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Mental Health of Visually Impaired students in relation to their Academic Achievement

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I. INTRODUCTION

"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with in the heart".

-Helen Keller

The World Health Organization (WHO) (2002) estimates that for every five seconds someone goes blind. India is a home to World's largest number of blind people. 15 million (25%) blind people live in India out of 45 million blind people found to be present all over the World. Almost 5th of the world's visually impaired children live in India.

Mental Health is the foundation of our thinking and communication skills, learning, emotional growth, resilience and self- esteem. Mental health or emotional health generally refers to our thoughts, feelings and actions, particularly when faced with life's challenges and stressors. It is not just the absence of mental disorder. It is a state of well- being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Academic performance may suffer for children with visual impairments, particularly in reading and writing. Alternative media and tools may help, such as Braille or an alternative form of print. Research shows that children's developmental competence is integral to their academic competence (Masten et al., 2005). All children are not alike in relation to their mental and physical attributes, some are highly gifted while others are less talented, some have physical disabilities like blindness or low vision, deafness, some are retarded in intellectual development, and some may be emotionally disturbed or are unable to make a proper adjustment in educational institutions or community.

Physically handicapped children require support to varying extent from teachers, classmates, family members and the community at large in order to derive the fullest benefits from their school experience, these exceptional children have special needs that demand additional support beyond those ordinarily available in the normal school environment. Such support may be in the form of special educational services, special educational programmes, special infrastructural or learning facilities and most importantly special skills on the part of the teachers in orders to enable them to participate effectively in the learning process in the school setting or outside it.

II. MENTAL HEALTH OF VISUALLY IMPAIRED

The behaviour of visually impaired children is shaped by the limitations of their visual input. This alters their perceptions of the environment, their own understandings of cause and effect and the relationships between people and/or objects. Their behaviour may well be their normal reaction to different information that they receive, rather than a deviation. Several studies have reported a high incidence of psychiatric disorder in blind children (Jan et al. 1977). However the criteria used in diagnoses are based on the sighted population. It is therefore difficult to tell if one is dealing with the outward symptoms of a psychiatric disorder or of the visual impairment itself. It is therefore very important that assessments regarding behavioural deviance are made by clinicians who are familiar with people who are visually impaired.

For the congenitally blind child, the concept of self may be delayed because of difficulties in communication due to the lack of eye contact with the mother and responsive smiling. Representational play also develops much later than normal, and the individual may wrongly be labeled "autistic". Furthermore some young blind children show pronoun reversal as is found is autism. Autistic-type features in the behaviour of totally blind children are quite common. There are several factors that disrupt mental health including: environment or upbringing, biological make-up of a person, pre-programmed instructions in the genes, medical disorders, traumatic experiences such as loss and abuse and substance abuse. While one factor could be dominant than the other, all of these are contributors to the development of the majority of mental health disorders. In some cases, a single factor may be sufficient to trigger the disorder but the majority of disorders require an accumulation of experience that constantly challenge the well-being of a person.

Blind children are particularly challenged in understanding and moving about in physical space (Blasch, Wiener, & Welch, 1997). Without opportunity to directly observe space during locomotion, blind children have difficulty mentally representing and manipulating spatial concepts. Achieving self-esteem is also difficult for blind children since self-awareness in the social context of school is often affected by such factors as social isolation, low expectations, and over-protection (Tuttle & Tuttle, 1996).

III. REVIEW OF RELATED LITERATURE

The review of the literature serves as a guide just to judge the quantum of the work done and perceive the gaps existing in the concerned research. A critical review of the literature enables the researcher to go into greater details and wider applicability of the problem in hand so as to provide new ideas, explanations or hypotheses. The review promotes a greater understanding of the problem and ensures that

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unnecessary and useless duplication is avoided. According to Tuckman (1972) the purpose of the literature review is to expand upon the context and background of the study, to help further to define the problem and to provide an empirical basis for the subsequent development of hypotheses.

Broun (1938) compared blind persons ranging in age from 16 to 22 years with the sighted on the Neymann- Kohlstedt Diagnostic test for Introversion- Extroversion and found no significant difference between the two groups. He pointed out that the blind subjects may not have has as much exposure to home life as the sighted because the blind males as compared to blind females were more extroverted.

Curson (1979) observed that generally blind children are unaggressive. It is as though they cannot afford angry feelings for fear of losing the favour and love of the people on whom they are so dependent.

Singh (1983) in the study took the population of visually handicapped children and found that the achievement of blind in Hindi, English, Social studies and Sanskrit was higher than that of sighted children. The higher achievement of visually handicapped may be result of non-educational factors e.g.; psychological factor and individual factor.

Shan & Schrawat (2003) in the study on hearing impaired, visually impaired and crippled students of classes 9th and 10th (14+ age group) of secondary school found that self concept of urban various categories of physically challenged school students was found to be more than the rural counterparts. The results show that socially, the different categories of physically challenged school students with high level of aspiration and low level of aspiration differ significantly from each other.

Fujita-Satoshi (2004) conducted cross-sectional study to assess orientation and mobility and its effect on academic work among students who were totally blind and the partially sighted living in Bangkok Metropolitan area. The finding was that students who were totally blind had less access to academic and public facilities. Orientation and mobility related training was therefore considered to be effective strategy to improve accessibility of academic facilities.

Vaishya (2005) in a Comparative study of male and female hearing impaired and visually impaired students on level of aspiration and academic achievement found out that both the groups do not differ significantly on the different variables viz. level of aspiration and academic achievement.

Chandra (2006) in a study on Comparative analysis of visually impaired and orthopedically handicapped children on academic performance, level of education and level of aspiration in northern Assam showed that no significant difference was found with respect to academic performance of visually impaired and orthopedically impaired children.

Eniola (2007) conducted a study on academic performance of students with visual impairment and the sighted and academic achievement and personality in university students who were visually impaired in Poland. The result of the study showed that, although there were some significant differences between personality traits of the visually impaired and the sighted group, there was no main effect of visual status on academic achievement. This was due to the fact that in Poland, children who were visually impaired (that is, were blind or had low vision) received an education that was comparable to their sighted peers with enough support of itinerant teachers and other support services. Although the majority of the children were taught in special schools, a growing proportion-including those who were blind, were integrated into regular schools with the support of itinerant teachers.

Puju, Parveen and Ahmad (2012) had undertaken to study and compare the visually impaired and crippled students on various dimensions of mental health and academic achievement. The visually impaired and crippled students showed somewhat similar mental health, but a significant mean difference was found between two groups of students on their academic achievement.

IV. RATIONALE OF THE STUDY

Blindness is regarded as the most severe devastating physical handicap which has profound human and socio-economic consequences in all societies. The number of blind persons in India in 2000 was estimated to be 18.7 million and the estimated blind persons would increase to 24.1 millions in 2010 and 31.6 millions in 2020. Disabled children face discrimination and neglect. A striking feature of Indian society is to treat such children as handicapped and set up separate facilities for them.

Blindness leaves a person in a state of physical, psychological and economic dependence. The aberrant mental attitudes like rejection, guilt, and aggressiveness which reflect negative attitudes towards the life are more prevalent among visually impaired adolescents. These visually impaired adolescents are more prone to stress due to feeling of dependency, guilt and financial non support. There is an increased incidence of anxiety and depression among visually impaired adolescents. With rising consumerism among children in the age group of 6- 12 years, stress in children is becoming more common stated by child psychologists. There is an impact of visual impairment on family functioning and hence there is a heightened risk for maladjustment. There is a strong tie between students' overall health and resilience and their academic achievement (WestEd, 2003).

Inspite of the policies that had been laid down by the Government for the visually impaired students, Indian Education System always gives its focus on normal children. Implementation of Integrated education in the schools especially across the country is a challenging task. There are several difficulties that hinder the promotion of this policy in terms of infrastructure, locality and capital especially in a small town like Kalimpong region and several other associate regions. Thus, this was the very reason that urged the investigator to take up the study. It is a must to know the mental health of those visually impaired students residing in those areas where they are taught theoretically and where they hardly get the opportunity to be a part of Integrated Education.

Integrated education is not simply placing a child in a regular classroom. The child needs assistance. Blind children can easily assimilate more than 80% of teaching and experience in the regular classroom if they are provided with the correct material in the correct form at the correct time.

Therefore, development of the right educational environment will make integration of blind children a reality.

V. OPERATIONAL DEFINITIONS

Mental Health: Mental Health here refers to one's self concept, concept of life, perception of others, personal adjustment and record of achievement as measured by Anand (1992) in his scale of Mental Health.

Visually impaired: It refers to the 60 visually impaired students falling under the age group of 16-17 yrs studying in Mary Scott Home and School for the Blind which is a residential school situated in Kalimpong town, Dist. Darjeeling, West Bengal.

Academic Achievement: Academic achievement here refers to the aggregate scores achieved by the visually impaired students in their previous year's final exam.

VI. OBJECTIVES

1. To find out the level of Mental Health among Visually Impaired students.
2. To study the Mental Health of the Visually Impaired students in relation to gender.
3. To study the Mental Health of Visually Impaired in relation to their Academic Achievement.

VII. HYPOTHESES

Ho_1: There would be no significant difference in the Mental Health of Visually Impaired students in relation to gender.

HO_2: There would be no significant relationship between Mental Health of Visually Impaired students and their Academic Achievement.

VIII. METHOD

A survey method was employed to study the differences in Mental Health of the blind students in relation to their academic achievement. Simple random sampling method was taken for the investigation. The sample for the research study was collected from Mary Scott Home and School for the Blind situated in Kalimpong, District Darjeeling. A total of 60 students was selected both comprising boys and girls. A sample of 60 visually impaired students falling under the age group of 16- 17 yrs was taken to study their mental health and the academic achievement of last year in aggregate was also collected from the official records of the respective school. So out of 60, thirty boys and thirty girls were taken for the study.

IX. TOOLS USED

A standardised tool namely, RCE Mental Health Scale, Anand (1992) has been used in the present investigation for assessing the mental health of the visually impaired students in relation to their academic achievement.

X. RESULTS

The mental health scores of the total sample were compared and attempts were made to categorise the students according to their mental health scores into 5 categories namely Very High, High, Average, Low and Very Low.

Level of mental health among visually impaired students

Table 1- Percentage of visually impaired students with different level of mental health

Interpretation	distance	Scale	Number of students	Percentage
Very High	+2 +3	134-143	4	7
High	+1 +2	125-133	4	7
Average	+1 to -1	106-124	43	72
Low	-1 to -2	97-105	7	12
Very Low	-2 and -3	98-96	2	3

The above table shows that 72% of total sample were regarded to have average level of mental health and 7% were having very high and high mental health whereas 12% and 3% of the total sample were having low and very low level of mental health respectively. It was observed that the sample selected for the study displayed characteristics as per the normal probability curve at the higher level with a slight deviation at the lower level. In spite of the deviation the investigator desires to conclude that sample characteristics deployed in mental health of visually impaired students in were appropriate.

Gender wise difference in Mental Health of visually impaired students

Table 2- mean, standard deviation and t value of boys and girls visually impaired students

Sub Sample	Number	Mean	SD	SED	t-value	Df	Level of significance
Boys	30	18.2	9.25	2.36	0.05	58	NS
Girls	30	16.9	9.1				

The objective of the study was to find if there exist any differences in the mental health of the visually impaired boys and girls. The table of 't' for the degree of freedom (58) was shown higher than the calculated value of 't'(0.05) Therefore the null hypothesis which said that 'there exists no significant difference in the mental health of the visually impaired students in relation to gender variation' would be retained. It indicates that both male and female visually impaired students have similar level of mental health.

Mental Health of Visually Impaired in relation to their Academic Achievement

Another objective of the study was to find out the level of relationship between the scores of mental health of the visually impaired students and their academic achievement. As such the null hypothesis formulated in this regard was ''there would be no significant relation between mental health of visually impaired students and their academic achievement''. Academic achievement as the criterion measure has been processed here in the form of the total

marks obtained by the students in the last annual examination. The calculated value of 'r' was 0.09 which was not significant at 0.01 level of significance, degrees of level being 58. It is quite evident that there is no significant relation in mental health of the visually impaired students in relation to their academic achievement so the null hypothesis framed that 'there would be no significance relation between the mental health of visually impaired students and their academic achievement' was retained. This reveals that the visual impairment of the students does not affect their academic performance.

XI. CONCLUSION

The prime responsibility of educators, parents and policy makers should be that they need to be more focused on raising more Helen Kellers rather than categorizing them as socially underprivileged class and being sorry for their impairment.

For integrated education for the blind, school and the curriculum planners should introduce such kind of infrastructure which benefits or give advantage for the visually impaired students. The present study was focused on the mental health of the visually impaired students in relation to their academic achievement which gave a wider perspective in the area to study for future researchers. In the study there was found no significant difference in the mental health and academic achievement of visually impaired students. The Mental Health of the visually impaired students in relation to gender shows that both boys and girls have similar mental health.

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