

SELF ESTEEM AMONGST VISUAL IMPAIRMENT AND NORMAL CHILDREN: A COMPARATIVE STUDY

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ABSTRACT

Present study conducted to search the difference between visually impaired and normal male and female children on self-esteem. The sample of the study consisted of 50 normal (25 male & 25 female) and 50 visually impaired children (25 male & 25 female). The subjects were selected from various blind schools of Nagpur City from the age group of 12 to 16. For measuring self-esteem, Rosenberg scale was used. To analyze the data Mean, SD and Two Way ANOVA was used. The finding of the study reveals that, male and female subjects found equal on self-esteem. However, high self-esteem observed among normal children.

Key Words: Self Esteem, Visual Impairment,

INTRODUCTION

SELF

Psychology of self is the study of cognitive representation of one's identity or the subject of experience. The earliest formulation of the self in the modern psychology derived from the distinction between the self as I, the subjective knower, and the self as Me, the object this known. Current vies of the self in psychology position the self as playing an integral part inhuman motivation, cognition, effect and social identity. It may be the case that we can now usefully attempt to ground experience of self in a neural process with cognitive experience of the self in a neural process with cognitive consequences, which will give us insight into the elements of which the complex multiply situated selves of modern identity are composed

The self have many facets that help make up integral parts off it, such as self awareness ,self esteem, self knowledge and self perception. All parts of thee self enable people to alter, change, add ,and modify aspects of themselves in order to gain social acceptance in the society. Social psychology acknowledges that

"one of the most important life tasks each of us faces is understanding both who we are and how we feel about ourselves. In dynamical social psychology as proposed by Nwaketal., the self is rather an emergent property that emerges as an experimental phenomena from the interaction of societies of psychological perceptions and experience.

SELF CONCEPT

According to Carl Rogers a self concept is a collection of beliefs about one's own nature unique qualities and typical behavior. Our self concept is our mental picture of you. It is a collection of self-perceptions for ex, a self concept might include such beliefs as "I am easy going " or " I am hard working" or " I m pretty ".

Rogers stress the subjective nature of thee self concept. Our self concept may not entirely consistence with our actual experiences .Most people are prone to restored their experiences to some extend to promote a relatively favorable self concept. Rogers use the term incongruence to refer to the disparity between one's self concept and ones actual experience. In contrast, if a person self concept is reasonably accurate, it is said to be congruent with reality. Everyone experiences some incongruence ;The crucial issues is how much. Rogers maintained that a great deal of incongruence undermines a person's psychological well being. In term of personality development, Rogers was concern their affection conational. That is, they make it depend on the child's behaving well and living up to expectations. When

parental love seems conditional, children often distort and lock out of their self concept those experience that make them feel unworthy of love. At the other of the spectrum, Rogers asserted that some parents make their affection unconditional. Their children have less need to block out unworthy experiences because they have been assured that they are worthy of affection no matter what they do. Rogers believed that unconditional love from parents fosters congruence and that conditional love fosters incongruence. Rogers held that psychological health is rooted in congruent self concept with how childhood experiences promote congruence or incongruence. According to Rogers, everyone has a strong need for affection, „love and acceptance from other.

Early in life, parents provide most of these affections. Rogers maintain that some parents make their affection conditional. That is, they make it depends on the child's behaving well and living up to expectations. When their parental love seems conditional, children often distort and block out of their self- concept those experiences that makes them feel unworthy of love. At the other of the spectrum, Rogers asserted that some parents make their affection no matter what they do.

Rogers believed that unconditional love from parents fosters congruence and that conditional love fosters incongruence. Rogers held that psychological health is rooted in a congruent self-concept.

SELF-ESTEEM

Most people feel bad about themselves from time to time. Feelings of low self-esteem may be triggered by being treated poorly by someone else recently or in the past, or by a person's own judgments of him or herself. This is normal. However, low self-esteem is a constant companion for too many people, especially those who experience depression, anxiety, phobias, psychosis, delusional thinking, or who have an illness or a disability. If you are one of these people, you may go through life feeling bad about yourself needlessly. Low self-esteem keeps you from enjoying life, doing the things you want to do, and working toward personal goals.

You have a right to feel good about yourself. However, it can be very difficult to feel good about yourself when you are under the stress of having symptoms that are hard to manage, when you are dealing with a disability, when you are having a difficult time, or when others are treating you badly. At these times, it is easy to be drawn into a downward spiral of lower and lower self-esteem. For instance, you may begin feeling bad about yourself when someone insults you, you are under a lot of pressure at work, or you are having a difficult time getting along with someone in your family.

Then you begin to give yourself negative self-talk, like "I'm no good." That may make you feel so bad about yourself that you do something to hurt yourself or someone else, such as getting drunk or yelling at your children. By using the ideas and activities in this booklet, you can avoid doing things that make you feel even worse and do those things that will make you feel better about yourself.

What Is Self-Esteem?

In psychology, the term self-esteem is used to describe a person's overall sense of self-worth or personal value. In other words, how much you appreciate and like yourself.

* Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring.

* Self-esteem can involve a variety of beliefs about yourself, such as the appraisal of your own appearance, beliefs, emotions, and behaviors.

Why Self-Esteem Is Important

Self-esteem can play a significant role in your motivation and success throughout your life. Low self-esteem may hold you back from succeeding at school or work because you don't believe yourself to be capable of success. By contrast, having a healthy self-esteem can help

you achieve because you navigate life with a positive, assertive attitude and believe you can accomplish your goals.

Self-Esteem Theories

The need for self-esteem plays an important role in psychologist Abraham Maslow's hierarchy of needs, which depicts self-esteem as one of the basic human motivations.' Maslow suggested that people need both esteem from other people as well as inner self-respect. Both of these needs must be fulfilled in order for an individual to grow as a person and achieve self-actualization.

It is important to note that self-esteem is a concept distinct from self-efficacy, which involves how well you believe you'll handle future actions, performance, or abilities.

THE FORMATION AND DEVELOPMENT OF SELF-ESTEEM

The formation of self-esteem implies a long process. It is correlated with the formation of self-image and self-conscience. Its evolution in time involves also downfall periods especially during transition periods from one stage to another, from one status to another, e.g.,

in adolescence (due to the psycho-somatic changes), or grand age, as a consequence of the change in status, retirement and the change in tasks and responsibilities (Orth, Trzesniewski and Robins, 2010).

While self-esteem appears to decline during adolescence, it increases during young adulthood (Tsai, Ying and Lee, 2001).

The affective model of self-esteem development assumes that: (a) self-esteem forms early in life in response to relational and temperamental factors; and (b) once formed, endows high self-esteem people with the ability to promote, protect and restore feelings of self-worth (Brown et al., 2001).

Many studies have underlined the essential role of the family environment in the formation of personality especially in the early childhood (Talib, Mohamad and Mamat, 2011). Early studies by Rosenberg (1965) and Coopersmith (1967) showed that parental involvement and willingness to give adolescents autonomy and freedom are positively correlated to high self-esteem in adolescents.

The period of adolescence is important for the process of self-esteem formation.

The formation of self-esteem can be stimulated, encouraged both by parents and teachers. The level of self-esteem is mirrored in the adolescent's attitude and behavior, both at home and at school (Mogonea and Mogonea, 2014).

The adolescents with a high level of self-esteem have the following characteristics: they are capable of influencing positively the opinion and behavior of others; they tackle new situations positively and confidently; they have a high level of tolerance towards frustration; they accept early responsibilities, they assess correctly situations; they communicate positive feelings about themselves; they succeed in having a good self-control and the belief that the things they are undergoing are the result of their own behavior and actions (Lavoie, 2012). Therefore, adolescence is the critical period for the development of self-esteem and self-identity, and low self-esteem may endanger adolescent's emotional regulation (Lin, Tang, Yen, Ko, Huang, Liu et al., 2008). On the other hand, high self-esteem serving as a role of resilience or positive adaptation (Moksnes and Espnes, 2012).

Factors That Influence Self-Esteem

As you might imagine, there are different factors that can influence self-esteem.

Genetic factors that help shape overall personality can play a role, but it is often our experiences that form the basis for overall self-esteem. Those who consistently receive overly critical or negative assessments from caregivers, family members, and friends, for example, will likely experience problems with low self-esteem.

Additionally, your inner thinking, age, any potential illnesses, disabilities, or physical limitations, and your job can affect your self-esteem.

Signs of Healthy Self-Esteem

You probably have a good sense of who you are if you exhibit the following signs:

- * Confidence
- * Ability to say no
- * Positive outlook
- * Ability to see overall strengths and weaknesses and accept them
- * Negative experiences don't impact overall perspective
- * Ability to express your needs

Signs of Low Self-Esteem

You may need to work on how you perceive yourself if you exhibit any of these signs of poor self-esteem:

- * Negative outlook
- * Lack of confidence
- * Inability to express your needs
- * Focus on your weaknesses
- * Feelings of shame, depression, or anxiety
- * Belief that others are better than you
- * Trouble accepting positive feedback
- * Fear of failure

DISABILITY

The world health organization (WHO) defines disability As follows:

"Disability is an umbrella term, covering impairments, activity limitations, and participation restriction. Impairment is the 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. Thus disability is a complex phenomenon reflecting an interaction between features of a person's body and features of the society in which he or she lives."

Disability is a deviation from the society valued, bodily characteristic of an individual in a given society. The presence of such individuals and their groups in a society would definitely give rise to problems that the family and community at large have to deal with. Failure to cope with those special issues and demand would adversely affect not only handicapped persons but even non-disabled section of the community. All children are not equal in abilities deviations may be there in physical as well as mental aspects. There exists a sharp deference between learning abilities and type of adjustments required by children with different capacities .Therefore a comprehensive study of the handicapped in relation to individual, their family and society becomes imperative.

IMPAIRMENT, HANDICAP AND DISABILITY: (WHO 1980)

- * Impairment: Impairment is any loss or abnormality of psychological, psychological or anatomical structure or function of body.
- * Handicap: a handicap is a disadvantage for given individual resulting from an impairment or disability, which limits or prevent the fulfillment of a role that is normal for that individual.
- * Disability: a person with restriction of lack of abilities to perform an activity in the manner or within the range considered normal for a human being was treated as having disability. It includes illness, injury of recent origin (morbidity/resulting to temporary loss of ability to see here, speak or move

Based on the organ or sense involves the major categories of handicapped persons are the 1) orthopedically handicapped (for the crippled) 2) the visually handicapped (or the blind) 3) the acoustically handicapped (or the deaf) and the orally handicapped (or the dumb).

NATURE OF DISABILITY

Visual impairment [ICCD -10-H54]:

BLINDNESS: - blindness is the condition of lacking visual perception due to the psychological or psychological factor Total blindness is the complete lack of from light perception and its clinically recorded as " NLP" [no light perception]

LOW VISION

* The mild low vision group people with visual acuity from 6/18 to better than 6/60.

* The moderate low vision group people with visual acuity from 6/60 to better than 6/120.

The severe low vision group people with visual acuity of 6/120 or worse or people with constricted (WHO,2006)

According to PWD act (1995), " person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive corrective but who uses of is potentially capable of using vision for the planning or execution of a task with appropriate assistive device

PREVALANCE

In India are about 0.12 million visually handicapped children who fall in the age of 4-15 years. The national commission of teachers' reports that not more than 5% blind estimated to be in about 800-1000 special school. About 80% of blind children live in rural setting but these children remain practically unserved by educational facilities.

SELF ESTEEM AND BLINDNESS

Nathaniel Branden (1969) defined self-esteem as "The experience of being competent to cope with the basic challenges of life and being worthy of happiness." This two factor approach, as some have also called it, provides a balanced definition that seems to be capable of dealing with limits of defining self-esteem primarily in terms of competence or worth alone.

Bacusetal 2004 studied on increasing implicit self-esteem through classical conditioning method. Where he used Rosenberg self- esteem scale and the finding was positive.

Majda and Naima 2009 studied on self -esteem and emotional stability of visually challenged students. In their study data were analyzed statistically by using stepwise regression analysis. Out of the demographic variables of gender, age, class, family system and area of living, only gender emerged as the significant predictor of emotional stability of visually challenged students and none of the demographic variables emerged as predictors of self-esteem of these students.

Ranjita Dawn 2005, conducted a study on "A comparative study of self-esteem of blind students in integrated and non - integrated school settings. Author concluded that there is no difference in self esteem of blind students in integrated and non integrated setting as well as blind and sighted students in the integrated setting and the degree of identification with in group members, parallel comparisons and fewer experience of problems in social interaction on the part of blind students emerged as main reasons for their positive self esteem irrespective of the school settings. These enabled definable and gratifying and helped them maintain higher self -esteem.

SELF-ESTEEM OF THE VISUALLY IMPAIRED

Normal reactions to loss vary according to the needs and responsible of the individual.

A newly blinded person feels isolated, lonely and frustrated. This is the stage of shock. After the shocking stage or over the person develops feelings of anxiety, depression, distress, helplessness and insecurity. The next phase is of readjustment.

The person can make attempts to adjust to his disability or he may fail to resolve the crisis. When people encounter crisis in their lives, they experience some phases of the integrated adjusting process to regain stability or equilibrium in their search for self acceptance and self esteem. Tuttle 1984 has given seven phases of the adjusting process. They are: Trauma physical and social.

The trauma is the event or series of events that produce a sense of disequilibrium, incongruity or vulnerability, making a person anxious or upset. A physical trauma would be the actual on set of a visual loss, while the social Trauma result from encountering the devaluating stigma of blindness.

REVIEW OF LITERATURE

Carolyn palmer, (2007) conducted a study on the "Myths stereotypes and self perception: the impact of albinism on self esteem "Albinism has a potential to affect young people both emotionally and psychologically. Their condition is unique and is surrounded by the myths and stereotypes. The unusual appearance of children with oculocutaneous albinism draw attention to them and their vision impairment can

impact on their development of social skill and pear relationship. In addition social attitude can affect how they perceived themselves an evidence from the research literature suggest that for a child to be socially component he or she makes to have appositve self concept and demonstrate socially acceptable behaviors. Self esteem influence a child's interaction with peers, and influence can be either positive or negative Major of self esteem allow normative data to be gathered providing another perspective on the development of pears relationships of young people with albinism. This article investigate the self esteem of the small group of student with albinism .Data wear collected using widely recognized psychological instrument: the copper smith self esteem inventories (SEI). The findings indicates that the self esteem of the participant in this study was generally high.

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Christy Beula Shanim et, al,(2002) conduct a study on the " self perception of visually impaired children aged 3-10 in india." A study analyzed the self perception of 50 Indian children(aged 3-10) with visual impairment in their expression of mood and feelings, need and wants and preferences and decision making. Children had difficult expression sympathy particularly younger children. children had also difficulty choosing what they wanted to wear

Maite Garaigordobil and Elena Bernaras, (2009) conducted a study on the " self concept, self esteem, personality traits and psychological symptoms in the adolescents with and without visual impairment " . The sample was made up of 90 participant aged 12 to 17: 61 with no impairment and 29 with visual impairment the ANOVA showed there were no significant differences in self concept and self-esteem in the samples, but the visually impaired adolescents scored significantly higher in various psychological symptoms as well as in their capacity for kind behavior. The ANOVA revealed no gender differences in any variables in adolescents without visual impairment. However, women with visual impairment scored lower in self esteem and higher various psychological symptoms.

Peason coefficients revealed negative relation between self concept /self esteem and all the psychological symptoms and neuroticism, as well as positive relation with extraversion. Low

psychoticism, high extraversion and low hostility were identified as predictors of high self-concept.

Sujata (2005) conducted study on a comparative study of self concept of visually impaired and sighted young adults. Concluded that sighted young adults have a higher positive self concept as compare to visually impaired young adults.

Visually impaired young adults males have poorer self concept when compared with their sighted counterpart. visually impaired young adults female show poorer self concept in comparison to their sighted peer and there are gender differences within the group as usually impaired young females have poorer self concepts in comparison to visually impaired young males.

Janne Walsh Pierce, (2006) conducted a study on the body size parental appraisal and self esteem in the blind children. In his study of self esteem, body size, and parental views in 9-11 year old blind children found positive views about self presentation with no sex weight differences. Lower self esteem immersed in children who thought they were judge by parents as too thin being fat. Being appraised as a fat or believing they are thought of as fat by parents, showed effect on self esteem. Their response to questions about the causes characteristics ,and psychological functioning of obesity suggest an innate desire and possible need for a more robust stature,, a bigger presence, and a feeling of weight which appeared to supersede any acquired negative attitudes to fatness.

Ms. Lakshmi Nair. K1, Dr. Anuradha. "Self-esteem among physically disabled and visually disabled late adolescents" 10 (Nov-Dec 2014),

This study emphasizes on the self esteem of the visually disabled and the physically disabled late adolescents, who are a marginalized group needing special attention especially when they are entering into their adulthood. The study aims to find out the level of self esteem among physically disabled and visually disabled late adolescents, and to know the gender difference in self esteem among them using a quantitative comparative research design. The sample size taken for the purpose of the study is 120, consisting of 60 physical disabled (30 male and 30 female) and 60 visually disabled (30 male and 30 female). For collecting the data simple random sampling has been applied. Rosenberg self-esteem scale was used and the respondents were asked to reflect on their current feelings. T-test was planned for the analysis of the data.

Result revealed that, there exit is a significant difference on self esteems between physically disabled and visually disabled late adolescents, with visually disabled late adolescents having more self esteem. Also there is no gender difference in self esteem of physically disabled and visually disabled late adolescents.

METHODOLOGY

OBJECTIVES OF THE STUDY

Following objectives are formed -

- * To study the effect of gender and to differentiate between male and female children on self- esteem.
- * To differentiate between visually impaired and normal children on self esteem.
- * To investigate the effect of interaction between gender and category of children (visually impaired/normal) on self-esteem.

HYPOTHESIS

In the light of objectives following hypothesis are formulated -

- * On self-esteem, male and female children will differ significantly from each other. However, male children will have comparatively high self-esteem than its counterpart female participant.
- * Visually impaired children will have significantly low self esteem than normal children.

* A significant interaction will exist between gender and category of children (visually impaired/normal).

SAMPLE SELECTION

The effective sample of study was consisted of 100 subjects classified into 50 visually impaired (25 male & 25 female) and 50 normal individuals (25 male & 25 female).

The sample was selected from various blind schools of Nagpur City using purposive random sampling technique. The age of the subjects will be ranges from 12 to 16 years. Their socio-economic-status was not considered while selection of subjects.

Sampling Design

Category	Treatment Groups	Gender (A)	
Types of Subjects (B)		Male (A1)	Female (A2)
	Normal (B1)	A1B1 (N=25)	A2B1 (25)
	Visually Impaired (B2)	A1B2 (N=25)	A2B2 (25)

TOOL USED

Self-esteem scale: The scale is developed by the Rosenberg (1965) used to measure self esteem. The scale consists of 10 items. It measures self esteem scores. The scale is highly reliable and validly. Its reliability quotient as per manual is - internal consistency was 0.77, minimum coefficient of reproducibility was at least 0.90, alpha coefficients ranged from 0.72 to 0.87, test- retest reliability for the two week interval was calculated at 0.85. The 7 month interval was calculated at 0.63

Scoring: award 3 score for Strongly Agree, 2 for Agree, 1 for Disagree and 0 for Strongly Disagree. Items with an asterisk are reverse scored that is, 0 for Strongly Agree, 1 for Agree, 2 for Disagree, and 3 for Strongly Disagree. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

PROCEDURE OF THE DATA COLLECTION

Initially the permission was sought from the various blind institutions of Nagpur city.

The subjects were then contacted to their respective places. Prior to actual administration of the scale, a rapport was established with all the selected subjects.

The subjects were then instructed as per the instructions give in the manual. After ensuring that the subjects understood all the instructions, the scales of self esteem was administered to small group of 10 to 15 subjects and ask them to complete it. After completion of their task, filled copies of response sets were collected. Same procedure was followed for all the remaining subjects. Since the subjects are blind, experimenter personally read each statement of the scale and recorded their response. Finally, obtained data were subjected for further scoring procedure and statistical analysis.

VARIABLES UNDER STUDY

In this study, visually impaired and normal children and their gender was treated as independent variables; whereas the score on self esteem was treated as dependent variables.

RESEARCH DESIGN

Karlinger (1978) stated that, research design is the plan, structure and strategy of investigation conceived, so as to obtained answer to research question and to control

variance. It is a detailed plan of the investigation. It is a blueprint of the detailed procedure of testing the hypothesis and analyzing the obtained data..

This is non-experimental ex-post-facto type of research. In order to study the main and interaction effect of two independent variables namely gender (male/female), category of children (visually impaired/normal) on self-esteem, 2X2 Fractional Design was used.

STATISTICAL ANALYSIS OF DATA

Ensuring that the score obtained on dependent measures meet the assumption of normality, at stage one the data was treated by descriptive statistics i.e. Mean and Standard Deviation. Secondly, the data was analyzed using Two Way ANOVA.

Finally, to search the intergroup mean differences Tukey's (HSD) Test of Multiple Comparisons was employed. Wherever necessary significant interactions are represented graphically.

RESULT AND DISCUSSION

The present study aimed at finding the differences between normal and visually impaired male and female children on self esteem. In this study, each independent variable was dichotomized with a view of forming sub-groups to get the following main and interaction effects. The analysis of variance is based on 2x2 factorial experiments for which two levels of each independent variable are taken into account. With the permutation and combination of two independent variables, four subgroups (with 25 respondents in each cell) are formed. The factors are designated as main effect A for Sex (A1=Male/A2=Female), B for types of subjects (B1= Normal /B2= visually impaired). The subgroups are A1B1, A1B2, A2B1 and A2B2.

For analyzing the data as per 2x2 factorial design, initially Mean and Standard Deviation for four treatment groups were computed. After ensuring the normality of scores obtained on dependent measure, to determine the tenability of hypothesis, the data were analyzed using Two Way ANOVA. And significant F ratio followed by multiple comparison test. The results obtained in this regard are presented in the table given below.

Table No. 4.1 Showing Mean and Standard Deviation values on Self-Esteem

Treatment Groups	N	Mean	SD
A1B1	25	25.56	3.61
A1B2	25	20.24	3.23
A2B1	25	26.76	3.39
A2B2	25	19.92	3.37

From observation of corresponding mean and standard deviation values, it reveals that the treatment groups differ from each other. Of the four classified groups, treatment group A2B1(M=26.76, SD=3.39) and A1B1 (M=24.56, SD=3.61) scored high on self esteem. However, treatment group A1B2 (M=20.24, SD=3.23) and A2B2 (M=19.92, SD=3.37) scored comparatively low score. High score on self esteem indicates high self esteem whereas low score indicate low level of self esteem. From overall

observation of these mean values, it seems that the group of subjects differ on self esteem. Though the differences exist in mean values are noticeable, in order to investigate whether or not the group of subjects differ significantly, further this data was analyzed using F test of significance i.e. Two Way ANOVA. The summary of the analysis of data in Two Way ANOVA is given in table 4.2

Table No. 4.2 Summary of Two Way ANOVA on Self -Esteem

Source	Sum of Square	df	Mean	F
A(Gender)	22.090	1	22.090	1.90(NS)
B(Types)	778.410	1	778.410	67.013**
AXB	39.690	1	39.690	3.417(NS)
Within	1115.120	96	11.616	
Total	54259.000	100		

(**Significant at .01 level)

Main effect A represent comparison between male and female subjects averaged over the two levels of B. The value for main effect A is F-1,902 for which we have 1 df at numerator and 96 df in the denominator is non-significant. Because obtained F value is not greater the expected value of I needed to be significant at .05 levels. This non-significant F ratio suggests that, male and female subjects do not differ on self esteem, because the difference between A1 (22,40) and A2 (23.34) is quite small. Whatever the difference exists between mean values are because of chance factors. Hence, this hypothesis stand rejected.

Main effect B corresponds to the comparison between normal and visually impaired children on self esteem averaged over two levels of A. The F -Ratio in respect of this factor has found to be $F = 67.013$ for df 1 at numerator and 96 at denominator is significant at .01 level. Because F value is quite greater than the critical value required to be significant at .01 levels. It reveals that, normal and visually impaired children differ from each other where normal children scored high ($B1=25.66$) than visually impaired children ($B2=20.08$) on self esteem. Hence this result supports to the stated hypothesis and consequently this hypothesis stands accepted.

Interaction AXB is non-significant, because obtained F value (3.41) is smaller than the value required to be significant at .05 levels, which for If in numerator and df 96 in the denominator. As the obtained F smaller the required critical value of F, we conclude that, the mean difference between male and female score on self esteem is not dependent upon or determined by the individual being normal or visually impaired. It means that, main effect A is more or less similar for two levels of B. The comparison of the mean difference between A1 & A2 for B1 as well as B2 reveals that, the magnitude of difference is more or less same for the two levels of B. In another word, gender (male/female) and types of children (normal/visually impaired) are independent to each other, a fact which has made the interaction non-significant.

DISCUSSION

In order to investigate the difference between male and female normal and visually impaired child on self esteem, present study was conducted.

Self esteem refers to one's overall assessment of one's worth as a person. Its adjustment of the oneself as well as an attitude towards self.

Visual impaired children are those children who have loss or abnormality in their visual functions. This study found that there is no significant relation of the self esteem among the normal children and visually impaired children.

The result confirmed the findings of the other studies that have found no difference.

When comparing the self esteem of sighted and blind people. In the studies carried out with children (Alexander 1996; Pierce and Wardle 1996).These study contradict findings of other works performed with adolescents that have found lower score in the blind.

In the present the hypothesis of gender difference could not get supported by result.

No gender difference exists on self esteem. Consequently it is rejected. It might be because of impartial parenting. Secondly, normal and visually impaired children found differ from

each other. It might have because of their physical inability they could not develop self esteem as normal did so. Interaction between male female normal and visually impaired yielded no interaction. Suggesting that both the factors are independent to each other. Other factors like socio-economic-status are not incorporated in the study which may be responsible for developing self esteem among children.

CONCLUSIONS

- * On Self-Esteem, male and female children do not found differ from each other.
- * High self esteem exists among normal children when compared with visually impaired children.
- * No significant interaction observed between gender (male/female) and types of children (normal/visually impaired)

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