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Research Article

**MENTAL & SOCIAL INFERENCES OF LESS VISION &
BLINDNESS IN THE STUDENTS OF A BLIND SCHOOL**¹Dr Muhammad Atif Yasin, ²Dr Irfan Ullah, ³Dr Saba Waheed¹THQ Hospital Sabzazar, ²House Officer, Jinnah Hospital, ³WMO, Allied Hospital Faisalabad.

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Abstract:

Objective: The objective of this study is to determine the social and social inferences of low vision & blindness in the students of a blind school working in Lahore.

Methodology: This was a transverse elaborated research work. This research work carried out in higher secondary school for blind children, Lahore. The review board of Jinnah Hospital Lahore and principle of the school gave the approval for the conduction of the research work. A sum of 40 agreeable students filled a well prepared questionnaire that was consisting the variable's questions & the questions about the satisfaction areas for the students. SPSS V.18 was in use for the analysis of the collected information.

Results: Fifty five percent (n: 22) students found with depression according to the evaluation carried out by DSM-IV, 50.0% (n: 20) have complication in the making contacts with new persons. Only 52.50% (n: 21) showed satisfaction with the care of their family.

Conclusion: Twenty four students (60%) were experiencing difficulties in their lives. This case work displayed that low vision & blindness have social and psychological inferences like guilt feeling, depression, worry & gloominess.

Key Words: Psychological, methodology, social, blindness, low vision, review board, DSM, complication, difficulty, transverse.

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INTRODUCTION:

Any disturbance or sickness which leads to blindness is the reason of a great change in the QOC (quality of life), which creates the disorders related to the psychological and social issues [1]. WHO gave the following elaboration of the blindness, it is a physical, psychiatric, intelligent or sensual weakening, which can be permanently or for the time being, it can last for a noteworthy time period, that

restricts the capacity to accomplish 1 or more important activities of the normal life and social and economic condition make it worst [2]. There are different grades of the abnormal vision according to WHO which are available in Table-1. The blindness is the cause of hindrance in the ability to move freely and to have an actual control on your outer environment. So, the blind people feel depression, and dejected in their own society [3].

Table-I: WHO - Blindness Grading.

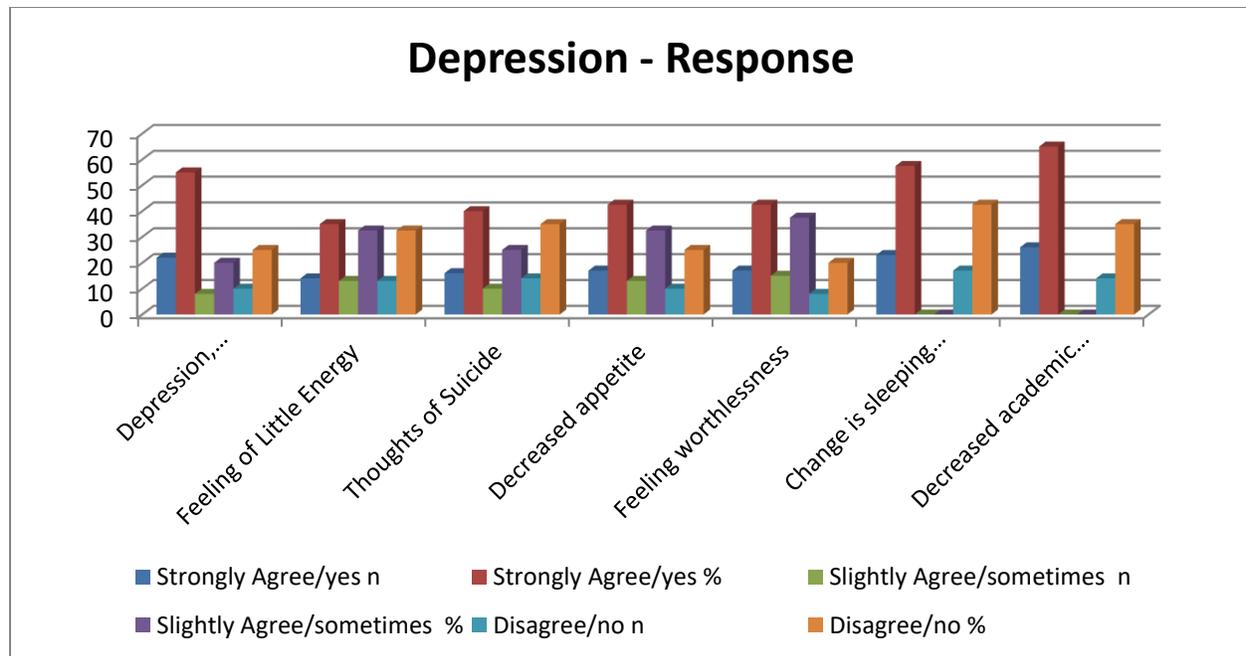
Category	Visual Impairment	Best corrected visual acuity	Interpretation
0	Normal	6/6 to 6/18	can see 6/18 or better
1	Visual impairment	<6/18 to 6/60	cannot see 6/18 but can see 6/60.
2	Severe visual impairment	<6/60 to 3/60	cannot see 6/60 but can see 3/60.
3	Blind	<3/60 to 1/60	can't see 3/60 but can see 1/60.
4	Blind	<1/60 to only PL	can't see 3/60, can see light.
5	Blind	No light perception	cannot see light

This is not normal moment when people with sight meet the blind people. At that time, there is a problem that if there should be hand shake when the blind people are unable to see the hand. This situation creates a condition of discomfort. The continuous efforts of the healthy people to prevent any discussions or words about the sight to care the blinds cause to initiate a seclusion from society in the people suffering from blindness [3]. The blind people do not use any gestures or facial expressions & therefore, they found themselves fail in the normal daily conversations [4]. The blind people are suffering from rejection, annoyance, complex of lowliness, despair and same mental complications due to their disability as compared to the healthy people around them [5].

According to an international survey conducted in 1987 to 1990, there is a significant occurrence of blindness (1.680%) in Pakistan. This is a comprehensive research work conducted in a blind school of Lahore to know about the mental inferences among the children suffering from blindness. The foundation of this case study was to find out the psychological complication levels in the blind children & to recognize the social & demographic traits & important rehabilitation phases that can raise the satisfaction level among the children. The outcome of this case study will increase the awareness regarding the improvement in the quality of the life of those desolated persons with better management.

Table-II: Depression among blind students.

Question	Strongly Agree/yes		Slightly Agree/sometimes		Disagree/no	
	n	%	n	%	n	%
Depression, Hopelessness	22	55	8	20	10	25
Feeling of Little Energy	14	35	13	32.5	13	32.5
Thoughts of Suicide	16	40	10	25	14	35
Decreased appetite	17	42.5	13	32.5	10	25
Feeling worthlessness	17	42.5	15	37.5	8	20
Change in sleeping habits	23	57.5	0	0	17	42.5
Decreased academic performance	26	65	0	0	14	35



METHODS:

This was a descriptive transverse study based on observations. This study conducted in the High School for blinds in Model Town Lahore. The duration of the research work was from November 2018 to December 2018. The review board of Jinnah Hospital Lahore and head of the blind school gave the approval for the conduct of the research work. Only 40 students who were willing to participate in the study included in this research work. The parents of those children also gave consent for their participation. A well-organized preset questionnaire was in utilization for the collection of the information, to find out the depression level on the basis of the on DSMIV method for MDD (major depressive disorder) [7].

The interview of the children carried out after describing the research work. The questionnaire contained the questions about the satisfaction areas of time, attention provider, charges of users & facilities and logistic variables. SPSS V.18 was in use for the statistical analysis of the collected information.

RESULTS:

Total 23 males and 17 females were the part of this study. All the students were from 10 to 25 year of age. The average age of the students was 17.0 ± 3.0 years. According to the blindness levels prescribed by WHO, 30% (n: 12) students were from category-1, 45% (n: 18) students were from category-2, 10% (n: 4) students were from category-4 & 15% (n: 6) students were from category-5. Increased appetite

found in 22% (n: 9), 32% (n: 13) students found with no change in appetite while 46% (n: 18) found with low appetite. We questioned about feeling guilt, 42% replied in yes, 38% replied to have it sometimes & 20% never thought about such feelings. We asked for the complications in concentration, then 23 students answered "yes", 8 students answered sometimes & 9 students never thought about this factor.

Twenty-three students reported complication in sleeping, and 17 stated no change in the habits of sleeping habits. The questions asked by us and percentages of the answered population is available in Table-2. In accordance with DSM IV standard, 55% (n: 22) found with at least five signs and they were suffering from depression (Table-2). Total 52.5% (n: 21) students found satisfied from family care, 25% (n: 10) students showed a little bit satisfaction & 22.5% (n: 9) found without any satisfaction from family care.

DISCUSSION:

The blind children face many psychological and emotional anomalies. They consider their selves compromised & prey of some kind of evil which leads them to despair and anxiety. They always suffer complications at the time of interactions with others, so they prefer to live in isolation. There is great effect of the language on the social competence [8]. Depression was available in 55.0% students of this research work. Research works performed on the same matter displayed that most of the students are hesitant socially in comparison with the normal

students [9, 10]. There is a deficiency of the activities & deficiency of attraction in blinds students because of the vision impairment [11, 12].

The use of the different visual media leads to the complex of superiority in the healthy students. This complex is because of the wrong concept of having better level of intelligence because they are well in writing and reading. Students with deformed vision but not fully blind are at great risk than the students with full blindness and low social awareness. In a study, students with impaired vision got low marks as compared to the blind students [13]. Majority of students with blindness (78.0%) were playing cricket in their own times. This shows that there is a positive effect of extracurricular activities on the blind students. Most of the students were from non-urban areas. About 77.0% cases of this study were of from the poor social and economic condition. The outcome of this research work is much similar to the results of past case studies [14]. The participants off the past works displayed a high level of social competence and due to this they were not in so much isolation as compared to the peer of Pakistan. There are some causes of this disparity. Because of some limitations of this research work. It is not possible to answer the said question.

Most of the students showed satisfaction for their daily routine activities. According to the outcome, the traits of the personality perform a vital part in the development of the social life than the cultures. Our research showed the great family care and social interaction but still students found as confused in their social environment. It gave the idea to start the interventional program for individuals to develop the social interaction in those students. It is very vital to modify the presence of the student in the communication of the group because many members of the previous research found it difficult to communicate with the blind students.

CONCLUSION:

The findings conclude that psychological care is also necessary with medical care to mitigate the depressed results. There should be an establishment of the family support system and special programs or workshops should be in action for the blind or low vision candidates.

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