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A Sociological Investigation of Handicapped Person in Society a Study of Special Education Center in Punjab Pakistan

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ABSTRACT

More than six million children in Pakistan are deprived of education due to various forms of disability and the special education sector does not have the capacity to accommodate them. The parents of a handicapped child face more problems than normal ones in terms of medical care and upbringing. The present focused on the problems of parents of handicapped and special children: A case study of special education center in Punjab. The total number of respondents was 120, structured interview schedule was constructed and pre-testing was made to assess the validity of the instrument. Descriptive and inferential statistics were applied for data analysis. It was concluded that about one-fifth of the respondents faced problem in school pick and drop of their handicapped. A majority of them faced problem teaching. It is recommended that there must be more special education centers with better facilities and highly educated and trained teachers must be appointed in this institution.

Key words Disability, education, handicapped, stratification ,development ,

INTRODUCTION

The first step in the special education process is to identify children with various educational handicaps. States and school districts operate programs to find children with disabilities, and to make their parents aware as soon as possible the resources available to them. Children with a wide range of handicaps are eligible for special education. Blind, deaf, or physically handicapped children are eligible, as are children who may have a mild speech disorder such as a stammer, a learning disability that makes it very difficult for a child to learn to read, or a behavioral or emotional problem that interferes with learning. In some cases, the parents may identify the child as having a problem that needs further evaluation; in others, the teacher may alert the parents (Woodward, 2001).

Waheed (2003) in an article "Special education : a matter of right not charity" wrote that education can play an important role in the rehabilitation of persons with disabilities. It gives them self-confidence and enables them face the challenge of living in a society that is generally insensitive to the needs of handicapped people. Ward et al. (2004) found parents valued being listened to, feeling that their views had been heard, participating in discussions about future opportunities for their son or daughter, being

kept informed or even feeling that they were driving the process. Other parents mentioned that they appreciated being backed up by the school in helping to secure the future provision of their choice. Peterson and Cleveland (2004) suggested that most children can adapt themselves to the presence of a retarded brother or sister and that they tend to adopt the attitudes of their parents. Only when they are pushed aside or expected to assume maturity and responsibility beyond their years are they likely to suffer serious consequences. Parents might be advised to acknowledge and be sensitive to their other children's feelings regarding their handicapped sibling. It is important to not make the disabled child a burden to his brothers and sisters.

Additionally in most case the handicapped child would probably be happier in activities in which he is not only welcome but an active participant. Kerka (2006) concluded that the parents had a major influence on their children's attitudes toward work and life. He recognized the effect of parental influence on educational and career decisions. Handicapped youth, who had more difficulty than other youth in making the transition from school to work and adult life, had a special need for parental guidance. Transition could be defined as a systematic process to establish and implement a plan for the employment or additional training of a handicapped adolescent. He discussed the key roles parents could play in transition, especially in the areas of career exploration, job search and survival, independent living skills, and collaboration with educators and other service providers.

It is based primarily upon the three parent guides in the Beresford *et al.* (2007) stated that the parents emphasized the need to be physically and emotionally healthy in order to properly look after their child. Lifting, sleep problems, and the chronic care and supervision needs of the child were some of the factors that threatened parents' physical and emotional well-being. Accepting and adjusting to the child's diagnosis was an on-going emotional task, with changes in the child's condition and times of transition bringing such issues back to the surface. Watching the child suffer from ill-health or pain was emotionally distressing. Accessing and dealing with services was identified by many parents as stressful and distressing. Having to use a service that was inadequate or inappropriate was a source of anxiety and even despair. To maintain physical well-being, appropriate equipment, suitable housing, short-term care, and skills in dealing with their child's sleep problems were seen as important. To promote their emotional well-being, parents wanted to feel that responsibility for their child was being shared with formal support services. More specifically, professional counselling support and contact with other parents were identified as important. Here the need to address fathers' emotional needs was raised by a number of parents.

Logston (2008) stated that some parents deny their child's learning disability. A parent in denial will avoid talking about the disability and will make up excuses and alternate explanations of the problem. The parent may behave as if everything is okay and ignore the child or his learning problems. Alternately, the parent may blame the child for his poor school performance and believe the problem is the child's laziness or lack of effort. Konarska (2010) investigated that the connection between early influence of parents on the formation of needs of the examined disabled teenagers and the level of intensification of the needs they present was not always direct and clear. He showed that despite great parental efforts, level of some needs was not sufficient to make building a relationship with other people easier in the future. Weak needs of achievement, low needs of autonomy, low compensation ability, and weakly developed cognitive needs, indicated that great effort of parents in order to create

these needs, was not successful. Obtained results suggested that if parents do not reach intended educational aim, it means, they need professional help. Shaw (2009) found that they were the walking wounded.

The carrier of hardships on their tiny shoulders. But what of those who take care of these little angels; the problems they face in dealing with a child who has disabilities? A family of such a child knows grief, sadness, fear, worry and more love than most families. They know that each milestone, each step taken toward the future is a positive one. And each step back, although a heartache at times, is a challenge to be conquered. The isolation from friends and family, the change in routine and emotional dealings with siblings at each challenging stage of life.

Education for Handicapped Children

The Education for All Handicapped Children Act seeks to assure equal opportunity in education for all handicapped children between the ages of five and eighteen, and in most cases for children 3-5 and 18-21 as well. Handicapped children may not be excluded from public school because of their disability and school districts are required to provide special services to meet the needs of handicapped children. The law requires that handicapped children be taught in a setting that resembles as closely as possible the regular school program, while also meeting their special needs. Programs vary according to the individual needs of the special student. Some handicapped children may be placed in a regular classroom, but have special resources available to them; other students may need training at a special school. The law provides for screening so that children with special needs are recognized and treated accordingly. The law also requires that an Individualized Education Program (IEP) be developed for each special needs student, with input from the student and student's parents. Students must have access to specialized materials and equipment if necessary, such as Braille books for blind students.

Developmental Disabilities

The term developmental disability commonly refers to a severe and chronic disability that is often attributable to a mental or physical impairment that occurs prior to age 22. A developmental disability can be expected to continue indefinitely and often presents significant challenges to children and families. There are five diagnostic categories associated with the term developmental disability. They are Mental Retardation, Cerebral Palsy, Epilepsy, Autism, and Neurological Impairments. A developmental disability can result in functional limitations in some of the following areas: self-care; learning; language and communication; mobility and movement; socialization; independence; self-determination.

MATERIAL AND METHODS

The study was conducted in province of Punjab four special education centers were selected for data collection. Total number of respondents were 120 respondents were selected from centers by using simple random sampling technique. The data was collected with the help of an interview schedule consisted of a set of question, which were asked to the respondents by the interviewers in a face-to-face situation. Efforts were made to construct a well-designed interview schedule as for as possible.

RESULTS AND DISCUSSION

Table no 1 The chi-square value (11.33) shows a significant ($P = .023$) association between age of the parents and facing problem from their handicapped children. Gamma value shows a strong negative relationship between the variables. Its mean young parents faced more problem as compare to old parents. So the hypothesis “Lower the age of the parents, higher will be facing problem from their handicapped children” is accepted. Table no 2 The chi-square value (11.87) shows a significant ($P = .018$) association between income of the parents and facing problem from their handicapped children. Gamma value shows a negative relationship between the variables. Its mean low income parents faced more problem as compare to high income parents. So the hypothesis “Lower the income of the parents, higher will be facing problem from their handicapped children” is accepted. Table no 3 The chi-square value (32.20) shows a highly significant ($P = .000$) association between residence of the ki parents and facing problem from their handicapped children. Gamma value shows a strong negative relationship between the variables. Its mean rural resident parents faced more problem as compare to urban resident parents. So the hypothesis “Rural resident parents facing more problems from their handicapped children as compare to urban resident parents” is accepted

Table No 1:

Association between age of the parents and facing problem from their handicapped children

Age (in years)	Facing problems			Total
	Low	Medium	High	
Up to 35	17	25	20	62
	27.4%	40.3%	32.3%	100.0%
36-45	12	7	7	26
	46.2%	26.9%	26.9%	100.0%
Above 45	20	6	6	32
	62.5%	18.8%	18.8%	100.0%
Total	49	38	33	120
	40.8%	31.7%	27.5%	100.0%

Table No 2

Association between income of the parents and facing problem from their handicapped children

Residence	Facing problems			Total
	Low	Medium	High	
Rural	5	8	22	35
	14.3%	22.9%	62.9%	100.0%

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Urban	44	30	11	85
	51.8%	35.3%	12.9%	100.0%
Total	49	38	33	120
	40.8%	31.7%	27.5%	100.0%

Table No 3

Association between income of the parents and facing problem from their handicapped children

Monthly income (In Rs.)	Facing problems			Total
	Low	Medium	High	
Up to 10000	28	16	16	60
	46.7%	26.7%	26.7%	100.0%
10001-15000	11	14	15	40
	27.5%	35.0%	37.5%	100.0%
Above 15000	10	8	2	20
	50.0%	40.0%	10.0%	100.0%
Total	49	38	33	120
	40.8%	31.7%	27.5%	100.0%

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