

A Study of some Behavioural Problems among Disabled Children

Arsi Prasad Jha

Research Associate (Psychology), Anthropological Survey of India,
WRC, Pratap Nagar, Udaipur-313001 (Raj)
E-mail: arsiprasadjha@yahoo.com

Abstract—The aim of this study was to find out the behavioral problems among disabled personnel (now *divyang*). Autonomy, overall adjustment, self concept, emotional stability, security, intelligence, attentive work, socio-economic status (SES) and mental health were assessed as a behavioral problems and these were dependent variables in the present study. Thirty disabled and thirty normal (non-disabled) children were selected from the different locations of Udaipur district of Rajasthan. Selected samples were from 14 to 18 years old in age range. Purposive sampling method is a criterion of samples' selection. Singh and Sengupta (2000) Mental Health Battery was used for assessing the autonomy, overall adjustment, self concept, emotional stability, security, intelligence, SES and mental health. Self prepared questionnaire was also used for assessing the attention and concentration in the present study. Results show that disabled children had got almost similar score in the terms of autonomy, intelligence and attentive work and these were statistically non-significant too. But, the scores were significantly differ in the terms of scores on adjustment, self concept, emotional stability, security and socio-economic status between disabled and normal group. Disabled group had lesser scores on overall adjustment, self concept, emotional stability, security, SES and they faced the problems of maladjustment, poor self concept, emotionally unstable, insecure and socio-economically weak. Overall, disabled children were found psychologically weak due to lack of facility of special educator/teacher, rehabilitation worker and psychologist.

Keywords: Adjustment, Behavioural Problems, Disabled, Security, Intelligence.

A disability is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in ICF: body structure and function (and impairment thereof), activity (and activity

restrictions) and participation (and participation restrictions). The classification also recognizes the role of physical and social environmental factors in affecting disability outcomes.

Disability, inability imply a lack of power or ability. A disability is somedisqualifying deprivation or loss of power, physical or other: excusedbecause of a physical disability; a temporary disability. Inability is a lack ofability, usually because of an inherent lack of talent, power, etc. "Disability" is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; An activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations." (World Health Organization). Contemporary understandings of disability derive from concepts that arose during the West's scientific Enlightenment; prior to the Enlightenment, physical differences were viewed through a different lens.

Handicapped, impairment and disability are related to each other. Despite all this, there is a slight difference in all these. Different terms have been used for disabled people in different times and places. *Disability* or *impairment* are commonly used, as are more specific terms, such as *blind* (to describe having no vision at all) or *visually impaired* (to describe having limited vision). Disable is now called *Divyaung*. *Divyaung* is generally used for Handicapped, impairment and disability on mass level. The word 'Divyang' means 'divine body'. It was popularized by Prime Minister Narendra Modi after his ascendancy to power and he suggested that the expression should be used for differently-abled people who are otherwise called as 'Viklang' in local parlance. Disability is an impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these. It substantially affects a person's life activities and may be present from birth or occur during a person's lifetime.

Disability is a contested concept, with different meanings for different communities.^[3] It may be used to refer to physical or mental attributes that some institutions, particularly medicine,

view as needing to be fixed (the medical model). It may refer to limitations imposed on people by the constraints of an ablest society (the social model). Or the term may serve to refer to the identity of disabled people. Physiological functional capacity (PFC) is a related term that describes an individual's performance level. It gauges one's ability to perform the physical tasks of daily life and the ease with which these tasks are performed. PFC declines with advancing age to result in frailty, cognitive disorders, and/or physical disorders, all of which may lead to labeling individuals as disabled.

More than 1 billion persons in the world have some form of disability. This corresponds to about 15% of the world's population. India is home of 26,810,557 (26.8 millions) disabled persons which constitutes 2.21% of total population of the country. According to the 2001 Census, there are over 21 million people in India who suffer from one or the other kind of disability. This is equivalent to 2.1 percent of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Among this population, a large number of Divyangs are enrolled in education institutes who, despite their ailments, are pursuing elementary, secondary and higher education. WHO/World Bank World report (2012) confirmed that disability is to about 15% of the world's population. Between 110-190 millions adults have very significant difficulties in functioning. Rates of difficulties are increasing, due to population aging and the global increase in chronic health conditions.

Education completion gaps are found across all age groups in all settings, with the pattern more pronounced in poorer countries. For example, the difference between the percentage of disabled children of disabled children and the percentage of non-disabled children attending primary school ranges from 10% in India to 60 % to Indonesia, Global data show that employment rates are lower for disabled men (53%) and disabled women (20%) than non-disabled men (65%) and non-disabled women (30%). In OECD countries, the employment rate of people with disabilities (44%) was slightly over half that for people without disabilities (75%). 40 % of people with disabilities do not generally have their needs met for assistance with everyday activities. In many countries rehabilitation services are inadequate (WHO/World Bank World report, 2012).

The main categories of disability are physical, sensory, psychiatric, neurological, cognitive and intellectual. Many people with disability have multiple disabilities. A physical disability is the most common type of disability, followed by intellectual and sensory disability. Physical disability generally relates to disorders of the musculoskeletal, circulatory, respiratory and nervous systems. Sensory disability involves impairments in hearing and vision. Neurological disability includes acquired disability such as multiple sclerosis or traumatic brain injury. Intellectual disability includes intellectual and developmental disability

which relate to difficulties with thought processes, learning, communicating, remembering information and using it appropriately, making judgments and problem solving. Intellectual disability is the result of interaction between developmentally attributable cognitive impairment, attitudinal and environmental barriers.

The aim of this study was to find out the behavioral problems (i.e. autonomy, overall adjustment, self concept, emotional stability, security, intelligence, attentive work socio-economic status and mental health) among disabled children.

METHOD

SAMPLES SIZE AND TECHNIQUE

Thirty disabled and thirty normal (non-disabled) children were selected from the different locations of Udaipur district of Rajasthan. Selected samples were from 14 to 18 years old in age range. All selected samples were male. All non-disabled samples were looking normal and had no disability from any angles. Therefore they considered for normal (non-disabled) children and those persons had hearing and speech problems were considered disabled children. The sample was collected from eight rural government senior secondary schools of Udaipur district belonging to the students of 8th-10th standard class. Equal number of samples were taken from each schools and the average of samples' size was 3.75 from each schools. Minimum 2-2 samples and maximum 5-5 samples from each groups samples were selected from the all selected eight schools. Mean age and standard value was 16.50 and 3.15 respectively for disabled children while 16.95 and 2.90 was the score of normal children respectively. These scores were statistically non-significant (t-value = 0.584, df= 58, p value = >.05) and almost similar too. Similarities between age and gender were adopted as criteria for both categories' samples. Purposive sampling method was a criterion of samples' selection.

VARIABLES

Disability was independent variable and autonomy, adjustment, self concept, emotional stability, security, socio-economic status of family, intelligence, attentive work and mental health were dependent variables. Light, time, gender, age and motivation for the work were controlled throughout data collection.

INSTRUMENT

The following instruments were used:-

- (1) **Personal Data Schedule:** A personal data schedule was prepared by present researchers to get necessary information like the age, gender, locality, nature of disability, etc.
- (2) **Mental Health Battery:** This Scale was developed by Singh and Sen Gupta (2000). It includes the dimensions of namely, socio-economic status, emotional stability, over all adjustment, autonomy, security-insecurity, self concept, intelligence and mental health. In other words, One hundred thirty items are

given in this battery and possible score ranges from 0-130. Subjects were asked only one mark (\surd) in every response in every item. In other words, one mark is awarded for correct answer. Test-retest reliability, odd-even split half method and first half-second half reliability coefficient method of this scale were found to be 0.77 to 0.88, 0.72 to 0.87.96 and 0.60 to 0.82 respectively. Validity of this scale were found 0.60 to 0.82. In other words, this scale is relabeled and valid for this study.

- (3) **Address Matching Schedule:** Format of address matching was prepared by present researcher. Fifty questions' set was provided for samples that contained items related to matching the original address from five alternative addresses. Test-retest method, the odd-even split half method and first half-second half reliability coefficient method of this scale were found to be .88, .96 and .99 respectively. For understanding the validity of this scale, opinion of a five member committee was taken who were all psychologist. In other words, for knowing the test-retest value for reliability, there were gaped for fourteen days and for knowing of the split half method, odd-even method and first vs. second half were used. Only one answer was correct and therefore obtained score of possible range was 0-50. High scores indicate the higher performance of attentive work. In all over work, attention was required because there is not seen of mistake in the general view. So for searching of appropriate answer, mind concentration and attention was compulsory in this work.

PROCEDURE OF DATA COLLECTION AND ANALYSIS OF DATA

Good rapport establishment through both verbal and sign language was made from all samples and said about the purpose of this study. The subjects were also informed properly regarding the importance of present study. Instruction was also given according to the guidelines of above scale. There were arranged for sit in Distant from each subject. Data was collected from students in the school campus by the help of school teachers. Personal data sheet was given to them for screening the samples and all the subjects were found suitable on the basis of their age, class, gender, *etc.* data was collected individually by using mental health battery and Address Matching Schedule. Ex post facto design was used in this study. Time was not fixed for competing the both schedules by samples, but they taken the time about one hour. All scorings were done through manual norms. SD, mean, t-value *etc.* was calculated for drawing the result.

RESULTS AND DISCUSSION

Emotional Stability

The concept of stable emotional behavior at any level is that which reflects the fruits of normal emotional development. Everyday news comes to us rife with reports of disintegration of civility and safety, an onslaught of mean spirited impulse running amok. These outbursts of emotional ineptitude, desperation and recklessness are a spreading malice prevalent and growing today and their number has revealed a quantum jump in depression and surging tide of aggression. All emotions in essence are the impulses to act, the instant plans

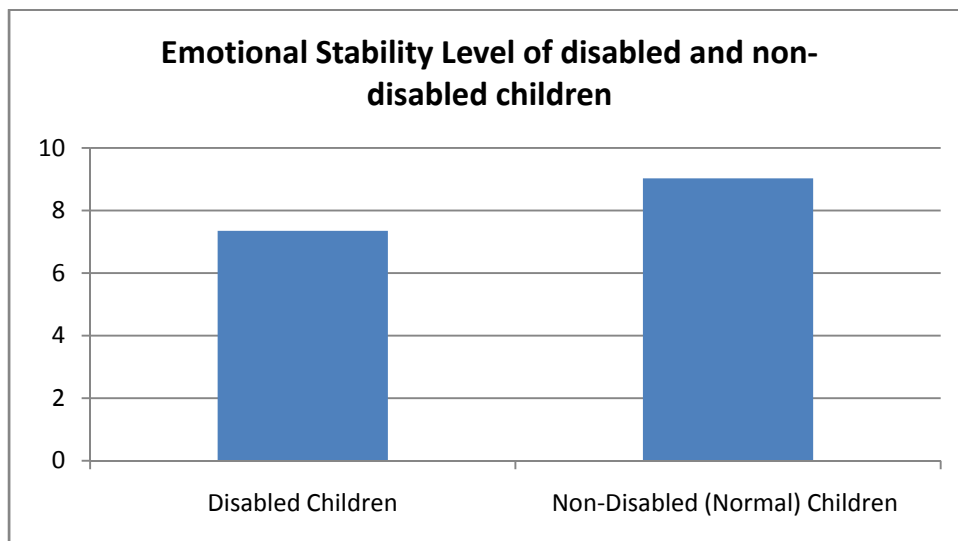
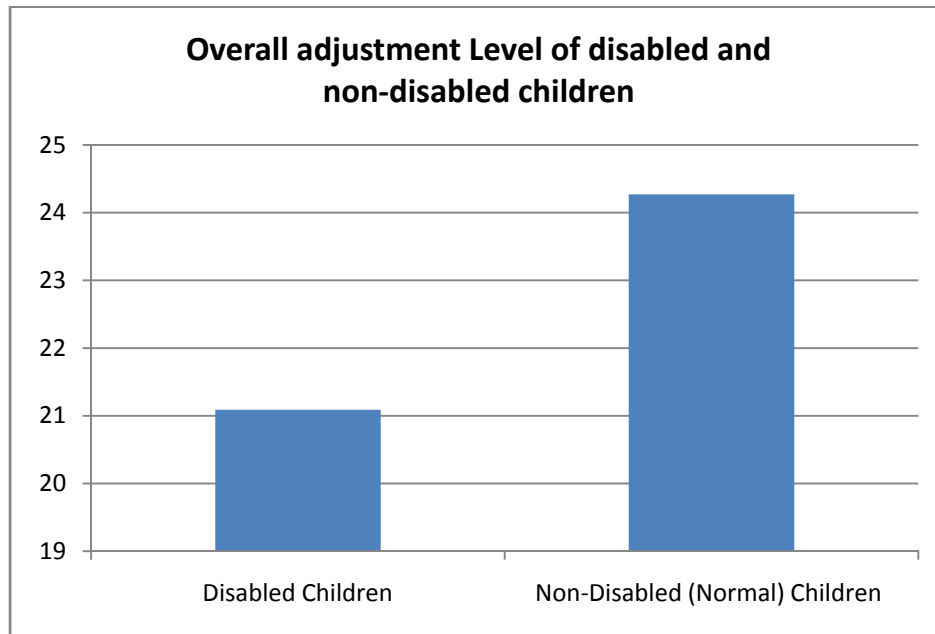
for handling life, that evolution has instilled in us. The very root of the word *emotion* is 'motere' the Latin word which means 'to move', plus the prefix 'e' to connote 'move away' suggesting that a tendency to act exists in every emotion. In this way emotions are the primary source of human energy, aspiration and drive, activating our innermost feelings and purpose in life, and transforming them to the things we think, to the values we live by. Emotional stability has been examined and recognized as a personality representation in human mind (Chaturvedi and Chander, 2010).

Emotional instability or immaturity points to an individual's failure to develop the degree of independence or self-reliance that is seen in a normal adult, with consequent use of immature adjustive patterns and inability to maintain equilibrium under stresses, unlike most individuals who do not have these negative traits. Emotionally disturbed or unstable individuals represent lack of capacity to dispose of problems and irritability, needing constant help to accomplish day-to-day tasks. They also show vulnerability and stubbornness, looking at the same time for sympathy. They are conceited, quarrelsome, infantile, self-centered and demanding sort of persons (Chaturvedi and Chander, 2010).

Table No-1: Comparison of means between emotional stability of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SE D	t-value	p-value (df =58)
Emotional Stability	Disabled Children	30	07.35	01.49	0.27	0.33	5.091	p <.01
	Non-Disabled (Normal) Children	30	09.03	01.05	0.19			

Mean value of disabled and non-disabled children for emotional stability is 7.35 and 9.03 respectively. SD for emotional stability is 1.49 and 1.05 respectively for disabled and non-disabled children. A significant mean difference was found between the group of disabled and non-disabled children for emotional stability. T-value is 5.091, that is significant difference between emotional stability of disabled and non-disabled children. High scores on emotional stability (used the dimensions no-1 of Mental Health Battery) indicate the higher level of emotional stability and lower scores as a emotional instability. The mean score of non-disabled children's emotional stability is significantly higher than the disabled children. In other words, result of table no-1 indicate that disabled group have lesser score on emotional stability and they are found to be emotionally unstable.



Adjustment

Adjustment refers to the behavioral process of balancing conflicting needs, or needs challenged by obstacles in the environment. Humans and animals regularly adjust to their environment. For example, when they are stimulated by their physiological state to seek food, they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus. Successful adjustment is crucial to having a high quality of life. Successful Adjustment is also called being 'well adjusted' and is critical to mental health. Colloquially, being well-adjusted is defined as a person who "is reasonable and has good judgment...their behaviour is not difficult or strange. It is important to remember that adjustment is a continuum, not a simple dichotomy; people can fluctuate and be adept at adjusting in different circumstances.

Table No.-2: Comparison of means between overall adjustment of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Overall adjustment	Disabled Children	30	21.09	02.95	0.54	0.65	4.892	p < .01
	Non-Disabled (Normal) Children	30	24.27	01.99	0.36			

Mean value of disabled and non-disabled children for overall adjustment is 21.09 and 24.27 respectively. A significant mean difference (t -value = 4.892, $df = 58$, $p < .01$) was found between the disabled and non-disabled children on the scores of overall adjustment. High scores on overall adjustment (used the dimensions no-2 of Mental Health Battery) indicate the higher level of adjustment while lower scores indicate the higher level of problems of maladjustment. The mean score of non-disabled children's adjustment is significantly higher than the disabled children. In other words, result of table no-2 indicate that disabled group have lesser score on overall adjustment. According to this result, Disabled are facing the problems of maladjustment.

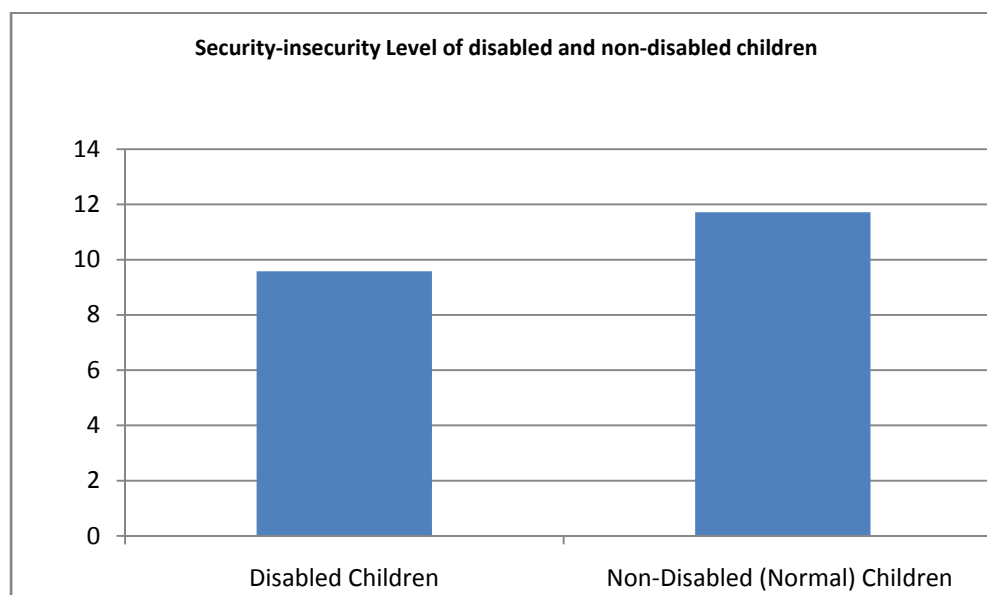
Autonomy

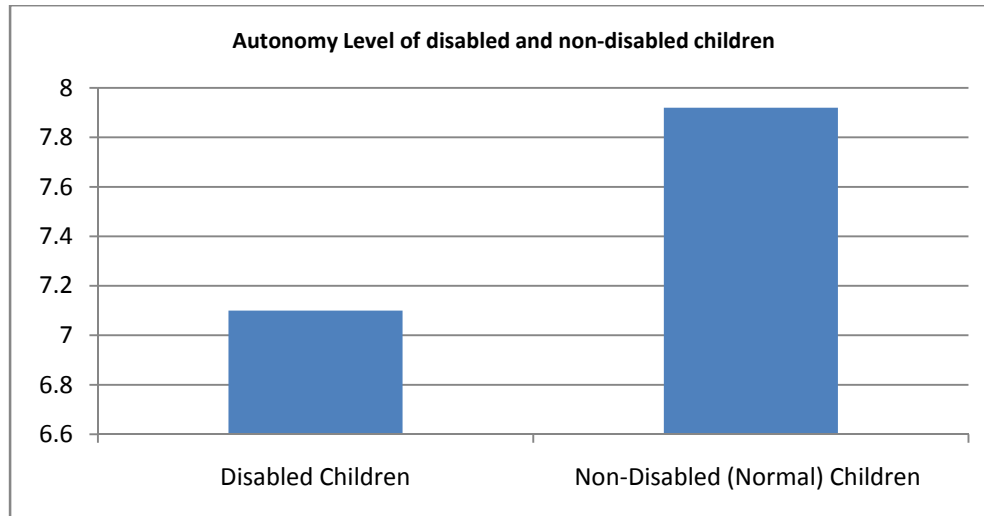
Autonomy is a key concept that has a broad impact on different fields of psychology. Autonomy can be defined as the ability of the person to make his or her own decisions. In metaphysical philosophy, the concept of autonomy is referenced in discussions about free will, fatalism, determinism, and agency. There are many different definitions of autonomy, many of which place the individual in a social context. It may be necessary to temporarily compromise the autonomy of the person in the short term in order to preserve their autonomy in the long-term. Other definitions of the autonomy imagine the person as a contained and self-sufficient being whose rights should not be compromised under any circumstance. Autonomy is fully explained as the ability to obey a categorical command independently of a personal desire or interest in doing so—or worse, that autonomy is "obeying" a categorical command independently of a natural desire or interest; and that heteronomy, its opposite, is acting instead on personal motives of the kind referenced in hypothetical imperatives. Human actions are morally praise or blameworthy in virtue of our autonomy.

Table No.-3: Comparison of means between autonomy of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Autonomy	Disabled Children	30	07.10	02.14	0.39	0.51	1.608	p > .05
	Non-Disabled (Normal) Children	30	07.92	01.79	0.33			

In above table no.-3, result indicated that t -ratio is found to be 1.608 on autonomy (decision making process). Result was found to be non-significant at 0.05 levels. Table no.3 shows that disabled and non-disabled children have about equal autonomy level. In other words, disability has no significant effect on the autonomy. Therefore, autonomy is not affected by disability.





Security-Insecurity

Security mostly refers to protection from hostile forces, but it has a wide range of other senses: for example, as the absence of harm (e.g. freedom from want); as the presence of an essential good (e.g. food security); as resilience against potential damage or harm (e.g. secure foundations); as secrecy (e.g. a secure telephone line); as containment (e.g. a secure room or cell); and as a state of mind (e.g. emotional security). The term is also used to refer to acts and systems whose purpose may be to provide security. Security is freedom from, or resilience against, potential harm (or other unwanted coercive change) from external forces. Beneficiaries of security may be persons and social groups, objects and institutions, ecosystems, and any other entity or phenomenon vulnerable to unwanted change by its environment.

Table No.-4: Comparison of means between security-insecurity of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Security-insecurity	Disabled Children	30	09.58	01.06	0.19	0.35	6.114	p < .01
	Non-Disabled (Normal) Children	30	11.72	01.61	0.29			

Mean value of disabled and non-disabled children for security-insecurity level is 09.58 and 11.72 respectively. SD for security-insecurity level is 1.06 and 1.61 respectively for disabled and non-disabled children. A significant mean difference was found between the group of disabled and non-disabled children for security-insecurity level. T-value is 6.114, that is significant difference between security-insecurity level of disabled and non-disabled children. High scores on security-insecurity (used the dimensions no-4 of Mental Health Battery) indicate the higher level of security level and lower scores as a higher level of insecurity level. The mean score of non-disabled children's security level is significantly higher than the disabled children. In other words, result of table no-4 indicate that group of disabled children have greater score on insecurity level and they are found to emotionally unsecured.

Self Concept

Self-concept also called self-construction, self-identity, self-perspective or self-structure. Self-concept is a collection of beliefs about oneself that includes elements such as academic performance, gender identity, sexual identity, and racial identity. Generally, self-concept embodies the answer to "Who am I?". One's self-concept is made up of self-schemas, and their past, present, and future selves. Self-concept is distinguishable from self-awareness, which refers to the extent to which self-knowledge is defined, consistent, and currently applicable to one's attitudes and dispositions. self-concept is a cognitive or descriptive component of one's self (e.g. "I am a fast runner"). Self-concept is made up of one's self-schemas, and interacts with self-esteem, self-knowledge, and the social self to form the self as whole. It includes the past, present, and future selves, where future selves (or possible selves) represent individuals' ideas of what they might become, what they would like to become, or what they are afraid of becoming. Possible selves may function as incentives for certain behavior.

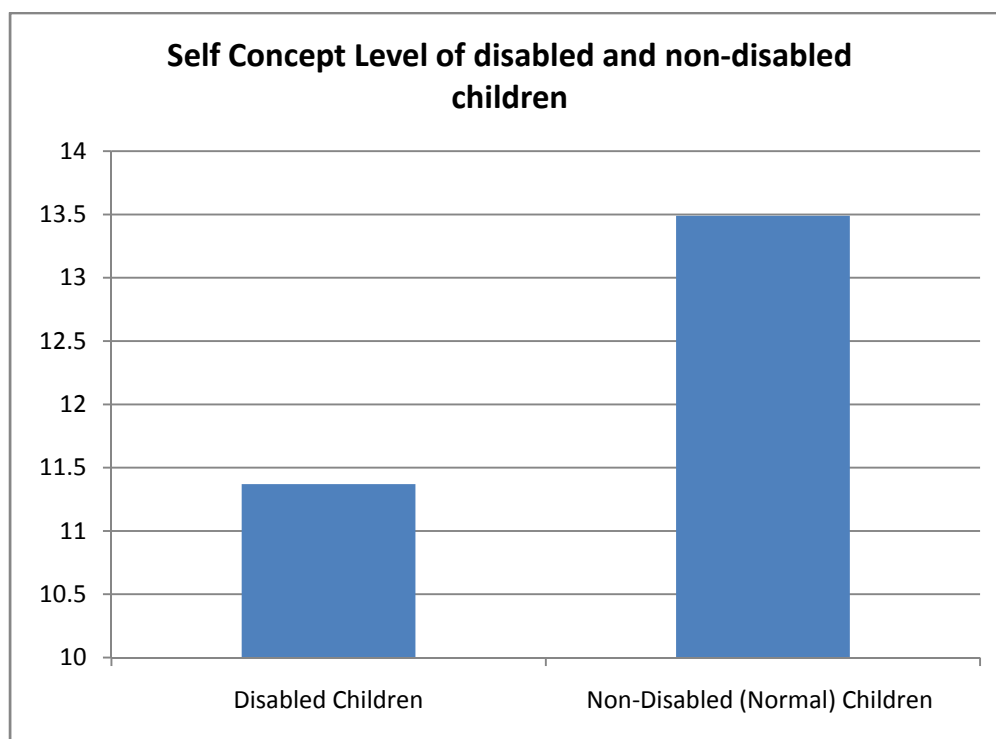
Table No.-5: Comparison of means between self concept of disabled and non-disabled children

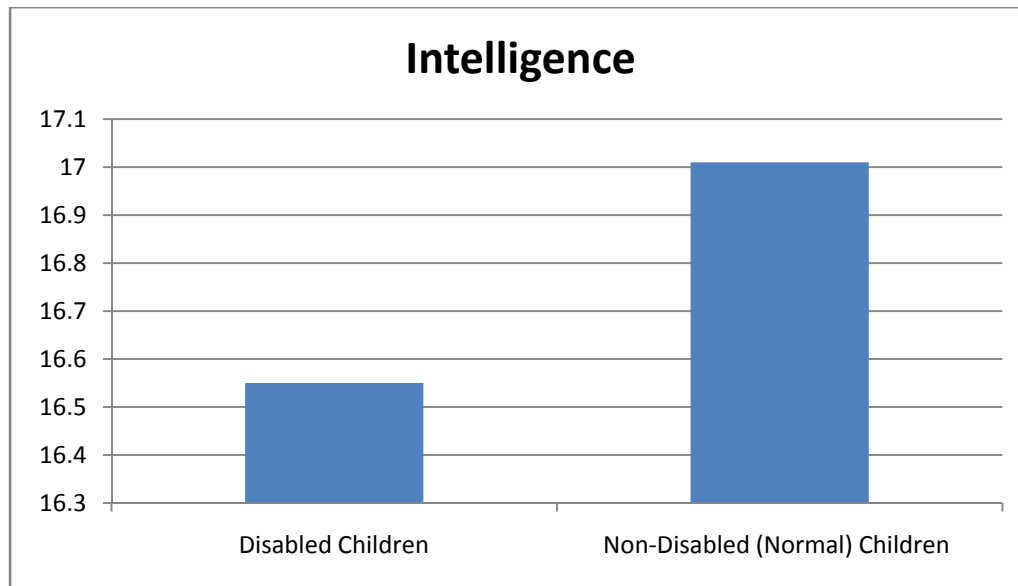
Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Self Concept	Disabled Children	30	11.37	01.97	0.36	0.52	4. 077	p < .01
	Non-Disabled (Normal) Children	30	13.49	02.05	0.37			

Mean value of disabled and non-disabled children for self concept is 11.37 and 13.49 respectively. A significant mean difference (t value = 4.077, df = 58, $p < .01$) was found between the group of disabled and non-disabled children for self concept. High scores on self concept (used the dimensions no-5 of Mental Health Battery) indicate the higher level of self concept. The mean score of non-disabled children's self concept is significantly higher than the disabled children. In other words, disabled group had lesser scores on self concept and they faced the problems of poor self concept.

Intelligence

Intelligence has been defined in many different ways including as one's capacity for logic, understanding, self-awareness, learning, reasoning, planning, creativity, and problem solving. It can be more generally described as the ability to perceive or infer information, and to retain it as knowledge to be applied towards adaptive behaviors within an environment or context. A very general mental capability that, among other things, involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. it reflects a broader and deeper capability for comprehending our surroundings.. Individuals differ from one another in their ability to understand complex ideas, to adapt effectively to the environment, to learn from experience, to engage in various forms of reasoning, to overcome obstacles by taking thought. Although these individual differences can be substantial, they are never entirely consistent: a given person's intellectual performance will vary on different occasions, in different domains, as judged by different criteria. Concepts of "intelligence" are attempts to clarify and organize this complex set of phenomena.





Human intelligence is the intellectual power of humans, which is marked by complex cognitive feats and high levels of motivation and self-awareness. Intelligence enables humans to remember descriptions of things and use those descriptions in future behaviors. It is a cognitive process. It gives humans the cognitive abilities to learn, form concepts, understand, and reason, including the capacities to recognize patterns, comprehend ideas, plan, solve problems, and use language to communicate. Intelligence enables humans to experience and think.

Table No.-6: Comparison of means between intelligence of disabled and disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Intelligence	Disabled Children	30	16.55	01.70	0.31	0.40	1.15	p >.05
	Non-Disabled (Normal) Children	30	17.01	01.36	0.25			

In above table no.-6, result indicated that t-ratio for gender was found to be 1.15 on intelligence. Result was found to be non-significant and below at 0.05 levels of 58 df. Table no.6 shows that disabled and non-disabled children have about equal intelligence. So it may be said that that disabled and non-disabled children are equal in intelligence. But non-disabled children (Mean=17.01) is slightly better in mental health than disabled children (Mean=16.55). In other words, disability has no significant effect on the intelligence. Therefore, intelligence is not affected by disability.

Attentive Work

Listening or watching carefully is main characteristics of attention and concentration work . It could not be gained without interest. Therefore interest is must foe each and every attentive work .Concentration and attention is very close to each other. Concentrations are often called levels, reflecting the mental schema of levels on the vertical axis of a graph, which can be high or low.

Table No.-7: Comparison of means between attentive work of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Attentive work	Disabled Children	30	15.26	01.98	0.36	0.44	1.727	p > .01
	Non-Disabled (Normal) Children	30	16.02	01.31	0.24			

In above table no.-7, result indicated that t-ratio for disability was found to be 1.727 on attentive work. Result of attentive work was found to be non-significant at 0.05 levels between disabled and non-disabled. Table no.7 shows that disabled and non-disabled children have almost equal attentive work. So it may be said that disabled and disabled children are equal in the level of attentive work. In other words disability has no significant effect on attentive work. Therefore, attentive work is not affected by disability.

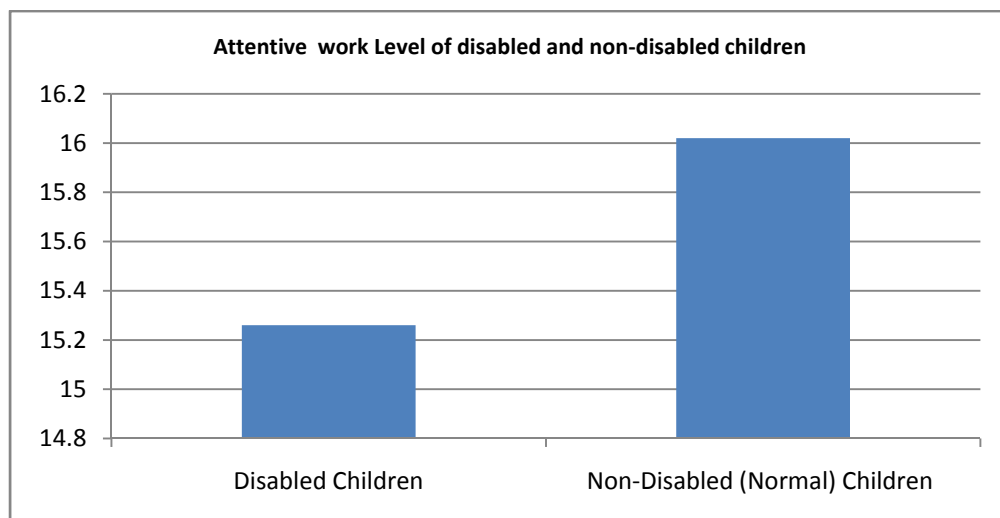
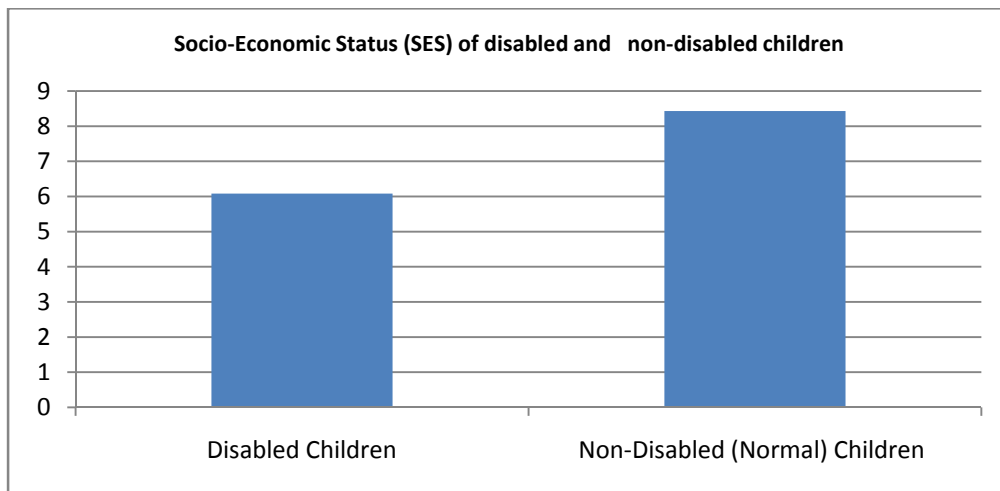
Socio-Economic Status

Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. When analyzing a family's SES, the household income, earners' education, and occupation are examined, as well as combined income, whereas for an individual's SES only their own attributes are assessed. Generally, high, middle, and low categories are categorized for socio-economic

Table No.- 8: Comparison of means between socio-economic status (SES) of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Socio-Economic Status	Disabled Children	30	06.08	01.32	0.24	0.37	6.351	p < .01
	Non-Disabled (Normal) Children	30	08.43	01.53	0.28			

Mean value of disabled and non-disabled children for socio-economic status (SES) is 6.08 and 08.43 respectively. SD for SES is 1.32 and 1.53 respectively for disabled and non-disabled children. A significant mean difference was found between the group of disabled and non-disabled children for SES. T-value is 6.351, that is significant difference between SES of disabled and non-disabled children. High scores on emotional stability (used the Mental Health Battery of Singh and Sengupta, 2000) indicate the higher level of socio-economic status and lower scores as a lower socio-economic status. The mean score of non-disabled children's socio-economic status is significantly higher than the disabled children. In other words, result of table no-8 indicate that disabled group had lesser scores on SES and they faced the problems of socio-economically weak.

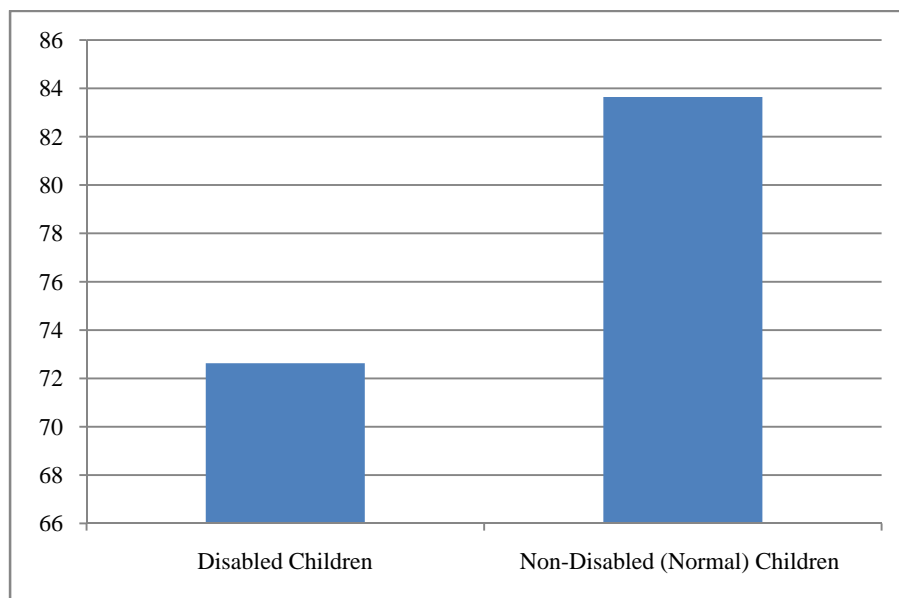


Mental Health

Mental health is a level of psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment". Mental health includes an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others. The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. A person struggling with their mental health may experience this because of stress, loneliness, depression, anxiety, relationship problems, death of a loved one, suicidal thoughts, grief, addiction, ADHD, various mood disorders, or other mental illnesses of varying degrees, as well as learning disabilities.

Table No.-9: Comparison of means between mental health of disabled and non-disabled children

Dimension	Group	N	Mean	SD	SEM	SED	t-value	p-value (df =58)
Mental Health	Disabled Children	30	72.63	02.37	0.43	0.70	15.729	p < .01
	Non-Disabled (Normal) Children	30	83.64	03.15	0.57			



In above table no.-9, result indicate that t-ratio for the children of disabled and normal (non-disabled) is found to be 15.729 on mental health and it found to be significant at 0.01 levels of 58 df. Graphic representation also showed that disabled and normal have difference in the terms of scores of mental health. So it may be said that normal children (Mean=83.64) are more better than disabled children (Mean=72.63) in the terms of mental health. In other words, mental health of disabled children are going down and their mental health status is poor. In other words, disability has significant effect on the mental health. Therefore, mental health is significantly affected by disability. Klein (2016) proved that Children with neuromotor disabilities feel the problems of the mental health symptoms and multiple body systems. A statement of the report said that (WHO/World Bank World report, 2012) that half of disabled people cannot afford health care, compared to a third of non-disabled people. People with disables are more than twice as likely to find health-care providers' skills inadequate. Disabled people are four times more likely to report being treated badly and nearby three times more likely to be dined health care.

CONCLUSION

Results show that disabled children have got almost similar score in the terms of autonomy, intelligence and attentive work and these are statistically non-significant too. But, the scores are significantly differ in the terms of scores on adjustment, self concept, emotional stability, security, socio-economic status and mental health between disabled and normal group. Disabled group have lesser scores on overall adjustment, self concept, emotional stability, security, socio-economic status, mental health

and they face the problems of maladjustment, poor self concept, emotionally unstable, insecure, socio-economically weak and mentally ill. Overall, disabled children are found psychologically weak.

REFERENCES

- [1] Chaturvedi, M. and R. Chander (2010). Development of emotional stability scale. *Industrial Psychiatry Journal* , 19 (1) , 37–40.
 - [2] Devi N. (2013).Supported decision-making and personal autonomy for persons with intellectual disabilities: article 12 of the UN convention on the rights of persons with disabilities. *The Journal of Law, Medicine and Ethics*, 41(4):792-806.
 - [3] Klein, Benjamin (2016).Mental health problems in children with neuromotor disabilities. *Pediatric and Child Health*, 21(2), 93-95.
 - [4] WHO/World Bank World report (2012).The WHO/World Bank *World Report on Disability*.
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