

MENTAL HEALTH AMONG CHILDREN WITH ORTHOPAEDICALLY HANDICAPPED

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ABSTRACT

Orthopaedically handicapped are those who have a physical defect or deformity which causes an interference with the normal functioning of bones, joints and muscles. The types of orthopaedically handicapped people are (a) partial full loss of the upper extremities, unilateral or bilateral, (b) partial full loss of lower extremities, unilateral or bilateral, (C) Congenital deformities like absence of limbs, deformed limbs, (d) Deformities caused by diseases like poliomyelitis and Leprosy. A major problem with the handicapped children is their limited ability to perform ordinary daily activities. They may also experience psychological problems.

The family members should not try to do too much whereas the handicapped persons should feel independent and should be allowed to solve their own problems and make decisions whenever possible. Mental health is the adjustment of human beings to the world and each other with the maximum of effectiveness and happiness. It is the ability to maintain temper and intelligence. Mental health plays an important role in both the way people behave and the way they feel. Emotionally healthy individuals accept themselves as they are. Hence the researcher had made an attempt to study the mental health of children with orthopaedically handicapped using Mental health inventory of V.D. Augustine (1978). The researcher had adopted descriptive design.

KEYWORDS: Bilateral, Congenital, Deformities, Handicapped, Unilateral

INTRODUCTION

Orthopaedically handicapped refers to problems with the functioning of bones, joints and muscles. In some cases the problems are so severe that they require artificial limbs to compensate for their crippling conditions. In other cases they need wheel chairs or crutches. They need removal of architectural barriers and some environmental modifications in the school. Disabled children have a fundamental right to live and participate fully in all settings and programmes that are as normalized as possible.

These children have a strong desire for independent functioning. Instead of assisting them to maximize their independent functioning in normal environments we make them dependant on others. The children with orthopaedically handicapped has an individuality of his own. They think, learn, act and adapt their own way. They have the capacity to live a better life and to improve their functioning level in the community. Teachers need to have confidence on his capabilities and respect for their individuality.

The education of disabled children never received such consideration and special efforts by government and non-government agencies in the past as in present days. The attitude of the community in general and the attitude of parents in particular towards the education of the disabled have undergone change with the development of society and civilization. In the first phase, disabled children were treated with hostility and were neglected. They were considered as “curse of god” and burden for the parents. In the second phase, the disabled children were kept in protection and wardship. Mankind was subjected to the myth that “the Disabled are useless, incapable of doing anything on their own, a species to be pitied and

looked after as long as they are alive". Thus no attempt was made for their education, training, habilitation and rehabilitation. In the next phase, an attempt was made for their education. But disabled children were considered distinct from their peers. They were considered to be incapable of receiving education in general schools. Thus for the first time, special schools and institutions were established in different countries for education and training of such children. They were educated in special schools being separated from their parents and non-disabled peers. In the second half of twentieth century, new thinking and new realizations have opened new directions for education of disabled children. It is now realized that a disabled child is not a different kind of person.

He/she is a child with special needs. Like all other members of the society, the disabled must have the same rights to education, work and full participation in the society. The children with orthopaedically handicapped can be educated in normal schools along with non-disabled peers with provision of extra help. These realizations, recognitions and thinking on part of educationists, planners and teachers have led to the conceptualizations of integrated education for the disabled children. Integrated education movement flows directly from the recognition of equal rights for all citizens and equal educational opportunity for all children. Thus, integrated education refers to education of disabled children in common with others in general schools with provision for extra help for the disabled. Integrated education is the outcome of significant modification in strategies related to planning and delivery of services to the disabled.

These significant modifications are from protection to emancipation, from wardship to independence, from separation to integration, from exclusion to inclusion, from restriction to expansion. Integration is the process of bringing the 'part' (the handicapped) to the 'whole' (the society). The indicators of integration are that the (i) handicapped persons enjoy the same right as the rest; (ii) have equal opportunity for growth and development in environment conditions available to the rest; (iii) have access to the quality of life like any other citizen and (iv) are treated as equal partners in the community. The process begins by physical proximity, i.e. reduction of physical distance. General schools admitting orthopaedically handicapped children should provide adjustable furniture, special writing material (thick pen), Artificial limbs, wheel chairs and crutches.

A person's environment is a vital part of his psychological adjustment. Man is a social animal. All men are born alike with respect to their biological needs. Differences are created by social environment in which these needs are fulfilled. An understanding of the environment requires the process by which the individual perceives, cognizes and creates it and more critically the role played by the physical environment in all these processes. Both the school and home are concerned with the prevention of mental illness and preservation of good mental health.

Role of Home

Mental health is learned. The behavior of a person is the result of experiences he has passed through. No other social institution enters the child's life until the first few formative years. Therefore parents become the most potent force in shaping the mental health of the child. Children with disability need warm, supporting relationship to build mental health. Parents are paying more attention to physical needs of the children, completely neglecting their emotional needs. Parents influence their children's behavior in at least three important ways. 1. Through their own behaviour they present situations that elicit certain behavior in children, 2. They serve as role models for identification and 3. They selectively reward behaviours.

Role of School

School is the chief instrument of a positive mental health programme. The school influences the child's total personality affecting the values he/she ascribes to himself, his relation to others, his potential for work and his life

adaptation. School therefore offers a rich opportunity for the enhancement of mental health. In school teacher substitutes parents. Next to the parents. The teachers have the greatest responsibility and opportunity to foster mental health of the child. The teacher is a parent figure, an object of identification, a target of confidences, aggression and displayed hostility and a source of emotional support.

MATERIALS AND METHODS

Aim & Objectives

The main aim of the study is to identify the level of mental health among children with orthopaedically handicapped.

Objectives

- To find out the socio demographic characteristics of the respondents
- To identify the measures taken by the respondents to overcome their disability
- To know the type of reinforcement given by the parents.
- To focus on effects of integrated education.

Research Design

The researcher adopted descriptive design as the study aims on describing the level of mental health of the children with orthopaedically handicapped.

Universe and Sampling

The researcher collected the list of schools under SSA-Trichy urban..There were 36 schools with Integrated Education. The researcher selected 15 schools using simple random sampling. Each school had 1 or 2 children with orthopaedically handicapped under integrated education.

Tools of Data Collection

The researcher used self prepared interview schedule to collect socio demographic profile of the respondents. The researcher also used Mental Health Inventory developed by V.D.Augustine.(1978).

Inclusion Criteria

Children with orthopaedically handicapped placed in general schools under SSA in Trichy urban were included for the study.

Exclusion Criteria

Children with orthopaedically handicapped placed in special school were not considered for the study.

Major Findings

- 44% of the respondents were in the age group of 13 years.
- 52% respondents were males.
- Majority of the respondents 80% did not take part in any extracurricular activities due to their handicapped.
- 64% of the respondents were interested in playing with their friends.

- Majority of the respondents' parents 72% were literate.
- Majority of the respondents 88% sibling does not any kind of disability.
- Majority of the respondents 76% have good relationship with their siblings.
- 32% of the respondents parents speak freely with the respondents about their work, about the school, studies, friends, teacher.
- 24% of the respondents stated that their parents do not spend time with them.
- 36% of the respondents parents reward them by giving surprise gifts and giving money respectively.
- 52% of the respondents were motivated by their mother
- Majority of the respondents 68% stated that they feel that handicapped is a hindrance for their achievements.

Table 1: Level of Mental Health

S. No.	Level of Mental Health Inventory	No. of Respondents (n:25)	Percentage
1	Low Level	13	52.0
2	High Level	12	48.0

52% of the respondents have Low level of mental health and 48% of the respondents have high level of mental health.

Social Worker Intervention

Social worker has a major role to perform

- Children with orthopaedically handicapped should be motivated regularly and confidence should be created within the individual.
- The parents should be educated about the services provided
- The social worker has to identify the hidden talents within each children.
- Speak with the children and identify their problem
- The interest of the children should be given importance.
- Awareness should be given regarding integrated education.
- Social worker has to give training for the teachers to deal with the psychological needs of these children.

SUGGESTIONS

- More children's can be admitted in general school.
- Counselors should be appointed in schools under SSA other than special educators
- The children should be emphasized about advantages like reservation in job. education etc. to build a positive environment within the child.
- Barrier free environment should be created within the school.
- Parents involvement is necessary in upbringing the children.

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