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Influence of Early Intervention Programme in Shaping Self-Concept among Children with Multiple Disabilities

K.T. Rafiq Ahamed[1], M. Mohideen Banu[1], K.S. Premila[2], M. Manivannan[3]

[1]Research Scholar, School of Education, Tamil Nadu Open University, Chennai
[2]Associate Professor, School of Education, Tamil Nadu Open University, Chennai
[3]Professor (Rtd.), School of Education, Tamil Nadu Open University, Chennai

Development is qualitative, progression, and coherent in nature. Hindrance to development can have a tremendous impact on the growing child (with or without disability). Disability in a child influences their normal growth and development, such as the ability to perform at school and at home or to participate successfully in play and other activities.

Children with Multiple Disabilities (CwMD) will have a combination of disabilities that may include: speech, loco motor, learning, intellectual, visual, hearing, or any other disabilities as per RPWD Act 2016. Along with multiple disabilities, they can also exhibit and behaviour problems. CwMD – also referred to as multiple exceptionalities, will vary in combination and severity of disabilities, and characteristics.

Early Intervention

With an early diagnosis of a child's problems, early intervention programmes help the child to cope with their disabilities and manage to a certain degree of their condition. At the same time, the programmes aim to assist the child in catching up with their learning and other developments, which could have been delayed due to obstacles posed by their disabilities.

Therefore, early intervention programmes are integral in helping a child to develop their full potentials and prepare them for better integration into the society despite their disability.

Any intervention programme must take into account the cause, time/age of onset and the relative degree of the disabilities involved.

The person who is responsible for intervention in the family needs to know the following aspects:

- The child's general health state-disabilities of the child, medication, etc.
- The child's physical and motor limitations – inability to move, lack of eye-hand coordination, etc.
- The child's intellectual limitations – inability to perform tasks and understand the environment, etc.

- The child's abilities – tries to explore the environment, speak, or walk with mobility devices, etc.

In order to know the child's needs a thorough assessment is required which will be done by a team of experts like doctors, psychologist, physiotherapist, occupational therapist, speech pathologist, audiologist, special educators, orthotist and prosthotist, and rehabilitation workers. The experts should involve the parents while assessing the CwMD.

Then the team of specialists provide their assessment report and recommendations for the immediate intervention of CwMD. Vision rehabilitation specialist orients in the area of vision stimulation, vision training and environmental adaption. Physiotherapist orients in the areas of positioning, exercises, special aids and feeding training. Speech therapist provides training for development of speech, language and communication. Psychologist concentrates on mental disorders, emotional disorders and behavioural problems. Special Educators prepare Individualised Education Programmes (IEPs) with necessary adaptations. Early Intervention specialists plan, co-ordinate and provide necessary services. Therefore, the early intervention should be started at the earliest. If the child seems to have severe disabilities the intervention is needed for the full period up to the age of 6 for CwMD. A child starts learning from their birth through interaction with environment. The home is the first school of the child and the mother is their first teacher. Gradually the child learns from siblings and the family members followed by the society and school.

Self-concept is the knowledge that one acquires about them, such as abilities, personality traits, attributes, values, roles and goals in life, they should be taught to acquire and organize information about themselves as a way to enable them to understand the relation between 'self and their immediate social world.

As they grow older the self-concept becomes more integrated and interwoven into their personality and psychosocial development. The children need to be taught confidence about creating awareness of 'self-concept', through encouragement and practice in all their skills. Every step of CwMD development is crucial and they should be thoroughly reinforced in a positive manner through intervention program.

Intervention can be referred to as module designed to enhance the physical awareness, abilities, identification, expression and social skills during early childhood years. An intervention programme should be introduced but not limited to, through different techniques like storytelling, role play, puzzle, sequence cards and activities so as to improve the self-concept of CwMD.

Through constant awareness, exposure, encouragement, motivation, reinforcement and practice CwMD can be helped to enhance their self-concept. This can be made possible only when they are sensitized and oriented to the intervention programme from early years of life. Hence an attempt has been made in the present research to study self-concept and the dimensions of self-concept such as physical, academic, social, intellectual, emotional, and moral of CwMD, so as to

enable them to enhance their self-awareness.

Materials and Method

Sample

The present study consisted of 20 Children with Multiple Disabilities (CwMD), who are in the age group of 4-6 years. The sample was divided into two groups (10 children formed experimental group and 10 children formed control group). There were equal number of boys and girls in both the groups. Sample was selected from two special schools catering to the educational needs in Chennai city. The sample was identified based on the psychological tests conducted at the time of admission to the special school. The basic information was obtained from the files maintained by the school authorities. The sample was selected through purposive sampling technique.

Procedure

The pre and post-test method with an intervention programme was used. Personal rapport was established with the children so as to create a comfort zone and to elicit required information. CwMDs were observed and interacted, and their parents were interviewed with the help of self- concept scale.

The intervention programme was planned to develop appropriate strategies so as to enhance the self-concept of CwMD. They were subjected to intervention programme in the various dimensions of self-concept such as physical, academic, social, emotional, intellectual and moral.

Experimental group was introduced to intervention programme for 30 days, with the time duration of one and half hours/day was given for 5 days/week. Each aspect of self-concept was introduced by using various techniques such as story, role-play, puzzle, activity, pictures, sequence cards etc. in a step-by-step manner. Reinforcements were provided during the intervention programme for better cooperation and learning. The intervention programme was conducted in both Tamil (regional language) and English languages to make it more effective in developing the self-concept among CwMD.

Tools

A questionnaire was developed to collect baseline information of the CwMD. An attitude scale based on Likert type rating scale was developed by the investigators to assess the self-concept of CwMD. The attitude scale consisted of 6 dimensions of self-concept namely, Physical Self-concept (15 items), Academic Self-concept (14 items), Social Self-concept (28 items), Emotional Self-concept (11 items), Intellectual Self-concept (14 items) and Moral Self-concept (6 items).

5-point rating scores were given for the items of the attitude scale such as Always-4, Frequently-3, Sometimes-2, Rarely-1 and Never-0. The positive items were given the scoring of 4-0 and negative items were given the scoring of 0-4 respectively.

Results and Discussion

Basic profile of the respondents

Forty percent (40%) of the respondents of both the control and experimental groups were in the age group of 6 years. Only 40% of the respondents of the control

group were in the age group of 4 years. There was an equal representation of gender in both the groups. Fifty percent of the respondents of control group and 30 % of the respondents of experimental group were second in their birth order.

Family profile of the respondents

Among the sample ninety percent (90%) of the control group and 50% of the experimental group were belonged to nuclear family. The data obtained in the present study clearly reflect on the changing trend in the family system. 80% of the experimental group live along with their parents, in comparison to only 20% live their mother as their parents were separated. This could be attributed to the changes in lifestyle, problems in adjustment, birth of disabled child in the family, etc. In the area of educational qualifications of the parents 50% of the fathers of experimental group have either completed Higher Secondary School or Diploma in comparison to 50% of the mothers of both the groups who have just completed their formal schooling. Table 1 shows the comparison of dimensions of self-concept between the experimental and control groups.

Table 1: Comparison of Dimensions of Self-concept between Experimental and Control Groups

Self – Concept	Period	Experimental	Control	P value
Physical Self-Concept	Pre	68.60±5.58	72.80±3.52	0.059
	Post	68.00±5.52	72.70±3.27	**0.032***
	P value	0.168	0.726	-
Academic Self-Concept	Pre	37.40±11.54	39.10±6.64	0.691
	Post	39.60±6.08	39.62±6.08	0.934
	P value	0.139	0.823	-
Social Self-Concept	Pre	125.40±7.59	119.70±13.81	0.268
	Post	124.80±8.56	119.90±12.88	0.330
	P value	0.382	0.884	-
Emotional Self-Concept	Pre	52.90±4.68	47.10±6.76	**0.039***
	Post	53.00±4.62	47.20±6.71	**0.037***
	P value	0.758	0.678	-
Intellectual Self-Concept	Pre	69.40±20.44	48.60±12.59	**0.013***
	Post	71.10±19.88	51.60±13.06	**0.018***
	P value	**0.038***	0.116	-
Moral Self-Concept	Pre	21.50±3.84	20.90±3.28	0.711
	Post	21.90±2.96	20.90±3.28	0.483
	P value	0.343	NS	-

*Moderately significant (P value: $0.01 < P \leq 0.05$)

Physical self-concept is attributed to the physical traits of CwMD like their physical appearance, strengths, identification of body parts and their functions, establishing routine and self-awareness, etc. The results clearly indicate that the intervention did not have a positive influence. In the dimension of physical self-concept, in comparison, respondents of the control group fared

higher in the dimension of physical self-concept with the P value being significant at (0.032*). This could also be attributed to the higher age factor of the respondents between the groups.

Academic self-concept refers to the academic profile and performance of CwMD at school like school work, curricular and co-curricular activities, group work, group discussion, etc. The data reveals that the intervention programme had an influence on the academic self-concept of CwMD with the post-test value of experimental group being (P=0.139).

Social self-concept refers to the process of socialization like peer interaction, being concerned for others, sharing with others, working in a group, etc. The data of social self-concept in the present study clearly indicates that the P valve was found to be non-significant further; the study also shows that if intervention is provided it could benefit the CwMD over a long period of time.

Emotional self-concept refers to positive and negative emotions of CwMD. The positive emotional concept covers being happy, joyful, excited, etc. and negative emotions are being angry, jealous, fearful etc. The data clearly indicates a significant difference in the emotional self-concept between the experimental and control groups (P value=0.037*).

Intellectual self-concept refers to learning and understanding the things that are taught, on different concepts like numbers, time, colours, puzzle, etc. The intervention has influenced the intellectual self-concept of CwMD which is very clear from the above-mentioned data. It was found to be significant at (P = 0.038*).

Moral self-concept refers to imbibing, inculcating and developing values such as respecting elders, concern for peers, friends, and sincerity in work, etc. In the present study moral self-concept of the experimental group was found to be higher compared to the control group. It was found to be significant at (P=0.343).

Thus, it can be concluded that intervention is beneficial and facilitates fostering the self-awareness among the CwMD.

Table 2: Comparison of Self-concept between Experimental and Control Groups

	Period	Experimental	Control	P value
Self – Concept	Pre	265.80±52.87	261.88±28.40	0.835
	Post	268.60±50.67	264.10±29.94	0.812
	P value	0.195	0.242	-

Table 2 depicts the results of pre and post-tests of total self-concept of both experimental and control groups. Data clearly indicated that the intervention programme has influenced in the development of self-concept. This signifies that the module developed for intervention by using various techniques such as storytelling, role-play, puzzle, activity, and sequence cards to enhance the self-concept among the experimental group were found to be very effective. The findings of the present study carried out by Musgrave and Fifield (1981) who in their study found that an instructional module designed to enhance the self-concept of students with multiple disabilities at junior high school was successful.

The findings of the present study shows that the performance of the experimental group is better than the control group which is supported by research work carried out by Margalit (1981), James and Addis (1991), Li Eria Ping-Ying et al (2006), Brown et al. (2007) and Sharma et al. (2007) who in their study found that self-concept of participants of a study had a higher total self-concept than that of participants without disabilities. Based on the findings of this study it can be concluded that CwMD will improve their self-concept when an appropriate intervention programme are given.

Table 3: Correlation of Outcome of Self-concept according to Socio-demographic Variables

Socio-demographic variables	Experimental	Control	P value
Age in years			
4 & 5	2.00±1.00	0.20±4.43	0.527
6	3.14±7.69	4.40±6.73	0.775
Gender			
Male	1.80±8.22	4.60±6.62	0.570
Female	3.80±4.43	0.00±4.36	0.209
Ordinal position			
1st birth order	7.67±4.93	0.50±2.12	0.159
2nd birth order	-4.50±10.61	3.40±8.26	0.331
3rd & after birth order	2.80±2.28	1.67±2.52	0.535
Type of Family			
Nuclear	4.60±3.21	0.78±3.45	0.065+
Joint	1.00±8.46	16.00±0.00	0.181
Father's Education			
Up to high school	3.80±3.96	3.29±6.78	0.883
Above high school	1.80±8.46	0.00±1.73	0.181
Mother's Education			
Up to high school	3.25±7.01	1.17±3.66	0.525
Above high school	1.00±1.41	4.00±8.52	0.665

Table 3 shows the self-concept of both experimental and control groups in comparison with the socio-demographic profile of the respondents. The self-concept in the age group of 6 years (3.14 ±7.69) is higher when compared to CwMD of age group 4 and 5 years (2.00±1.00). The findings of the present study are supported by a research study carried out by Marsh and Hocevar (1985), who found that children's self-concept becomes highly differentiated with age.

The P-value of boys is more (0.570) when compared to girls (0.209) but girls have self-concept of (3.80±4.43) compared to boys (1.80±8.22) in the experimental group.

CwMD of the experimental group representing nuclear families have a good self-concept when compared to CwMDs of control group. This could be attributed to the fact that the parents from nuclear families might have been given more attention and care to their CwMD.

It is evident from the table that father who are educated up to high school in both the groups have an influence on the self-concept of their CwMD when compared to the father who have higher education.

Scores of self-concept of CwMD whose mother's education is up to high school is 3.25±7.01 when compared to mother's education above high school 1.00±1.41 in the experimental group. But in the control group mothers who are educated above high school have an influence on the self-concept of their children (4.00±8.52) when compared to the mothers who are educated up to high school (1.17±3.66).

Conclusion

Self-concept is CwMD awareness of their own identity and is influenced by the exposure and practice that they get from their parents and teachers. In the present study it was found that CwMD from nuclear families have higher self-concept than CwMD from joint families. Further results indicate that intervention programme has influenced the dimensions of self-concepts such as academic, emotional, intellectual and moral. From this it can be inferred that if intervention is given to the CwMD from early years, it will help them develop better self-concept and enable them to create an awareness about 'self'. The findings are supported by the study carried out by Helm and Katz (2001) who found that children with special needs benefit from project-based learning situations if the intervention programmes are adopted concerning child's need and development.

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