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Blinds Children Education and Their Perceptions towards First Institute of Blinds in Pakistan

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***Abstract*—This paper investigates the parental participation, their perceptions and opinions about the education of their visually handicapped children in the first institute for the blinds children in Multan Pakistan. Students with visual impairments have unique educational needs which could most effectively meet using a team approach of professionals, parents and students. In order to meet their unique needs, students must have specialized services, books and materials in appropriate media to enable them to most effectively compete with their peers in school and ultimately in society. This study examines the role of education imparted by the institute as felt by the parents of visually impaired children admitted at the institute for blinds.**

***Index Terms*— Visual Impairment, Parents Perceptions, Special Needs, Blinds need, Computer Aided Instructions.**

I. Introduction

The roots of the field of special education can be traced to beginning of the human being. They are linked to the primitive times when man first became aware of those whose appearance and behavior differed from the majority. Those who were different have been destroyed, tortured, sterilized, ignored, exiled, exploited and even considered divine during the course of history. In the beginning their problems were crudely explained in the term of superstitions. Then, they were pitied, cared for, categorized, accepted and finally efforts began to educate them. Although different disabilities/impairments exist in children but the most severe is visual impairment [1,2].

A. Visual Impairment

A person who is unable to see in normal circumstances is called visually impaired person. It may be due to complete blindness, partial blindness or some other visual defects i.e., light sensitivity, weakness of lens or glasses etc. There are many causes of visual impairment. They fall into two general classes in a standard classification. The first classification list them according to site and type of infection into sight areas or eye ball in general, such as cornea, crystalline lens, retina, optic nerve, nerve pathway and cortical visual centers. In these areas there may be congenital defects of structure due to accident or disease [3].

The second classification lists them by etiology or underlying cause. For the general public the etiological causes are of greater significance while the locational or topographical causes are primarily a matter of medical concern, often related to surgery with delicate operations.

Persons with Low Vision have diminished ability to carry out important life activities including acquiring an education, living, travelling independently, gaining and retaining employment, enjoying and perceiving visual images due to un-correctable visual impairment [4]. Visual impairment creates many stresses upon the person, the family, the school and the society. Later the educational problems of visually impaired children put social strains on the classroom

B. Visually Impaired Children and Parental Involvement

It is most desirable to encourage parents to participate actively in their child intervention programs. Several purposes are served by involving parents in these programs. The parent child relationship can be greatly strong. Parents are benefited by the exchange of the information with professionals and others who have undergone similar experiences. Finally, parents may benefit the program itself by becoming its strong advocates in the community. Indeed, parents could take many active roles in numerous intervention programs throughout the country. They also work as administrators and participants in advisory councils and as parent group leaders [5]. Parents have disseminated information and advocate the cause of such programs through public relations and legislative activities.

They have served as volunteers in programs and models for other parents. In many instances, parents have given much time and support by counseling parents whose children have similar time. Parents have recruited additional children in need of programs. They have served as the primary teachers of their own children, developing curriculum and original teaching devices. They have learned the skills of data gathering, recording, assessing and evaluating. Indeed they have become paraprofessionals in every sense of the word. Many parents have gone back to school for further training and have re-entered the field as professionals. Their personal experience and expertise have made their contributions most valuable.

Frequently, professionals become disappointed with parent participation because they are not yet ready to listen to others' problems. They feel their needs are being met by teachers and they do not realize the benefits that sharing may afford. Scheduling, vacations, illness, and general reluctance to attend any meetings add to the absenteeism at structured gatherings, Furthermore, it is inappropriate to involve grieving parents in such groups

until they have sufficient time to adjust to their new situation.

The initial introduction of parents to the intervention program is critical. The program must not be made to seem overwhelming. Parents must be convinced that the program can meet their demands and the needs of the children. When they perceive their first efforts as successful, parents become much more helpful and open to the work of the program. It is also wise to stress the abilities rather than the problem of the child.

Thus a successful program of parent involvement should recognize the need to provide counseling and supportive services and other community services. It should also provide ongoing training programs for parents. In order to succeed in their programming phase, educators must be able to truly perceive the needs of children and their families. They must set reasonable and attainable goals that can be achieved through practical planning. Finally the program must be realistically scheduled allowing for practical investment of time, emotional involvement, and temperament [6]. Educators are well advised to remember that the parents did not originally choose to participate in their field of endeavor i.e., educational research. A certain reluctance to fill in endless forms and data sheets are to be expected.

On the other hand, more and more parents refuse to intimate the professionals and want to participate in all decisions affecting their child. They expect to read all reports and attain copies of their child files. They want realistic suggestions for managing the child as their problems are ongoing and few past solutions exist. Parents resent “final” diagnosis and labeling, although they may find no diagnosis equally frustrating. They need continuous help to look for the good in their child and their situations.

Parent involvement is extremely important to maintain a productive educational program for blinds children. All professionals working with handicapped persons are advised to establish a good parent-professional partnership for the welfare of the children. The parents should be involved in every stage of the program such as planning individualized educational programs for their children, teaching their children in homes, and evaluating progress of their children.

II. Special Education in Pakistan

Special education, as we understand it in the West, is a relatively new development in Pakistan. Fresh interest in the field was aroused by the International Year for Disabled Persons (1981) and by the United Nations declaration of 1983-92 as the Decade of the Disabled. Special education in Pakistan is organized on the basis of four broadly defined categories of disability: mental disability 30 per cent, visual impairment 20 per cent, hearing impairment 10 per cent and physical disability 40 per cent [7].

At the time of partition there were only three institutions in Pakistan, two in Punjab while only one in Sind. The institutional framework for the uplift of the disabled remained slow till the special education reference was introduced in 1978. But it received a real boost during the international year of disabled persons in 1981 and the establishment of Directorate General for special education in 1985 [8].

The failure to provide appropriate low vision services prevents many individuals from achieving full social inclusion and optimal quality of life, increases costs to family and society, and deprives the society from that human and economic contribution which those individuals could make. Sight Savers International with its local partners facilitated the development of the national low vision programs in South Asian region especially in Bangladesh, Pakistan and Sri Lanka. Services that the low vision clinics currently provide include low vision assessment, provision of low vision devices, training in the use of low vision devices, and referral to relevant services [9].

Now there are about 177 special education institutions in Pakistan having a long history of voluntary efforts, for which a full participation on the part of the state was needed. Later on some active steps in this direction were taken by the Government which included the creation of the Directorate General in 1985 under the Ministry of Health, Special Education and Social Welfare [10, 11]. The aim of the Directorate General for special education is to plan, initiate, organize and extend special education services and programs in public sector [12].

III. Methodology

A. Sample

Sample comprised of 20 parents and their visually handicapped children studying at the institute for blinds Multan Pakistan. Before enrolment, to determine their eligibility for admission to the institute, all the children were referred to an Eye Specialist at the District Hospital Multan, who labeled them as visually handicapped. Apart from this medical diagnosis, the children were further checked with the Adaptive Behavior Checklist (ABC).It indicated that they were experiencing difficulties in completing many simple activities of their daily lives, such as self-help (eating, toilet training, washing, dressing), and socialization (taking turns, waiting, learning responsibility).

The age ranges of the subjects were 8-13 years. The fathers’ ages ranged from 34 to 51 years. In the sample the fathers of the twelve children were businessmen, while the other eight fathers were in government service. Five fathers in the sample had received no formal education. Of the remaining fifteen, one father was a university graduate, while the education of others ranged from primary to higher secondary level. Age ranges of the mothers were 26-51years.All of the mothers were house wives. Three mothers were educated up to primary, middle, and secondary levels respectively, while the remaining seventeen mothers had no formal education. All of the children were living in joint families. Their monthly family income ranged from rupees 2500-8000. The number of people in the family ranged from 5 to 10 numbers.

B. Tool/Instrument

In order to collect the data a questionnaire for parents comprising 20 questions was developed. These questions were related to parental perception of educational facilities and services provided to their children by the institute for blinds and parent's professional partnership. The questionnaire contained some open ended questions also.

The questionnaire dealt with the following areas:

1. Parental reaction to the educational services and facilities provided in the institute for blinds.
2. Parental satisfaction with the services and staff of the institute.
3. Parental reaction to the program in general and their interest in education of their children.

C. Procedure of the study

The following procedure was adopted to conduct this research. First of all a questionnaire was delivered and collected personally in the similar way, from the parents of the visually impaired children studying at the Institute for the blinds, Multan Pakistan.

D. Statistical Analysis

Data were displayed using tabular form. Percentages and averages were calculated for the purpose of analysis and interpretation of data.

IV. PRESENTATION AND ANALYSIS OF DATA

The researcher received the responses from 100 percent parents of visually handicapped children studying at First institute for blinds, Multan Pakistan (Appendix A). The data was represented, analyzed and interpreted (Appendix B).

V. FINDINGS

The tables elaborate that most of the parents face difficulty in teaching and training of their visually impaired children and due to this problem they consult with the eye specialists. Almost 65% of the parents arrange special programs for training of their visually impaired children at home while 35% of the parents do not. However due to the lack of proper knowledge and awareness, only 15% of the parents have a regular contact with the institute for blinds Multan as well as 25% of the parents revise the training given to children at institute. The level of satisfaction is also different as 15% of the parents observed physical improvements in their children. Where 25% of the parents observed improvements in their children's mobility.45% of the parents claimed progress in social behavior of their visually impaired children, while the remaining 15% of the parents felt no change in their children. It is found that 75% of the parents are hopeful about good life of their children in the society while 25% of the parents have little hope that after getting education their children would be able to lead better life in the society.

VI. CONCLUSION AND FUTURE WORK

It is concluded that handicapped children need special attention of the society. This study aimed at parental satisfaction from educational program and parents' professional partnership, in institute for blinds Multan. Involving parents in their children educational program is critical for the improvement of the children and the success of the program. The foundation of the parent professional partnership must be based on mutual trust and respect. Professional teacher must recognize each parent as unique individual with past, present and future. Most parents' involvement programs have four major but over-lapping dimensions viz-a-viz developing parents' participation, supporting parents emotionally, exchanging information with parents and improving parent- child interaction.

Institute for blinds Multan, Pakistan is providing better education to the mentally retarded children but parents' involvement is meager. It is the right of the parents both legally and personally that they should participate in the various programs arranged by the institute. It is with this sole purpose that present study was designed. The study aimed at parent professional partnership in institute for blinds Multan. For this purpose the data of the study was collected through a questionnaire for parents comprising 20 questions related to their satisfaction from education and services provided in the institute for blinds and their participation in the education of their children. The collected data was analyzed and the findings explained desired results.

The following recommendations have been formulated in the light of findings and conclusion of the study.

1. Majority of the parents feel improvement in the condition of their visually impaired children, hence such institutes should be opened at wider scale throughout the country.
2. Better facilities should be provided in such institutes so that visually impaired children could get full pleasure, enjoyment and excitement of learning.
3. Parents know better about their children because they spend more time with them over an extended period. Therefore, parents should be involved as a member of educational team.
4. All relevant information should be shared with parents.
5. Involvement of the parents in the educational program of their child is essential. Parents should know that what are their rights and duties. In this regard their regular contact and mutual understanding with the staff and principal of institute for blinds is necessary. It is recommended that there should be a parent-teacher association in every special education institution.
6. Usually visually impairment in children is due to some illness. It is suggested that services of an eye specialist should be available in such institutions.

Appendix A

AN INVESTIGATION OF THE PARENTAL PARTICIPATION IN THE EDUCATION OF THEIR VISUALLY IMPAIRED CHILDREN AND THEIR PERCEPTIONS TOWARDS THE SERVICES OF THE FIRST INSTITUTE FOR BLINDS MULTAN PAKISTAN.

Questionnaire

The purpose of this study is to collect the data about visually impaired children, their problems, their education in institute for blinds Multan and your satisfaction about their teaching and training. Collected data will be confidential and it will used only for research purposes.

Name: …… Sex (mother/father):……

Please carefully tick the box which you think suitable for your response.

1. How many child/children you have?
   Number of Children
   Girls Boys
2. How many your child/children are visually impaired? Number of Visually Impaired Children Girls Boys
3. What is the age of your child/children admitted in institute for blinds Multan?
   Age Child/Children
4. At what age you have identified the visual imparity of your child/children?
   Age Child/Children
5. Have you arranged a special program for your child/children after the identification of visual imparity? Yes No
6. Have you consult with the eye specialists?
   Yes No
7. Do you feel difficulty in looking after your visual impaired child/children? Yes No
8. Who provide training to the children in eating?
   Mother Father other
9. What is the mode through which your child/children learnt walking?
   By Cane By Peer Group
10. Have you arranged a special program of cleanliness for your visually impaired child/children? Yes No
11. At what age have you admitted your visually impaired child/children in the institute for blinds Multan? Age Child/Children
12. Are you in regular contact with the institute for blinds Multan? Always Sometime No
13. Do you revise the training given to the child/children in blinds school at home?
    Often Rare No
14. Do you feel any improvement in your visually impaired children studying in blinds School Multan? 25 % 50 % 75 % 100 %
15. Are you satisfied with the training of your child/children at institute for blinds Multan?
    Yes No
16. Do you think your child/children have showed educational achievements after training in the institute for the blinds Multan? Yes No
17. Do your blinds child/ children like to play with other children? Yes No
18. Do you think your blinds child/children would be able to learn better social living in society after getting education in the institute for blinds Multan? Sure Hopeful No
19. What kind of changes do you observe in your visually impaired children after getting training in institute for blinds Multan?
    Physical Changes Change in Movement Social Change No Change at All
20. Do you think that this institution is playing active role in the developmental growth of your blinds child/children? Yes No

Appendix B

TABLE 1

TOTAL NUMBER OF RESPONDENTS (BOYS & GIRLS)

Questionnaire Number	Number of Boys	Number of Girls	Total Number of Boys and Girls
1	1	3	4
2	4	1	5
3	5	3	8
4	6	-	6
5	3	2	5
6	3	1	4
7	5	-	5
8	4	1	5
9	4	2	6
10	4	2	6
11	5	2	7
12	3	2	5
13	1	4	5
14	2	5	7
15	1	4	5
16	2	1	3
17	1	-	1
18	2	8	10
19	2	2	4
20	2	2	4
Total 20	58	45	103
Average:	2.9	2.25	5.15

The Table 1 shows the average number of boys, girls and total number of children are 2.9, 2.25 and 5.15 respectively.

TABLE 2

TOTAL NUMBER OF VISUALLY IMPAIRED BOYS AND GIRLS OF THE RESPONDENTS

Questionnaire Number	Number of Visually Impaired Boys	Number of Visually Impaired Girls	Total No of Visually Impaired Children
1	1	1	2
2	-	2	2
3	1	-	1
4	1	-	1
5	1	2	3
6	1	-	1

7	1	-	1
8	1	-	1
9	2	-	2
10	-	1	1
11	1	-	1
12	1	-	1
13	-	1	1
14	1	-	1
15	1	1	2
16	1	-	1
17	1	-	1
18	1	-	1
19	1	1	2
20	1	-	1
Total 20	18	9	27
Average:	0.9	0.45	1.35

The Table 2 shows the average number of visually impaired total children, boys and girls of the respondents are 0.9, 0.45 and 1.35 respectively.

TABLE 3

VISUALLY IMPAIRED CHILDREN'S AGE ADMITTED IN BLINDS INSTITUTION MULTAN PAKISTAN.

Ages in Years	**Number of Children**
8 year	6
9 year	4
10 year	5
11 year	3
12 year	1
13 year	1
Average:	9.9

The Table 3 indicates that the average age of the visually impaired children in Multan is 9.9 years.

TABLE 4

PARENT'S RESPONSE FOR AGE OF CHILDREN AT WHICH VISUALLY IMPAIRMENT WAS IDENTIFIED.

Number of Children	**Age in months at which the blindness was identified**
2	03 Months
1	04 Months
4	08 Months
3	12 Months

5	18 Months
3	20 Months
7	30 Months
2	36 Months
1	45 Months
2	60 Months
Total 27	675 Months

Average: Two Years One Month

TABLE 5

PARENT'S RESPONSE ABOUT ARRANGEMENT OF SPECIAL PROGRAM FOR THEIR CHILDREN AFTER IDENTIFICATION OF VISUAL IMPAIRMENT.

Responses	**Frequency**	**Percentage**
Yes	13	65
No	07	35
No Response	Nil	Nil

The Table 5 shows that 65 percent of the parents arranged a special program for training of their visually impaired children at home while 35 percent parents did not care about it.

TABLE 6

PARENT'S RESPONSE ABOUT CONSULTATION WITH THE EYE SPECIALISTS

Responses	**Frequency**	**Percentage**
Yes	16	80
No	04	20
No Response	Nil	Nil

The Table 6 shows that 80 percent parents consulted eye specialists while 20 percent did not do so.

TABLE 7

PARENT'S RESPONSE ABOUT DIFFICULTIES FACED BY THEM IN LOOKING AFTER THEIR VISUAL IMPAIRED CHILDREN AS COMPARED TO THEIR NORMAL CHILDREN.

Responses	**Frequency**	**Percentage**
Yes	16	80
No	04	20
No Response	Nil	Nil

The Table 7 indicates that 80 percent of the parents felt difficulty in training and looking after their visually impaired children as compared to their normal children.

TABLE 8

RESPONSE OF PARENTS ABOUT THE MODE THROUGH WHICH THEIR CHILD LEARNT WALKING

Responses	**Frequency**	**Percentage**
By Cane	10	50
By Peer Group	10	50

The Table 8 shows that 50 percent visually impaired children started walking with the help of their peers and other 50 percent of the children learnt it by using white cane.

TABLE 9

PARENT'S RESPONSE ABOUT THE ADMISSION AGE OF THEIR CHILDREN AT THE FIRST INSTITUTE FOR BLINDS MULTAN PAKISTAN.

Number of Children	**Age of Admission in Months**
06	60
08	66
03	72
05	75
03	83
Total 27	1728

Average 64 Months

TABLE 10

PARENT'S RESPONSE ABOUT THEIR REGULAR CONTACT WITH THE FIRST INSTITUTE FOR BLINDS MULTAN PAKISTAN.

Responses	**Frequency**	**Percentage**
Yes	03	15
No	17	85

The Table 10 shows that 15 percent of the parents have regular contact with blinds schools Multan while 85 percent have no regular contact with the school.

TABLE 11

PARENT'S RESPONSE ABOUT THE REPETITION OF TRAINING OF BLIND SCHOOL AT HOME

Responses	**Frequency**	**Percentage**
Yes	05	25
No	15	75

This table 11 reveals that 25 percent of the parents revised the training given to child at blind school at home while 75 percent didn't.

TABLE 12

PARENT'S RESPONSE ABOUT THE IMPROVEMENT IN THEIR VISUALLY IMPAIRED CHILDREN STUDYING IN BLINDS SCHOOL MULTAN PAKISTAN.

Degree of Improvement	**Frequency**	**Percentage of Respondents**
25 percent	7	35
50 percent	10	50
75 percent	3	15
100 percent	-	-

The Table 12 shows that only 15 percent of the parents viewed 75 percent improvement in their blinds children while 50 percent of the parents thought that there is only 50 percent improvement in their behavior.

TABLE 13

THE SATISFACTION OF THE PARENTS ABOUT THE TRAINING AT FIRST INSTITUTE FOR BLINDS MULTAN PAKISTAN.

Responses	**Frequency**	**Percentage**
Yes	10	50
No	10	50

The Table 13 shows that only 50 percent of parents are satisfied by training and education of Blind's institute.

TABLE 14

PARENT'S RESPONSE ABOUT THE EDUCATIONAL ACHIEVEMENTS OF THEIR CHILDREN AFTER TRAINING IN FIRST INSTITUTE.

Responses	**Frequency**	**Percentage**
Yes	10	50
No	10	50

The Table 14 exhibits that 50 percent of the parents are satisfied with the education and services provided to their children while 50 percent do not feel any change in their children as a result of education of the institute for blinds.

TABLE 15

PARENT'S RESPONSE ABOUT THE LIKELINESS OF THEIR CHILDREN TO PLAY WITH OTHER NORMAL CHILDREN.

Responses	**Frequency**	**Percentage**
Yes	05	25
No	15	75

The Table 15 shows that 25 percent of the parents responded that their children like to play with other normal boys and girls while 75 percent of the parents replied that their visually impaired children do not like to play with other normal children.

TABLE 16

PARENT'S RESPONSE WHETHER THEIR CHILDREN WOULD BE ABLE TO LEARN BETTER SOCIAL LIVING IN SOCIETY AFTER GETTING EDUCATION IN THE FIRST INSTITUTE FOR BLINDS MULTAN PAKISTAN.

Responses	**Frequency**	**Percentage**
Yes	05	25
No	15	75

The Table 16 explains that 75 percent of the parents have no hope about good life of their children in the society while 25 percent of the parents hope that after getting education their children will be able to lead better life in the society.

TABLE 17

PARENT'S RESPONSE ABOUT THE NATURE OF CHANGES OBSERVED IN THEIR CHILDREN

Responses	**Frequency**	**Percentage**
1. Physical change	3	15
2. Change in movement	5	25
3. Social change	9	45
4. No change at all	3	15

The Table 17 reveals that 15 percent of the parents observed physical change in their children. While 25 percent parents observed changes in their mobility and 45 percent of the parents of the parents observed change in social life of their children.15 percent of the parents felt no change in their children.

TABLE 18

PARENT'S RESPONSE ABOUT THE DYNAMIC ROLE OF FIRST INSTITUTE FOR BLINDS IN THE DEVELOPMENT OF THEIR CHILDREN

Responses	**Frequency**	**Percentage**
Yes	18	90
No	02	10

The Table 18 reveals the response of the parents about the active role of institute for blinds in developing the personality of their visually impaired children. It shows that 90% of the parents are satisfied with the performance of the institute while only 10% are not satisfied with its role.

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