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# IMPACT OF SPECIAL SENSES DISABILITY AND COPING STRATEGIES AMONG DISABLED PERSONS AT THE FEDERAL COLLEGE OF EDUCATION (SPECIAL) OYO

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**ABSTRACT:** Living with disability is common in many parts of the world and may results in psychological consequences for the individuals. This study examined the psychological, social and physical impacts of special senses disabilities and coping measures adopted by students with disabilities in Federal College of Education (Special), Oyo. The respondents were recruited using multistage sampling technique. A total of 313 respondents with different disabilities were selected using Taro Yamane's correction formula. Pre-tested self-developed structured questionnaire was used to collect data from the respondents based on the study objectives. The data was analysed using SPSS version 22 and the results were presented with frequency tables and charts. Findings revealed that 57.2% of the respondents often feel depressed while a combine 65.8% have constant anxiety. Over 70% of the respondents do not like going to social gatherings or parties because of their disability, and about 60% feel that they are at the centre of attraction when they are walking on the street. It was also revealed that 62% causes trouble when anyone tries to cheat them and 59.5% talk back at anyone who tries to insult them. 98.4% pray to cope with their disability, 56.5% always think about their disability and developed self-hatred. The students with special senses disability in this study are impacted psychologically, socially and physically in a negative way and they mostly adopted maladaptive coping measures. There is need to provide them with necessary resources to cope better with their disabilities.

**KEYWORDS**: impairment, students with special needs, coping, psycho-social consequence

## **INTRODUCTION**

Disability is a broad term that covers impairment, activity limitation and restrictions in participation (Haruna, 2017). As stated in Park et al. (2007), disability is a psychosomatic condition that results in activity limitation and social restriction for the individual. Disabled persons are diverse in kind and nature although a conventional description place emphases on those on wheelchair and others like people with hearing and visual impairments (Park et al., 2007). An individual will be considered disabled if he is unable to partially or completely take part in the community due to lack of physical or mental capability. This may results from problems such as congenital, developmental, injury and long term health conditions (Haruna, 2017).

Different forms of disabilities occur and a person may suffer from one or a combination. These forms include sensory, physical, intellectual or mental disabilities (Haruna, 2017). In particular, special sense disability affects the special senses which have specialized organs devoted to them. In a study conducted by Smith (2011) on the face of disability in Nigeria, visual, physical and hearing are the most prevailing disabilities with more than 50% lacking formal education.

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People with these disabilities have been reported to suffer from psychological consequences (Jaiyeola & Adeyemo, 2018; Ishtiaq et al., 2016; Schinazi, 2007).

Disability affects people throughout the world, as the World Health Organization (WHO 2013), declared that over one billion people representing 15% of global population are living with one form of disability or the other. It is prevalent in every country and has no discrimination for age, sex, religion or socio-economic status (Haruna, 2017). According to World Bank (2020), the prevalence of disability is disproportionately higher in the low and middle income countries. This is particularly true for Nigeria as 10% of Nigerians are affected by one form of disability or another (Haruna, 2017; Onwuegbu, 2009).

People with disability are often discriminated against in different facets of life such as in policy formulation and implementation in matters affecting them (Etieyibo & Omiegbe, 2016; Rohwerder, 2018). This abounds also in Nigeria as they are seen as embarrassing and disgraceful (Omoniyi, 2014). They are constantly faced with the challenges of socio-economic exclusion, intimidation and molestation from the general populace (Haruna, 2017). These vices stem from the peoples' beliefs and opinion about the causes of disability which may include witchcraft, infidelity of parents, wanton murder, eating prohibited foods, punishment and spell (Etieyibo & Omiegbe, 2016; Omoniyi, 2014). Some also see people with disability as inferior being that can be engaged for socio-economic advantage (Etieyibo & Omiegbe, 2016). In spite of this, appreciable reduction in discrimination has been recorded in Nigeria as a result of education and civilization (Omoniyi, 2014).

In comparison with people without disability, people living with disability are predisposed to highest degree of poverty, unhealthy living and inferior educational achievements (Haruna, 2017). Persons with impairment are prevented from having equal opportunities in the conventional community life by bio-social barriers. Thus individuals with disability often needs to cope with stigmatization and social exclusion which may results in self-esteem, poor social relationships, isolation, depression and self-harm. This is particularly true in Nigeria where a disabled persons are addressed by or described by his disability for instance "the blind man", "the deaf lady" etc. (Haruna, 2017).

Coping refers to the ability to contend or deal with difficult events or situations in a successful manner while the specific actions taking by individuals to deal with such events or situations are termed coping strategies (Chukwu et al., 2019). Since disability impacted an individual physically, socially and psychologically, the individual needs to adapt in these aspects so as to cope adequately with their disability (Stevelink & Fear, 2016). The way individuals with disability accept their disability differs. Those who are unable to cope feel isolated from the general populace, while others detached from people due to inability to fit in or to avoid others pitying them (Schinazi, 2007).

To get educated, people with disability require special type of education tailored towards meeting their needs. It involves special form of teaching-learning procedure adapted to help the disabled learners to be successful and fit in into the society (Omoniyi, 2014). Some of the special schools are located in different parts of the country one of which is the federal college of education (special) located in Oyo town in Oyo state of Nigeria. Despite the government decision to provide quality education to these learners with special needs, many of them are

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still perceived negatively. This study therefore was conducted to assess the perceived impact of special senses disabilities on the disabled students and the coping strategies adopted by the students. The specific objectives are

- i. To examine the psychological impact of disability on the learners
- ii. To examine the social impact of disability on the learners
- iii. To examine the physical impact of disability on the learners
- iv. To identify the coping strategies employed by the learners

## **METHODS**

# **Design**

This study adopted a cross-sectional descriptive design to gain insight into the impact of special senses disability on disabled learners in Federal College of Education special Oyo in Oyo state, Nigeria.

# **Study Setting and Population**

This study was conducted among special senses disabled persons at the Federal College of Education (Special) Oyo, Oyo State, Nigeria. The state is one of the six states in the south-western region of the country with its capital in Ibadan. The state is name after the old Oyo Empire where the school was located. The college was established in the year 1977 and consists of seven schools which are attended both normal students and students with special needs. The school is one of the schools established to address the plight of students with special needs such as the blind, deaf and dumb as well as those with mental and intellectual disabilities as there are 4315 students with disabilities in the school

### Sample and Sampling Technique

The number of respondents who participated in the study was determined using Taro Yamane's formula which is given as:  $n = \frac{N}{1+N(e)^2}$ 

Where n = sample size  
N= total population = 4315  
e= error margin = 0.05  
Hence 
$$n = \frac{4315}{1+4315 (0.05)^2}$$
  
n  $\approx 366$ 

The sample was selected using a multi-stage sampling technique. The students were first stratified according to their types of disabilities; random sampling was the used to select the final participants. Those who accepted to participate were given the questionnaire to fill after the purpose of the study was explained to them. The data collection was done face to face during break periods and the questionnaire were retrieved on the spot

## **Ethical Consideration**

Permission to conduct the study was sought from the registrar of the school and the deans of the different schools involved. Informed consent was gained from every participant, and their right to privacy and confidentiality was maintained throughout the study. The questionnaires were assigned number and there was no provision for names of the participants.

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### **Instruments**

Self-administered questionnaire was used to collect data for the study and was divided into different sections to address the specific objectives of the study. The questionnaire was developed following thorough review of relevant literature. It consists of five items that gathered socio-demographic information, six items gathered information on the psychological impact of disabilities, four items gathered information on the sociological impact of disabilities, four items gathered information on the physical impact of disabilities and six items gathered information on coping strategies of the students with disability. Apart from the socio-demographic section, all the items were scored on a five point Likert scale ranging from "strongly agree" to "strongly disagree". The face and content validity of the instrument was ascertained by researchers and experts in nursing before administration. Reliability was established through the test-retest method. 37 special needs persons who were not included in main study completed the questionnaire twice within two weeks interval. The two administrations yielded a correlation coefficient of 0.77 and the instrument was adjudged reliable.

# **Data Analysis**

Data collected were analysed using SPSS version 22 and the results were presented with frequency tables and charts. Spearman's correlation was used to determine the relationship between the bio-psychosocial impacts of special senses disabilities on the respondents.

## **RESULTS**

A total number of 366 persons with disability were approached for the study but 313 copies of the completed questionnaire were retrieved given a response rate of 85%. Close to half of the respondents are within the age bracket 20-24 years (45.4%), and with hearing impairment (47.9%). Most of them (66.50%) are female and more than half of them are Muslims. The psychological impact of disability was presented in table 2. 57.2% of the respondents often feel depressed, a combine 65.8% have constant anxiety, while majority of them (79.9%) often loss in thought when they think about their predicament. About 55% of the respondents feel isolated from others, while 48.9 feel they are not good enough and 44.1 feel inadequate and cannot compete with others

Figure 1 depicted the social impact of disability on the respondents. The figure revealed that over 70% of the respondents don't like going to social gatherings or parties because of their condition, close to 60% feel they are at the centre of attraction when they are walking on the street while about 60% also feel embarrassed when people offer to help them in their areas of weakness. It can also be observed from the figure that 57.6% of the respondents abstain from talking in the public because they feel they don't belong while about 72% don't like stepping out of their hostel because of their condition.

As depicted in figure 2, more than half (51.1%) of the respondents get easily upset when other people offend them while 56.2% fight with those who want to relegate them. It was also revealed that 62% cause trouble when anyone tries to cheat them and 59.5% talk back at anyone who tries to insult them.

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Table 1. Socio-demographic Characteristics of the Respondents (N= 313)

| Variables          | Categories   | N (%)      |
|--------------------|--------------|------------|
| Age (years)        | 15-19        | 81 (25.9)  |
|                    | 20-24        | 142 (45.4) |
|                    | 25-29        | 90 (28.8)  |
| Sex                | Male         | 105 (33.5) |
|                    | Female       | 208 (66.5) |
| Religion           | Christianity | 143 (45.7) |
|                    | Islam        | 170 (54.3) |
| Type of Impairment | Hearing      | 150 (47.9) |
|                    | Sight        | 67 (21.4)  |
|                    | Mental       | 74 (23.6)  |
|                    | Others       | 22 (7.1)   |

Looking at the coping strategies adopted by the respondents, table 3 revealed that almost all (98.4%) the respondents resorted into prayer to deal with their disability. Thinking about the disability and hatred for self because of disability were each adopted by 56.5% of the respondents while 54.0% of the respondents sought for information to cope and adjust to their disability.

**Table 2. Psychological Impact of Disability (N=313)** 

| Items  |                         | Strongly<br>Agree | Agree      | Not Sure   | Disagree  | Strongly<br>Disagree |
|--------|-------------------------|-------------------|------------|------------|-----------|----------------------|
|        |                         | F (%)             | F (%)      | F (%)      | F (%)     | F (%)                |
| 1.     | Often feeling depressed | 48 (15.3)         | 131 (41.9) | 29 (9.3)   | 79 (25.2) | 26 (8.3)             |
| 2.     | Having constant         | 93 (29.7)         | 113 (36.1) | 12 (3.8)   | 43 (13.7) | 52 (16.6)            |
| anxiet | y                       |                   |            |            |           |                      |
| 3.     | Often lost in thought   | 72 (23.0)         | 178 (56.9) | 13 (4.2)   | 42 (13.4) | 8 (2.6)              |
| 4.     | Isolation from others   | 62 (19.6)         | 113 (35.6) | 43 (13.6)  | 64 (20.1) | 35 (11.1)            |
| 5.     | Feeling not good        | 50 (16.0)         | 103 (32.9) | 103 (32.9) | 43 (13.7) | 14 (4.5)             |
| enoug  | rh                      |                   |            |            |           |                      |
| 6.     | Feeling inadequate      | 46 914.7)         | 92 (29.4)  | 109 (34.8) | 66 (21.1) | 0 (0.0)              |

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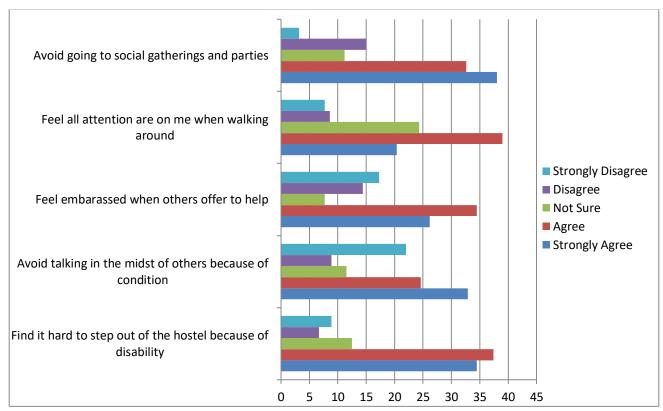


Fig 1. Social Impact of Disability

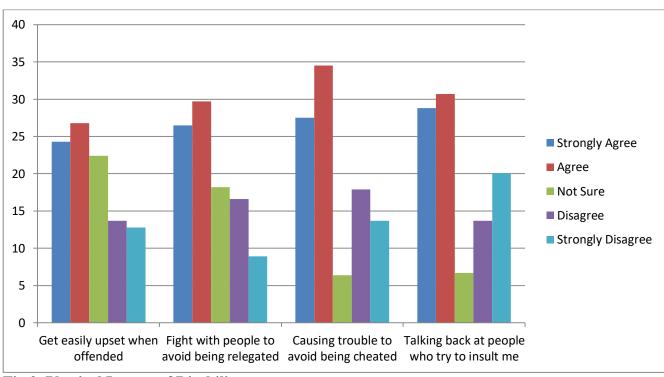


Fig 2. Physical Impact of Disability

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**Table 3. Coping Strategies of the Respondents (N=313)** 

| S/N | Strategies                           | Yes (%)    | No (%)     |
|-----|--------------------------------------|------------|------------|
| 1.  | Call for help when needed            | 167 (53.4) | 146 (46.6) |
| 2.  | Doing thing by myself                | 125 (39.9) | 188 (60.1) |
| 3.  | Constantly thinking about disability | 177 (56.5) | 136 (43.5) |
| 4.  | Hatred for self                      | 117 (56.5) | 136 (43.5) |
| 5.  | Praying to God                       | 308 (98.4) | 5 (1.6)    |
| 6.  | Sourcing for information             | 169 (54.0) | 144 (46.0) |

**Table 4. Correlation Matrix Showing Contribution to Disability (N=313)** 

| 1 0 0 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 |        |        |   |  |  |
|---|--------|--------|---|--|--|
| Variables                               | 1      | 2      | 3 |  |  |
| Psychological impact                    | 1      |        |   |  |  |
| Social impact                           | .170*  | 1      |   |  |  |
| Physical impact                         | .491** | .501** | 1 |  |  |

<sup>\*\*</sup>p<0.01, \*p<0.05

## **DISCUSSION**

Almost half of the respondents in this study have hearing impairment (47.9%). This is contrary to the finding of a survey conducted in Nigeria by Smith (2011) where visual and mobility impairments were reported to be more prevalent that hearing impairment. This may be due to the fact that the survey was conducted outside school setting unlike the present study, most people with visual impairment in Northern Nigeria are found on the street begging for arms instead of school environment.

On the psychological impact of disability on the respondents, more than half of the respondents reported feeling depressed and most of the claimed to have anxiety constantly. Furthermore, more than a quarter claimed to be loss in thought. This implies that the psychological consequence of disability on the respondents is enormous. This is in line with the report of Heffernan et al. (2016) where they observed that most adult with mild-moderate hearing disability have negative emotions. I addition, Stevelink & Fear (2016), found a link between being visually impaired and emotional disorders. Furthermore, the findings also corroborate that of Lopez-Justicia et al. (2006) who claimed that persons with visual impairment who have negative self-concept are prone to depression and other mental health challenges.

As regards the social impact of disability, majority of the respondents claimed to avoid attending social gatherings or parties because of their disability, while more than half think other people's attention are on them when walking on the street. According to Heffernan et al. (2016), hearing impairment can lead the sufferers to decline from participation in social activities. This point was also buttress by the submission of Cavioni, Grazzani, & Ornaghi (2017) that students with learning disability demonstrated difficulty in maintaining and sustaining positive social interactions. This study also found that majority of the respondents feel embarrassed when people offer to help and most of them don't like to go out of their hostel because of their condition. This is in line with what was documented by Schinazi (2007) that people with blindness and low vision often feel they were not good enough when interacting with people with normal vision.

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Slightly above half of the respondents admitted to be easily upset when other people offend them and majority of them foment trouble when anyone tries to cheat them and talk back at anyone who tries to insult them. Furthermore, many of the students agreed to forment trouble if anyone tries to cheat them. These findings showed that these disabled persons can sometimes be aggressive Students with learning disability have been found to exhibit verbal and non-verbal aggressive behaviours (Cavioni, Grazzani, & Ornaghi, 2017). This finding may be linked with the frustrations felt by these respondents as a result of their disabilities.

On the respondents' coping strategies, almost all the respondents resorted into prayer to deal with their disability. This is not surprising as an average Nigerian is religious regardless of their social, economic or psychological status. The finding also corroborates what was noted by Etieyibo & Omiegbe (2016) that religion impacts the lives of many people with disabilities in Nigeria. The finding that more than half of the respondents always think about their disability is shows that the respondents are yet to come to term with their disabilities. This is also demonstrated by the attitude of the respondents towards themselves as more than half hated themselves due to their disability. It can be seen that most of these respondents utilized maladaptive coping measures to deal with their disabilities. However, some of the respondents sought for information to cope which is an adaptive way of coping with the disabilities.

In addition, it was observed that, psychological impact of disability correlate positively with social and physical impacts among the respondents. The respondents who are impacted psychologically were also impacted socially and physically. This buttresses the common knowledge that whatever affects the psychological health of people also has a way of affecting other spheres of life including social, physical and spiritual spheres.

## **Implication for Nursing Practice**

Nurses are required to play major roles in the care of diverse varieties of people including persons with disabilities. These roles depend on the clients' needs and may include counselling, advocacy, case management, teacher and many more. Some of the roles will come to bear when nurses deal with persons with disabilities. Nurses may teach them adaptive ways of coping through their teaching role, speak for them and fight for their course through their advocacy role, help them access important information to better their lots and manage them clinically when the need arise

## **CONCLUSION**

Suffering from special senses disability can be challenging in a country like Nigeria with little or none existence programmes and facilities to take care of their needs. This study found that people with special senses disability are impacted psychologically, socially and physically in a negative way. They have developed their own ways of coping which are majorly maladaptive in nature. There is need to provide them with necessary resources to meet their psychosocial needs. The masses should be sensitized to stop discrimination against persons with disabilities.

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