The lowest correlation was found between section Appearance and Rejection and Acceptance that was .280\*\*.

## Section II

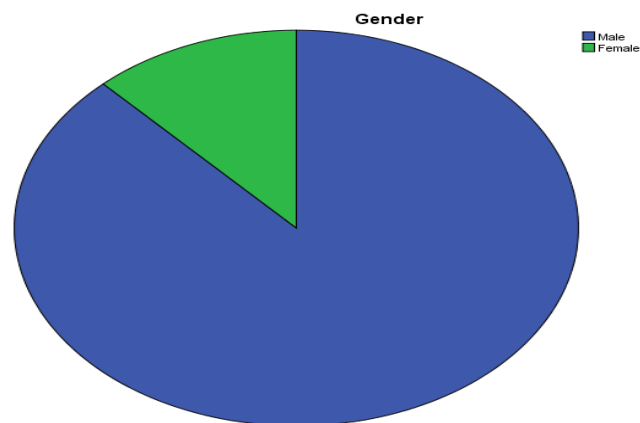
### 4.3. Demographics Presentation of the sample

Table No.4.5

*Gender wise distribution of respondents (n=25)*

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Male</b>	22	88.0
<b>Female</b>	3	12.0
<b>Total</b>	25	100.0

This table 4.5 refers to the demographical detail of the questionnaire. It explains the details related to gender of the students. There were total 25 respondents among them 22 males respondents (88.0%) and 3 females respondents (12.0%).



*Fig 4.1 Gender wise distribution of respondents*

Table No.4.6

*Grade wise distribution of respondents (n=25)*

<b>Grade</b>	<b>Frequency</b>	<b>Percentage</b>
<b>9<sup>th</sup></b>	23	92.0
<b>10<sup>th</sup></b>	2	8.0
<b>Total</b>	25	100

This table explains the details of the grade of respondents. There were total 25 respondents among them students from grade 9 were 23 (92.0%) and grade 10 were 2 (8.0%).

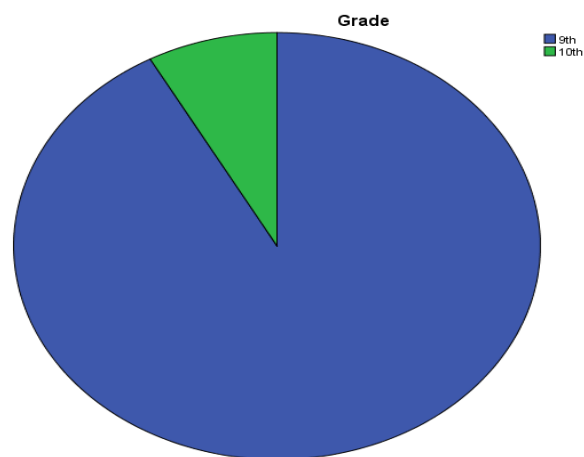
*Fig 4.2 Grade wise distribution of respondents*

Table No.4.7

*Province wise distribution of respondents (n=25)*

Province	Frequency	Percent
Punjab	15	60.0
Sindh	3	12.0
KPK	2	8.0
Baluchistan	1	4.0
GB	4	16.0
Total	25	100.0

Table 4.7 refers to the demographical detail of the questionnaire. This table explains the details of the students with reference to their belongingness to some area. There was total 25 respondents among them 15 (60.0%) respondents were from Punjab, 3 (12.0%) respondents were from sindh, 2 (8.0%) respondents were from khyber Pakhtunkhwa, 1 (4.0) respondents were from Baltistan and 4 (16.0%) respondents were from Gilgit Baltistan.

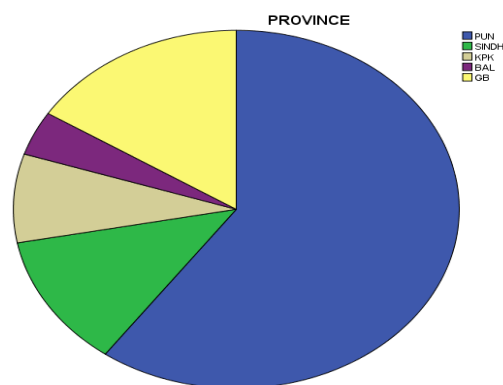
*Fig 4.3 Province wise distribution of respondents*

Table No.4.8

*Religion wise distribution of respondents (n= 25)*

<b>Religion</b>	<b>Frequency</b>	<b>Percent</b>
<b>Muslim</b>	15	60.0
<b>Hindu</b>	4	16.0
<b>Christ</b>	6	24.0
<b>Total</b>	25	100.0

Table No.4.8 refers to the distribution of students based on the religion. There were 25 respondents in total, among which 15 (60.0%) respondents were Muslims, 4 (16.0%) respondents were Hindu and 6 (24.0%) respondents were Christian.

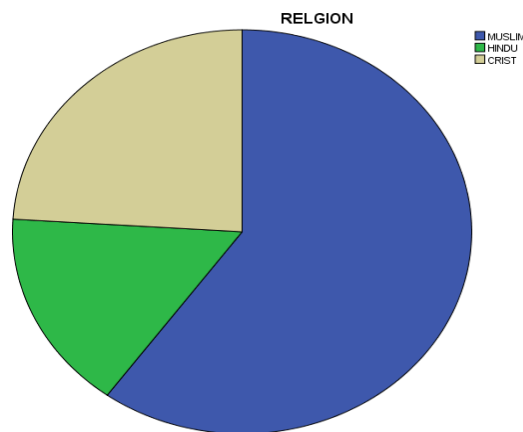
*Fig 4.4 Religion wise distribution of respondents*

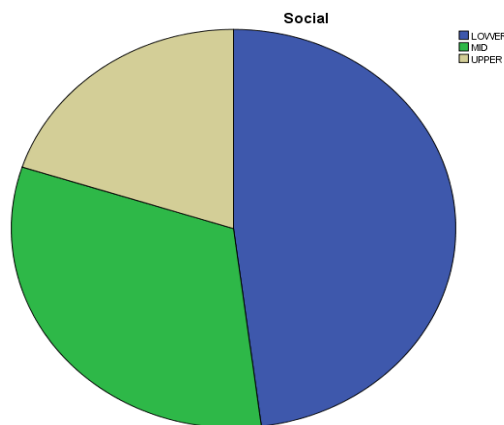


Table No.4.9

*Social Class wise distribution of respondents (n=25)*

<b>Social class</b>	<b>Frequency</b>	<b>Percent</b>
<b>Lower</b>	12	48.0
<b>Middle</b>	8	32.0
<b>Upper</b>	5	20.0
<b>Total</b>	25	100.0

This table 4.9 refers to the demographical detail of the questionnaire. This table explains the detail of the social class of the students that is based on their financial condition. There were total 25 respondents among them 12 (48.0%) respondents were from lower class, 8 (32.0%) respondents were from middle class and 5 (20.0%) respondents were from upper class.



*Fig 4.5 Social class wise distribution of respondents*

### Section III

#### 4.4. Factors Effecting Self Esteem of Students

Table No. 4.10

*Factors affecting Self-Esteem of physically challenged students (n=25)*

<b>Factors</b>	<b>N</b>	<b>Mean</b>	<b>Status</b>	<b>St.D</b>
<b>Success or Failure</b>	25	3.68	A	.593
<b>Rejection or Acceptance</b>	25	3.48	N	.557
<b>Appearance</b>	25	3.02	N	.442
<b>Parents behavior</b>	25	3.24	N	.495

Table 4.10 the factors affecting self-esteem of physically challenged students at secondary level. The mean score of the self-esteem was (3.39) success's or failure mean was (3.68), rejection or acceptance mean was (3.02) parents' behavior mean was (3.24).

## Section IV

### 4.5. Level of Self Esteem among Physically Challenged Students

Table No. 4.11

*Level of self-esteem among physically challenged students of secondary level (n=25)*

<b>Level</b>	<b>Score</b>	<b>N</b>	<b>%</b>
<b>Low</b>	11-26	1	4
<b>Medium</b>	27-42	19	76
<b>High</b>	43- 55	5	20

Table 4.11 indicates the level of self-esteem among physically challenged students of secondary level. For this objectives, the respondents' scores were divided into three levels ranging as low, medium and high level. From scores 11-26 named as low, 27-42 named as medium and 43-55 named as high level. The result obtained from the above table that indicated that (4%) students were at level of self-esteem on the other hand mostly (76%) students were at medium level of self-esteem and (5%) students were having high level of self-esteem.

## Section V

### 4.6. Comparison of Self Esteem of the Students on the Basis of Gender

Table No. 4.12

*Self-esteem of students on the basis of Gender (n=25)*

Variable	Groups	N	Mean	T	df	Sig
Self Esteem	Males	22	3.39	-.15	23	.637
	Females	3	3.39			

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.12 shows that there was no statistically significant difference ( $t = -.404$ ) found between male and female students with respect to their self-esteem variable as the p-value (.637) was greater than 0.05. Thus,  $H_0$  There is no significant difference in self-esteem between males and females of students at secondary level is accepted.

## Section V1

### 4.7. Comparison of Self Esteem of the Students on the Basis of Social Class

Table No. 4.13

*To compare the effect of self-esteem on the basis of social class (n=25)*

Variable	Groups	N	Mean	F	df	Sig.
	Lower	12	3.19		22	
Self -Esteem	Middle	8	3.73	2.368		.117
	Upper	5	3.33			
	Total	25				

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.13 shows the effect of social classes on self-esteem. Social classes were named as lower, middle and upper. This showed that f value ( $f=2.368$ ) was not statistically significant as the p- value (.117) was greater than 0.05. Thus,  $H_0$  There is no significant difference in self-esteem of social class of students at secondary level is accepted.

## Section VI

### 4.8. Comparison of Self Esteem of the Students on the Basis of Ethnicity

Table No. 4.14

*Self-esteem of students on the basis of ethnicity (n=25)*

Variable	Groups	N	Mean	F	df	Sig
	<b>Punjab</b>	15	3.33			
<b>Self-esteem</b>	<b>Sindh</b>	3	3.00			
	<b>Khyber</b>	2	3.64	.804	20	.537
	<b>Pakhtunkhwa</b>					
	<b>Baluchistan</b>	1	3.55			
	<b>Gilgit</b>	4	3.73			
	<b>Baltistan</b>					
	<b>Total</b>	25	3.39			

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.14 shows that f value of Khyber Pakhtunkhwa was (.804) was not statistically significant as the p- value (.537) was greater than 0.05. Thus Ho3 There is no significant difference in self-esteem of ethnicity of Khyber Pakhtunkhwa's students at secondary level is accepted.

## Section VIII

### 4.9. Effect of Factors Related to Personal Experiences on Self Esteem

Table No. 4.15

*Effect of factors related to personal experiences on self-esteem of students at secondary level.*

Independent Variable	Dependent Variable	$\beta$	T	Sig.	R <sup>2</sup>
Personal experiences	Self-esteem	8.17	3.838	0.01	.390

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.15 shows that R square value was .390 which represents that personal experiences had 39% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = 8.17$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus, the hypothesis No4 there is no statistically significant effect of factors related to personal experiences on self-esteem of students at secondary level was failed to accept.

Table No. 4.15.1

*Effect of success or failure on self-esteem of students at secondary level*

<b>Independent Variable</b>	<b>Dependent Variable</b>	<b>B</b>	<b>t</b>	<b>Sig.</b>	<b>R<sup>2</sup></b>
<b>Success or failure</b>	<b>Self esteem</b>	.601	3.869	0.001	.349

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.15.1 shows that R square value was (.349) which represents that success or failure had 34.9% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .601$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus, the hypothesis No5 there is no statistically significant effect of factors related to success or failure on self-esteem of students at secondary level was failed to accept.



Table No. 4.15.2

*Effect of rejection and acceptance on self-esteem of students at secondary level*

<b>Independent Variable</b>	<b>Dependent Variable</b>	<b>B</b>	<b>T</b>	<b>Sig.</b>	<b>R<sup>2</sup></b>
<b>Rejection or acceptance</b>	<b>Self esteem</b>	.609	3.488	0.002	.346

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.15.2 shows that R square value was (.346) which represents that rejection or acceptance had 34.6% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .609$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus, the hypothesis No6 there is no statistically significant effect of factors related to rejection or acceptance on self-esteem of students at secondary level was failed to accept.

Table no. 4.15.3

*Effect of appearance on self-esteem of students at secondary level*

<b>Independent Variable</b>	<b>Dependent Variable</b>	<b>B</b>	<b>T</b>	<b>Sig.</b>	<b>R<sup>2</sup></b>
<b>Appearance</b>	<b>Self esteem</b>	.275	1.034	.312	.044

\*\* $P < 0.01$ \* $P < 0.05$ 

Table 4.15.3 shows that R square value was (.044) which represents that appearance had 4.4% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .275$ ) shows that the effect was positive and p- value (.312) was greater than 0.05. Thus the hypothesis No7 there is no statistically significant effect of factors related to appearance on self-esteem of students at secondary level was accepted.

## Section IX

### 4.10. Effect of Factors Related to Parents Behavior on Self Esteem

Table No. 4.16

*Effect of factors related to parents' behavior on self-esteem of students at secondary level.*

Independent Variable	Dependent Variable	B	T	Sig.	R <sup>2</sup>
Parents' behavior	Self-esteem	.032	1.28	.899	0.001

\*\* $P < 0.01$

\* $P < 0.05$

Table 4.16 shows that R square value was (0.001) which represents that parents behavior had 0.1% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .032$ ) shows that the effect was positive and p- value (.899) was greater than 0.05. Thus, the hypothesis there is no statistically significant effect of factors related to parents' behavior on self-esteem of students at secondary level was accepted.

## **Section IX**

### **4.11. Self-esteem Assessment Interview from Students**

The researcher conducted interviews of the students. The interview sheet had different questions that meant to explore the factors that affect self-esteem of the students. The interview sheet was semi-structured. The researcher conducted interviews on the phone due to the current situation of Covid-19. To ensure the privacy of students the researcher has named the students in Alphabets. The researcher has made two questions from each factor of the research instrument Self Esteem Factors Scale.

#### **Factor No.1. Success or failure**

##### **Q1. What do you want to become in future?**

- a. Doctor
- b. Teacher
- c. Teacher
- d. Nurse
- e. Doctor
- f. Cricketer
- g. Singer
- h. Teacher
- i. Writer
- j. Nurse
- k. Teacher
- l. Teacher
- m. Computer teacher

**Q2. Are you confident to become a successful person?**

a. Yes my family is supportive and I have good hopes. B, may be, as I am working as hard as others. C, yes, there are few reserved seats for children with disabilities. D, no, but I can hope for a better future, E, yes I have seen so many special people doing well in life. F, my father works for blind cricket team I hope I will also join. G, my music teacher is my inspiration I will learn music and will teach children like me. H, not so sure as looks hard with my disability. I, yes my teachers appreciate my writing skills I hope to become a successful writer. J, not really, I have seen so many disable people with no jobs as it looks hard for normal people in our country. K, yes. L, yes there are some jobs for special children. M, yes I have seen so many special people earning well.

The answers show that most of the students have hopes and plans for their future despite being especially abled. Like every normal child they are pursuing their education and have dreams for their future. The answers shows that almost every student has chosen different fields

It is surprising to find out that many students with disabilities seems so positive while talking about their future they are aware of their own strengths, interests and limitations. The answers shoes that they want to be more independent and self-directed.

**Factor No. 2 Rejection or Acceptance**

**Q 3. Do you feel isolated in family gatherings?**

A, no, as I said earlier my family is very supportive, they try to keep me busy with everyone. B, Yes, because everyone gets busy with their own work, friends. I have less friends. C, yes at some events as I can't participate as actively as others. D, yes obviously due to negligence. E, yes I feel isolated, everyone looks at me with sympathy, and they don't want me to behave normally. F, no, my wheel chair helps me a lot, if I feel some one is ignoring me I simply move away. G, no, I have some great friends in my family they help me in every way possible to participate fully in gatherings. H, yes, that's why I don't go anywhere I feel so isolated and

left out. I, yes, sometimes people don't understand my condition they so I prefer not to go in gatherings. J, it depends on the gatherings, some of my relatives think I am burden on my family so I avoid them but some think I bring good luck to my family and I love to be around them. K, yes. L, most of the times. M, no.

**Q4. Do you think people do not consider you important?**

A, yes some times, but not my family they consider me as important as other family members. B, instantly people felt pity for me. This is one of the poor habits. Over a period of time people have changed this attitude and consider us equal. C, it depends on the people, what kind of mind set they have. D, sometimes people see the person and not the chair. E, yes, they just think disable people are burden in society. E, there are some people who have this mindset of looking negativity in everything, different people have different opinions. F, yes, they pretend to be very caring and respectable but at the same time they make you feel completely useless G, no, I have got a lot of help from people, they try to help when they see disable persons. H, I think people use to think like that, now the time has changed. I, yes they just consider disable people burden in society. J, no, the attitude of people around me has changed over the time. K, yes. L, no, not every time. M, yes sometimes.

Family and friends are the most important part of person's life. Two questions were asked by the researcher from the factor 'Rejection or Acceptance' and most of the answers were heart breaking. Students felt that they are treated differently from the people. Students confessed about how much courage it takes to join family gatherings and social events. Students feel people lack basic understanding of the feelings and emotions of differently abled persons. Different students have different experiences regarding rejection and acceptance in the society. Few students think that people have changed their behavior over the period of time, they try to help them and have bring acceptance in their attitudes while some students said they stay away from gatherings as they feel more isolated and left out.

### **Factor No. 3. Physical Appearance**

#### **Q5. Do you feel self-conscious about your physical appearance?**

A, yes sometimes. B, yes, when I am around huge gathering I feel totally different c, yes. D, yes most of the time. E yes. F yes, as I have to sit in wheel chair all the time. E, No, that's how I have accept myself. F, no, I used to feel when I was kid now I am used to it. G, no, I have accepted myself the way I am. H, no. I yes, when everyone stares at me J no. K, yes. L no, not all the time. M, yes sometimes.

#### **Q6. Do you think your physical appearance define your personality?**

A no, I am very bright student I don't give a chance for people to think about it, B yes, people do not realize its only our body that is different not personality. C, no, D yes, E, my life is not defined by my disability. I live life just like anyone else without a disability would live their life. "There's lots I can do, and there are some things that I can't do, F no, G no, H yes. I yes, J no. k, yes sometimes. L, not exactly. M, yes.

Two questions were asked by the researcher under the factor 'Physical Appearance'. Asking about how they feel regarding their physical appearance was one of the difficult questions. It was hard to ask about their physical appearance as most of them were having some kind of physical challenge and were looking different. Some of them were on wheel chairs while few were walking with crutches. Some of the students think their physical appearance does not define who they are and their personality while some students said people stare at them and it makes them uncomfortable.

### **Factor no. 4. Parent's behavior**

#### **Q7. Do you think your opinion matters in family discussions?**

A, yes as I am the eldest one so my family considers my opinion, B, not really, but they take it as formality. C, never they don't consider it important. D sometimes, I guess I am not that much mature at this age. E, yes, at least they discuss. F, no, not really. G, yes, always, they

think my opinions help them. H, yes, we all discuss things and every opinion matters. I, no, I think no one asks from children for family matters. J, yes and they never forget to take my opinion. K, yes most of the times. L, not every time. M, yes.

**Q8. Do your parents let you participate in family discussions?**

A, yes in fact I am the one who participates more. B, yes and they appreciate when I take part in discussions. C, yes, but they don't really listen to it. D, yes, I do participate. E, yes, we all discuss things. F, I don't have that much courage to share my opinion. G, yes always. H, yes everyone in our house take participation in discussions. I, not always, depends on situations. J, yes fully. L, yes. L, yes mostly. M, yes.

The most important influences on a person's level of self-esteem are their parents. This influence is partly genetic and partly produced by the degree of love, concern, acceptance and interest shown by parents through childhood and adolescence. The researcher asked two questions related to the factor 'Parents behavior'. The answers given by the students were overwhelming. Most of the students gave positive response about their parent's behavior towards them. Their family ask for their opinions in family matters and consider them very important factor. Very few students shared disappointing answers as their parents were no so supportive.



Table No. 4.17

*Self-esteem Assessment Interview*

<b>Self-esteem Assessment</b>	<b>Yes</b>		<b>No</b>	
<b>Interview Items</b>				
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Do you want to carry any profession in future?	10	66	5	33
Are you confident to become successful person?	8	53	7	46
Do you feel isolated in family gatherings?	9	60	6	40
Do you think people don't consider you important?	9	60	6	40
Are you self-Conscious about your physical appearance?	10	66	5	33
Do you think your physical appearance define your personality?	10	66	5	33
Do you think your opinion matters in family decisions?	11	73	4	26
Do your parents let you participate in family discussions?	10	66	5	33

Table 4.17 shows the percentage of participant's responses towards the questions. Most of the students were having positive and optimistic about their life. The percentages shows students were hopeful and confident towards their present life and future.

## Section XI

### 4.12 Interview Sheet for Special Education Teachers

**Q1. Are you confident that your students will become financially independent in future?**

A, No I don't think so because they have less social interaction, B, Not all the student, I think very few of them will financially independent, but family support is much needed for this purpose. C I am not so sure that they will become financially independent in future as we do not have such opportunities for special kids in Pakistan, but there is always a hope that some of them will make their way. D Yes sure they would be able to move as other people. E No I am not sure of that some of them may be in future but most of not be able to earn because of their disabilities.

**Q2. Do you think your student feel isolated in social gathering?**

A, Yes most of students feel isolated in social gatherings this is because they have less interaction. B, yes, because they don't have social skills, that's why they feel isolated in gatherings. C, yes most of them like to stay isolated in gatherings. D, Not at all. D, yes because they are unaware of socialization. E, yes, people don't interact with them normally.

**Q3. Do you think people don't consider special children important?**

Ans. Yes people don't understand them at all most of them try to bully them in short society didn't accept them in their opinion they are useless. B, yes people think them they are not important for the society. C, yes some people unfortunately. D, yes they don't get that importance they deserve but now the trend is changing in few communities. E, yes, people consider them burden on society.

**Q4. Do you think your students are self-Conscious about their physical appearance?**

Ans. Some of them are very conscious about it and most of them have no sense of it. B, No they have no sense of it. C, some are initially thought that but afterwards by the grace of God they feel comfortable to face society as they are. D, not that much, mostly they aren't

concerned about their physical appearance, but sometimes. E, I don't think so because they don't have understanding.

**Q5. Do you think your students physical appearance define his/her personality?**

Ans. No because they haven't the sense of it at all. B, No, Not at all. C, we can't even judge them but by their physical personalities, they are much different than how they are looking. D, Never ever they are talented enough. E, No their appearance can't define them their behavior define their personality.

**Q6. Do you think your student's opinion matters in general decisions?**

A, No they don't have sense and awareness. B, yes. C, yes, just like every normal person. D, people don't ask for their opinions generally. E, no.

**Q7. Do you think your student participate in family discussions?**

Ans. No not at all. B, No they don't even know what is better for them so they can't discuss anything else. C, yes they do. D, as far as I get I don't think so they will participate much but yes sometimes with the people they are comfortable with, but still there is a very little probability. E, yes if their parents let them participate.

## Section XII

### 4.13 Interview Sheet for Parents' Of Physically Challenged Children

**Q1. Are you confident that your child will become financially independent in future?**

A, yes I am. He is working very hard. B, yes, there are so many special children working in different fields. C, No, there are very few opportunities for special children. D, yes. E, yes, there are few jobs in special quota for special children.

**Q2. Do you think your child feel isolated in family gatherings?**

A, yes, sometimes. B, yes, people normally don't interact with them. C, no, people love to talk to my child and he gets attention in our family. D, yes, because of the behavior of the people she feel isolated. E, yes, she avoids family gatherings.

**Q3. Do you think people don't consider your child important?**

A, No, everyone respects special children. B, yes they don't get that importance they deserve unfortunately. C, some people consider them burden on society. D, no. E, yes, because they think that if a child is born special then it has no any future.

**Q4. Are you self-Conscious about your child's physical appearance?**

A, No. B, Yes I'm self-conscious about my child's physical appearance. C, sometimes I have to for the sake of his confidence level. D, yes, people judge from physical appearance. E, yes.

**Q5. Do you think your child's physical appearance define his/her personality?**

A, no my child's physical appearance doesn't define his personality. C, sometimes because individuals create ideas based on what they perceive in a person physically, and respond to that person appropriately, physical appearance is a key component in the formation of personality. D, no, .E, I don't think so.

**Q6. Do you think your child's opinion matters in family decisions?**

A, Yes, because if we give importance of our child opinion in family gathering then it builds confidence in him. B, yes my child's opinion matters in family decision. C, yes he is part of a

family. C, yes we try to engage him in every discussion. D, yes, likes to discuss everything.  
E, yes.

**Q7. Do you let your child participate in family discussions?**

A, Yes, because it gives confidence to child and gatherings with diverse type of people. B,  
yes I let my child participate in family discussions. C, yes his opinion matters. D, off course,  
like everyone else in the family he also participates. E, yes.

## CHAPTER 5

### SUMMARY, DISCUSSION, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

#### 5.1 Summary

A physical challenge is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease. Categories of physical challenges include various physical and mental impairments that can hamper or reduce a person's ability to carry out their day-to-day activities. These impairments can be termed as challenge for the person to do his/her day-to-day activities.

This study was designed to measure the self-esteem level of physically challenged students at secondary level. Its major emphasis was to identify the factors that affect the self-esteem of physically challenged students. These challenges affect success and failure, rejection and acceptance and parents' behavior .Further the study aimed at drawing a comparison between genders, social class and ethnicity of physically challenges students. The study adopted the mixed approach based on qualitative and quantitative analysis. Quantitative analysis addressed Objective No. 1, Objective No. 2, 3, 4, 5, 6, and 7.

The population of the study was physically challenged students of “Al Farabi national school for physically handicapped children.” Only 25 students were enrolled in the secondary section so researcher had to take 100% population as sample.

The tools used for data collection were two sets of instruments. One set of instruments consisted of two questionnaires and second was an interview. The first questionnaire was

adopted by the researcher. It was an assessment scale on Self Esteem called Adolescent Self-Esteem Questionnaire by Hafekost et al., (2017). It was a closed ended questionnaire having 11 items to check the self-esteem of students. The second questionnaire was developed by researcher in the guidance of theoretical framework. It shows the factors that affect the self-esteem of students at secondary level. It was titled as self-esteem factors scale. This questionnaire had 40 items constructed by researcher from each factor of theoretical framework. These questions were close ended. A semi structured interview was also designed to know the inner stories of physically challenged students. These questions were asked from the students by the researcher. Due to the COVID 19 lockdown the researcher had to gather data from students on call.

The data was analyzed with the help of statistical analysis. For this purpose Mean scores, Cronbach Alpha Reliability, Correlation, regression analysis and ANOVA were used. Thus, in the light of the finding's conclusions were drawn and recommendations were made.

## **5.2 Findings**

### **Demographics of respondents**

The demographic data of the respondents of the study revealed the following facts about the background of the respondents

- i. From the data analysis table No. 4.5 reveals the demographical detail of the questionnaire. This table explains the detail of the demographic part. There were total 25 respondents among them 22 males respondents (88.0%) and 3 females respondents (12.0%).
- ii. The table No.4.6 explains the detail of the grade of the students. There were total 25 respondents among them 9<sup>th</sup> class students were 23 (92.0%) and of 10<sup>th</sup> class were 2 (8.0%).



- iii. This table 4.7 explains the detail of the provinces of the students. There were total 25 respondents among them 15 (60.0%) respondents were from Punjab, 3 (12.0%) respondents were from Sindh, 2 (8.0%) respondents were from kPk, 1 (4.0) respondents were from Baluchistan and 4 (16.0%) respondents were from Gilgit Baltistan.
- iv. Table no. 4.8 reveals the details of student's religion. There were total 25 respondents among them 15 (60.0%) respondents were Muslims, 4 (16.0%) respondents were Hindu and 6 (24.0%) respondents were Christen.
- v. Table no. 4.9 reveals the demographical details of the questionnaire. This table explains the details of the social class of the students. There were total 25 respondents among them 12 (48.0%) respondents were from lower class, 8 (32.0%) respondents were from middle class and 5 (20.0%) respondents were from upper class.

**Objective No.1**“To identify the factors that affect Self-Esteem of physically challenged students at secondary level”.

The objective No. 1 was achieved through both qualitative and quantitative methods. The qualitative analysis revealed a detailed list of factors that affect self-esteem of the physically challenged students. These factors were presented by Emler (2001) in his book Self-Esteem “The costs and causes of low self-worth after a detail analysis of the research done in the area of factors of self-esteem. The researcher has presented a model in theoretical frame in this regard. The research instrument called Self-Esteem Factor Scale was also developed by researcher in the light of theoretical frame work.

1. The table 4.1 indicated the reliability and tool construction of Self Esteem Factor Scale (SEFS) and Adolescent Self Esteem Questionnaire (ASQ). The reliability of

Self Esteem Factor Scale (SEFS) was .870 and the reliability of Adolescent Self Esteem Questionnaire (ASQ) was .758.

2. Table 4.10 indicates factors of self-esteem that had 4 sub indicators named as, success or failure, rejection or acceptance, appearance and parents' behavior. The mean score of the self-esteem was (3.39) and standard deviation was( .576), success or failure's mean was( 3.68) and standard deviation was( .593), rejection and acceptance mean was (3.39) and standard deviation was( .557), appearance mean was (3.02) and standard deviation was( .442) and parents' behavior mean was( 3.24) and standard deviation was .495.

**Objective No.2** “To determine the level of self-esteem among physically challenged students of secondary level”

3. Table 4.11 indicates the level of self-esteem among physically challenged students of secondary level. For this purpose the respondents' scores were divided into three levels ranging as Below Average, Average and Above Average 11-26 named as below average, 27-42 named as medium and 43-55 named as high level. The result obtained from the above table that indicated that (4%) students were at low level of self-esteem on the other hand mostly (76%) students were at medium level of self-esteem and (5%) students were having high level of self-esteem.

**Objective No.3** “To compare the self-esteem of students on the basis of Gender at secondary level”

4. In the light of findings table 4.12 shows that there was no statistically significant difference was ( $t = -.404$ ) found between male and female students with respect to their self-esteem variable as the p-value (.637) was greater than 0.05. Thus,  $H_0$  There was no significant difference in self-esteem between males and females of students at secondary level is accepted.

**Objective No. 4** To compare the effect of self-esteem on the basis of social class at secondary level

5. Table 4.13 shows the three social classes of self-esteem named as lower, middle and upper. This showed that t value ( $t=2.368$ ) was not statistically significant as the p-value (.117) was greater than 0.05. Thus,  $H_02$  There is no significant difference in self-esteem of social class of students at secondary level is accepted.

**Objective No. 5** To compare the self-esteem of students on the basis of ethnicity at secondary level

6. In the light of findings Table 4.14 shows that t value of KPK was (.804) was not statistically significant as the p-value (.537) was greater than 0.05. Thus,  $H_03$  There is no significant difference in self-esteem of ethnicity of kpk students at secondary level is accepted.

**Objective No. 6** “To investigate effect of factors related to personal experiences on self-esteem of students at secondary level”

7. Table 4.15 indicates that R square value was .390 which represents that personal experiences had 39% variation in self-esteem and the rest was due to other factors. The coefficient
8. ( $\beta = 8.17$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus the hypothesis No4 there is no statistically significant effect of factors related to personal experiences on self-esteem of students at secondary level was failed to accept.

**Objective No. 6a** “To analyze effect of factors related to personal experiences on self-esteem of students at secondary level”

9. Table 4.15.1 shows that R square value was (.349) which represents that success or failure had 34.9% variation in self-esteem and the rest was due to other factors. The

coefficient ( $\beta = .601$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus, the hypothesis No5 there is statistically no significant effect of factors related to success or failure on self-esteem of students at secondary level was failed to accept.

**Objective No. 6b** “To explore effect of rejection and acceptance on self-esteem of students at secondary level”

10. Table 4.15.2 shows that R square value was (.346) which represents that rejection or acceptance had 34.6% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .609$ ) shows that the effect was positive and statistically significant at 0.01 level of significance. Thus, the hypothesis No6 there is no statistically significant effect of factors related to rejection or acceptance on self-esteem of students at secondary level was failed to accept.

**Objective No.6 c** “To examine the effect of appearance on self-esteem of students at secondary level”

11. Table 4.15.3 shows that R square value was (.044) which represents that appearance had 4.4% variation in self-esteem and the rest was due to other factors. The coefficient ( $\beta = .275$ ) shows that the effect was positive and p- value (.312) was greater than 0.05. Thus, the hypothesis No7 there is no statistically significant effect of factors related to appearance on self-esteem of students at secondary level was accepted.

**Objective No. 7** “To explore effect of factors related to parent’s behavior on self-esteem of students at secondary level”

13. Table 4.16 shows that R square value was (0.001) which represents that personal experiences had 0.1% variation in self-esteem and the rest was due to other factors. The coefficient

14. ( $\beta = .032$ ) shows that the effect was positive and p- value (.899) was greater than 0.05.

Thus, the hypothesis No8 there is no statistically significant effect of factors related to appearance on self-esteem of students at secondary level was accepted.

### **5.3 Discussion**

The basic purpose of the research was to assess the self-esteem of physically challenged students at secondary level. It was aimed to explore the factors that affect the self-esteem of physically challenged students. The research was based on seven objectives. The research objectives were converted into research hypothesis accordingly. The research was based on mixed approach as both quantitative and qualitative methods were applied.

#### **5.3.1 Research objective No.1**

“To identify the factors that affect Self-Esteem of physically challenged students at secondary level”

To answer the research objective no.1 qualitative approach was applied. The researcher observed that there was no clear factor given in previous researches about any specific factors that affect self-esteem of physically challenged students, however research presented by Emler (2001) in his book Self-Esteem “The costs and causes of low self-worth after a detail analysis of the research done in the area of factors of self-esteem.

#### **5.3.2 Research objective No. 2**

“To determine the level of self-esteem among physically challenged students of secondary level”

This objective addresses the level of self-esteem among physically challenged students. Mogeda El Sayed El Keshky<sup>1,2</sup> and Yasser and Samak (2013) stated that across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than

people without disabilities. This is partly because people with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, and transport as well as information. These difficulties are exacerbated in less advantaged communities. Negative cultural attitudes are widespread. Disabled people are often exposed to cultural practices intended to heal them of their disability. If not healed, they are stigmatized, excluded, bullied, insulted, and ridiculed (Anwar, 2017). The study showed that people who has positive attitude of themselves tend to have high self-esteem and are presumed to be psychologically happy and healthy (Murray, 2002). The findings of the current study indicated that (4%) students were at a low level of self-esteem on the other hand mostly (76%) students were at medium level of self-esteem and (5%) students were having high level of self-esteem. The study showed those people who has positive attitude of themselves tends to have high self-esteem and are presumed to be psychologically happy and healthy (Murray, 2002). The medium score 76% and high 20% shows that Individuals cope with disabilities by taking care of themselves and their health, maintain friendship and accept social support from others. They also realize that there is meaning to life and that all is not lost by the disability (Desotelle, 2004).

### **5.3.3 Research objective No.3**

“To compare the self-esteem of students on the basis of Gender”

Approximately 300 million women and girls with disabilities around the world suffer double discrimination because they live not only as females, but also as females with disabilities. The majority of women with disabilities lives in developing countries (80%) and face discrimination from birth (World Health Organization, 2000).

### **5.3.4 Research objective No. 4**

“To compare the effect of self-esteem on the basis of social class”

Resnick (1984) also found that the extended social network of friend and peer relationships was associated with positive self-image. While the present study found social network size a significant predictor, the perceived social support of friends (more than the size of networks) had by far the strongest relationship with self-esteem, and was its best predictor. Anwar, (2017) highlights the importance of cultural barriers, particularly beliefs about disabled people being cursed by God or associated with witchcraft as major sources of stigma, discrimination and exclusion for disabled people. However, it is imperative to note that in Ghana, the belief in a spiritual world and supernatural consequences is present in the whole society and is not unique to disability

Self-theory also suggests that social class should effect positively to the self-esteem. Those in the higher classes typically have greater power, resources and prestige. Due to the fact that the factors of human functioning within social cognitive theory are reciprocal in nature, strategies for improving well-being can focus upon improving emotional, cognitive, or motivational processes, increasing behavioral proficiencies, or making changes to the social conditions in which people live and work (Bandura, 1986).

### **5.3.5 Research objective No. 5**

“To compare the self-esteem of students on the basis of ethnicity”

The current research adds to our understanding of disability as an element of human diversity and the role of power in self-society interactions from the perspective of those with firsthand experience. This research presents dominant cultural narratives of disability and the interplay of these narratives with those linked to gender and race/ethnicity Gans et al., (2003). Disability scholars have been criticized for their lack of attention to people of color with disabilities Hutzler et al., (2002). There is

considerable debate about the potential interplay between disability and ethnic minority status, but relatively little is known empirically about their relationship. It is thought that having a disability may isolate people with disabilities from their ethnic/racial group. Specially challenged people are faced with barriers to education. A major barrier is inaccessible school education. The needs of disabled people are not considered during the construction of school buildings. Facilities such as the library, laboratories and many classrooms are only accessible by stairs. For example, the rough terrain, lack of ramps, pavements and rails are environmental factors that negatively affect learning of disabled students (Morley & Croft, 2017).

### **5.3.6 Research objective No. 6**

“To explore effect of factors related to personal experiences on self-esteem of students at secondary level”

According to Kiuru et al., (2012) social acceptance refers to the generally positive appraisals of a child by his/her peers, usually with reference to playing or working together in classrooms or in playgroup settings whereas social rejection refers to the active exclusion of a child from peer group activity Odom et al., (2011). Similarly, recent studies document that children with disabilities have less interaction with their classmates, experience difficulties in social participation, have significantly fewer friends than their typically developing peers and participate less often as members of a subgroup Koster et al., (2010). A study by Opoku et al., (2017), employed a single-participant approach to investigate the resilience of persons with disabilities in the face of discrimination and marginalization. The story of the female participant highlights the various barriers disabled Ghanaians face, in their attempt to earn a living. Her story reveals obstacles to education, healthcare, employment, and the lack of societal



support. The participant recounted that she had to drop out from school due to the long distance she had to crawl 15 to school in the hot sun.

### **5.3.7 Research objective No. 7**

‘‘To explore effect of factors related to parents’ behavior on self-esteem of students at secondary level’’

The results of current study show that parent’s positive behavior helps in building high self-esteem in children. A child’s disability is a triadic experience, involving three-way inter-actions among the child who experiences the dysfunction, the family that is affected by it, and the external environment where the disability is manifested (Feuerstein, 2019). Families either adapt flexibly and mobilize into effective action or freeze in various degrees of rigid, ineffective reactions, whereas others tend to resist or even deny the diagnosis itself Lardieri (2000).

## **5.4 Conclusions**

Literature review allow us to conclude that whether the selected studies show promising and positive relationship with each other or not. Although all the studies reviewed for this analysis were conducted in a formal school setting, it is clear from the results that all studies hold true for common variables used to determine their results.

On account of review and analysis it can be concluded that although different selected studies suggest different esteem factors that affect children's self-esteem, including parenting, social anxiety, social life patterns and peer interaction. The common fundamental factors are the same continuous variables that were established in our current study. Findings include that the given factors in the present study are more likely to be affected by esteem factors than older ones, different age groups show similar results to different analysis mechanisms when similar information extraction methods are used and with a greater number of participants in each study their results grow in reliability and also show a positive relation with other studies

with similar increase in numbers. Studies constituting of similar self-esteem factors across different studies also show related effects to different esteem factors even though other continuous variables may differ to a certain amount.

### **Objective No.1**

To identify the factors that affect the self-esteem of physically challenged students at secondary level.

This objective was achieved through both qualitative and quantitative methods. It is concluded from the literature review that there are several factors that affect self-esteem of physically challenged students. Children having disability are likely to have more emotional problems than normal and healthy children. The first objective was to identify the factors that affect self-esteem of physically challenged students. The researcher selected Factors Effecting Self-esteem from the cause and consequences of low self-worth (Emler, 2001). The factors mentioned in the conceptual frame work were personal experiences including success or failure, physical appearance and rejection and acceptance and Parental behavior.

Results from the statistical analysis shows that success and failure affect the most students mean (3.68). Like every normal person physically challenged persons also concern about their future and if they are going to achieve something or not. Keeping the fact in mind that there are very less opportunities for physically challenged persons their self-esteem is affecting by the factor of success or failure the most.

### **Objective No.2**

To determine the level of self-esteem among physically challenged students of secondary level.

This objective was achieved through both qualitative and quantitative method. The level of self-esteem was categorized in three levels, low, medium and high. It is concluded from the results that most of the students were having medium scores, their level of self-esteem was

medium. Level of self-esteem differs from person to person and depends on the factors that were mentioned in the conceptual frame work.

### **Objective No.3**

To compare the self-esteem of students on the basis of Gender.

It was concluded that statistically no significant difference found in self-esteem of physically challenged students at secondary level on the basis of gender. The results show that physically challenged children are getting equal opportunities irrespective of gender biases.

### **Objective No.4**

To compare the self-esteem of students on the basis of social class. David (2018) said that Psychological centrality predicts that stratification and social class become more understandable and salient with age. That is, to children social class is peripheral and thus unimportant; in contrast, older individuals identify with their socioeconomic position, so it influences their self-esteem. If this is true, social class should become a greater determinant of self-esteem with age.

This objective was achieved through quantitative method. The levels of social class were categorized in three levels that was upper, middle and lower class and it was based on their family income.

It was concluded from the results that there was no significant difference on the level of self-esteem on the basis of social class. Students from different social back grounds were having same level of self-esteem.

### **Objective No.5**

To compare the self-esteem of students on the basis of Ethnicity.

To achieve this objective quantitative analysis was used. It was concluded from the results that there was no significant difference found on the level of self-esteem on the basis of

Ethnicity. There were five ethnic groups were added on the basis of five provinces Punjab, Sindh, KPK, Gilgit Baltistan and Baluchistan.

It was concluded that physically challenged students from all the provinces are getting equal opportunities regardless of their ethnic identities. They are being treated equally by the school and people related to them.

#### **Objective No.6**

To investigate effect of factors related to personal experiences on self-esteem of students at secondary level.

This objective was achieved through both qualitative and quantitative methods. Personal experiences were further categorized into three sub objectives. Personal experiences included rejection or acceptance, success or failure and appearance on self-esteem. It is concluded from the results that there was statistically significant effect on self-esteem of the students on the basis of personal experiences regarding their physical disability. Understand that as parents and teachers, you play the biggest role in a child's development of self. You can easily make or break a student's self-esteem, so always criticize as constructively as possible when you must criticize and use your influence to have the strongest positive impact possible (Watson, 2020).

#### **Objective No.7**

To examine effect of factors related to parents' behavior on self-esteem of students at secondary level.

It is concluded from the results that there was statistically no significant effect on self-esteem of the students on factor related to parent's behavior. During interview session students reveal that their parents are giving them every kind of support they need. They are trying to give them a very normal life like every parents. Students shared about the efforts their parents are making to facilitate them in every way.

Table: 5.1.

*Alignment Table of Hypotheses, Statistical technique and recommendations*

Objectives	Hypotheses	Instrumentation	Data Analysis	Technique	Recommendations
To identify the factors that affect the self-esteem of physically challenged students at secondary level	There is statistically no significant effect of factors on self-esteem of physically challenged students at secondary level.	Questionnaire/ interview	Score/ Descriptive		It is suggested that parents and people related to physically challenged children may identify the factors and things that effects their children's self-esteem.

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To determine the level of self-esteem among physically challenged students at secondary level.	There is statistically no significant difference on level of self-esteem among physically challenged students of secondary level.	Questionnaire	Score
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To compare the self-esteem of students on the basis of Gender at secondary level.	There is statistically no significant difference of self-esteem of students on the basis of Gender.	Questionnaire/ interview	Mean score/descriptive	Every child may get equal level of education and facilities irrespective of Gender.
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To compare the self-esteem of students on	There is statistically no significant difference of	Questionnaire/ interview	Mean score/descriptive	It is suggested to make strategies for improving on well-being and
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<p>the basis of self-esteem of social class at students on secondary the basis level. social class.</p>	<p>focus upon improving emotional, cognitive, or motivational processes, increasing behavioral proficiencies, or making changes to the social conditions in which people live and work</p>
<p>To compare the self-esteem of students on the basis of Ethnicity at secondary level</p> <p>There is statistically no significant difference of self-esteem of students on the basis of Ethnicity.</p>	<p>Questionnaire/ interview</p> <p>Mean score/descriptive</p> <p>Government may promote equal opportunities through providing universal access to education, training, and health care to physically challenged children.</p>

<p>To investigate effect of factors related to personal experiences on self-esteem of students at secondary level.</p>	<p>There is statistically no significant effect of factors related to personal experiences on self-esteem of students at secondary level.</p>	<p>is no interview</p>	<p>Questionnaire/ Mean score/descriptive</p>	<p>Parents and teachers of physically challenged children may develop healthy communication so they can express their needs, likes and dislikes.</p>
<p>To examine effect of factors related to parents behavior on self-esteem of students at secondary level.</p>	<p>There is statistically no significant effect of factors related to parents' behavior on self-esteem of students at secondary level.</p>	<p>is no interview</p>	<p>Questionnaire/ Mean score/descriptive</p>	<p>Parents need to recognize the impact of their own attitudes towards their children on his/her self-esteem.</p>



## 5.5 Recommendations

1. Families with physically disabled children need knowledge and value self-esteem and social support. Families need to be prepared for the expected changes in adolescence, especially regarding peer relationships.
2. Schools and treatment centers may provide specific preparation for socialization and specific social skills training for disabled children and adolescents to facilitate normal interaction with their peers. This may be a priority of special education programs. To include a disabled child into mainstream society without providing opportunity to gain necessary skills to ensure his or her successful integration is to doom the project and the child to failure
3. Families need to recognize the impact of their own attitudes toward their physically challenged child on his/her self-esteem.
4. Society may use positive internationally accepted terms to describe the physically challenged in order for them to have high self-esteem.
5. Policy makers may plan recreational activities for nondisabled and disabled peers to share. These are important for psychological and social adjustment as well as physical development.
6. Schools and agencies may seek to expand the numbers of athletic opportunities available for physically disabled adolescents. They need to overcome the self-consciousness and ignorance regarding opportunities for participating in sports which the disabled and their families may have. They should vigorously seek participants through schools and community notices.
7. It is suggested that parents and people related to physically challenged children may identify the factors that affect their children's self-esteem.

8. Every child may get equal level of education and facilities irrespective of gender.
9. Parents need to recognize the impact of their own attitudes towards their children on his/her self-esteem.
10. Special education centers may collaborate with general education teachers and classrooms. The addition of these activities would allow for students in special education classrooms to support relationships with their general education peers. The strengthening of these relationships would further build students with special needs self-esteem.
11. Helping children evaluate and reflect on functional aspects of the body and its relative importance to engaging in meaningful activities could help highlight areas of personal strength and an appreciation for the body.

### **5.6.Recommendations for Future Researches**

- a. Future researchers may include other physical and mental challenges for their future researches.
- b. The population of the present study was taken from the urban setup, researchers may take sample from the rural areas as they may have much more problem due to lack of awareness and ignorance.
- c. The current study includes only twelve kinds of physical challenges, future researchers may include other kinds of disabilities also.
- d. It would be valuable to replicate this study seeking additional factors of self-esteem for physically challenged students.
- e. Researches may be conducted between the students of other age groups and grades.

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## APPENDIX A

### Population of the study

S.N	Name of schools	Male	Female	Total
1	National Special Education Centre for physically handicapped Children	15	10	25

Topic Approval Letter



NATIONAL UNIVERSITY OF MODERN LANGUAGES  
FACULTY OF SOCIAL SCIENCES  
DEPARTMENT OF EDUCATION

Dated: 30-07-2020

ML.1-4/2020/Edu

To: Nadra Jawad  
1412-M.Phil/Edu/F17

Subject: **APPROVAL OF M.Phil THESIS TOPIC AND SUPERVISOR**

1. Reference to Letter No, ML.1/2/2020-Edu, dated 06-07-2020, the Higher Authority has approved the topic and supervisor on the recommendation of Faculty Board of Studies vide its meeting held on 31<sup>st</sup> January 2020.

a. **Supervisor's Name & Designation**

Dr. Qurat Ul Ain Hina (Supervisor)  
Assistant Professor  
Department of Education, NUML, Islamabad.

b. **Topic of Thesis Approved in GAC**

"Promoting Self Esteem of Physically Challenged Students at Secondary Level"

c. **Topic of Thesis Approved in FBS**

"Self Esteem of Physically Challenged Students at Secondary Level: A Case Study"

2. You may carry out research on the given topic under the guidance of your Supervisor and submit the thesis for further evaluation within the stipulated time. It is inform you that your thesis should be submit within described period by **31<sup>st</sup> August 2020** positively for further necessary action please.

3. As per policy of NUML, all MPhil/PhD thesis are to be run on turnitin by QEC of NUML before being sent for evaluation. The university shall not take any responsibility for high similarity resulting due to thesis run from own sources.

4. Thesis are to be prepared strictly on NUML's format that can be had from (Coordinator, Department of Education)

Telephone No: 051-9265100-110 Ext: 2090  
E-mail: ftabassum@numl.edu.pk

*Mariam Din*  
30/07/2020  
Dr. Mariam Din  
A/Head,

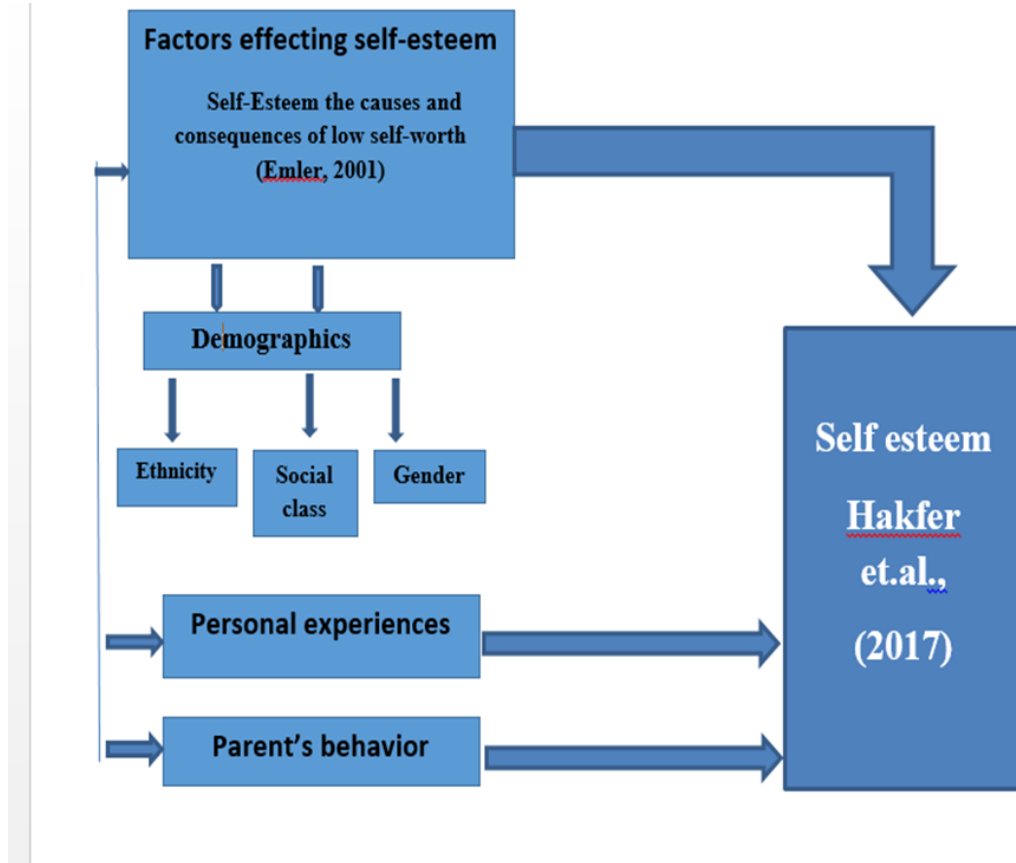
Department of Education

Distribution: Ms. Nadra Jawad (M.Phil Scholar)

Dr. Quratul Ul Ain Hina (Thesis Supervisor)



Theoretical Framework



Factors Effecting Self-Esteem Emler (2001)

## **APPENDIX D**

### **Cover Letter for Questionnaire**

**Serial No:**

#### **Self Esteem of Physically Challenged Students at Secondary Level: A Case Study**

Dear Respondent,

I am M Phil scholar (Education) conducting a research on above mention topic. I requested you to fill this attached questionnaire. The questionnaires have two parts Part-A, Part-B and Part C. The Part-A consist on demographic information and the Part-B deals with the ASQ (adolescent self-esteem questionnaire). Part C consists of Self-esteem factors scale. This questionnaire is made for a research purpose. I will keep your responses confidential and information that you are provided. I respect the autonomy and dignity of you.

Nadra Jawad

M.Phil. Scholar (Education)

Department of Education,

National University of Modern Languages,

Islamabad, Pakistan

## APPENDIX E

### Demographic Information

<b>Gender</b>	Male			Female	
<b>Grade</b>	9 <sup>th</sup>			10 <sup>th</sup>	
<b>class</b>	Upper	Middle		Lower	
<b>Ethnicity</b>	Punjab	KPK	Baluchistan	Sindh	GB

<b>S. N</b>	<b>Type of Disability</b>	<b>✓</b>
<b>1</b>	Multiple Sclerosis	
<b>2</b>	Neurological deterioration	
<b>3</b>	Muscular Dystrophy	
<b>4</b>	Muscular disorders	
<b>5</b>	Cerebral Palsy	
<b>6</b>	Neurological condition	
<b>7</b>	Spina Bifida	
<b>8</b>	Congenital malformation of the spinal cord	
<b>9</b>	Spinal Cord Injury	
<b>10</b>	Neurological damage resulting from trauma	
<b>11</b>	Dwarfism	
<b>12</b>	Poliomyelitis.	

## APPENDIX F

### Factors Effecting Self-Esteem

<b>Success or failure</b>						
<b>Sr No</b>	<b>Question</b>	<b>SD</b>	<b>DA</b>	<b>N</b>	<b>A</b>	<b>SA</b>
1	I can see myself as a successful person in future	1	2	3	4	5
2	I am confident about my abilities.	1	2	3	4	5
3	I think I can get along well with other people.	1	2	3	4	5
4	I feel my physical challenge will not affect my career	1	2	3	4	5
5	I am enthusiastic about what I do	1	2	3	4	5
6	I think I have more opportunities and access to services.	1	2	3	4	5
7	I get appreciation if I do well	1	2	3	4	5
8	I always do not afraid to deal with new situations.	1	2	3	4	5
9	I feel I can influence other people with physical challenges	1	2	3	4	5
10	I think I can do well in life	1	2	3	4	5
<b>Rejection or acceptance</b>						
11	I do not feel isolated in my class	1	2	3	4	5
12	I feel I can make a significant contribution to society	1	2	3	4	5
13	I feel that my class fellows give me respect at school	1	2	3	4	5
14	I feel Other pupils have a positive attitude towards me.	1	2	3	4	5

15	I feel other people like to be with me.	1	2	3	4	5
16	I feel physically safe outside of the classroom	1	2	3	4	5
17	My teachers encourage me to do my best	1	2	3	4	5
18	I feel to be accepted in society	1	2	3	4	5
19	My friends make me feel wanted and needed	1	2	3	4	5
20	My friends participate in my all school activities with me	1	2	3	4	5
21	I feel the teachers at my school treat me fairly.					
	<b>Appearance</b>					
21	I feel self-conscious about my appearance	1	2	3	4	5
22	I feel I am as smart as others	1	2	3	4	5
23	I feel displeased with myself	1	2	3	4	5
24	I feel good about myself.	1	2	3	4	5
25	I feel myself physically attractive equally as my other friends	1	2	3	4	5
26	I accept my appearance	1	2	3	4	5
27	I think our community has become more accepting and accommodating to individuals with disabilities	1	2	3	4	5
28	Students do not bully or harass me.	1	2	3	4	5
29	I think my appearance does not define my personality	1	2	3	4	5
30	I think my physical appearance will not affect my career	1	2	3	4	5
	<b>Parent's behavior</b>					
31	I feel my parents provide me all basic things I need regarding my physical challenge.	1	2	3	4	5

32	I rely on my parents for emotional support	1	2	3	4	5
33	My family enjoy hearing about what I think.	1	2	3	4	5
34	My parents considers my opinions on family matters	1	2	3	4	5
35	My parents respects my decisions	1	2	3	4	5
36	My parents don't consider me a burden	1	2	3	4	5
37	I do not feel discriminated among siblings	1	2	3	4	5
38	My parents provide me all the necessary things regarding my physical challenge	1	2	3	4	5
39	My parents believe I can support myself economically in future	1	2	3	4	5
40	My parents make me feel important as family member.	1	2	3	4	5

**Adolescent Self-esteem Questionnaire**

**Instruction:**

Read the Questionnaire carefully. Mark the option appropriately and show your sincerity. Please mark your responses against 5 to 1 that indicate your response like (5=Strongly Agree, 4= Agree, 3= Neutral, 2= Disagree, 1= Strongly Disagree).

Adolescent Self-esteem Questionnaire						
Sr No	Question	SDA	DA	N	A	SA
1	I am able to stand up for myself and what I believe in	1	2	3	4	5
2	How I am feel about myself depends on what others think of me	1	2	3	4	5
3	I feel I can be myself around other people	1	2	3	4	5
4	Overall, I feel good about my abilities compared to other (e.g. at school, playing sports or socially)	1	2	3	4	5
5	If I make an innocent mistake, I let got me down	1	2	3	4	5
6	Overall, I like who I am	1	2	3	4	5
7	I am a good person who has a lot to offer	1	2	3	4	5
8	I feel that I am a valuable person who is at least equal to other people	1	2	3	4	5

9	How I feel about my body makes me feel less confident	1	2	3	4	5
10	I am confident in my abilities to achieve the things set my mind to	1	2	3	4	5
11	I think other people like me	1	2	3	4	5



**APPENDIX H**

**Self-esteem Assessment Interview for Students**

Serial No: \_\_\_\_\_

Q1. What do you want to be in future?

Yes	No

If yes, what do you want to be?

If no, why not decided yet?

Q2. Are you confident to become successful person?

Yes	No

If yes, who is your inspiration?

If no, what aspects made you think you will not be successful?

Q3. Do you feel isolated in family gatherings?

Yes	No

If yes, why do you feel isolated?

If No, do you like to interact with people?

Q4. Do you think people don't consider you important?

Yes	No

If yes, how do you cope with such situation when people make you feel less important?

If no, do you feel good about this when people give you equal importance?

Q5. Are you self-Conscious about your physical appearance?

If yes, do you think body image matters?

If no, how do you keep yourself positive about your appearance?

Q6. Do you think your physical appearance define your personality?

If yes, does it affect the way you think?

If No, how do you make peace with the way you look?

Yes	No
Yes	No

Q7. Do you think your opinion matters in family decisions?

If yes, do you express honest agreement or disagreement to opinions given?

If no, how do you feel about this?

Yes	No

Q8. Do your parents let you participate in family discussions?

If yes, how do you feel about this?

If no, why do you think they do this?

Yes	No

## **Cover Letter of Validity Certificate**

### **SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS AT SECONDARY LEVEL: A CASE STUDY**

**Subject: Request for validity certificate**

**Respected Sir/Madam,**

I have attached my questionnaires for the purpose of research titled as Self-esteem of physically challenged students at secondary level: a case study

#### **Adolescent Self-Esteem Questionnaire**

A research tool called Adolescent Self-Esteem Questionnaire by Hafekost et al., (2017) was adopted by researcher to check the self-esteem of the students. The Adolescent Self-Esteem Questionnaire was designed to measure self-esteem in youth population. This questionnaire has 11 close ended questions.

#### **Factors Effecting Self Esteem**

The self-esteem factor scale was developed by the researcher in the light of theoretical frame work. The theoretical framework of the study shows three main categories of factors. First one is demographic factors having three sub categories that are gender, ethnicity and social class. The second part is of personal experiences having three sub parts and that are success or failure, rejection or acceptance, appearance. Third category is Parents behavior.

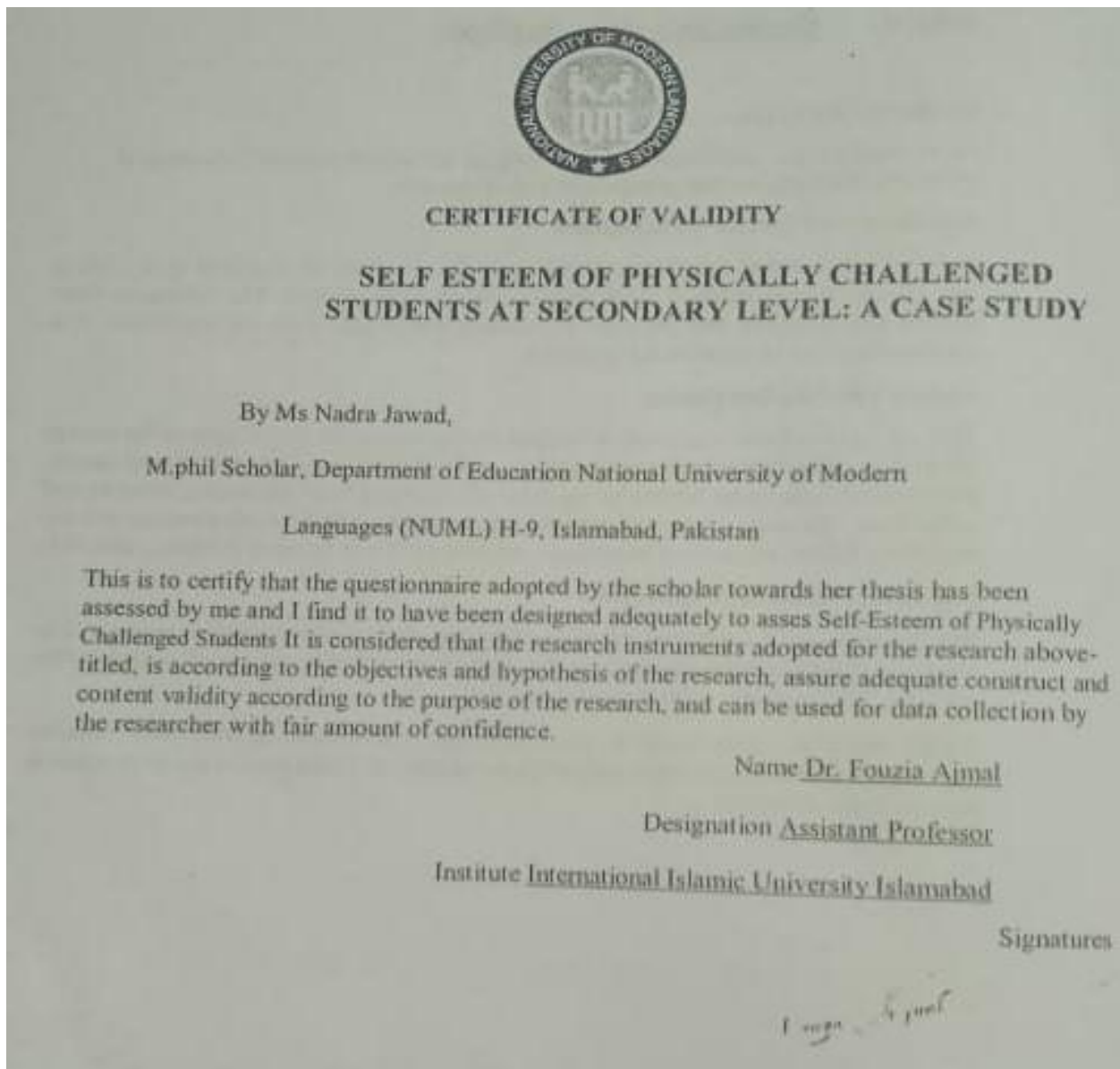
#### **Self-esteem Assessment Interview**

The researcher will conducted interviews from the students for qualitative analysis. The interview sheet has different questions that shows the factors that affects self-esteem of the students. The interview sheet is semi-structured.

Kindly check my questionnaires, its content and construction, provide your valuable suggestions for its improvement and certify its validity by filling the certificate attached at the end of the document.

Validity Certificates

Certificate for Tool Validation  
(Adolescent Self-Esteem Questionnaire)



**Validity Certificate**  
**Certificate for Tool Validation**  
**(Scale to Assess Factors Effecting Self Esteem)**



CERTIFICATE OF VALIDITY

**SELF ESTEEM OF PHYSICALLY CHALLENGED  
STUDENTS AT SECONDARY LEVEL: A CASE STUDY**

By Ms Nadra Jawad,

M.phil Scholar, Department of Education National University of Modern

Languages (NUML) H-9, Islamabad, Pakistan

This is to certify that the questionnaire adopted by the scholar towards her thesis has been assessed by me and I find it to have been designed adequately to asses Self-Esteem of Physically Challenged Students It is considered that the research instruments adopted for the research above-titled, is according to the objectives and hypothesis of the research, assure adequate construct and content validity according to the purpose of the research, and can be used for data collection by the researcher with fair amount of confidence.

Name Dr. Fouzia Ajmal


Designation Assistant Professor

Institute International Islamic University Islamabad

Signatures

**Validity Certificate**  
**Certificate for Tool Validation**  
**(Adolescent Self-Esteem Questionnaire)**

Validity Certificate  
(Adolescent Self-Esteem Questionnaire)  
Certificate for Tool Validation



CERTIFICATE OF VALIDITY  
SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS  
SECONDARY LEVEL: A CASE STUDY

By Ms Nadra Jawad,  
M.phil Scholar, Department of Education National University of Modern  
Languages (NUML) H-9, Islamabad, Pakistan


This is to certify that the questionnaires adopted by the scholar towards her thesis has been assessed by me and I find it to have been designed adequately to asses Self-Esteem of Physically Challenged Students It is considered that the research instruments adopted for the research above- titled, is according to the objectives and hypothesis of the research, assure adequate construct and content validity according to the purpose of the research, and can be used for data collection by the researcher with fair amount of confidence.

Name Dr. Ghulam Behlol  
Designation HOD  
Institute Fatima Jinnah Women University  
Signature   
Date 22-12-2019

xvi

**Validity Certificate**  
**Certificate for Tool Validation**  
**(Scale to Assess Factors Effecting Self Esteem)**

Validity Certificate  
(Factors Effecting Self Esteem)  
Certificate for Tool Validation

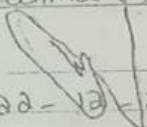


CERTIFICATE OF VALIDITY

**SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS  
SECONDARY LEVEL: A CASE STUDY**

By Ms Nadra Jawad,  
M.phil Scholar, Department of Education National University of Modern  
Languages (NUML) H-9, Islamabad, Pakistan

This is to certify that the questionnaires developed by the scholar towards her thesis has been assessed by me and I find it to have been designed adequately to asses Self-Esteem of Physically Challenged Students It is considered that the research instruments adopted for the research above- titled, is according to the objectives and hypothesis of the research, assure adequate construct and content validity according to the purpose of the research, and can be used for data collection by the researcher with fair amount of confidence.

Name Dr. Ghulam Behlol  
Designation HoD  
Institute Fatima Jinnah women University  
Signature   
Date 22-12-2019

**List of Experts for Validity of Research Tool**

<b>S.N</b>	<b>Validity of Experts</b>	<b>Name of the University</b>
<b>1</b>	Dr. Ghulam Behlol	Hod Fatima Jinah Women University
<b>2</b>	Dr. Fauzia Ajmal	Assistant Professor in International Islamic University Islamabad (IIUI)



PROOF READING CERTIFICATE

PROOF READING CERTIFICATE



CERTIFICATE OF PROOFREADING

SELF ESTEEM OF PHYSICALLY CHALLENGED STUDENTS AT SECONDARY LEVEL: A CASE STUDY

By

Ms NADRA JAWAD

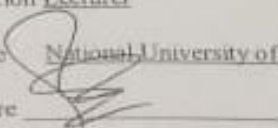
National University of Modern Languages, Islamabad

It is certified that the research work with the title Self-esteem of Physically Challenged Students at Secondary Level: A Case Study submitted by Nadra Jawad has been checked and proofread for the Language and Grammatical mistakes.

Name Uzma Mazhar

Designation Lecturer

Institute National University of Modern Languages, Islamabad

Signature 

Date 10-4-2021

xx

## APPENDIX M

### Interview Sheet for Special Education Teachers

- Q1. Are you confident that your student will become financially independent in future?
- Q2. Do you think your student feel isolated in family gatherings?
- Q3. Do you think people don't consider your student important?
- Q4. Are you self-Conscious about your student's physical appearance?
- Q5. Do you think your student's physical appearance define his/her personality?
- Q6. Do you think your student's opinion matters in family decisions?
- Q7. Do your let your students participate in general discussions?

**Interview Sheet for Parents' of Physically Challenged Children**

- Q1. Are you confident that your child will become financially independent in future?
- Q2. Do you think your child feel isolated in family gatherings?
- Q3. Do you think people don't consider your child important?
- Q4. Are you self-Conscious about your child's physical appearance?
- Q5. Do you think your child's physical appearance define his/her personality?
- Q6. Do you think your child's opinion matters in family decisions?
- Q7. Do you let your child participate in family discussions?