

## NEED SATISFACTION AND SOCIAL ADJUSTMENT OF DEAF AND DUMB CHILDREN IN FAISALABAD

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### ABSTRACT

A study was carried out to assess the needs of deaf and dumb children of teenage and how these needs must be satisfied that these children will be well adjusted in society. A well-designed interview schedule was used to interview them. The number of male (170) children was slightly higher than female children in hearing impaired children school. A sample of 120 respondents was selected from the two Government Higher Secondary Schools of Special Education located at Peoples Colony and Jaranwala Road, Faisalabad. Majority of the children i.e. 80% were deaf and dumb by birth. Sixty Percent of the disabled children belonged to age category 17-19 years. The children who received proper attention by their parents and teachers were well adjusted in the society, as they did not hesitate and feel shyness in meeting strangers. On the other hand those children who did not receive proper attention by their parents and teachers created the problem of maladjustment in society.

**Key words:** Need satisfaction, Social adjustment, deaf and dumb.

### INTRODUCTION

Children are the most precious resource of a nation. They are the hope of future and the country like Pakistan, where a majority proportion of population is comprised of children. Disability of a person may be permanent or for some period of time. It becomes more pertinent when it refers to a special group of population where its individual suffers from long-term functional loss either by birth or due to certain other happenings in life.

Biological and sociological researchers have found that there are different causes of disability i.e. poverty, ignorance, malnutrition, intermarriages (endogamy), unconducive environment and viral infections (Anonymous, 1982).

In Pakistan, Health sector had been low by all standards. The expenditure as proportion of GDP was around 1%. It had been raised to Rs. 3.1 billion (1.3% of GNP) and 3.6 billion were allocated in budget for 1988-89. While growth rate was 3% per annum. Infant mortality was very high. So some children who were born in such a poor pre-natal condition were disabled by birth. Those children who belong to teenage group of 17-19 years were creating mal-adjustment in society (Anonymous, 1988). The term "social adjustment" refers to a harmonious relationship with environment involving the ability to satisfy most of one's needs and meet most of the demands both physical and social.

Need satisfaction refers to the fulfillment of all the basic needs according to the status (age, sex, culture) of a person to lead a happy life. The needs of teenage group children are physiological, safety, love and belongingness, self-esteem, and need for self-

actualization (Maslow, 1954). The satisfaction of these needs is essential for the adjustment of the individual. Needs change his learning and experience. The development and change of the needs of the individual reflect his experience of need satisfaction and frustration. If he is experiencing only meager satisfaction of need the constant fulfillment of one particular need may result in a fixation of needs.

Keeping in view the above mentioned facts the present study was planned to find out the level of need satisfaction among deaf and dumb children, find out the level of social adjustment of deaf and dumb children, seek if there is any relationship between the level of need satisfaction and social adjustment. Information generated through the study will be useful in formulation appropriate effective policies regarding education and rehabilitation of deaf and dumb children.

### MATERIALS AND METHODS

Two Government Higher Secondary Schools of Special Education of hearing impaired children of district, Faisalabad were selected as universe of the study. One school located in People's Colony was for girls, the other was for boys located on Jaranwala Road, Faisalabad. The total number of hearing impaired children (boys and girls) in these two schools were 170 and 150, respectively. A sample of 120 students, 60 girls and 60 boys was drawn from these two schools. A prestested proforma was designed to interview the respondents. The data so collected was tabulated and interpreted.

## RESULTS AND DISCUSSION

**Table 1. Percentage distribution of the respondents according to age**

Age (years)	Frequency	(%age)
14-16	48	40
17-19	72	60

The data in table 1 indicates the majority of the respondents belong to the age of 17 to 19 years.

**Table 2. Percentage distribution of the respondent according to their educational status**

Class	Frequency	(%age)
7 <sup>th</sup>	12	10.0
8 <sup>th</sup>	23	19.2
9 <sup>th</sup>	48	40.0
10 <sup>th</sup>	37	30.8

The information in table 2 indicates that the majority of the students were in class 9<sup>th</sup> and 10<sup>th</sup>.

**Table 3. Percentage distribution of respondents according to their age at admitted in the school.**

Age at Admitted in School (years)	Freq.	(%age)
05-07	70	58.30
08-10	49	40.80
10+	01	0.90

The data presented in table 3 indicated that a majority of the students (58.3%) were admitted in school at age category of 5-7 years, while 40.8% belonged to 8-10 year group and 0.9% respondent were 10 years old when they got admission in school.

**Table 4. Percentage distribution of respondents according to incidence of disability among other family members.**

Disability among other family members	Frequency	Percentage (%)
No	44	36.7
Bothers	28	23.3
Sisters	25	20.8
Other relatives	23	19.2

The information in table 4 shows that 36.7 percentage children reported that there was no incidence of disability in their family. While 63.3 percent had reported about deaf and dumb persons in their family.

**Table 5. Percentage distribution of respondents regarding the incidence of disability in their family and their relation with them.**

Relation with disable family members	Freq.	(%age)
No	52	43.3
Brothers	40	33.3
Sisters	16	13.4
Other relatives	12	10.0

Further probing with 43.3% handicapped children had no deaf and dumb family member while 46.7% were real brother and sisters of deaf and dumb.

**Table 6. Percentage distribution of respondents regarding the relations with other deaf and dumb family members.**

Perceived relation	Frequency	Percentage (%)
No relation	52	43.3
Very close	57	47.5
Normal	2	1.7
So so	9	7.5

The information in table 6 shows that majority of children (47.5%) have very close relation with deaf and dumb children while 43.5% children have no relationship with deaf and dumb children.

**Table 7. Distribution of respondents regarding the provision of hearing aid by parents**

Provision of hearing aid by Parents	Freq.	(%age)
Yes	24	20.0
No	96	80.0

The data illustrated in table 7 indicate that 80% of the respondents had not been provided hearing aid by their parents while the remaining 20 percent reported about the provision hearing aid by their parents.

**Table 8. Distribution of respondents regarding cause of non-provision of hearing aid.**

Reason for not providing hearing aid by parents	Freq.	(%age)
Poverty	50	41.7
Unawareness	46	38.3

Data presented in table 8 show 41.7 percent children reported the reason of not having hearing aid was poverty and non affordability while remaining 38.3 percent remained deprived due to unawareness.

**Table 9. Distribution of respondents regarding the provision of pocket money**

Provision of pocket money	Frequency	Percentage (%)
Yes	105	87.5
No	15	12.5

The data presented in table 9 exhibit that majority of the students (87.5%) reported that their parents gave them pocket money.

**Table 10. Distribution of respondents regarding the extent of need satisfaction by their parents**

Extent to need satisfaction by their parents	Frequency	Percentage (%)
Receive preference over other siblings	13	10.8
Discussion of personal problems	18	31.7
Received due attention during sickness	69	57.5

The figures presented in table 10 show that 57.5 percent children reported that they received due attention during sickness by their parent, 10.8 percent received preference over other siblings and only 31.7 percent discussed their personal problems with their parents.

**Table 11. Distribution of respondents regarding attitude of the siblings**

Extent of satisfaction by the attitude of siblings	Frequency	%age
Friendly attitude	18	15.0
Like to spend time with you	53	44.2
Take care of your needs	49	40.0

The figures presented in table 10 show that 15 percent children reported that their siblings have friendly attitude with them, 44.2 percent children's siblings like to spend spare time with them while 40.8 percent reported that their siblings take care of their needs.

**Table 12. Distribution of respondents regarding the extent of satisfaction by the treatment of their siblings**

Extent of satisfaction by the treatment of their siblings	Frequency	%age
Not at all	18	15.0
To great extent	53	44.2
To some extent	49	40.8

The data presented in table 12 depict that 15 percent of the children reported that they were not satisfied by the treatment of their siblings while 44.2 percent were fully satisfied by the treatment of their siblings and 40.8 percent were satisfied to some extent.

**Table 13. Distribution of respondents regarding the provision of hearing aid by institute**

Provision of hearing aid by institute	Freq.	%age
Yes	120	100

The figure given in the table 13 reveals that all the children have been provided hearing aid by their institute.

**Table 14. Distribution of respondents regarding the impact of using hearing aid**

Impact of hearing aid	Frequency	%age
Confidence	26	21.7
Better educational performance	24	20.0
Created tension	70	58.3

Table 14 depicts that 21.7 percent children reported that they feel confidence after the use of hearing aid while 20 percent reported that their educational performance was improved and 58.3 percent reported that the use of hearing aid created tension as the institute has not provided them any training for the identification of sounds. So the sounds they hear are only noise for them.

**Table 15. Distribution of respondents regarding the extent of social adjustment**

Extent of social adjustment	Freq.	%age
Developing friendship with normal children	14	11.6
Liking to attend functions	35	29.2
Uneasiness and shyness in meeting strangers	71	59.2

Table 15 exhibits that likeness for developing friendships with normal children is 11.6 percent while 29.2 percent were interested in attending function and majority of the children 59.2 percent feel uneasiness in meeting strangers.

**Table 16. Distribution of the respondents regarding the reason of not making friendship with normal children**

Reason of not making friendship with normal children	Freq.	%age
Dislike	66	55.0
Communication problem	54	45.0

The data given in table 16 indicate that 55 percent children did not like making friendship with normal children while 45 percent expressed communication difficulties.

**Table 17. Distribution of the respondents regarding the difficulty in maintaining academic standards.**

Difficulty in maintaining academic standards	Frequency	(%age)
Yes	76	63.3
No	44	36.7

The data given in table 17 indicate that 63.3 percent children reported difficulty in maintaining standards while 36.7 percent reported that they feel no difficulty in maintaining academic standards.

**Findings:** It was found that 63.3 percent of the respondents had incidence of disability in their families. Most of the respondents (47.5 percent) had very close relation with disable relatives. The school had provided hearing aid to 100% children but had not provided any training workshop for the identifications of sounds. So 58.3% children reported that hearing aid create tension for them. Majority of the respondents (45 percent) reported that they did not like to make friendship with normal children due to communication problems. Only 10.8% of respondents received preference over other siblings by their parents. While fifteen percent were not at all satisfied by the attitude of their siblings. So 59.2 percent children feel uneasiness and shyness in meeting strangers and did not feel themselves well adjusted in society.

**Recommendations:** There is need of proper survey to find out the exact number of the handicapped children (deaf and dumb) in Pakistan so that educational and medical facilities should be provided to them according to their number and requirements. There must be more special education centres with better facilities and highly educated and trained teachers appointed in these

institutions. Parents' counseling service be instituted in particular for:

- How to handle deaf and dumb children?
- Providing information about the existing facilities for the handicapped children.
- Guidance and education of the parents.

Proper and necessary medical care should be provided to the infants during illness. Earlier diagnosis of hearing impairment is necessary for the proper medical treatment of the deaf and dumb children. Suitable audio-visual aids should be provided to every educational institution for imparting proper education and training. Government must provide a training workshop for the identification of sounds in those schools where government has provided hearing aid. In families, where there already exists the cases of handicapness, endogamous marriages be discouraged to avoid the chances of hereditary disorders. In Pakistan, policy makers tend to focus only on the urban centres. In rural areas, where the majority of the population lives, there is no concept of special education. People even do not know what it is. The government must reorient its focus. The government should launch an awareness campaign and setup special education centres in rural areas. Organized campaign in the electronic and print media is needed to create awareness among the public about the need of education for special children. Government should take keen interest in changing the curriculum and teaching methods to meet the needs of hearing impaired children. There should be a general aim to give auditory training, whenever possible and appropriate, as part of curriculum provision. There is recognition of the need to focus on language, teaching and practical experiences for education, vocational training and life skills. This induces teaching in social adjustment.

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