



**SELF-CONCEPT OF THE PHYSICALLY DISABLED
IN INCLUSIVE SECONDARY SCHOOLS**

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Submitted in fulfilment of the requirement of the degree of
Doctorate in Educational Psychology
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OCTOBER 2003

ABSTRACT

This study assessed and described the self-concept of adolescents with physical disabilities in inclusive secondary schools, in Lagos state, Nigeria. Both quantitative and qualitative research methods were employed to generate information and to answer the critical questions posed for this study. The choice of methodological triangulation was based on the complex nature of self-concept and the philosophical perception of "self", especially as it relates to the Nigerian cultural society.

The instruments used to collect data, were the Self-Concept Scale (SCS), which measured the respondents' self-concept from the perspective of others' judgement of them and the Student Problem Inventory (SPI), which measured the respondents' self-concept from the perspective of their own judgements of themselves. Academic Achievement (ACA) obtained from the students academic records was used to determine the relationship between academic achievement and self-concept. Semi-Structured Interviews and Observations were used to obtain complementary data, and to further assess the elements of the self-concept, which were not assessed on SCS and SPI. The purpose of interview was also to allow the physically disabled to tell their stories which expressed the development of their self-concept overtime.

Results of the study revealed that the physically disabled description of their self-concept is low or negative. It was found that many factors influenced their negative self-concept, which includes the attitudes of the society towards the disabled, their socio-economic status, their schooling condition and above all the way in which they internalised these actions and reactions from their environment. Results also revealed no gender differences in self-concept. Statistically significant relationship was however found between academic achievement and the self-concept. A statistically significant relationship was also

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found between respondents' personal problems and their academic achievement. Respondents with positive perception of school had high self-concept and those with negative perception of school had low or negative self-concept.

It was suggested that researchers should create more interest in the study of physically disabled students, particularly those in inclusive secondary schools and more concern should be shown to the investigation of other factors that could affect the behaviour of this group of disabled. It was also recommended that the Lagos state government should become more concerned and serious about the education of the physically disabled in Lagos state. It is apparent that with proper policy decisions, the disabled students' condition could improve and their self-concept enhanced. This would result to positive adjustment and consequently fully functioning individuals that are ready to contribute positively to nation building.

DEDICATION

This thesis is dedicated to my amiable and affectionate husband, Olatunji Sulaiman and our fruits, Oladapo, Oladipupo and Oladoyin, my greatest sources of inspiration.

ACKNOWLEDGEMENT

I wish to express my profound gratitude to all those who contributed in one form or the other to the successful completion of this work. I am indebted to my amiable and affectionate mother, Mrs. B. O. Elewuro, you are indeed a mother among mothers. Words cannot express my gratitude to my darling step father, Alhaji, R. A. Elewuro for his unconditional love. Dad, Alhaji Gbindin-Idowu for always being there. My enduring love and gratitude to my darling husband Olatunji Sulaiman and our fruits, Oladapo, Oladipupo and Oladoyin.

My sincere gratitude to my promoter Prof. O. Bojuwoye I appreciate your contributions, suggestions, help and advice during the course of this study. Words cannot express my deep respect and admiration for my critique friend Prof. Cliff Malcolm, for his commitment, cares and concern. I also appreciate the effort of Prof. Gary, M. Clark (University of Kansas, USA).

I acknowledge the efforts of all my friends, Adesunkami, Arimiyau, Onasanya, Olaniyan, Yusuf, Kuti, Amosa, Salisu, and Sadiku, you are all friends in need.

I also recognise and honour the contributions of the following people:

- Prof. & Mrs. A. A. Jimoh, and family, they were like my family.
- Mrs. Elizabeth Ojewole, her shoulders were always there, to lean and cry on especially in my first six-month in South Africa, you shall never be found wanting.
- Dr. & Mrs. Dunmoye, Mr. & Mrs. Adediji, Dr. & Mrs Kibirige and Shameela Frances, they were my company and standby sources of mobility.
- Dr. and Mrs. O. O. Sulaiman for being wonderful in-laws.
- Dr. S. Singh, Nirmala Gopal, Indirani Naidoo, Dr. Z. Naidoo, and Dr. E Chohan.

Sulaiman, A. A.

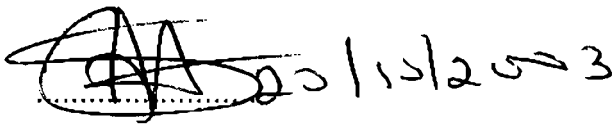
ACKNOWLEDGEMENT

- Mr. L. Khumalo, Ms. S. Manzi, and Mr. H. N. Muribwathoho for the support and courage provided throughout the course of the study and especially during the crisis periods.
- All the loving students that participated in the study, the counsellors and staff of Modupe Cole Memorial school for the physically and mentally disabled, particularly Mr Philips, you are a loyal student indeed
- The Spencer Foundation for the award provided to enhance the completion of the study.
- The University of Durban-Westville for given the University Council's Merit Award.
- The Late Vice Chancellor, Prof. Akesode and the present Vice Chancellor of the Lagos State University for awarding a three years leave for the successful completion of this thesis.

Sulaiman, A. A.

DECLARATION OF ORIGINALITY

I, Sulaiman Afolasade Airat, hereby declare that this dissertation is my own work, and has not been submitted previously for any degree at any university.

A handwritten signature in black ink, consisting of stylized letters and a date '20/11/2023' written to the right of the signature.

A. A. Sulaiman

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CHAPTER ONE**INTRODUCTION****1.1 BACKGROUND TO THE STUDY**

The past three decades have witnessed an international debate particularly in developed countries on inclusion, the term concurrently referred to as mainstreaming or integration. The goal of inclusion is to educate the disabled in normal classroom rather than in segregated class placement and to create a community in which all children work, learn and develop mutually supportive repertoires of social skills.

The genesis of inclusive education was the demand for improved and equal educational opportunities for all irrespective of disabilities. Subsequently, a public law titled "Education for All Handicapped Children Act", approved in the United States in 1975 generated a world-wide shift from segregated schooling to inclusive schooling (Maureen, Maxwell & Collen, 1999). The act required all states to provide special education and related services to all children and youth with disabilities in regular school environments. It also required states to provide free and appropriate public education to all children with disabilities.

The debate on inclusion emanated from voices supporting and those criticizing inclusive education. The voices of those supporting inclusive education, such as Stainback and Stainback (1991), Kaufman, Gottlieb, Agard and Kukie (1975), Kaufman, (1994), Gartner and Lipsky (1989), and Lipsky and Gartner (1996) assert that inclusive education is the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving equal educational opportunities for all. They also asserted that with adequate support, technological, physical, social and moral, all disabled persons, irrespective of the severity of their disabilities should learn in inclusive schools. Critics like Krineberg and Chou, (1973) Jenkins, Pious and Jewel, (1990); and Shanker, (1994) argued that inclusive schools will not adequately

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meet the needs of the disabled. They further argued that disabled children will receive more attention and therapy in segregated schools rather than in inclusive schools and that mainstream curriculum, instructional strategies and teaching materials in regular schools, are inappropriate for the unique learning characteristics of the disabled students. They also argued that parents' involvement in maintaining a disabled child in ordinary schools is greater than the involvement in special schools.

Notwithstanding, the policy of inclusion is here to stay because of its natural tendency to eliminate discrimination and provide equal educational opportunities for all learners. Many countries (both developed and developing) have adopted and inculcated the policy of inclusion in their education policies. Nigeria like other developing countries adopted the policy of inclusion as in her National Policy on Education in 1981. The policy document stipulates the integration of special students into regular classrooms, and free education for exceptional students at all levels. Section 8 of the policy document states as follows with regards to inclusion:

- Give concrete meaning to the idea of equalizing educational opportunities for all children, their disabilities notwithstanding.
- Provide adequate education for all handicapped children and adults in order that they may play their roles fully in the development of the nation.
- Provide opportunities for exceptionally gifted children to develop at their own pace in the interest of the nation's economic and technological development (Fed. Min. of Edu.1981).

Subsection (55a) of the policy document, affirms the integration of special students into regular classrooms, free education for disabled students at all levels, and the provision of suitable employment opportunities to all workers with

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disabilities. Further, to provide a clear and comprehensive legal protection and security for Nigerians with disabilities, as well as establish standards for the enforcement of their rights and privileges guaranteed under this policy, the federal military government of Nigeria in 1993 promulgated a disability decree. Thus, the Nigerian National Policy on Education prescribed inclusion as the most realistic delivery system of educational service for the disabled, but also recognizes and accepts other placement options as dictated by severity of the disability.

Therefore, in practice in some states particularly Lagos state segregated schools constitute the mode of educating the disabled in primary schools, which has been very effective especially for the physically disabled. It eliminates the concomitant problems of mobility, inadequacy of support staff, dependency, and the geographical fragmentation of basic equipment or materials. At the secondary and tertiary levels, the mode of education is inclusive. The disabled students move from segregated primary schools to inclusive secondary schools due to non-availability of special schools at this level. These inclusive schools, according to studies (Adima, 1991; Abosi, 1988; Eleweke and Rodda, 2000) lack adequate technological equipment and incentives needed to provide special needs education.

Gana and Njoku (1999) argued that inclusive education faces dire need of and demand for special equipment. It was further argued that there are inadequate specially trained teachers, lack of incentives for available specially trained teachers, lack of proper administration and supervision of monitoring inclusion. According to Adima (1991) investments are much better for the blind, the deaf and individuals with speech disorder in these schools than for the physically disabled. To date, there is little research conducted on the physically disabled in

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inclusive schools. Focus is mostly on the deaf, blind and mentally retarded children. In addition, focus of studies was on disabled students in special schools. Less attention had been paid on those in inclusive schools, especially the physically disabled (Abosi & Ozoji, 1985; Mba, 1986; Olukotun 1992; & Eniola, 1996).

Mba (1986) had earlier observed that there are more schools for deaf children than there are for other category of the disabled. It was observed that only deaf students are placed into schools with special consideration for their disabilities. They are also placed into specific regular secondary school with facilities and support services appropriate for their hearing disability. In other words all deaf students in Lagos state secondary schools are at the State High School Surulere. One cannot categorically say this for the physically disabled students. It was also observed that the physically disabled are not placed into schools with special consideration for their disabilities, which forced them to attend schools far away from home and consequently exposes them to the attendant dangers of transportation. However, section 9 of the 1993 Nigerians with Disabilities Decree states that:

- A Disabled person shall be entitled to free transportation by bus, rail or any other conveyance (other than air travel) that serves the general public needs.
- All public transport systems shall take steps to adapt required fittings for needs of the disabled.
- Priority shall be given to the disabled in all publicly supported transport systems. Accordingly reasonable number of seats shall be reserved solely for the use of the disabled.

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In spite of the above, there are no government operated public buses available for disabled students' use. They are therefore often left with no options other than to struggle with other persons ("normal") for buses to school. There is nothing like "priority" or "free transport" as stated above neither is there "access" or "suitable exits" as stated in section 8 subsection 2 of the decree.

Furthermore, majority of these students are from segregated boarding schools where they had adequate support services and facilities at their disposal. How do they manage this change and what impact does it have on their self-concept? Obani and Visser (1998) assert that inclusion in situations like these meant, children are involuntarily mainstreamed or merely included in schools without any provision for actual integration. Smith (1996) however, posits that inclusive education implies far more than being there. According to Smith, a disabled student in an inclusive education/classroom has not only the right to be there, but also an expectation to receive an appropriate education in the setting. This connotes the provision of adequate/necessary types of equipment and different levels of support required to prepare and effectively educate students with special needs.

Napolitano (1996) noted, "being able to use the environment is about being able to get about, at a deeper level, is about a sense of belonging". He further noted that psychologically the implication of schooling in a situation like this is obvious that you do not belong here, you are not welcomed here or you are not part of us. Roeser, Midgley, and Urdan (1996) posit that the feeling of belong, mediates the relationship between the school environment and the students.

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The ongoing, indicates a wide gap between policy and practice. It equally suggests basis for a depressed self-concept for the physically disabled. According to Olowu (1990) self-concept is pivotal to adjustment process. It is an important construct in explaining behaviour, and a major factor in achieving mental health. Depressed self-concept according to the psychologists (Rogers, 1959; Olowu, 1990; Mwamwenda, 1995; Mittler, 2000; Ajobiwe, 2000; and Hayes, 2000) leads to negative adjustment and state of incongruence or maladjustment. Mittler (2000) argued that positive self-concept facilitates positive adjustment while negative self-concept facilitates negative adjustment. How the environment is perceived, (positively or negatively) depends on the judgment or assessment of self in relation to the environment and the reality lies not in the event but in the person's perception of the event. Thus, to ascertain the level of adjustment and mental health of the physically disabled in an inclusive environment the study of their self-concept is paramount, especially in education where positive self-concept is seen both as a desirable educational outcomes and an important determinant of academic achievement.

Self-concept here is referred to as the organization of self-perception, which becomes the most significant determinant of response to the environment and governs the perception of meanings attributed to the environment (Prescitelli, 2002). A person's perceptions of him/herself influences the way in which he/she acts, and the way he/she acts in turn influences the way he/she perceives him/herself (Shindi, 1990). The self-concept of disabled persons has generally been the focus of many studies, who had been concerned not only about the general level of the disabled self-concept but also about the relationship between the subscales of self-concept and total self-concept, as well as the differences between the self-concept of disabled persons and non-disabled persons.

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Studies have however revealed conflicting results on the assumption that children with disabilities will develop low self-concepts compared to their able counterparts. One set of studies such as Harrower and Kraus, (1951); Wright, (1960 1983); Cohen, (1962) Pringle, (1964); Shontz, (1974; 1971 1990); and Breakey, (1997); reported no substantial evidence to indicate that persons with an impaired physique differ in their emotional, social and overall adjustment as a group from their able-bodied peer.

Another set of studies, such as Barker, Wright, and Genick, (1953); Cower and Brobrove, (1966); Weiss, Fishman and Krause, (1971); Matulay and Pauloukin, (1972); and Shindi, (1990) found significant differences in the level of self-concept and adjustment of disabled and non-disabled persons. The third set of studies reported that children with disabilities scored lower on measures of self directly affected by their disability (Chapman, 1988; Cooley & Ayres, 1988 and Grolnick & Ryan 1990). Smith (1996) however contended that there exist a large number of differences between disabled persons and non-disabled persons, which affects' their psychological development, thoughts and self-concept.

Nonetheless, self-concept remained pivotal to the adjustment process and positive self-concept constantly relates significantly to positive adjustment while negative self-concept relates to negative adjustment. Thus to develop a fully functioning disabled individual, who could contribute significantly to nation building, efforts should be made to enhance their positive self-concept. This could only be achieved when the disabled children's current level of self-concept is known. Therefore, as all persons with disabilities are increasingly enabled to live, go to school, work and spend leisure time in normal settings, greater emphasis must be placed on their self-concept or self-determination. Especially

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on how their working and living environment could be adapted to make for their positive self-concept.

1.2 STATEMENT OF PROBLEM

It was against the background of the above discussion, that this study examined the self-concept of the physically disabled in inclusive secondary schools in Lagos state, Nigeria. Students in secondary schools in Nigeria are adolescents, and adolescence is the period of life when physical appearance and posture tend not only to assume heightened importance, but also became rigidly standardized as to what constitutes appropriateness, especially as they become more preoccupied with their identity formation (Wright, 1983). For the physically disabled in Lagos state and Nigeria in general, the task is compounded not only by disability but also by poverty and its attendant problems. Beyond the problems of adolescence and transition to college, the physically disabled students in inclusive secondary schools also face the challenge of using dissimilar others rather than similar others to form an estimate of self worth. It is a known fact that negative self-concept results in maladjustment while positive self-concept facilitates positive adjustment (Hayes, 1994). Therefore the major concern of this study was to ascertain and describe the level of self-concept of disabled students in inclusive secondary schools in Lagos state, Nigeria.

1.3 PURPOSE OF THE STUDY

This study was designed to identify and describe the self-concept of the physically disabled adolescents in inclusive secondary schools in Lagos state, Nigeria. Bearing in mind that there are different aspects or elements of self-concept that could be described, the researcher's interest was on the impact of

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physical disabilities on the self-concept. Being in an inclusive school was also an important factor for this research. It was of interest to find out the impact of being in an inclusive school on the physically disabled self-concept. Interest was also on other factors, such as gender, academic achievement, and personal problem, which may also have an impact on the self-concept.

1.4 CRITICAL QUESTIONS

The following critical questions were therefore generated to provide necessary directions as to what data should be collected in describing the self-concept of the physically disabled adolescents' in inclusive secondary schools in Lagos state.

- How do physically disabled adolescents in Lagos state secondary schools perceive their self-concept?
- How does gender affect the perception of the self-concept?
- What is the relationship between academic achievement and self-concept?
- What is the relationship between personal problems and the self-concept?
- How does the school environment impact on the perception of self-concept?

1.5 RATIONALE FOR THE STUDY

The rationale for this study stems from my personal knowledge of the pathetic and neglective conditions of the physically disabled adolescents' in Lagos state secondary schools in Nigeria.

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In Nigeria, admission into secondary school is by passing either the federal or state common entrance examinations. Placement into secondary schools for the physically disabled students is expected to go beyond performance to include special consideration for their disabilities. Not considering their disabilities when placing them into secondary schools negates the National Policy on Education's "equal educational opportunities for all", the policy of inclusion and the proposed blue print as submitted by Mba (1976), which states thus:

To provide adequate education for this class of disabled children and youth, planners will need to know the nature, as well as educational effects of the prevailing handicaps within the group ----- basic needs such as wheel chairs, special type writers, book racks and moveable boards should be taken care of (pp7).

Similarly, in recent times, empirical studies generally revealed very little on the self-concept of physically disabled adolescents in inclusive settings in spite of volumes of research studies on self-concept. Most of the studies that concentrated on physical disability were in the 1950s and early 1980s (Breakey, 1997). Perhaps with the evolution of inclusive education, researchers' interest turned to social acceptance, that is, whether the non-disabled students will or will not accept the disabled students, with less concentration on self acceptance. This is probably based on the premise that others acceptance influences self acceptance. For example, of all the twenty three published articles reviewed on social integration of disabled persons in inclusive schools by Shirley and Russell (1992) only one focused on the self-concept of the physically disabled students. All others were interested in the students' social integration. Sebba and Sachdev (1997) also reported that there are few empirical studies on the physically disabled. Stainback, Stainback, and East (1994) in their commentary on inclusion

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and the development of positive self-concept acknowledge that self-concept, as an important aspect of enhancing positive social adjustment has not been well attended to in research.

Therefore, studying the self-concept of the physically disabled in inclusive secondary schools is not only important but also necessary. The fact that the non-disabled peers accept the disabled does not mean the disabled automatically accept themselves, especially in Lagos state where disability is compounded with lack of proper placement and lack of support services that will enhance effective schooling in an inclusive environment. The fact that they are adolescents with overt physical difficulties which affect their mobility or motor activities and hinder their functioning, unlike other children, calls for attention. Studies have shown that children that are physically attractive exhibit positive self-concept, gain considerable attention and are perceived positively by peers and adults, while those with abnormal physique either real or imagined exhibit low self-concept (Akiba 1998; Usmiani and Danumk 1997).

Thus, if measures of satisfaction with the various parts of the body correlate significantly with overall self-concept and if inclusive education aims at enhancing positive social adjustment, then the self-concept of the physically disabled adolescents in inclusive secondary schools should generate some concern. Unfortunately, there is no research evidence to suggest that the physically disabled will thrive in a physical and psychologically hostile environment. This study therefore presents the self-concept of physically disabled adolescents in inclusive secondary schools in Lagos state, and their challenges and needs. With the hope that the data generated might enable educators and planners find ways of adapting the environment to suit the educational needs of the physically

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disabled students. In order to enhance their self-concept, social acceptance, academic performance and above all, produce a fully functioning disabled individual.

1.6 SIGNIFICANCE OF THE STUDY

This study was conducted to identify and describe the self-concept level of the physically disabled adolescents in inclusive secondary schools in Lagos State, Nigeria. Little is known on this group of disabled in inclusive schools and this lack of information hampers the provision of adequate facilities and attention required with regards to adjusting their environment, to enhance their learning and overall development. Therefore, the findings of this study will have the potential of informing education policy makers, planners, administrators and teachers on the education and adjustment of the physically disabled in inclusive secondary schools in Lagos state in particular and Nigeria in general. The findings of this study could provide insights into better understanding of the disabled and how best to provide for their proper integration into the school system. This study could also be a source of data for researchers' seeking to understand the education and adjustment of this group of disabled.

The study could inform educational policy makers, administrators and planners on making policy decisions on the following:

- Proper adjustment of the school environment to suit the physical and psychological needs of the physically disabled students.
- Proper placement of the physically disabled into secondary schools.

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- Provision of adequate technological equipments and support services needed to facilitate effective teaching, learning and overall growth.
- Need for continuous and constant evaluation of inclusive education in schools.
- The need for mandatory laws and policies to enhance commitment and reduce neglect.

The availability of these facilities will promote the acceptance of the disabled through the reduction and removal of social stigma, will enhance positive self-concept and social competence of the physically disabled to fit into inclusive society. The non-disabled students' attitudes will also change towards the disabled students. With proper policy decisions, it is apparent that the disabled students' condition will improve, and positive self-concept would be enhanced, which would result to positive adjustment and consequently fully functioning individuals who are ready to contribute positively to nation building.

Further, understanding the self-concept of the disabled could enhance change in the public's attitudes and systematic attention towards persons with disabilities. Parents' in particular could be oriented on the implication of proper child rearing and child bearing on the development of positive self-concept for their wards.

The result of the study will undoubtedly be of immense use to counsellors who are constantly called upon to enhance worthwhile adjustment for all students generally but for disabled students in particular. This study may also serve as a means of communicating the voices of the physically disabled to the government and the agencies concerned with their education and welfare in general.

CHAPTER ONE**INTRODUCTION****1.7 METHODOLOGY IN BRIEF**

The purpose of this study was to identify and describe the self-concept of the physically disabled in inclusive secondary schools. The physically disabled students are in the best position to describe and express their self perceptions. If you want to know what is happening to an individual the best way to do this, is to ask him/her. Thus, in order to ascertain the level of self-concept of the physically disabled, they were asked to respond to self report scales, and other instruments that elicit information on their self-concept.

The instruments used are the Self-Concept Scales (SCS) by Iwuji (1996), and the Student Problem Inventory (SPI) developed by Bakare (1977). These inventories were chosen because they have been confirmed reliable, valid and culturally fair for use in Nigeria (Eguwegbulam, 1997). SCS was used to ascertain subjects' level of self-concept. Based on their responses, they were placed into categories of high, average and low level self-concept. SPI was used to ascertain the relationships between self-concept and life problems of subjects, and as an alternative measure of self-concept. Academic records of respondents were obtained from the school's record. Average score of each respondent for three terms in all schools subjects' served as the respondents' academic achievement. Semi structured interviews and observations were used as alternative measures of self-concept, triangulation of data, and insight into the actions and reactions of the physically disabled to the environment. All the physically disabled students in seven inclusive secondary schools within three local governments in Lagos state formed the sample for the study.

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Four (4) out of the ninety-four (94) physically disabled adolescents who formed the sample for the study were selected for more intense study. The purpose of selecting the four respondents was for a boy and a girl to represent individuals with characteristics of high and low level self-concept and an opportunity for them to express themselves. The respondents, their peers, and the physical environment of the schools were observed. Analyses of the open-ended section of SPI served as a guide to aspects that were observed. Observation according to Imenda & Muyangwa (2000) is the most direct method of studying events. It allows simultaneous recording of both behaviour and circumstances, and permits the recording of events which could be left out in a questionnaire or in an interview.

The Self-Concept Scale (Iwuji, 1996) was used to measure subjects' perception of their self-concept. The scale has five sections, Self-acceptance (SA), Social-confidence (SC), Self-security (SS), School affiliation (SCA) and Social maturity (SM). Total self-concept's scores were generated from the calculation of the mean score for each scale. The Student Problem Inventory (SPI) was used to measure life problems that relate to and affect the self-concept. SPI has eleven sections, which measures the individuals' perceptions of self in terms of their personal problems, such as Physical and health problems, Financial, Social relations, Sexual, Socio-psychological, Physiological, Family and Moral, religion, Vocational/Future problems, Academic and Study problems and School adjustment problems. It equally has an open-ended section, which ask students' to state other problems that bothered them, and to indicate if they would like to speak to someone about these problems.

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Analyses of data were done in two phases based on the critical questions raised and methods of data collection used in the study. The first phase employed the use of the SPSS for windows version 11.0-computer package to analyze responses to the critical questions. Descriptive statistics in the form of frequency counts, mean, standard deviations and graphs were used to analyze personal data (such as age, class, name of school, gender) and inferential statistics such as the Pearson moment correlation coefficient (r), the Chi square (χ^2) and Analysis of Variance (f) were used for the critical questions.

The chi square statistic (χ^2) was used to ascertain the level of differences in subjects' responses on the scale and the subscales. The Pearson Product Moment Correlation Coefficient statistics (r) was used to explain the relationship between responses on each aspect of self-concept and total self-concept, between academic achievement and self-concept and between SCS and SPI. In order to ascertain the significant effect of each aspect of self-concept measured on total self-concept, one-way analysis of variance (ANOVA, f) statistical method was used.

The second phase of the analyses of data, involved the transcription of data generated from semi structured interviews and observations. After transcription, they were later categorised into themes according to the critical questions and emerging issues and were presented in narrative form, intermittently highlighting the factors that influenced self-concept.

CHAPTER ONE**INTRODUCTION****1.8 OPERATIONAL DEFINITION OF TERMS**

For clarification of concepts that were used in this study, the following terms are operationally defined.

- Physical disability
- Inclusive education
- Self-concept
- Secondary school
- Academic achievement

Physical disability

The terms "impairment", "disability" and "handicapped" are often used interchangeably in the literature, but their meanings and implications are quite different. Therefore, for the purpose of this study these terms are defined for clarity of use.

According to the World Health Organisation (WHO, 1980), **Impairment** is any loss or abnormality of psychological, physiological or anatomical structure or function of the body.

Disability is any restriction or lack of, (resulting from an impairment) of ability to perform an activity in the manner within the range considered normal for human beings.

Handicap is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role for the individual.

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Thus disabled persons are not physically handicapped but physically disabled or impaired, The society dictates and directs their condition which renders them either handicapped or not. For example a leg amputee is impaired, owing to the loss in locomotive ability, he/she is disabled. However, given all supports required, such as, a conducive environment, good education, satisfactory prosthesis, sedentary job, a car adjusted to the use of hands and access to recreation. The individual is not handicapped but when the condition of living and the environment is not adjusted to suit the disability, the individual becomes handicapped. Therefore, the term disability is used in this study in the same manner as impairment, while handicap is used as a limitation from the environment.

According to Mba (1985) physically disabled, are persons endowed with educable minds, although their body functions or parts are impaired to the extent that they cannot be adequately or safely educated in classes meant for normal children without some special assistance. They include the blind or partially sighted, the deaf or severely hard of hearing, the orthopaedic handicapped or crippled and children with chronic medical problems of a physical nature.

The South Africa Definition department (Definitions, 1987) defined a physically disabled person as an individual born with a physical impairment or who has a physical limitation such as an anatomical loss of major extremities, paralysis, physiological disorder or any other condition affecting important body functions due to illness, accident or age. Furthermore there is limited mobility as well as limitations of one or more life activities. The physical condition is irreversible and continues indefinitely in the life of the sufferer (Definition, 1987: 5).

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This study adopts both definitions, however, unlike Mba deaf students are not categorized as physically disabled. Hearing disability involves problems with communication and interaction with the social environment and not problems with overt physical appearance, mobility and difficulty of performing tasks involving the use of motor controls.

Consequently, physical disability in this study is all impairments that are overt, visible, that substantially affect appearance, posture, mobility, co-ordination of body parts and/or limits one or more of major life activities of the individual. It may be inherited or caused by accident, diseases/illness or assault. This definition includes the blind, orthopaedic disabled, amputees, hunched backs, poliomyelitis, brittle bones, cerebral palsy and any physical absence or malformation of any body parts, (Ojekunle, 1999). It should be noted that there are some disabled persons that fall within these categories and other categories not stipulated here; they are equally included as long as they are educable.

Inclusive education

The term inclusions is often confused with and used interchangeably in the literature as “integration” or “mainstreaming”, however there are conceptual differences between the terms, which has important implications for pedagogical practice, and programmatic reform. **Integration** is the act of placing the child either in a mainstreaming school or in an inclusive school

Mainstreaming is the education of the disabled students and the non-disabled together in the same setting or school, in different classes but are allowed to occasionally come together (Salisbury, 1991). Salisbury further argued that this process remained inherently hierarchical, unequal and contradicts the aim of inclusion.

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Inclusion on the other hand is the education of the disabled and the non-disabled together in the same school and same class (Bunch 1994). According to Bunch, inclusive education means, all students must have opportunities to be enrolled in the regular classroom of the neighbourhood school with age-appropriate peers, or to attend the same school as their brothers and sisters- what he termed "full inclusion".

Mayrowetz and Weinsein (1999) defined inclusion as a visible and integrative education policy with the aim of bringing all students including those with disabilities into full membership within the local community.

This study adopted these definitions because of its relevance to the Nigerian education policy, which prescribed inclusion as the most realistic delivery system of educational service.

Thus, inclusion in Nigeria is the education of the disabled and the non-disabled together in the same class and in a normal school environment.

Self-concept

This is another term that is confused and often used interchangeably in the literature to mean one and the same thing with the two key terms, "self-image" and "self-esteem" but they do not have the same meaning. **Self Image** is the picture of what an individual has about him/herself or how the self is pictured or perceived, it is the component of real self and ideal self. **Self-esteem** is the personal judgment of worthiness that is expressed by individuals, which is making conscious judgment regarding one's significant importance.

Self- concept is an umbrella term for self-image and self-esteem (Burns, 1982; Kaiser, 1990; Pearson and Nelson, 1997). Self-concept is an umbrella term made up of those beliefs and evaluations an individual has about him/her, self-image is made up of those beliefs while self-esteem is the evaluation.

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Self-concept in this study is the totality of what an individual conceive of him/herself, his/her beliefs and evaluations, the physical, personal, social and emotional self.

Secondary school

Secondary education is the form of education children receive after six years of primary education and before the tertiary stage. The broad aims of secondary education within the Nigerian society have an overall national objective of preparing students for higher education and useful living within the society. Children between the ages of 10 or 12 and 16 or 18years attend secondary schools in Nigeria.

Academic Achievement

Academic achievement in this study connotes students' performance in school subjects. Studies have demonstrated that students' achievement in schools does affect their self-concept (Mwamwenda, 1995).

CHAPTER TWO**THEORETICAL FRAME WORK****2.1 INTRODUCTION**

This chapter presents the fundamental theories that guided this study. Self-concept broadly is a multi-dimensional construct that refers to the way an individual perceives, feels, thinks about and evaluates the self (Olowu, 1990). It is a personal construct that could be described in different ways, depending on the describer's aims and culture or context. Thus, there is no consensus on what the forms and the directions of its description should take.

Contemporary psychologists use the term "self-concept" rather than "self" as used by earlier psychologists such as James (1890). The "self" is generally perceived as being either "interdependent", or "independent", depending on the culture and philosophical position of the society. In African societies for example, the self is said to be "collective or interdependent" while in Western societies it is "individualistic or independent." Mwamwenda (1995) asserts that the independent self leans on the private self, which is the way in which an individual perceives the self, for example 'I am beautiful' 'lame' or 'cripple', while the interdependent self leans on the public self which is others perception of an individual, for example 'she is ugly' or 'she is cripple and worthless'. The independent self is analytic, monotheistic, individualistic, rationalistic and materialistic while the interdependent self is subordinate, obedient, reliable, conforming and submissive. Mwamwenda further noted that self perceptions in Africa tend to lean on the public self, which is the acceptance of the perception of the individual by significant others. Therefore, it is evident that there are implications to the self perceptions, which leans on the public self.

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Thus, considering the implications of the nature of "self" in the Nigeria, like any other Africa society the study was best informed by the phenomenological self-theory of Carl Rogers (1969). Although, no single theory can explain human behaviour, however, Rogers's theory typifies an approach to an individual's behaviour that stresses why people can and should be understood in terms of how they view themselves and the world around them. It equally gives attention to the concept of the self and experiences related to the self. For a clearer perception of choice, the following self-theories were examined:

- African theory of self
- The self-theory of Charles Cooley
- The self-theory of George Mead
- Phenomenological self theory of Carl Rogers

2.2 AFRICAN THEORY OF SELF

The "self" in the African context is conceived as coming into being as a consequence of the group's being (Markus and Kitayama, 1991; and Olowu, 1997). According to Mwamwenda (1995) there are three aspects of self; the "private self", the "public self" and the "collective self". **The Private self** is the way in which, individuals perceive themselves, which may be as a result of personal observation or feed back from others. **The Public self** is what others think of a given individual which may be accepted or rejected by the individual.

The Collective self is similar to the public self but it is restricted to smaller groups of significant others, for example one's immediate family. It should be noted that the three aspects are essentially interrelated.

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It should equally be noted that the philosophical concept of self is similar and common in all African cultures. In other words what is obtained in Nigeria is not significantly different from that of other cultures in Africa. In the African context, especially in the Nigerian traditional philosophy, emphasis is not placed on the individual but on co-operate body. Whatever affects an individual, affects the corporate body. Whatever affects the group affects the individual. In order words the African concept of self is whole. Nigeria's view of self-concept is that "I am because we are, and because we are, therefore I am" (Olowu, 1997). This is similar to the Zulu's of South Africa's "*umuntu ngumuntu ngabantu*", i.e. "a person is a person through persons" (Shutte, 1993).

This view of the self and the relationship between the self and others, presents the person not as separate from the social context, but as more connected and less differentiated from others. This view is based on the African religious world view construct, which holds that the universe is not void, but filled by different elements. These elements according to Crafford (1996) are held together in unity and harmony by the life-force or spirit-force, which maintains a firm balance or equilibrium between them. Different meanings are attached to the different elements in terms of the quality and quantity of life-energy or spirit- force each element possesses (Bojuwoye, 2002). Thus, individuals do not exist in isolation but are defined in terms of their relationships with others. This can be interpreted as both a factual description and a rule of conduct or social ethic, that describes human beings as "being-with-others" and prescribes what "being-with-others" should be all about.

According to this philosophy, individuals only exist in their relationships with others, and as these relationships change, so do the characters of the

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individuals. The individuals' self-concept is essentially an extended identity of the group - simply an integral part of the group, what Markus and Kitayama (1991) referred to as the "interdependent self", which translates into a constant concern for belongingness, reliance, dependency, empathy, occupying one's proper place or reciprocity and a sense of community.

Therefore, the physically disabled would perceive themselves worthy, or not, depending on the judgment of others' or the feedback that they receive from others. Literature however, has it that attitudes towards the disabled in Nigeria are not different from hostility, neglect and mistreat (Mba, 1986; Ajobiewe, 2000). This suggests a negative self-concept. It should be noted however, that these attitudes are based on the cultural beliefs and traditional philosophy of the Nigerians. Abosi (2002) noted that an average Yoruba woman for example would not like to have anything to do with a disabled child; she would not even want to pay a visit to a special school, especially when pregnant, this is to avoid having a child with disabilities. This is based on the belief that disabilities are continuous tragedy, a stigma in the social status, and that she might have a disabled child if she mingles with the disabled.

This same belief also has it that any illness is a sign of disharmony in nature. According to the African traditional belief, nothing happens in nature without some explanations or reasons. Therefore, diseases, misfortunes (including accidents and disabilities) are all attributed to inscrutable acts of the gods. The gods are said to inflict diseases or misfortunes on a person who has violated a taboo or cultural values of conduct. People therefore generally have negative attitudes to disabled individuals and would not want to associate with the disabled so as not to be punished together by the gods or the ancestral spirits.

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Though, contemporary African psychologists contend that when studying African behaviour, African philosophy should be adopted, nonetheless, the Nigerian and African philosophy of self, depicted above is changing or being eroded, as a result of acculturation, urbanization, and western education. Charity, Akotia and Olowu (2000) argued that the communal relation has weakened and as the order changes, it yields to new culture and self-concept. Nsamenang (1997) added that psychological theorizing and methodology, which largely reflects socio –cultural models of western cultures and Euro-American mainstream psychology, exists in many African/Nigerian Universities. The theories, methods, textbooks, and curriculum in psychology are derived from western psychology. Above all, most of the Nigerian psychologists are trained abroad; they maintained the North-South networks they had developed while studying abroad.

Thus, one is left with no option, other than using Western theories alongside the African theory, since acculturation, education and urbanization are eroding or have polluted the “we” nature of self-concept. The pollution for example, could be seen in the contemporary family structure. In the traditional African society, it was “the extended family and me” while in contemporary African societies it is “Me and my immediate family”. The African society is more or less in the state of flux, one leg in the traditional and the other leg in the “modern” or western.

Moreover, it should be noted that the interdependent self is not uniquely or exclusively African, though in contemporary Western societies, the concept of the self is that the individual is entirely separate from social contexts and relationships. However, as shall be seen in the symbolic interactions' theory of self, “the self”, rather than being seen as an isolated individual, is perceived as embedded in its cultural, social and family context. From the very beginning,

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psychological theories of the self in Western societies have recognised how important other people are in influencing an individual's perceptions of self. William James (1890) for example, argued that the self develops from social comparisons. Williams like Cooley (1902) and Mead (1934) argued that individuals compare themselves with "significant others", and use this information to develop an idea of what they are like.

2.3 THE SELF-THEORY OF CHARLES COOLEY

Cooley (1902) posits that individuals cannot experience self-fulfilment without useful interactions. Self and society are twins, and the notion of a separate and independent ego is an illusion. As mentioned earlier, this Cooley's concept of self is similar to the African concept of the self. Cooley noted further that what an individual labels as "self", evoked stronger emotions than what is tagged as "non-self", it is only through subjective feelings that self can be identified. The importance of subjective interpreted feedback from others as the main source of data about the self was also emphasized.

Cooley posited that a person's self-concept is significantly influenced by what the individual believes others think of him/her. The looking glass reflects the imagined evaluations of others about one. The development of self-concept is compared to a looking glass or mirror. He outlined the general self-development process as:

- Individuals attempt to perceive themselves by imagining how others perceive them, or by asking themselves; "How do I appear before others?"
- This process of using other people as mirrors to tell us who we are is the "looking glass self" process.

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- We may reject or accept other people's reflections of the self, but these reflections nevertheless have an impact.
- So who we are depends very much on the people we interact with, their reactions and evaluations of us.

Thus, the self is developed in relation to the individual's interpretation of physical and social reality. Objects in this reality include the physical body, opinions, purposes, possessions, ambitions and any ideas or system of ideas drawn from the communicative life that the mind cherishes as its own. The images that are reflected to the individual through the different mirrors are interpreted based on personal judgment and feelings attributed to the images. The looking glass theory of Cooley reflects the importance of significant others in the development of the self-concept. The implication for the physically disabled is that the actions and reactions of significant others in their lives, for example/ their parents, siblings, teachers and their non disabled peer, significantly impacts on how they perceive themselves.

2.4 THE SELF-THEORY OF GEORGE MEAD

Mead (1934) expanded on Cooley's looking glass self theory and stated that the self-concept arises in social interaction as an out growth of the individual's concern about how others react to them. In order to behave appropriately, the individual learns to interpret the environment the way others do. The self is a social structure arising out of social experience. The self-concept comprises the process self "I" and the object self "me". The "I" is the self as the knower and the "me" is the self as known. The "me" which is the object of the "self" is made up of four components namely the "spiritual self", "material self", "social self" and the

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“physical self”. The “I” encompasses all the psychological processes that control and influence the behaviour of the individual.

Mead differentiated between the “I-Me” dichotomy by giving them different contexts of operation. In situations of group membership, status, role and interaction with other, the “Me” is emphasized. The “I” is the impulsive tendency, the unorganized, undisciplined and undifferentiated activities of the individual. The unorganized and undisciplined ‘I’ develops into the “me” which is strongly influenced by social norms. Thus, according to Mead the development of the self is based on the emergence of the “me”. The self is composed of numerous elementary selves, which mirror aspects of the structure of the social process. A reflection of the entire social process is contained in the structure of a complete self. According to Mead, the self-concept is ultimately created by society.

2.5 THE PHENOMENOLOGICAL SELF-THEORY OF CARL ROGERS

According to Rogers (1969) every individual exists in a continually changing world of experience of which he/she is the centre. What he termed the phenomenal world. A criterion of the theory is that self- concept is not only influenced by past and current experiences, but by personal meanings each individual attaches to his/her perception of those experiences. It is this private personal world that influences the self-concept. Rogers argued that human behaviour is governed primarily by each individual's sense of "self-concept", a person's perception of himself, which does not correspond with his organism self. To develop a positive self-concept there must be congruence between the self-image (the real self and the ideal self) and the self-esteem (the evaluative self).

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The Real self is the subset of self-descriptive perception that relates to the person's characteristics or qualities. **The Ideal self** is the subset of self-descriptive perception that reflects qualities the individual desires to achieve, while **the self-esteem** is the evaluation, the judgment of ones self-image. Where there is incongruence between the self-image and the self-esteem, the individual tends towards dissonance or maladjustment.

Rogers further argued that the "self" plays an important role in the determinant of behaviour and a major factor in achieving mental health. Individuals that are able to maintain congruence between the real and ideal self are psychologically healthy, more confident, socially poised, and able to deal justly with the problems of everyday life. Rogers stressed the importance of "self-acceptance", which is much more important than "others' acceptance". The acceptance of "self by self" and the acceptance of "self by others" are closely related to the acceptance of others by self. According to Burns, (1982) the basic premises of the phenomenological approach as developed by Rogers are that:

- Behaviour is the product of one's perceptions
- These perceptions are phenomenological
- Perceptions have to be related to the existing organization of the field, the pivotal point of which is, the self-concept
- Behaviour is regulated by the self-concept.

Further, Rogers emphasized the importance of unconditional positive regards, which according to him stemmed from home and the parents. Children that are accorded unconditional positive regards will perceive themselves worthy irrespective of others' (outside the home) perceptions of them, they see

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themselves as worthy and capable. Pescitelli (2002) cited numerous studies that proved that self-accepting people developed positive self-concept and adjustment.

The implication of the theory for the physically disabled is proper child rearing and child bearing. Physically disabled children that are accorded unconditional positive regards from home would develop a positive self-concept irrespective of social perceptions and reactions. Individuals that are taught to visualise something positive in themselves, especially during early socialization, are more likely to be internally oriented and less dissuaded by the perceptions of others about them.

2.6 SUMMARY

Conclusively two positions emerged from the theories:

- That the self-concept of individuals' depends largely on the judgement and evaluations of others. That is, self-concept may be said to rely on external locus of control or the feedback that individuals' receive from others. Thus how the individual sees, perceives, or evaluates him/herself depends on the evaluations of that individual by others.
- That the self-concept of individuals depends largely on what the individual believes or perceives his/her "real self" and "ideal self" to be. Thus, evaluation is based on internal locus of control or the way in which the individual judges or evaluates him/her "self-image".

These two positions need to be incorporated in the assessment of the self-concept, rather than using either of the positions. In this study, an eclectic position was taken primarily because of the philosophy of self-concept in the

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Nigerian society and the assumption that interaction with the West has influenced the concept of self, which could have instilled strong internal locus of control in the self-concept of individuals'. If self-concept is guided by external locus of control, admittedly, this does some damage to the notion of one's own internal assessment, especially for those who have weak internal locus of control. It has been asserted that disabled and non-disabled persons who based their value on others' judgment developed negative self-concept (Mwamwenda, 1995; & Donald, Lazarus, & Lolwana, 2002).

According to Ajobiewe (2000); Ojekunle, (1999); and Mba, (1981) societal attitudes towards the disabled in Nigeria are often negative and depreciative. Ajobiewe stated that the disabled child is seen as someone who has suffered a great misfortune and whose life is consequently disturbed, distorted and damaged forever. This being the case, obviously most disabled persons in Nigeria do not receive what Rogers termed unconditional positive regards from the society. How then do the physically disabled in Nigeria perceive their self-concept, do they develop strong internal locus of control in spite of the negative societal attitudes?

The next chapter presents the areas of literature reviewed for the purpose of this study.

CHAPTER THREE

LITERATURE REVIEW

3.1 INTRODUCTION

This chapter presents literature reviewed in relation to the study. The purpose of the study was to identify and describe the self-concept of physically disabled students in inclusive secondary schools in Lagos state, Nigeria. This review therefore, centres on the following areas:

- Adolescents with physical disabilities
- Self-concept of adolescents with physical disabilities
- Impact of gender on the self concept
- The self-concept and academic achievement
- Impact of the environment on self concept

Although, there are volumes of literature and empirical studies on the self-concept of adolescents generally, there are few empirical studies on the self-concept of physically disabled adolescents particularly in inclusive secondary schools especially in Nigeria. Hagiliassis and Gulbenkoglu (2002) argued that a small number of studies have examined the self-concept of individuals with physical and multiple disabilities. The implication of this is that majority of empirical studies reviewed are relatively old, were not conducted in inclusive schools, not on adolescents and were conducted in different societies with different cultures and variety of approaches. However, the results of these studies revealed different findings within a society and across societies. In other words, results were conflicting even within a society. The possible reasons for the differences according to Burns (1982) are:

- Sample variations, in terms of disability types, the age of onset of the disability, the severity of the disability and the physical appearance of the disabled.

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- Neglect to control a range of variables of potential influence, such as age and gender.
- Use of non-disabled control groups. It may be meaningless to compare the life experiences of people with disabilities with those of non-disabled peers, as the life experiences of the two groups are different by virtue of the presence of disabilities.
- The definitions and cultural perceptions of self-concept.
- The type of instrument used and aspects measured.

The fact however, remains that self-concept is a personal construct that could be elaborated and described in different ways, either in the physical, social, personal or academic self. The self-concept could also be measured in different ways, which Olowu (1990) classified into four broad ways - observation, projective, graphic and self-report methods. The dimensions of measure remain controversial, while some advocate distinctions between different dimensions of the self-concept, such as "physical-self," "personal-self," "social-self," and "academic-self", others advocate the distinctions between the self as "public" and the self as "private." The implication is the emergence of differences in the instruments, results and interpretations of the results of the studies. Those who viewed academic self-concept as distinctly different from non-academic self-concept would definitely not look for any possible relationship in their studies and would not construct the instrument to reflect any relationship.

Also if self concept is perceived in terms of public self, the instrument would only reflect perceptions that individuals hold of themselves, based on the judgment of others. For example, in most societies, physical appearance and motor skills are highly valued and are important factors in determining the popularity of children.

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Viewing these children in terms of “private or public self” would entail the use of different instruments and different results. Children with physical disabilities, who are viewed in terms of the “public self”, may develop low self-concept whereas if they were perceived in terms of the “private self”, they may display a high level of self-concept.

Nonetheless, findings generally suggest that the level of self-concept varies in periods of vulnerability, such as adolescence, and that there are different dimensions of the self-concept which significantly affect individuals’ total self-concept negatively or positively, depending on the perceptions that individuals hold of them, in relation to their environment. Gordon (1975) concluded that the more internal the adolescent could accurately respond to the environment the better, since the crisis of adolescence has to do with the balancing of external to internal orientation. The adolescent must evolve a self-conception that includes as much as possible his/her real self, abilities, capabilities and inclinations. Olowu (1990) concludes that there is nothing worthy of study than the “self” most people spends some important moments in their lives wondering about whom they are, how others viewed them and how they feel about themselves.

3.2 ADOLESCENTS WITH PHYSICAL DISABILITIES

Physical disabilities are problems that result from injuries or conditions affecting the central nervous system or other body systems and their related functions, which often affect how people use their bodies. Individuals with physical disabilities are often placed under the categories of “orthopaedic impairment”, “traumatic brain injury” or “autism”, of the three categories, orthopaedic impairments is the most common and physical (Taylor, Sternberg, and Richard, 1995). Physical disability is the most visible of all disabilities; they are conditions

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that generally involve the muscular, skeletal or central nervous systems. They easily attract the attention of people around. Physical disabilities affect mobility and movement. Mobility is a fundamental feature of human life and society, it is the limitation an individual has in physical functions like walking, running, climbing, and standing. Physical disabilities include impairments caused by congenital anomalies (such as clubfoot), diseases (such as poliomyelitis and bone tuberculosis) and other causes such as accidents, neurological problems, cerebral palsy, amputations, and fractures or burns that cause contractures and for the purpose of this study, physical disabilities also include, infections that affect sight (Yesseldyke & Algozzine, 1995).

According to Ojekunle (1999) a physically disabled person is easily identified with one or more of the following signs:

- Slight limp or weakness of muscles especially at the joints that is ankle, knee or lip.
- Unsteady gait, swaying or involuntary movement of the limbs.
- Mild or severe paralysis of the limbs or curves of the trunk and neck.
- Absence or malformation of one or more limbs, or parts of the body, for example lips, nose, fingers, and eyes.
- Inability to relax muscles or control and co-ordinate gross and fine motor movements such as is required for grasping, throwing or catching of objects and writing.
- Constant unexplained falls.
- Drooling with lips dropping.

Lonsdale (1990) asserts that appearance is significantly affected by the use of that largest, most obvious and cumbersome prosthesis the "wheel chair". As a

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result of these obvious physical defects, the physically disabled adolescent often faces unsettled emotional attitudes from the society, which have long tended to overemphasise the importance of beauty and "normal" physique (Akiba, 1998). For the physically disabled adolescents, disability is compounded by adolescence.

According to Hayes (2000) adolescence stands out as a fascinating, interesting, and challenging period of human growth and development. It is the period of great physical, social, emotional, psychological and physiological changes. Adolescence is the age when physical appearance and postures tend not only to assume heightened importance, but also become rigidly standardized as to what constitutes appropriateness. Adolescence brings with it both consolidation and change for the existing self-concept. A number of factors promote self-concept modification during this period.

Wright (1983) asserts that there are many reasons why physique becomes strongly important in the formation of self-concept during adolescence, which are:

- The striking physical changes of adolescence bringing about a change in what others permit and expect in the young person.
- The young person looks at his physique in the new light of appropriateness.
- Physique affects the new self-look during adolescence in yet another way (Wright, 1983).

Ajobiewe (2000) further identified the following as some of the factors influencing the disabled adolescent's self-concept:

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- Advertising, this glorifies beautiful people and implies that people with disabilities, especially physical disabilities, are misfits without a place in the society.
- The work ethic, which makes people valuable only if they can contribute taxes and work in the community.
- The notion that people with disabilities who cannot easily produce goods or services are inferior- second-class citizens.
- The medical model, which portrays disabled people as sick and permanent recipient of medical care, has also played its part to instil poor self-image.
- The most important being, lack of opportunity to handle their own affairs (pp 18).

The changes in adolescence affect the way adolescents' are viewed by others as well as their view of their total self-concept and especially their body image. Body image otherwise referred to as physical appearance, contributes to the psychological picture of the physical self. The physical body is the most public display of the person, which could be evaluated by others as well as one. Akiba (1998) asserts that in most societies the standard of beauty is set so high that it motivates individuals to focus on how physically attractive people are rather than on what type of inner qualities they possessed. Breakey, (1997) argued that adolescents hold an idealized mental picture of their physical self; they use this image to measure concepts related to body image, which once perceived or conceived as altered, result to emotional, perceptual and psychosocial reactions.

Girls are taught from an early age to be more conscious of their appearance and beauty while boys become conscious of their physique. Ritts, Patterson, and

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Tubbs (1992) asserted that physical attractiveness is so potent that it even affects juror decisions. It affects the attitude that parents hold about their infants and sends a powerful non-verbal message. They argued that there are advantages to being physically attractive, "What is beautiful is good".

Burns (1982) observed that several studies have shown that non-disabled adolescents viewed themselves as being disabled or abnormal because of their appearance. Dukes and Martinez (1994) reports of an adolescent thus: "I hated my hair, detested my glasses, and ashamed of the braces on my teeth. I was sure to others I am ugly and awkward". The studies by Block and Robins (1993) and Kling, Hyde, Showers and Buswell (1999) established the fact that physical appearance consistently correlates with adolescents' self-concept and body image has great impact on self-concept. The question is, if the so called "normal" adolescents, displays characteristics of low self-concept as a result of physical appearance, what then is the plight of those labelled "disabled" particularly physically disabled adolescents?

Wright (1983) argued that there is no substantial evidence to indicate that persons with physical disabilities differ as a group in overall self-concept and adjustment from their able bodied counterparts. A number of studies however found differences in the self-concept and adjustment of disabled persons when compared to the non disabled (Ware, Fisher, Cleveland, 1957; Hasforf and Dornbusch, 1964; Cower and Brobrove, 1966; King, Shultz, Steel, Gilpin and Cathers, 1993; and Chia, Allred, Grossnickle and Lee, 1998). With the use of interviews and observations, Hasforf and Dornbusch (1964) empirically examined the effects of physical disabilities on the self concept of disabled children between the ages of 9 and 11, 63 disabled boys/ 63 non disabled boys and 44 disabled girls/65 non disabled girls. He found that psychological implications of

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disability and the limitations it imposed have significant effects on the self-concept of disabled persons. Cash, Winstead and Janda (1986) in their extensive body image survey reported that persons with positive evaluations about their body image reported favourable psychological adjustment. In contrast, those with negative feelings presented lower levels of psychosocial adjustment.

Conflicting, as the results may be, the fact remains that the presence of disability always affects the psychosocial adjustment of the physically disabled. Thus, rather than attempting to determine whether individuals with disabilities have lower self-esteem than do other individuals, a more productive step would be for researchers to determine the factors that have significant effects on self-esteem within this population and how to enhance them (Llewellyn, 2001). Comparing the life experiences of people with disabilities with those of non-disabled peers may be meaningless as the life experiences of the two groups are different by virtue of the presence of disability (King, Shultz, Steel, Gilpin and Cathers, 1993).

3.3 SELF-CONCEPT OF ADOLESCENTS' WITH PHYSICAL DISABILITIES

Self-concept is considered a central aspect of psychological functioning and is thought to be related to a host of variables, including goal setting and attainment, sense of control and empowerment, ability to respond and adjust to challenges and general satisfaction with one's life. A variety of definitions of self-concept is proposed in the literature. While some writers distinguished between self-concept and terms such as "self-image" and "self-esteem", others used them concurrently to mean the same thing. In this study, the definition of Burns (1982) is adopted. According to Burns self-concept is an umbrella term for self-image

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and self esteem. Self-concept is an umbrella term made up of beliefs and evaluations individuals have about themselves. Self-image is made up of those beliefs while self-esteem is the evaluations (Burns, 1982). According to Burns self-image is composed of the real self and the ideal self.

The Real self is the subset of self-descriptive behaviour that relates to a persons characteristics or qualities. It includes self-description of physical appearance, behaviour, abilities, and cognitive pattern.

The Ideal self on the other hand is the subset of self-description that reflects the qualities that the individual desires to achieve or maintain.

Self-concept is the organization of self-perception, which becomes the most significant determinant of response to the environment and governs the perception of meanings attributed to the environment. In other words, the environment is perceived and reacted to as favourable or unfavourable based on the relationships that exist between the beliefs and evaluations of the self.

According to Rogers (1969) congruence between self-image and self-esteem result to positive self-concept, low self-concept suggests self-derogation and negative adjustment. For the physically disabled to see the self in a positive manner there must be harmony between the ideal self and the real self on one hand and the self-esteem on the other hand. When there is harmony between the self-image and the self-esteem, positive self-concept results, which leads to positive adjustment or state of congruence. On the other hand when there is disharmony between the self-image and the self-esteem, the result is negative self-concept, which equally leads to negative adjustment, state of incongruence or maladjustment.

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Shindi (1990) notes that the self-concept in individuals operates in three folds:

- The self-concept as a maintainer of inner consistency
- The self-concept determines how experiences are interpreted
- The self-concept provides a set of explanations

The Self-concept as a Maintainer of Inner Consistency

Self-concept influences the way in which individuals relate with the environment. An individual's idea, feelings or perceptions may be in or out of harmony with the environment. An individual whose perception of self is in harmony with real self is classified as healthy and having positive self-concept while an individual whose feelings are out of harmony have negative self-concept and is in dissonance. In this case, physically disabled adolescents could develop either positive self-concept or negative self-concept depending on their inner consistency. A physically disabled child may say - in spite of the environment, which does not reflect sense of belonging, I belong or on the other hand - I definitely do not belong here and I can never fit in. Rogers emphasized the need for proper child rearing which enhances the development of positive self in spite of negative environmental perceptions or attitudes.

The Self-Concept Determines How Experiences Are Interpreted

Self-concept affects and influences perceptual processes. Individuals give their own meaning to every experience such that even when exactly the same thing happens to two or three people each interprets it in their own way, what Rogers called the "Phenomenological field" - the individual's private inner world which is not likely to be perfectly understood by anyone else except the individual. A physically disabled student may perceive the physical disability as a challenge to

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have good academic achievement, which is a means to an end or the disability may be perceived as an end itself.

The Self-Concept Provides a Set of Explanations

Self-concept determines what the individual expects in a given situation or a set of situations. Self-concept not only exerts a powerful influence as a determinant of the meanings individuals give to experiences, but also serves as a determinant of what they expect, responsible for prejudice, and also influences achievement. A physically disabled who views him/her self as worthless, expects treatments from others in a manner consistent to this perception. This implies that self-concept is multidimensional and a powerful construct that determines the totality of a persons perception of and influences the response to environment.

Fredericks (1998) posits that the following characteristics are often associated with persons who tend to have a more positive self-concept:

- Feels competent to handle the challenges of life
- Sees life's experiences as contributing towards developing a feeling of competency
- Possesses a high degree of self confidence
- Willing to express their opinion and to initiate new ideas
- Approaches people with an expectation that they will like them
- Willing to become involved in activities
- Expects to be successful

In contrast, persons with negative self-concept are likely to display some of the following characteristics:

- Afraid to take chances

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- Will listen rather than become actively involved
- Tend to feel self-conscious
- Preoccupied with inner conflicts
- Constantly try to defend existing self-concepts rather than expanding on it
- Feel helpless and convinced that there is not much that could be done for self
- May feel unable to achieve success by self.

Ajobiewe (2000) further states that people who can handle their own affairs or are strong enough to snatch their right from others, are always looked upon with respect and they enjoy greater self-esteem than those who sit back, while things are done for them. Physically disabled persons with low self-concept are constantly evaluating themselves because they lack confidence in themselves; they may feel worthless in their intellectual or physical abilities and as such may conclude that they are nuisance to people around them. Olukotun (1992) argued that low self-concept in disabled children and youth may not only lead to social maladaptive behaviours, it may also have negative effects on their classroom activities.

Since Shavelson, Hubner, and Stanton (1976) proposed the multidimensional and hierarchical model of self-concept, which separates academic and non-academic components, with specific self-concept at the base and the global self-concept at the apex, researchers have examined both the multidimensional and hierarchical nature of self-concept in different areas. The hierarchical aspect of self-concept remained questionable, (Yeung, Chiu, Deirdre, Dennis and Lau, 2000) however, the proposition that self-concept is multidimensional is not a dispute today. That is, an individual's self-concept could be seen in terms of

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physical, social, emotional, academic and even spiritual self-concept, all these subsets combined, made up an individual's total self-concept.

Breakey (1997) in his review of literature asserts that empirical studies report no substantial evidence to indicate that persons with an impaired physique differ in their emotional, social and total self-concept as a group from their able-bodied peer. In contrast a number of studies revealed findings that are different from that of Breakey. For example, the study by Magill-Evans and Restall (1991) reported a longitudinal study of self-esteem of persons with cerebral palsy from adolescence to adulthood. In the adolescent's study, 22 subjects with cerebral palsy who were in inclusive classrooms were matched with 22 non-disabled adolescents by age, sex, IQ, and school. With the use of the Tennessee Self-concept scale, Social support Inventory and demography questionnaire, they found that adolescents with cerebral palsy scored significantly lower than the other groups on physical, social and personal self-esteem, though as adults they were no longer significantly different, but their mean scores were still lower than other groups. They attributed the differences in self-concept to poor self-image in adolescence (the period vulnerable to societal views) and inclusive school's environment. They also attributed the change in self-esteem in adulthood to change of environment, from inclusive high school. They assert that, the disabled individuals' now have a choice of environment within which to interact, that the independence of adulthood, such as earning enough money to buy or provide necessary supports, could allow them to reduce exposure to negative situations and choose environments with values and interests similar to theirs.

Lalkhen and Norwich (1990) investigated the self-concept and self-esteem of pupils with physical impairment, aged 11-15 years who were either placed in

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partial, segregated or inclusive schools using the Harter and Rosenberg scales. They reported a lower self-concept for physically disabled adolescents in inclusive schools, than their peers in segregated setting; they also found that their mean scores on physical self-concept were significantly lower than cognitive, general and social self-concept.

Barker, Wright and Genick, (1953) studied the effect of severity of disability on disabled persons, and found significant differences in self-esteem in groups of mildly, moderately and severely disabled. Ware, Fisher and Cleveland (1957) noted a significant relationship between adjustment to poliomyelitis and body image. Cower and Brobrove (1966) in a study comparing partially and totally blind children reported marginally impaired subjects display greater personality disturbance than severely impaired subjects. Weiss, Fishman and Krause, (1971) and Matulay and Pauloukin (1972) also found significant difference in their level of adjustment.

These findings confirmed the contention that physical appearance consistently correlates with self-concept and that the development of negative or positive self-concept is largely affected by the individual's concept of the self and feed back that he/she receives from the environment.

3.4 IMPACT OF GENDER ON THE SELF-CONCEPT

The term gender in this study denotes boy or girl, male or female. There are obvious physical differences in the genital body shape and body size of girls and boys especially during adolescence. After puberty males improved faster than females in their gross motor abilities, boys' concern are generally with activities involving their physique and being able to perform certain athletic skills while girls are mostly concerned about their appearance and beauty. Sdorow (1993) and

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Akiba (1998) assert that the society highly values physical fitness and beauty particularly in women.

The question is: do physically disabled boys and girls have different self-concept? If yes where does the difference lie? Empirical studies on adolescents' self-concept generally are diverse and contradictory among societies. While some studies report no evidence for gender related differences in overall self-concept of boys and girls, some found large significant gender differences. However, it is a consensus that the effect of gender on the development of self-concept is grossly influenced by each society's culture and philosophical traditions. Mboya (1994) in his report of a comprehensive literature review on the effect of gender on the self-concept concluded that there were no evidence for gender related differences in overall self-concepts in America. While in Australia, Africa, and Asia, studies found large differences, which points to the independent nature of the self-concept in America and interdependent nature of the self-concept in Africa and Asia.

Empirical studies have shown that variables such as age, media, culture and socio-economic status mediate on boys' and girls' self-concept. In general, studies on adolescents' self-concept established relationships and differences between males and females in different areas of self-concept. However, results differed from place to place and culture-to-culture. Usmiani and Danumk (1997) posited that girl's self-concept is influenced by the degree in which she meets cultural standards. Lonsdale (1990) asserts that the media has great impact on the self-concept of adolescent boys and girls. The most important influences of media and culture during adolescence, according to Lonsdale, is the development of gender roles, which are behaviour patterns that are considered appropriate for boys and girls in a given culture.

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In most societies, girls are taught from an early age to be conscious of their physical appearance. They learn the fairy stories of Cinderella triumphs over her ugly sisters. The presentation of evil in shapes of ugly women, witches, and poverty, while good comes in shapes of pretty, perfect and wealthy girls, are powerful communications to the perceptions' of girl's self-concept. Thus the concern for girls is whether the body will look right while for boys, body image is primarily in terms of physique and ability to perform certain physical tasks. Polce-lynch, Myers, Kliewer and Kilmartin (2001) scrutinized how the media advertisements set unrealistic expectations of physical appearance for girls, and found that girls have lower self-concept than boys based on appearance and body development.

Akiba's (1998) study also confirmed the influence of media and culture on the development of boys and girls self-concept. Media appeared to provide some external pressure for the ideal masculine and feminine appearance for both boys and girls. Akiba studied the self-concept of Iranian and American girls and boys with the use of a Body Esteem Scale, and found that Iranian girls scored higher than American girls on measures of self-concept and physical appearance. Akiba argued that the cause of the difference was the result of the ban on western media in Iran. Therefore, Iranian girls were not influenced by the media's promotion of high standard of beauty. A main effect of gender was found, in both countries, boys scored higher than girls, which reflects the tendency that girls' are more concerned about their appearance than boys. America being a more liberal society one would expect Iranian girls to score lower than American girls. This probably is an indication that the self-concept is better viewed in terms of internal and external locus of control or private and public self rather than either ways.

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Like Akiba, Olowu (1985) reports the influence of media and culture in the development of self-concept on Nigerian boys and girls. He examined the possible effects of culture on the self-concept of English and Nigerian adolescent boys and girls. He used the Osgood, Suci, and Tanenbaum's bipolar adjective and phrase scale, which was derived from "My self" to measure the physical, emotional, social, and academic self-concept of 683 adolescents; 314 English and 372 Nigerians, with a mean age of 15.8 years. He found that out of the 17 aspects measured, boys had more positive self-concept than girls on 13 aspects. A significant interaction between sex and culture was found; Nigerian boys have more positive self-concept than girls, the differences between English boys and girls were not wide but were equally significant.

Olowu attributed the differences to differential socialization of boys and girls and the effect of mass media. The significant wide gap between Nigerian boys and girls was attributed to women liberation. The argument was that gender equality and women liberation have not gained any appreciable acceptance in Nigeria. Women in Nigeria are traditionally trained to be subordinate to men and Nigerian parents prefer to send male children to school rather than female children. Skaalivik (1983) also asserts that education and academic achievement are given different values for males and females in the Nigerian societies. Several other studies reported gender differences in the perception of self-concept (Abell and Richard, 1996; Reddy and Gibbons, 1999; Iwawaki, 1990; King, Shultz, Steel, Gilpin, and Cathers 1993; Polce-Lynch, Kliewer & Kilmartin, 2001)

Magill and Hurlbut (1986) examined the self-concept of 22 adolescents with cerebral palsy and 22 non-disabled adolescents aged 13 – 18, with the use of the Tennessee Self-concept Scale, the Family Adaptability and Cohesion Evaluation

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Scale, and a Demographic questionnaire. Although, they found that subjects with cerebral palsy were not significantly different from the non-disabled subjects on total self-concept and on the cohesion measure, a significant difference was found on subscales measures of the self-concept. A significant difference was found on subscale measures of physical appearance and social acceptance. A significant main effect was also found for sex; girls with cerebral palsy had lower scores than all the other three groups, that is, boys with cerebral palsy and non-disabled boys and girls. This difference was attributed to the symbolic framework's theory, which placed emphasis on social interaction, and the society that placed important value on attractiveness for girls. It was argued that the self-concept is easily affected by conditions such as physical disability that consequently influences social interaction.

Abell and Richard (1996) examined the body shape satisfaction and self-esteem of 41 male and 43 female adolescents using the Coopersmith self test inventory and Rosenberg self-concept scales along with body image questionnaire. A significant relationship between satisfaction with body shape and self-concept was found for girls. It was asserted that body image mediates the relationships between certain predictors and self-concept for girls. Girls that are satisfied with their physical appearance develop positive self-concept while for boys the relationship was not significant. The result of Abell and Richard's (1996) study tallied with that of Mathes and Khan (1975) who found that physical attractiveness correlates positively with happiness and self-esteem for girls but not for boys. It was asserted that physical attractiveness "buys" more for girls than for boys.

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It should be noted that when gender differences are reported, the pattern of findings are that adolescent girls report lower self-concept relative to boys and that the differences are significant in early adolescence but similar in late adolescence.

The study of Polce-Lynch, Kliewer and Kilmartin (2001) however, reported significant difference between adolescent boys and girls in late adolescence. With the use of the Rosenberg self-concept inventory, they measured the self-concept of 297 adolescents in grades 8, 5 and 12. The result indicates a significant main effect for grades and gender in grade 12. Grade 12 boys reported low self-concept than 5th and 8th grade boys. Contrary to most study's findings, there was a significant gender effect between girls' and boys' in late adolescence. Majority of the studies that report gender differences, reported that boy's self-concept were higher than that of girls. The significance was attributed to media influence, but girls in their study were able to perceive themselves positively because "girls' power" was promoted in their schools, which influenced their self-concept.

The implication of the foregoing is that several factors mediate the effects of gender on self-concept, which includes the media, cultures, age, socio economic status, family background, school environment, academic achievement and above all individuals' concept of the self.

3.5 SELF-CONCEPT AND ACADEMIC ACHIEVEMENT

Academic achievement in this study is the students' performance in schoolwork. The most important single cause of a person's success or failure educationally

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has to do with the question of what he believes about himself (Byrne, 1984). Individuals that are doing well in school work, will not only internalize a positive view of themselves, but will also enjoy more satisfactory relationships with peers, teachers, and parents. This motivates a child to approach academic tasks with confidence. Byrne (1984; 1996) noted that much of the interest in the self-concept and academic achievement relation stems from the belief that academic self-concept has motivational properties that will affect subsequent academic achievement. Academic achievement has been studied in innumerable contexts for self-concept. Majority of the empirical studies on disabled persons in the aspect of self-concept and academic achievement were conducted on individuals with learning disabilities (Miller, 2000).

However, it had been established that self-concept does have an impact on academic achievement, whether positive or negative (Heyman, 1990). Garzarelli and Lester (1989) observed that individuals with high self-esteem perform well in academic situations. Mwamwenda (1995) also notes that a child with a positive self-concept stands a better chance of performing better than a child with a negative self-concept. Theoretically, positive self-concept results to positive academic self-concept and subsequently good academic achievement (Shavelson, Hubner, and Stanton 1976). Grolnick and Ryan (1990) assert that the act of labelling students with a disability can decrease the self-concept. Students in their research saw the control of success and failure outcomes as resting in the hands of powerful others' limiting their locus of control, ability to self-regulate, and undermining the ability to build a self-concept.

Garzarelli and Lester (1989) confirmed that the self-concept is multidimensional and hierarchical in nature. They examined the self-concept and academic

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achievement of Jamaican adolescents aged 14 -17, 36 male and 43 female, with the use of the Tennessee self-concept scale and students' average performance for the year in Mathematics and English. They found that the academic performance of male student's were not related to total self-concept but was related to academic self-concept. For female students they found that academic performance was unrelated to total self-concept but was related to self-satisfaction and moral self. In other words positive academic self-concept relates to positive academic performance while general self-concept stands distinctly from academic self-concept.

The position of this study is that academic self-concept does not develop distinctly or differently from the total self-concept, though related. According to Rogers, there are no bases for this distinction. The self-concept develops based on harmony between the self-image and self-esteem. Gordon (1975) asserts that the way one views him/herself is a significant variable in his/her performance. A physically disabled adolescent may develop low physical self-concept because of his/her looks but have high academic self-concept, which motivated and or replaced the dissatisfaction from the looks (sublimation). In other words, an aspect of the self-concept that is positive was motivated and reinforced by the other aspect that was negative.

Thus, academic self-concept is interconnected to the total self-concept. Personal traits such as attitude, aptitude, interest, ability and social traits such as socio-economic background, religion and culture will always impact on the development of academic self-concept. The self-concept is rather seen as multidimensional and interrelated. The study of Abu-Saad (1999) for example, reports significant relationship between self-concept and academic achievement,

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which were related to high self-concept. There is no doubt that academic self-concept is related to academic achievement and that positive self-concept correlates positively with good academic performance, but there is a question on the distinction between total self-concept and academic self-concept and the hierarchical nature of self-concept (Yeung, Chui, Deirdre, Dennis, and Lau, 2000).

Several empirical studies laid credence to the fact that academic achievement has a significant correlation with academic self-concept and total self-concept. Purkey (1970) reviewed the literature on the self-concept and academic achievement of secondary school pupils. He concludes that there is a strong relationship between self-concept and academic achievement. The study of Abu-Saad (1999) on Arab adolescents reports significant relationship between self-concept and academic achievement, which was related to high total self-concept. One thousand five hundred and sixty Israeli-Arabian adolescents in grades 11 and 12 participated in the study. Rosenberg self-concept scale was used to examine the level of global self-concept and its relationship to perceived academic status and aspirations. A significant relationship was found between global self-concept and students' evaluations of their scholastic levels. A significant relationship was also found between self-concept and community type. Student's perception of academic success and high perception of school also relate to high self-concept. George and Elliot (1997) also reported higher self-concept and academic achievement for students in inclusive schools rather than those in segregated schools.

Richmond (1984) in his comparative study between the able and the disabled self-concept and academic achievement in a comprehensive school, found out

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that, the able students see themselves more positively academically, than the less-able. Caldas and Bankston (III) (1997) found that an individual's family social status has greater positive effects on his/her academic achievement. Mboya (1988) reports that students with high self-concept exhibit high academic performance while students with low self-concept reported poor academic performance. Skaalvik and Hagtvet (1990) found positive correlations between self-concept and academic achievement, Sacks and Corn (1996) also reports similar findings for the blind.

There is no doubt that academic self-concept is related to academic achievement and positive self-concept, also correlates positively with good academic performance. The pattern of relationship between self-concept and academic achievement seems clear; there is a relationship between positive self-concept and high academic achievement and negative self-concept and underachievement. However, there are many underlying factors related to culture, family background, school environment and school affiliation, socioeconomic status and the degree of which the adolescent feels he/she is a victim of circumstance (external control) and how much he/she has control over his/her behaviour (internal control).

3.6 IMPACT OF THE ENVIRONMENT ON SELF-CONCEPT

Environment in this study refers to the schools environment, the home and the larger society. The environment is perceived in this study in terms of physical and psychosocial aspects of the environment. The physical aspect includes availability of essential and adequate physical facilities or resources in the school, home and the society. The psychosocial aspect refers to the general culture of the school, home and the larger society. It has been asserted that the

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individuals' self-concept, confidence and feeling of worth influences the way they interact with the environment (Stainback, Stainback, & East, 1994). Theoretically, an individual's self-concept is the totality of how he/she perceives him/herself based on self and the judgment of others. It is evidence that individuals' adjustment involves the way in which they perceive, react to, and deal with life in the face of environmental demands, internal pressures and human potentialities. How then do the physically disabled relate with their environment and how does it affect the development of their self-concept?

According to Ojekunle (1999) the attitude towards the disabled in all societies in ancient time, is hostile, mistreat and neglect. Ancient societies of Spartans, Athenians and Aristotle vehemently opposed the education of the disabled. Parents of physically disabled persons in Europe in the 17th and 18th century were accused of delving in witchcraft. The traditional belief of the Jew in the "law of Karma" – that evil befalls evil doers made them to look upon the disabled as those who were evil in their first life and as such they are born disabled to pay for their evil deeds. The situation was not different in Africa and Nigeria. In many societies it was commonly believed that disability was a result of an evil spirit, a person's wrong doing or manifestation of power from the gods.

Bulus and Hill (2000) asserted that the Nigerians for example, believe that one of, or a combination of the following causes, disabilities in individuals:

- A curse on the family or the wider community for offences against God or the gods
- Anger of the ancestors or ancestral gods for neglect or breach of promises
- Punishment of the child for offences committed in a previous life
- Punishment for a parent's misdemeanour;

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- A potential evil person curtailed by the gods
- Punishment for offences against the laws of the land or breaches of custom
- wicked acts of witches and wizards

According to Desta (1995) based on these beliefs and culture, disabled persons were seen as hopeless and helpless and the attitudes towards them are not favourable. For example, Abosi (2002) stated that an average Yoruba woman in Nigeria would not like to have anything to do with a disabled child. She would not even want to pay a visit to a special school. This, according to the Yoruba culture is to avoid having a child with a disability in one's family. To be associated with the disabled is to be at the risk of being collectively punished by the gods.

Though, some Nigerian cultures treat their handicapped members favourably for a variety of reasons, the impact on the disabled could fuel negative self-concept as they are seen as dependent and helpless. For example, where the disability is believed to be caused by a malevolent god, some groups will treat the handicapped child well to avoid offending the gods further. Also among the Muslims, one of the pillars of Islam is almsgiving, thus giving the disabled gifts is considered an opportunity to earn merit from God (Jaquess, 1979; and Laoye 1982). To the Muslim therefore a disabled beggar will normally receive alms because they are seen as those whom "Allah", the supreme God, has created that the laws may be fulfilled (Ogbue, 1981; and Obani, 1982).

Moodley (1994) in describing the beliefs of the Dahomians of West Africa stated that children born with anomalous physical characteristics are held to be under the guardianship of special super natural agents. Some of them are seen as

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destined to bring good luck and fate. He further stated that among the Zulus' of South Africa, It is believed that the Amadlozi, Amathoga or Abaphansi looked after the physical and spiritual needs of the offspring, therefore in exchange for this protection the Zulus' perform certain rituals, the failure to observe this responsibility results to misfortune, ill health, and adversity. A disabled child is therefore a sign of wrath from the gods.

Nevertheless, there had been a drastic turn of events in the last three decades. The call for "equal opportunity for all" and subsequently the "Education For All Handicapped Children Act" of 1975 first in the United States of America and later in many Countries all over the world, necessitate the integration of disabled persons into the society and normal school environment. Disabled persons are no more to be segregated, but are to be integrated fully into the society, what is termed inclusion. According to Maureen, Maxwell and Collen (1999) inclusion is a value-based practice that attempts to bring all students, including those with disabilities into full membership within their local school community. The goal is to create a community in which all children work, learn and develop mutually supportive repertoires of peer support.

Although, the efficacy of inclusion generated into controversy, yet, many countries adopted the policy of inclusive as part of their educational policy. The proponents' (Kaufman, 1994; Stainback & Stainback, 1991; Gartner, & Lispky, 1989; Kaufman, Gottlieb, Agard, & Kukie, 1975) assert that educating the disabled in special schools is inappropriate for moral reason involving equality. That separate is not equal and segregation produces ill effects. The opponents' (Krineberg, & Chou, 1973; Jenkins, Pious & Jewel, 1990; Shanker, 1994) assert that inclusive schools would not adequately meet the needs of the disabled. That

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disabled children will receive more attention and therapy in segregated schools more than those in inclusive schools. That parents' involvement in maintaining a disabled child in ordinary school is greater than that involved in special schools.

According to Smith, (1996) the purpose of inclusive education is to prepare the disabled individuals to be included in all civic and social activities. The ultimate aim of education of students' with disabilities is to enable them live an independent life in any given community. This means, they are expected to live the life of "give and take." As earlier mentioned, in most countries where inclusive education had been well organized, it had been found to bring about equalization of opportunity in education and social life.

Inclusive education gives all children the opportunity to learn together without discrimination. This means that schools where inclusive education is taking place must be sensitive to differences in the needs and learning styles of individuals with disabilities. Several studies assert the efficacy of inclusive education in changing non-disabled attitudes towards the disabled (Valchous, 1997; Ray, 1985; Chiu, 1990; Clark, Dayson & Milward, 1998; Eleweke, and Rodda, 2000). It has been asserted that inclusive education offers both academic and social advantages. Many experts maintained that inclusive schooling is the most effective means for building solidarity between children with special needs and their peers.

However, according to Abosi (2002) this change in attitude is relatively pertinent to the developed countries. In developing countries such as Nigeria, the case is still different. Bulus and Hill (2000) states that on paper, special education provision in Nigeria is the best in Africa, but unfortunately, the actuality often falls far short of the theoretical provisions, which are attributed to various reasons,

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such as the Nigerian's culture and believes. These culture and believes have not made matters easier for the disabled. Abosi and Ozoji (1985) found in their study that Nigerians, in particular, and of course Africans' in general, associate causes of disabilities to witchcraft, juju, superstitious beliefs, and factors related to sex offence. Most of these negative attitudes are mere misconceptions that stem from lack of proper understanding of disabilities and how disabilities affect human functioning.

Eleweke and Rodda (2000) added that the absence of enabling legislation, lack of fund, inadequate personnel and lack of facilities and materials essentially affect inclusion in developing countries. They also noted that the prevailing economic and political instability, in many of the African countries hindered effective involvement of the government in special education.

Nonetheless, Smith (1996) noted that the quality of inclusion is central to the psychological wellbeing of the individual and to the later life chance. Fair opportunity for educational success will not be realized without the following:

- Physical access to all necessary educational comfort and social requirement.
- Teachers and support staff having a thorough knowledge of the effects of the disability and consequential needs.
- Ready availability of physiotherapy, counselling psychologist, repair and development of electronic and mobility equipments and specific counselling and nursing aids.
- Rest room and recovery facilities as required.

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Smith (1996) further states that disabled persons absolutely expect nothing other than equality of access and treatment. Inclusive education should reflect this basic tenet. Children's adaptation to the school environment depend largely on the existing state of the child's self-concept, the nature of the psychological experiences and concomitant reflections of self, provided by the environment and significant others within the environment.

Gearheart, Weishahn and Gearheart (1988) contend that the appropriateness or inappropriateness of educational materials may greatly influence a student's achievement and behaviour. They added that teachers have a profound influence on students' self-concept, academic achievement and behaviour. The way in which the teacher interacts with the student can seriously impede or greatly facilitate the student's success in school. Further, the nature of the interaction between the teacher and the student can strongly be influenced by the teacher's expectations. Students that are viewed negatively by their teachers tend to behave inappropriately. This inappropriate behaviour may promote negative self-concept. There is evidence that students with poor self-concept tend to avoid academic situation and increases teachers negative expectances (Gearheart, Weishahn and Gearheart, 1988). Roeser, Midgley, and Urdan (1996) assert that teacher-student relationship and feelings of school belonging, relates to positive motivations, positive self-concept and achievement.

Unfortunately, in Nigeria, according to Abosi (1988), Adima (1991), and Eleweke and Rodda (2000) inclusive schools lacked adequate human and material resources needed to provide special needs education. Adima (1991) posited that investments are much better for the blind, the deaf and individuals with speech disorder than for the physically disabled. Gana and Njoku (1999) argued that the

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system faces dire need of and demand for special equipment, inadequate specially trained teachers, lack of incentives for available specially trained teachers and lack of proper administration and supervision of management.

Eleweke and Rodda (2000) assert that in Nigeria, there were no specialist teachers in most institutions to provide important advisory services that would assist regular teachers with managing learners with special needs, who were included in their classrooms. In some schools, there were little contact between the children with disabilities, their teachers and other pupils. It was observed that those children in inclusive schools were socially isolated, since they just sat in the classrooms and never participated in any activity outside the confines of the classroom.

The United Nations Educational Scientific and Cultural Organization (UNESCO, 1995) states that, in twenty-six member states, (mostly developing countries) non-governmental organizations were considered the major source of funding for special education. In some states, non-governmental organizations provided up to 40% of the costs of special need provision. In 1996, UNESCO asserted that education policies in many developing countries recognized integration, as a desirable form of education for individuals with special needs but inclusion was not satisfactorily implemented. Mba (1995) noted that the provision of special needs for the disabled would not be the government's priority of policy and expenditure because:

- Meeting the needs of citizens with special needs is considered "too costly"
- That the needs of the "normal" majority will have to be met prior to meeting those of individuals with special needs who are in the minority

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- Due to the lack of awareness of the potentials of people with disabilities, expenditure on services for them is considered a waste of scarce funds and that even with the best training some of them will perpetually remain "tax-eaters" and never becoming "tax-payers"

In light of the above, if disabled persons are to perceive themselves using others concept of them, their self perceptions might be negative. Children's reactions to their disabilities and the environment are largely a reflection of the way they perceive themselves and the way they have been treated by others.

The ongoing being the situation in the larger society and the school, one would expect the home and the family to show love, affection and acceptance for their children. Unfortunately, the culture and traditional believes of the society have influenced parent's attitudes towards their disabled children. According to (Mba, 1986; Ojekunle, 1999; Ajobiwe, 2000) parental attitudes towards their disabled children are not different from hostility, neglect and mistreat.

On the contrary, Rogers (1969) emphasized the role of the family in the development of positive self-concept. The study of Abu-Saad (1999) on Arabian adolescents laid credence to this assertion. Arabian students in Abu-Saad's study were hypothesised to possess negative self-concept due to their subordinate status within the larger Israeli society, but found that they possessed high self-concept, which was attributed to Arabian students' upbringing. Arabian children were trained not to perceive themselves as subordinates to the Israelis.

The family is regarded as the smallest social unit, but remains the most important place where the child learns appropriate behaviours that prepare and fortify them with skills to relate effectively with the society. Coppersmith (1967) points to the

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relationship between children and the family as critical to self-concept rather than general social conditions. Most psychologists believed that the first five years of life are very crucial to the personality and self-concept of the child (Hagiliassis & Gulbenkoglu, 2002). During this period, the child depends on the family for the physical, social and emotional development. As the physically disabled interacts with particular people – parents, peer teachers and others they learn to interpret their expressions, behaviour and gestures. They understand when they are pleased, displeased, approved, and disapproved of certain ideas or behaviour. The self-concept is affected positively or negatively depending on how they internalize these actions and reactions. Rogers placed emphases on the need to assist and enable them develop positive self-concept.

Further, Olson and Sprankle (1993) assert that adolescents might suffer a loss of esteem in families at the high or low end of family cohesion. Thus, the self-concept of physically disabled adolescents from separated; divorced, polygamous, emotionally unstable or low-income homes could be affected adversely because of conflict and turmoil at home.

According to Olowu (1990) parents who preferred to keep their offspring submissive and dependent, have children with low self-concept while child rearing techniques that emphasis respect, warmth, and acceptance, associated with firm consistent discipline, and high standard of expected performance facilitate high level of self-concept. Numerous empirical studies laid credence to the influence of the family, peer, socio economic status and culture on the development of an individual's self-concept (Munson, and Spivey, 1983; Skaalvik, 1983; Caldas, & Bankston (III), 1997; Kling, Hyde, Showers, & Buswell, 1999; Reddy & Gibbons, 1999). Kling et al report that the perception of parental

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support and autonomy were positively related to the development of self-concept; peer and family relationships are associated with adolescents self evaluations; peer influences such as social acceptance, peer relationships and peer popularity contributes to adolescents perception and evaluation of self.

Lau and Laung (1992) examined how relations with parents and school were related to Chinese adolescents' self-concept, psychosocial, and cognitive development. Adolescents in their sample were aged 13 – 15 years from middle socio economic background. Student's performance was obtained from their school's report. The self-concept was measured with the use of the Rosenberg self-concept scale. Relationship with parents' was measured using a questionnaire. They found that better relationships with parents were associated with higher general academic achievement, appearance, social and physical ability self-concept. Better relationships with school were associated with higher academic performance. A significant sex difference was also found. Relations with school tended to have differential effect on the psychosocial development of boys and girls. With respect to self-concept development, girls were more affected by poor relations with school on their social self-concept. Good parent child relation was particularly important for boys, while girls are more affected by poor relations with the school in their total self-concept.

In addition, a considerable body of research had indicated that the socio-economic status of the family strongly influenced the development of self-concept and children's success in school. Children's success depends on the economic resources and equivalent services that parents provide. There is evidence that children from intact homes and high socio economic status excel in school and develop positive self-concept (Hickman, Greenwood, & Miller, 1995). Children

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whose parent can provide most of their needs will have highest attainment and develop positive self because they will not always be at the mercy of mates or withdrawn.

Munson and Spivey (1983) investigated several aspect of self-concept with socio-economic status with individuals between the ages of 18-65. They found that individuals from low socioeconomic class exhibited low self-concept in areas of self- acceptance, self-worth, self-feelings and educational achievement. Caldas and Bankston (III) (1997) also found that an individual's family social status has greater positive effect on academic achievement, which invariably affects the self-concept. This emphasized the role of the society and the family in particular in the development of a negative or positive self-concept.

3.7 SUMMARY

Conclusively, the ongoing revealed that the self-concept of an individual is described in different ways, depending on the philosophical traditions of the individual's society. Self-concept is also measured in different ways. These differences manifest on the instruments, results and the interpretations of the results. Thus there were disagreements in the results' of studies on the total self-concept and its related aspects, on the physically disabled and their non-disabled peers. While some studies conclude that there are no significant difference in the total self-concept of physically disabled when compared to their non disabled peer, others contend that there are significant differences. There were also disagreements on the effects of gender, academic achievement and the school/ home environments on the development of self-concept.

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Generally, an individual's self-concept is grossly influenced by different factors such as the age, sex, academic achievement, parental background, socio economic status, physical appearance, culture, and the philosophical traditions of the individual's society. The above as background and considering the African's theory of self-concept, physically disabled adolescents in Nigeria may develop low self-concept, since the philosophy of self in Nigeria tend towards the "public self".

Gordon (1975) however, concludes that the more internal the adolescent could accurately respond to the environment the better, since the crises of adolescence is the balancing of external to internal orientation. Thus, the position taken in this study, as explained in the previous chapter (theoretical framework) and as in the next chapter (methodology) is an eclectic one. Self-concept is measured and described in terms of the "public" and the "private" self. This study also chose to support King, Shultz, Steel, Gilpin and Cathers (1993) position, that comparing the life experiences of people with disabilities with those of non-disabled peers may be meaningless as the life experiences of the two groups are different by virtue of the presence of disability. The physically disabled in this study were not compared with the non disabled.

The next chapter presents the methods used in this study.

CHAPTER FOUR**METHODOLOGY****4.1 INTRODUCTION**

This chapter presents the methodology employed to carry out this study. In this chapter, the following aspects of the methodology are discussed.

- Research design
- Population and sample
- Procedure for data collection
- Research instruments
- Validity and reliability of instruments
- Data analyses

4.2 RESEARCH DESIGN

The review of related literature revealed no universally accepted conception of the construct, "self-concept". While some researchers and psychologists described it as the personal construct, which the individual concerned can only personally, express and or describe (Pescitelli, 2002; Gordon, 1975; & Rogers, 1969) others considered it as a reflection of the views that others hold of the individual concerned (Olowu, 1997; Markus & Kitayama, 1991; Cooley, 1902; Mead, 1934). Nigeria, like any other African society, is buffeted by Western values and ideas, and at the same time refuses to let go of her traditional values. Yet, the traditional African conception of self-concept is different from the Western Eurocentric one. Therefore, to best describe the self-concept of the subjects for this study, multiple approaches to its assessment were the most plausible.

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Research design is the plan or structure of an investigation, or a study, employed in order to obtain answers to research questions (Kerlinger, 1986). Kerlinger described research design as the overall scheme or programme of the research study. He further argued that the purpose of research design is to provide valid, objective, and accurate answers to research questions and to control variance.

The methods employed for the purpose of this study, is the quantitative and qualitative research methods. The Quantitative method of research uses deductive forms of reasoning to obtain information, which is attained from precise measurement and is subjected to standardised statistical procedures. The information generated is then presented in figures. The Qualitative research method, on the other hand, is a means of using inductive forms of reasoning to present data in narrative words or description, and or explanation (Schurink, 1898).

According to Cohen, Manion and Morrison (2000), "triangulation" or the employment of multiple approaches for data collection is the best way to study aspects of individuals' personality such as the "self-concept". De Vos (2000) while supporting this position argues further that triangulation of data increases the precision of data collected and also adds alternative perspectives to the phenomenon in question. Ferguson and Taylor (1992), Booth and Booth (1996) and Vlachous (1999) all attest to the worth of data triangulation especially in the study of human behaviour. Therefore, to accurately understand the self-concept of the subjects of this study, two self-concept scales were used. One measured subjects' self-concept from the perspective of their problems and assessed the self-concept from the perceptions of the individual concerned (internal locus of control), while the other measured self-concept from the perspective of others' perceptions of the individual (external locus of control). Along with the

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inventories, semi structured interviews and observations were also used. Hence the methodologies combined, enabled the physically disabled adolescents to tell their stories or experiences and to express their views, opinions, ideas, feelings and concerns. Adopting only psychological tests to measure self-concept for this group of adolescents would not be powerful enough to express their feelings, challenges and how these affect the perception of self in terms of external and internal locus of control, thus, the use of interviews and observations became inevitable.

The quantitative part of the study was designed to be a randomised one-group post-test study of the self-concept of the physically disabled in inclusive secondary schools. As reported by Fouche and De Vos (1998) a one-group post-test is a design in which a single group is studied only once, (no pre-test, no control group but the sample was randomly selected) subsequent to some agent or treatment presumed to cause change. This design implies that a carefully studied single instance was implicitly compared with other events causally observed. That is, the subjects in this study were placed in inclusive secondary schools after completing their primary schools in special schools. It is apparent that the environment had influenced the development of their self-concept. They have also written several school tests that measured their academic performance and had impact on their academic self-concept.

The qualitative part was designed to be a one-shot case study of a group of adolescent boys and girls. According to Fouche and De Vos (1998) a one-shot case design is a non experimental study of any one research subject or group of subjects which thoroughly describe a single unit or group in order to develop insights, ideas and hypothesis. Fouche and De Vos (1998) further assert that in one-shot case study designs, data are typically obtained through observations

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and interviews. To properly understand and appreciate the rationale behind the employment of these methods, it is necessary to give a brief description of the locale of the study, the population of the study and the sampling procedure.

4.3 THE POPULATION AND SAMPLE**The Population**

According to Strydom and Venter, (2002) population is a term that sets boundaries on the study's units. Population refers to individuals in the universe who possess specific characteristics, while a sample comprises the element of the population considered for actual inclusion in the study. Thus, the population is drawn from the universe while the sample is drawn from the population. Therefore, for better understanding of the universe from which the sample for this study was drawn a brief description of Lagos State, Nigeria is provided.

Lagos state, with the current population estimate of 12million people (Igbokwe, 2002) was the capital city of Nigeria and currently the commercial and industrial hub of Nigeria. Being an air and a sea port and with well fed road network from the inner or interior parts of the country, Lagos continues to witness influx of people from within Nigeria and neighbouring countries for commercial and other activities such that the city today can best be described as overpopulated or overflowing and already reaching busting point. Due to over-population infra-structural facilities and services including housing, roads, transportation, health care delivery services, schools and other social welfare services are stretched beyond their limits and are therefore inadequate. Although health care services, in public health institutions, for children up to the age of thirteen years, are said to be free, the demands on the institutions are too much especially as they are

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largely under-resourced. The resultant effect of poor healthcare delivery services is poor health for the people.

Furthermore in a country where people don't have to obtain prescriptions from qualified doctors before buying drugs in pharmacy stores, coupled with the high cost of health care delivery services in private health institutions, all these made possible the promotion of self-medication as the rule rather than the exception. It must not be forgotten that Nigeria is in the tropics where diseases thrive. Moreover, with inadequate immunization and other primary health care procedures in place many preventable diseases are, as it were, allowed to ravage the population. Apart from inadequate health care facilities and no good health care policies in place, there is also poverty of the general population, which further aggravate the poor health living conditions of people resulting in the high prevalence of physical disabilities as well as high infant and child mortality rate (Ahianté, 2001).

Like the rest of the country, Lagos state government regards education as an instrument for effecting economic development. The expectation is that education should be capable of empowering every citizen to become a functional individual who can participate meaningfully in the social and economic development of the nation. To ensure the achievement of this objective the country's education policy makes provision for equal educational opportunities for all citizens by making tuition free at all levels of education. Moreover, the government, the non-governmental organizations, religious bodies and individuals are allowed to participate in the offering of education at all levels.

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In Lagos state, there are 906 primary schools with 859, 456 pupils. Lagos state also has 630 secondary schools with a population of 633,247 students. There are five Technical Colleges offering post primary vocational trainings with a student population of 3,223 (Bureau of African Affairs, 2002). Post secondary institutions in the state include two Colleges of Education (offering trainings for teachers of both primary and secondary schools), two Polytechnics (institutions equivalent to Technikons in South Africa) and two Universities (one of which is fully funded by the Central or Federal Government of Nigeria while the other is being funded directly by the Lagos State government).

The population of this study comprises secondary or high school students in Lagos state. A secondary school in Nigeria is an educational institution attended after primary school education and before the tertiary education. Individuals attending secondary schools in Nigeria are between the ages of 10 or 12 to 16 or 18 years of age. Thus, secondary school is the transitional education between primary and tertiary education and the students or individual learners of this level of education are generally adolescents transiting between childhood and adulthood stage of development. Students spend six years in secondary school, which is divided into two tiers of junior and senior secondary schools. Qualifying examinations are taken at the end of the third year (or final year in junior secondary school) to gain admission to senior secondary school at the end of which students take the West African Education Certificate, equivalence of GCE O'Level, before proceeding to the tertiary education either at the University, College of Education or Polytechnics.

The selection of secondary school students as population for this study is important because, these students are in their adolescence stage of development. More than any other developmental stage, adolescence is the

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period when the individual pre-occupies him/herself with activities that are related to identity formation. This process of search for who a person is has a lot of implications for how an individual evaluates or perceives him/her and his/herself-concept.

The Sample

The subjects selected as samples for this study were physically disabled students in inclusive secondary schools in Lagos State, Nigeria. Physically disabled adolescent students were selected because the researcher was interested in finding the impact of physical disabilities on their self-concept. The fact that they are in inclusive schools is also an important factor for this research as it was of interest to the researcher to find out in what ways being in an inclusive school (especially after passing through special or non-inclusive primary schools) had an impact on their self-concept. Thus the three main factors of interest, which constituted the characteristics of the subjects, were the fact that they were adolescents, that they were physically disabled and that they were in inclusive schools. Data was also investigated for the factors of gender, academic achievement and personal problems because these may also have an impact on the self-concept.

Cluster sampling method was used to select the sample for this study. According to Imenda and Muyangwa (2000) cluster sampling is employed when it is more feasible or convenient to select groups of individuals than it is to select individuals from a defined population. Moreover, it is argued further that, when it is either impractical or impossible to obtain a list of all members of the target population, as the case was in this study, then clustered sampling would seem the most reasonable to use.

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The physically disabled in secondary schools of Lagos state are rather very few in number and they are distributed sparingly over many secondary schools as no attempt was made to concentrate them in a few schools. The presence of the few number of physically disabled individuals in the secondary schools of Lagos State may not be unconnected with poverty and the fact that it is generally and traditionally believed that disabled individual are not likely to benefit very much from formal or Western education.

To locate the inclusive schools, the researcher first had to visit the Surulere Local Education District where the administrator, stated that there was only statistics for the deaf students, that physically disabled students were placed into schools like other "normal" children. Further, the researcher went to the Akoka Counselling Unit, which was the placement centre for disabled students. There, the director also stated that only deaf students were placed into schools based on their disabilities, so statistic was only available on deaf students. She was however able to provide names of major non-inclusive primary schools for the physically disabled. The researcher proceeded to the schools to inquire about the secondary schools where their pupils usually attend. Eventually, from these schools it was ascertained that physically disabled students in Lagos state were mostly concentrated in six local government areas. Out of these six areas, three were selected for this study.

All the physically disabled students in inclusive secondary schools within these three local government areas constitute the sample for this study. All the Seven inclusive secondary schools identified within the three local government areas and all the ninety-four physically disabled students that were present in the schools were involved in this study. Of the ninety-four, 46 were girls while 48 were boys.

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CHAPTER FOUR**METHODOLOGY****4.4 THE INSTRUMENTS**

In order to answer the critical questions posed in this study, different instruments were used. The instruments used are:

- The Self-concept Scales (SCS) developed by Iwuji (1996).
- Student Problem Inventory (SPI) developed by Bakare (1977).
- Student's Academic record (ACA)
- Semi-structured Interviews
- Observations

According to Burns (1982), no one measuring instrument can be used to obtain all relevant data on the self- concept of a group of individuals. The reasons for this are that such instrument may suffer from a number of limitations. The instrument may not cover all the range of possible self-concept elements, or the statements on the scale may not be clear to the subjects. Other limitations may be that of the respondents' societal philosophical traditions, which may not be the same as those who constructed the instrument and both the test takers and the test administrators may differ as to the definition of self concept or the information the instrument is expected to tap. This also has implications for the validity and reliability of the data. Apart from these limitations the respondents may also reveal only what he/she wishes to reveal (Burns, 1982).

A number of self-concept scales, such as the Tennessee Self-Concept Scale (TSSC), the Coopersmith Self-Concept Inventory (SEI) and "How I See Myself" by Gordon (1975) did not cover all the elements of self-concept. Sex-role identification for example, is a construct, which relates to self-concept but was not tapped by these instruments. It was also observed that the degree to which one feels control over his/her environment, that is whether one feels he/she can

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control situations (internal locus of control) or feels he/she is a victim of circumstances (external locus of control) was not dealt with by these instruments. This aspect of locus of control is particularly important for a cultural/traditional people like Nigerians who, like most African societies believed that each individual's perception of him/herself is a derivation of other people's perception of him/her.

The self-concept scale (Self-Concept Scale by Iwuji) that was used in this study is not an exception. It was observed that the collective or interdependent perception of self by Africans and the Nigerians in particular, is apparent in the way the questions on the inventory were posed. In Nigeria, like many other African societies, an individual's behaviour is contingent on, determined by, and to a large extent organized by the actions, feelings and thoughts of others. This perhaps explains why most of the questions, posed on the Self-Concept Scale, did not reflect the perception of self, based on one's judgement of self (internal locus of control). For example on the Self Acceptance subscale of the inventory, self acceptance was measured with questions such as; do you think many people like you? This implies in this case that a disabled child who says "yes" sees him/herself as being liked by others in spite of his/her disabilities and as such will have positive self-concept. While a disabled child that says "no" sees him/herself as not being liked by others based on his/her disabilities and as such will have a negative self-concept. Also aspects of self-concept such as sex-role identification, culture, and family background were not measured by the inventory. Aware of these limitations therefore, its use was complemented by the use of a self-report inventory, which measures self-concept from the perspective of the individual's problems and internal locus of control. Nigerians developed the two instruments in Nigeria for Nigerians.

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4.4.1 SELF-CONCEPT SCALES (APPENDIX A)

Self-Concept Scale taps information in five areas, or elements related to the self-concept, which are Self-Acceptance (SA), Social Confidence (SC), Self-Security (SS), School Affiliation (SA) and Social Maturity (SM). The statements on the scale were constructed on the assumption that the self is a product of interaction with the society and that an individual's perception of self is developed and or shaped by the relationship of the individual with his or her community. Thus when the subjects were asked if they perceived themselves as being liked by people, their answers were to indicate whether they were accepted based on the way other people evaluated or accepted them. When asked whether or not they can present a speech in public, their answers to this question should indicate whether or nor they perceived people as accepting of them and would therefore be willing to tolerate talking to them. Many of the statements were thus, constructed in such a way as to elicit response from subjects, which indicated their perceptions of themselves from the eyes of others which is what their cultures expect of them.

Self-acceptance subscale measures individuals' perception of physical appearance, intellectual and athletic capabilities. Statements on this subscale for the disabled, measures how they perceive themselves because of their disabilities and the perceptions of others about them. Do they think they are capable? For a disabled child to score high marks on this scale, it indicates that he/she viewed him/herself as good looking, important, happy and generally competent in many things. A low score indicates that he/she sees him/herself as being physically unattractive, incompetent in many things, unhappy and unimportant to others.

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Social confidence subscale measures individuals' view of their ability to handle social situations successfully. The statements in this section for the physically disabled, measures how their disabilities affect their relationships with others. The statements here seek to measure if others like their presence, or if others value their company or if they can handle social situations. Scoring high on this scale indicates that the disabled child is at ease in the presence of others. He/she did not feel threatened by the presence of others, nor did he/she feel disrespected. He felt others liked his/her company, he/she can make friends and can relate effectively with others. A low score on this scale indicates that the disabled child finds it difficult to make friends. Feels others neither want his/her company nor value his/her presence because of his/her disabilities, and as such most of the time he/she shy away from group activities because he/she feels he/she would be ridiculed or ignored by others.

Self-security subscale measures emotional confidence and stability. The statements here for a disabled child indicates that, most of the time he/she worries about his/her disabilities and the future. A high score on this scale for a disabled child indicates that the child feels all is right and well in spite of his/her disabilities. He/she did not spend most of his/her time worrying about the future or the feelings of others towards him/her. A low score indicates that he/she worries all the time about his/her disabilities and his/her future.

School affiliation subscale measures the influence of school and its environment on an individual's self-concept. The statements in this section for the physically disabled, measures how their perception of the schools and its environment affects them as disabled individuals. How do they feel in the school, in terms of their relationship with the teachers and their non-disabled peers? Do they feel they are welcomed in the school? Are they participating in school

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games and other school activities? A high score on this scale by a disabled child indicates, the child enjoyed going to school and is happy with many school activities. He/she is comfortable with the school rules and regulations, and his/her relationship with teachers/non-disabled peers. A low score indicates the disabled child dislikes the school because of the stigmatisation, rejection, or alienation he/she receives because of his/her disabilities.

Social maturity subscale measures the type of social values, norms and attitudes acquired by the individual. Statements on this scale depicts a disabled child is expected to acquire social norms such as acceptance of others, tolerance, obedience, submission, and conformity. A high score on this scale for a disabled child indicates that he/she has acquired some generally accepted social behaviour patterns such as fair-play, obedience to rules, helpful to others, consideration of and acceptance of others. A low score depicts that the child has not acquired any of these values from the society. A low score here, for the disabled depicts he/she is non-conforming, or challenging the norms and values of the society. A disabled may be challenging and or non-conforming because he/she found it difficult to internalise why the society, which had found it difficult to accept and or tolerate him/her, now demands acceptance and tolerance from him/her.

In each subscale of the Self-Concept Scale, there are 10 questions. Items in each section are mixed. For example, in Section A,

- Items 1 and 6 are Self acceptance's questions
- Items 2 and 7 - Social Confidence
- Items 3 and 8 – Self security
- Items 4 and 9 – School affiliation

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- Items 5 and 10 – Social maturity questions

Reliability and Validity

Iwuji reports that the inventory was assessed for content and construct validity. Its content validity was established by a team of psychology experts who reviewed and helped in selection of the items. The relevance of the item was based on how much the behaviour is typical of a specific dimension of self-concept. Construct validity was established by comparing a group of individuals' scores on SCA with a Behaviour Problem Rating Scale. A test retest reliability of 0.83 at two weeks interval was established.

The Pearson Product-moment correlation co-efficient, (r) was used to calculate the correlation amongst the subscales and Spearman Rank-Difference correlation Co-efficient, (Rho) was used to establish the relationships between each scale and the whole inventory. A high degree of correlation coefficient was established for each subscale, (0.85 – 0.90) which indicated that each scale measured adequately a dimension of self-concept trait.

Procedure of Administration

Prior to the administration of data, the researcher sought and obtained ethical clearance from the Research Administration Department, University of Durban-Westville. The principals of the selected schools and the parents of subjects were also approached to allow their wards to participate in the study. The researcher administered the scale personally to establish rapport and to explain the items of the scales to the subjects to enhance their understanding of the scale. This was necessary because the Self-Concept Scale was originally not specifically developed for disabled persons. The researcher therefore has to explain the aims, objectives and significance of the study as well as the meaning of each

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item in relation to the subjects' disabilities. Subjects were given a copy of the inventory and were asked to follow the instructions on the inventory. Subjects were also implored to ask questions if they do not understand any item on the inventory. Subjects were accorded enough time to finish and submit. There was no time limit.

Scoring and Interpretation

The inventory was scored and interpreted according to the manual's directions. Respondents were asked to respond to the statements as it affects them by indicating "yes or no" in the boxes provided in front of each statement. On the Self Acceptance subscale, a response of "Yes" scored one point while a response of "No" scored zero. For other subscales, a "Yes" response scored zero while "No" scored one. Individual's scores on each subscale were summed up and converted to T-score as outlined on the manual. A T-score of 36-44 is an indication of low self-concept - 45-52 is an indication of average level self-concept, while 53-61 is an indication of high level self-concept. The T-scores of all the subscales were added and a mean score was generated. The T-score of the generated mean score, defined the self-concept of each subject (see app. A).

4.4.2 STUDENT PROBLEM INVENTORY (Appendix B)

Student Problem Inventory (SPI) was used as complementary and alternative measure of self-concept. It was also used to ascertain the relationship between self-concept and personal problems. SPI is particularly more suitable to adolescents with disabilities, as it helps to evaluate the self from the perspective of the problems which impact on their self-concept. The inventory was developed

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along the same line as Mooney Problem Checklist but was specifically designed for use with African subjects.

The Student Problem Inventory is a psychological test developed by Bakare (1977) to diagnose various student problems in different areas of life.

The student problem inventory is a self-report inventory through which individuals' describe their personal problems according to their perception. The inventory was designed in form of a checklist, classified into eleven sections with an open-ended section. The sections are:

Physical and health problem section evaluates the self-concept based on problems associated with physical appearance and health.

Financial problem section evaluates self-concept on problems associated with financial needs and material deprivation.

Social acceptance section measured the self-concept based on interpersonal relationship problems.

Sexual problems section measured self-concept in relation with problems associated with sexual relationships.

Social psychological problem section measured the self-concept based on problems that relates to being accepted socially or by others.

Personal/psychological problem section evaluates the self-concept based on problems that relates to self acceptance

Moral and religious problems section measures the self-concept based on problems of morals and religion.

Problems about the future section measures the self-concept based on problems that relate to the individual's well being and future plan and security.

Family problems section measures the self based on problems of home and family background.

Academic and study problems section measured the self-concept based on academic problems.

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School affiliation problems section measured the self-concept on problems of overall school adjustment.

Reliability and Validity

Bakare (1977) established a test-retest reliability coefficient of 0.64 on the inventory. Congruence and construct validity were equally established. Though SPI was designed to measure individual's problems, most of its items correlate with self-concept measures. To ascertain the relationship between self-concept and student's problem and to revalidate the instrument, since it was validated almost three decades ago, ten physically disabled students, (five boys and five girls) who were not part of the sample for study, were randomly selected for pilot study.

The SCS and SPI were administered one after the other to subjects. The Pearson's Product Moment correlation co-efficient (r) was carried out with the use of SPSS version 11.0-computer package. Reliability test of both inventories was statistically significant at $p < 0.01$ ($r = 0.772 = p 0.009 < 0.01$) which indicates a statistically significant relationship between SPI and SCS and at the same time re-established the reliability of SPI as subjects scores on SCS, positively correlates to scores on SPI. Physically disabled adolescents that exhibit high level self-concept on SCS scale had few problems on SPI while those with low level self-concept had many problems as indicated in Table 1.

CHAPTER FOUR**METHODOLOGY****Table 1: Correlation between SPI and SCS**

		student problem inventory	self-concept Scale
student problem inv	Pearson Correla	1	.772*
	Sig. (2-tailed)	.	.009
	N	10	10
self-concept	Pearson Correla	.772*	1
	Sig. (2-tailed)	.009	.
	N	10	10

**Correlation is significant at the 0.01 level (2-tailed).

Procedure for administration

The researcher administered the instrument personally to establish rapport and to attend to any problem the subjects may have in relation to items on the inventories. Each subject was given a copy of the inventory and was instructed to follow the instruction on the inventory. They were accorded enough time to finish and submit. There was no time limit.

Scoring and Interpretation

Respondents were asked to place a tick on the space provided in front of each item on the inventory, as it relates to them. A tick placed on the blank space provided in front of each statement means "Yes", the respondent is experiencing the problem. If the space is left blank it means "No", the respondent is not experiencing the problem. Numbers of ticks made by each subject in each section were counted and recorded as raw scores for each subject. A total raw score above 51-70 indicates high or many problems, 31-50 indicates average or medium problems and any score up to 10 - 30 indicates low or few problems

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(App. B). The fewer the numbers of ticks the lesser the individual's problem and the more the numbers of ticks the more the individuals problems. The open-ended section was used as guide for observations of subjects' actions and reactions to the school environment.

4.4.3 STUDENT ACADEMIC RECORD (APPENDIX C)

Students' academic records were obtained to ascertain the relationship between individuals' self-concept and their academic achievements. Respondents' academic records for one year in all school subjects offered (eight subjects) were obtained from the school's records. A mean score of their total performance for the three terms were calculated. Based on their mean scores, they were categorized into:

- High academic achievement – 69 - 89
- Average academic achievement - 50 – 69
- Low academic achievement below - 30 - 49

This categorization was to determine the relationship between the academic achievement of respondents and their self-concept across groups. That is a high academic achievement group versus high self-concept group.

4.4.4 SEMI-STRUCTURED INTERVIEWS (Appendix D)

Maguire (1999) states that we all build narrative aspects of our lives in which we portray ourselves for an audience. These stories about us are powerful vehicles for opening up. In this respect therefore, Semi-structured Interviews were used to allow subjects to relate and express their feelings, perceptions of themselves in terms of their personal, social and academic selves, and to tell their stories.

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These stories featured how their self-concept has developed over time and explained their experiences at the special schools and their current schools.

The choice of a semi-structured interview was to enable a less inhibited account from the interviewees, and to give them freedom to contribute their own line of thoughts. At the same time, having some structure ensures that the research questions are addressed, and that somewhat similar questions are asked across interviewees. Supporting this decision, Schurink (1998b) affirmed that semi-structured interview enables a less inhibited account from the interviewees than a structured interview and allows the interviewees to shift the agenda, in order to contribute their own line of thoughts.

Reliability and Validity of Instrument

Face validity was established for the semi-structured interview's schedule. The schedule was given to experts in the field of psychology and special education for comments. Reliability of the schedule was established through the pilot study. Out of the ten students who participated in the pilot study, three indicated that they would like to speak to someone on the open-ended section of the Student Problem Inventory. One subject was selected out of the three for pilot interview. Analyses of the interview influenced the structure of the final schedule. After the pilot study, some questions were added while some were removed or modified, because they were either ambiguous, required no explanation or for anonymity. For example, personal data such as name and school were removed because the interviewee felt this might give clue to identity. Questions were not asked sequentially as outlined in Appendix D, responses dictated the sequence in terms of what question should come next after a question had been answered.

CHAPTER FOUR**METHODOLOGY****Report on Pilot Interview (Appendix E)**

The respondent interviewed for the pilot study, indicated that she would prefer anonymity by not mentioning her name and the name of her school. Therefore, in the final question, name and name of school were omitted. Changes were equally effected on Question two, "what will you say about your social self?" Here the respondent was expected to relate herself socially both at home and at school, but during the interview, the respondent talked only about her social self at school without referring to the home. The question was therefore rephrased indicating that the self should be described socially both at home and at school.

Question three: "are you satisfied with your academic achievement"? was rephrased such that the response would generate explanations. The respondent was expected to provide an account of her academic achievement pointing to the factors that aided or not her positive/negative performance. In the pilot interview however, the respondent simply said no without any reason. The researcher had to ask her why she was not satisfied with her school performance, before reasons were provided. The question was therefore rephrased to, how will you describe your performance at school?

Question four: "what are the things you like about the school?" became questions four and five. It was realised that the question was sort of initiating that there are things that the respondents should not like in the schools. According to Schurink, (1998b) this is a leading question, which may guide the respondent's response and at the same time minimise his/her ability to be open-minded. It was therefore, rephrased, as are there things you do not like about this school? What are the things you like in this school?

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Question eight was added after the analyses of the respondent's response to the Student Problem Inventory, the Self-Concept Sales and the interview. The financial problem section of SPI indicates she did not have any financial problems, but analysis of the interview reflects that she was from a low socio economic status family although was lucky to obtain financial supports from concerned individuals.

Procedure for Selection of Cases for Interviews

Two sampling techniques were employed in selecting cases for interviews. The two techniques employed are the random sampling techniques and purposive sampling techniques. The two methods were employed to ensure that each individual has an equal chance of being selected for the sample and to ensure that the sample adequately represents the population. This decision is supported by Strydom and De Vos (1998) and Silverman (2000). According to Strydom and De Vos, random sampling technique theoretically implies that each individual case in the population has an equal chance of being selected for the sample. Silverman (2000) on the other hand, posits that purposive sampling technique allows the researcher to choose a case because it illustrates some feature or process of interest or has typical attributes of the population.

Therefore, out of the 94 students that participated in the study, 30 indicated on the Student Problem Inventory that they would like to talk to someone (Table 2 below). Two boys and two girls were randomly selected from the 30 subjects that indicated they would like to talk to someone. The four cases selected were selected from high and low self-concept groups, for the purpose of letting each disabled boy or girl represent individuals with characteristics from high and low self-concept categories.

CHAPTER FOUR**METHODOLOGY****Table 2: I like to talk to someone**

Self Concept	SPI		Total
	Boys	Girls	
High	3	5	8
Average	1	3	4
Low	7	11	18
Total	11	19	30

4.4.5 OBSERVATIONS

The purpose of observation was for insight into the students' behaviour inside and outside the classroom and the features of the setting. Observation according to Imenda & Muyangwa (2000) is the systematic and attentive recording of events as they occur. It is the most direct method of studying events, it allows simultaneous recording of both behaviour and circumstances and permits the recording of events, which would be left out, in a questionnaire or in an interview.

Procedure for Observations

The method used for observation was the anecdotal records method. The physically disabled, non-disabled, the teachers, counsellors and the physical environment of the schools were observed. Observations began at the point when contacts were made with the schools until the end of the study from January to March 2002. Focus was on the physical environment of the school and the relationship between subjects and peers/teachers in and outside the classroom.

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4.5 STATISTICAL ANALYSES OF DATA

Data collected were analyzed using the SPSS for windows version 11.0 computer package. All analyses were held significant at 0.05 alpha levels. Descriptive statistics in the form of frequency counts, mean scores, standard deviations, cross-tabulations and graphs were used to summarize demographic information such as age, school level, and gender. Inferential statistics such as the chi squared statistic (χ^2), the Pearson Product Moment correlation coefficient statistics (r) and the analysis of variance (f) were used to ascertain the level of differences between group responses and the point of differences.

Critical question one - ***How do physically disabled adolescents perceive their self-concept?*** In other words, do the physically disabled perceive themselves negatively or positively and what is the pattern of perception across categories (high, average and low self-concept).

This question was answered by asking subjects to respond to a Self-Concept Scale. The scale has five subscales, which measured five aspects of the self-concept. Students' response on each scale was given a T-score, the mean T-scores of the subscales made up the individual's Self-Concept. Subjects were further categorised into three groups of high, average and low level self-concept, based on their performance on the scale (App. A).

To analyse this question, the mean scores and the standard deviation of each respondent's scores on the subscales were generated. The mean scores and the standard deviation provided a general view of the physically disabled descriptions of themselves as indicated in their responses on the self-concept scale. To identify the pattern of description and place them into categories, respondent's scores were further analysed using the frequency counts, the pie

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chart and χ^2 statistics, in order to identify the level of significance in the distribution. χ^2 is a functional statistics for measuring differences or comparing data that are generated in frequency form (Kerlinger, 1986).

Critical question two – ***How does gender affect the perception of self-concept?*** That is, are subjects' perceptions of self-concept based on gender? This question was answered, by generating the mean scores and standard deviation of respondents' scores on SCS by gender. In order to ascertain the effects of gender on self-concept and the subscales of self-concept, the analysis of variance (ANOVA, f) was used. ANOVA is an "all purpose" significant test for comparing groups. It is specifically adequate when more than two groups are compared (Rosnow, and Rosenthal, 1996). According to Everitt (1996) ANOVA is the separation of variance ascribed to one group of causes from the variance ascribed to the other groups. It is the partitioning of the total variance in a set of data into a number of component parts and a robust statistical method for significant difference between means of groups (Rosnow and Rosenthal, 1996). The scores were further analysed with the use of cross tabulation to reflect the pattern of response across categories.

Critical question three - ***what is the relationship between academic achievement and self-concept?*** In other words, is there any relationship between how subjects perceived themselves and their performance at school? To answer this question, student's performances in school subjects were used. A mean score was generated for each respondent based on his/her performance in schoolwork. The Pearson Product Moment Correlation Coefficient (r) statistic was used to establish the relationship between self-concept and academic

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achievement. Further, the scores were cross tabulated, in order to establish the relationship between ACA and SC across the three categories.

Critical question four – ***What is the relationship between personal problems and self-concept.*** This question seeks to know if there is any relationship between students' problems and how students perceived their self-concept. To answer this question, students were asked to respond to the SPI inventory, which outlined various problems of students in eleven sections. The higher the numbers of ticks an individual made on the inventory, the more the individual's problem. The Pearson Product Moment Correlation Coefficient (r) statistic was used to establish the relationship between self-concept and personal problems. Further, the scores were cross-tabulated, in order to establish the relationship between self-concept and student problems across the three categories. Frequency counts were used to analyse subjects' performances on the subscale of SPI especially aspects that were not assessed on SCS.

Critical Question five – ***How does the school environment impact on the perception of self-concept?*** That is, what role did the school environment play in the perception of self-concept. What relationship exists between the perceptions of self and the perception of school? The school affiliation section of SCS, the semi structured interviews and the observations were used to answer this question.

The first part of this question was answered with the use of the Pearson Moment Correlation Coefficient (r) to establish the relationship between School Affiliation and Self-Concept.

The second part was answered with the use of semi-structured interviews. Interviews were recorded on tapes with interviewee's permission. The language of communication was English so there was no need for translation. The tapes were transcribed, interpreted and organized into categories of self-description

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(physical, personal, social and academic self) and school environment (physical and psychosocial). This process was referred to as open and axial coding by De Vos and Van Zyl (1998). Open coding is the process of naming and categorising data through close examination. Axial coding is the process of putting data back together in new ways after open coding. Data was presented in narrative form to allow the physically disabled express their feelings, opinions and views about themselves, their school and the development of their self-concept overtime. Explanations were later provided at the end of each narrative, communicating the factors that influenced the respondents' self-concept. Observations were also presented in narrative forms.

It should be noted that this study chose to use of the Pearson Moment Correlation Coefficient "r" and the analysis of variance "f". In order to increase precision, decrease experimental error, and not to cut of powerful modes of measurement and analysis, as might have been the case if the Rank-order Coefficient of Correlation (r), the Kendall's (W) or the Mann-Whitney (U) was use.

To buttress this position, Kerlinger's (1986) argument is presented. According to Kerlinger, most psychological scales are ordinal but with considerable assurance, they often assume equality of intervals, as such many of the methods of analyses work quite well with most psychological scales when interval equality is honestly assumed, as was assumed in this study. Kerlinger (1986) further argued that if we abide strictly by the rule of non-parametric statistics for ordinal measures and parametric statistics for interval scales, we cut off powerful modes of measurement and analyses and are left with tools inadequate to cope with the problems we want to solve.

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4.6 SUMMARY

This chapter presents the methods employed for this study. It was indicated that the two methods of data collection and analyses were used (quantitative and qualitative methods). Using the two methods provided the avenue to explore the self-concept of subjects in this study in different ways. Thus, employing the paradigm Duffy (1993) referred to as methodological triangulation.

The next chapter presents the analyses of data and results of this study.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****5.1. INTRODUCTION**

The purpose of this study was to identify and describe the self-concept of the physically disabled adolescents in inclusive secondary schools in Lagos state, Nigeria. To attain this goal, quantitative and qualitative research methods were employed. This chapter presents the results of the quantitative part of the study. To analyse the data collected, descriptive statistics in form of frequency counts, mean scores, standard deviations, and cross tabulations were used. Also, the use of inferential statistics such as the Pearson r, chi square χ^2 , and analysis of variance (ANOVA, f) were employed. The use of three research instruments was employed for this part of the study. The instruments are the Self-Concept Scales, the Student Problem Inventory and Records of Academic achievement.

Ninety-four physically disabled adolescents, from seven inclusive secondary schools in Lagos state, Nigeria, formed the sample for the study. Out of the 94 respondents, 46 were girls while 48 were boys. Their ages range from 11 to 22 years with a mean age of 16.31 years and a standard deviation of 2.26. They were selected from the first level or first year of school, to the sixth level or last year of school (Tables 3 & 4). Results of the analyses shows that majority of the respondents were between ages 14 and 18 years, which is the normal age for secondary school children in Nigeria. That some of the respondents were between the ages of 19 and 22 years may be an indication that they started school late, which could be attributed to the effects of their physical disabilities, among other factors.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 3: Respondents by Age and Sex**

Age	girl	Boy	Freq.	Percent	Mean	Std. Dev.
11	1	1	2	2.1		
12	1		1	1.1		
13	6	2	8	8.5		
14	9	2	11	11.7		
15	7	11	18	19.1		
16	8	4	12	12.8		
17	6	12	18	19.1		
18	3	10	13	13.8		
19	1	3	4	4.3		
20	3	1	4	4.3		
22	1	2	3	3.2		
Total	46	48	94	100.0	16.13	2.263

Table 4: Proportions of Respondents by School level

School levels	Frequency	Percent
1	16	17.0
2	16	17.0
3	10	10.6
4	14	14.9
5	23	24.5
6	15	16.0
Total	94	100.0

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****5.2 CRITICAL QUESTION ONE****How do physically disabled adolescents perceive their self-concept?**

To answer this question, respondents were given the Self-Concept Scale (Iwuji, 1996) to respond to. Asking subjects to respond to the self-concept scale, allowed the researcher to assess how they perceived themselves. The Self-Concept Scale measured five areas or elements of self-concept. Subjects' responses on the scale were scored and converted to T-score as indicated in the manual of the scale. The mean score of the T-scores of all the five subscales defined a subject's self-concept.

To answer this first critical question, the total scores for each respondent on each subscale were found. The total scores for all the respondents for each subscale were also calculated together with the mean scores and the standard deviations. Table 5 below presents the respondents' total score, mean scores and standard deviations on each of the five subscales of the self-concept subscales. The results displayed on Table 5 below, shows that the mean scores of respondents range from 45.05 - 46.98. Since according to the manual, a score of 45-52 is an indication of average level self-concept, therefore, a mean score of 46.21 is an indication of an average level self-concept for the physically disabled adolescents in this study. Their perception of themselves can therefore be described as average.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 5: Mean Scores and Standard Deviation of Response on Self Concept Scale**

	self acceptance	self confidence	social security	School affiliation	social maturity	self concept
Sum	4235	4271	4416	4351	4264	4344
Mean	45.05	45.44	46.98	46.29	45.36	46.21
Std. Deviation	8.110	8.591	8.152	7.901	8.351	6.776

*N = 94

Further analysis was carried out to find out the distribution of the respondents on the three main levels of self-concept - that is high, average and low level self-concept. Table 6 below presents the numbers of respondents in each category. Figure 1 presents a pie chart to further explain the distribution across groups.

Table 6: Respondents by Levels of Self-Concept

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative percentage
53-61	High	23	24.5	24.5
45-52	Average	21	22.3	46.8
36-44	Low	50	53.2	100.0
	Total	94	100.0	

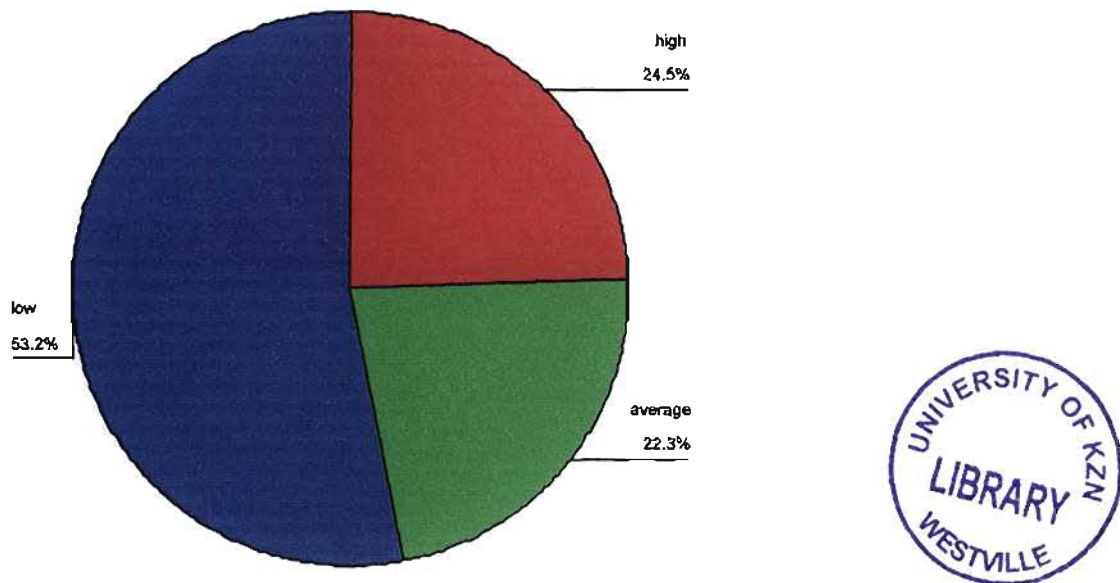
CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)**

Figure 1: Proportions of Respondents by Levels of Self-Concept

Table 6 revealed that 52 (53.2%) respondents scored in between 36 – 44. This is an indication that 53.2% of the respondents have low level self-concept. 21 or 22.3% of the respondents scored in between 45 – 52, which indicates an average level self-concept, while 22.5% or 23 respondents scored in between 53 – 61, which indicates a high level self-concept. Figure1, the pie chart, further explains the results. The result shows that the self-concept of majority of the physically disabled in this study is generally low, because, according to the rule established for the purpose of this study, any score below 45 is an indication of low level self-concept. However, their general mean scores as presented in Table 5 placed them on average level self-concept. This may be because of the very high scores of the respondents in high level self-concept group.

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not. That is, one cannot categorically say 23 differ significantly from 21 or 50. As Kerlinger further argued that for one to categorically state that the difference is meaningful and not caused by chance, a test of significance, such as the use of the Chi-squared, (χ^2) should be employed. Therefore, to ascertain the significance of the differences in the distribution, the chi square statistics was employed.

Table 7, presents the χ^2 test on the distribution, which shows a statistically significant difference in the distribution (χ^2 42.980 = p, 0.000 < 0.05). Since the mean score of 46.21 generally indicates average level self-concept. It was expected that majority of the respondents 50% or 47 should have average level self-concept. The result however, indicates that the expected frequency differed significantly from the observed frequency (21 < 46.5 while 50 > 46.5). 47 physically disabled students should have average self-concept but 21 had average self-concept. This implies there is a statistically significant difference in the distribution and as such it could be concluded that the physically disabled perceptions of their self-concept is low. Further analyses to determine the point of difference (Table 8 below) indicate a statistically significant difference between physically disabled with high and low level self-concept and between average and low level self-concept (χ^2 , 9.986 = 0.002 < 0.05 and χ^2 , 42.397 = p 0.000 < 0.05 respectively). This shows that in fact majority of the physically disabled had low level self-concept.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 7: Chi Squared Test for Differences on the Distribution of Respondents across Categories**

Range of scores	Levels of self concept	Observed numbers	Expected numbers	Residual	Chi-square	df	Exact significance
53-61	high	23	23.8	-8			
45-52	average	21	46.5	-25.5			
36-44	low	50	23.8	26.6			
	Total	94			42.898	2	.000

Table 8: Chi-Square Test for the Point of Difference between Self-Concept Groups

Levels of self concept	Chi square	df	significance
Self concept high versus low	9.986	1	.002
Self concept high versus average	6.667	1	.011
Self concept average versus low	42.397	1	.000

Tables 9 – 13 and Figures 2 – 6 present the frequency counts and graphs to show the distribution of response on the self-concept subscales.

CHAPTER FIVE DATA ANALYSES (QUANTITATIVE)

Tables 9 – 13 and Figures 2 – 6 present the frequency counts and graphs to show the distribution of response on the self-concept subscales.

Table 9: Distribution of Respondents into categories by their Scores on the Self- Acceptance Subscale

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative percentage
53-61	high	28	29.8	29.8
45-52	average	15	16.0	45.7
36-44	low	51	54.3	100
	Total	94	100	

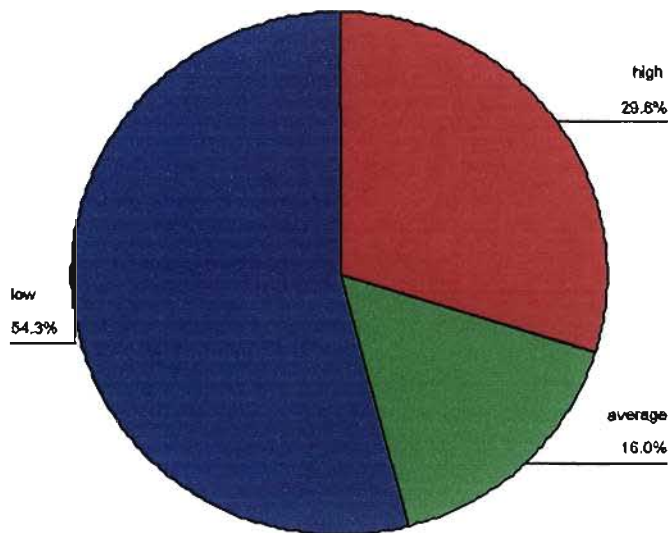
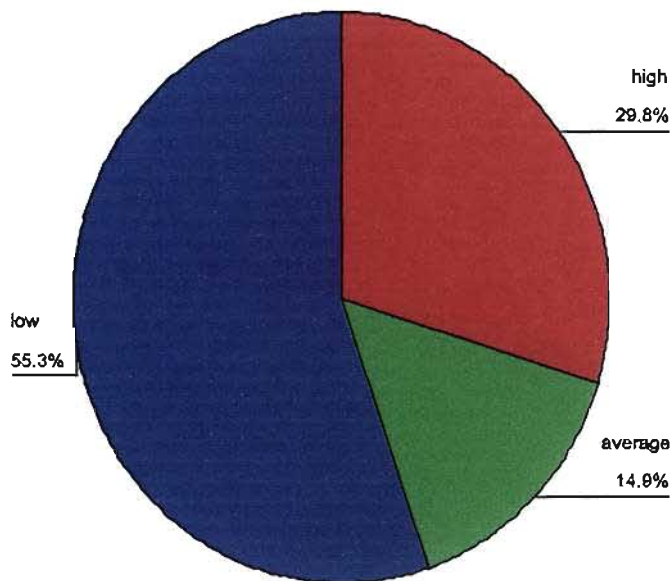


Figure 2: Proportions of Respondents on the Self- Acceptance Subscale

CHAPTER FIVE DATA ANALYSES (QUANTITATIVE)**Table 10: Distribution of Respondents into categories by their Scores on the Social-Confidence Subscale**

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative percentage
53-61	high	28	29.8	29.8
45-52	average	14	14.9	44.7
36-44	low	52	55.3	100
	Total	94	100.0	

**Figure 3: Proportions of Respondents on the Social-Confidence Subscale**

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Table 11: Distribution of Respondents Into categories by their Scores on the Self-Security Subscale

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative Percentage
53-61	high	24	25.5	22.5
45-52	average	19	20.2	45.7
36-44	low	51	54.3	100
	Total	94	100.0	

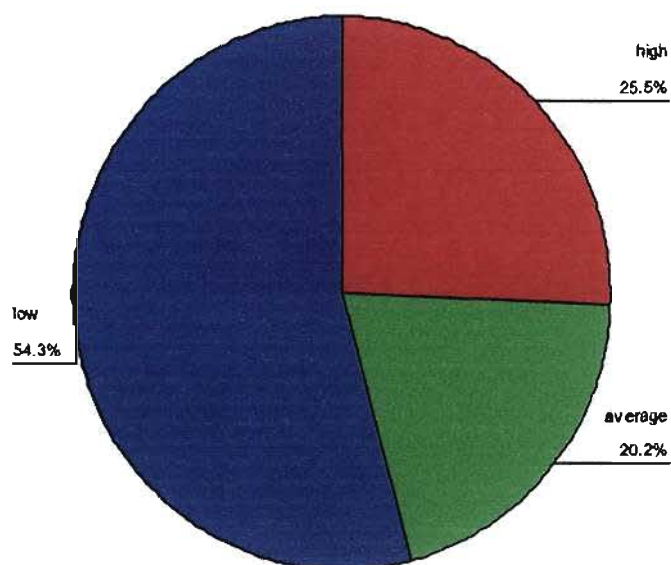
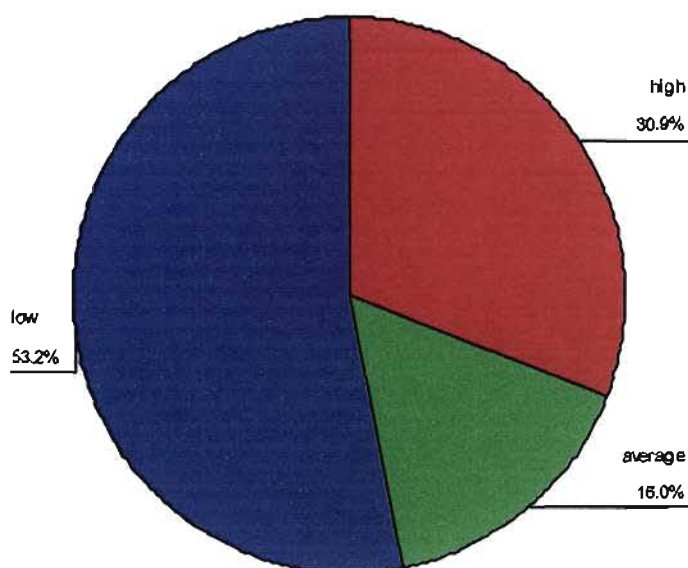


Figure: 4 Proportions of Respondents on the Self-Security Subscale

CHAPTER FIVE DATA ANALYSES (QUANTITATIVE)**Table 12: Distribution of Respondents into categories by their Scores on the School Affiliation Subscale**

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative percentage
53-61	high	29	30.9	30.9
45-52	average	15	16.0	46.8
36-44	low	50	53.2	100
	Total	94	100.0	

**Figure 5: Proportions of Respondents on the School Affiliation Subscale**

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Table 13: Distribution of Respondents into categories by their Scores on the Social Maturity Subscale

Range of scores	Levels of self-concept	Frequency	Percentage	Cumulative percentage
53-61	high	29	30.9	30.9
45-52	average	8	8.5	39.4
36-44	low	57	60.6	100
	Total		100.0	

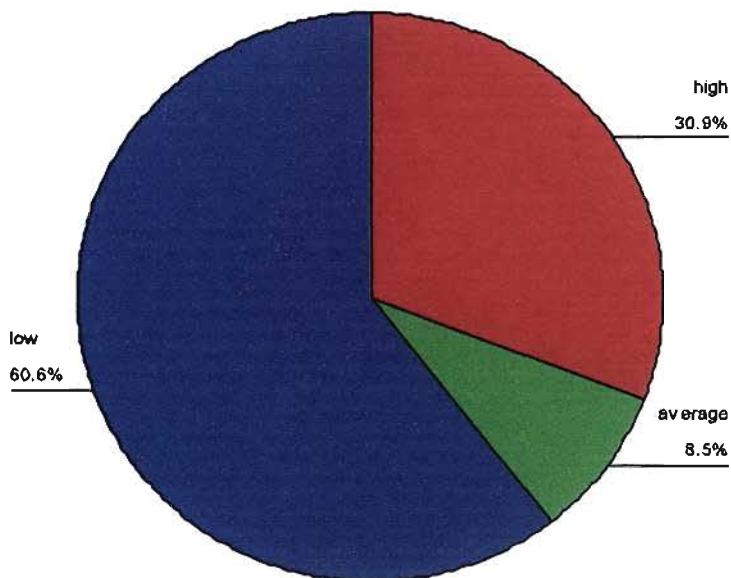


Figure 6: Proportions of Respondents on the Social Maturity Subscale

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To statistically describe the distribution of respondents on the subscales, the data was further subjected to analysis, using the χ^2 statistics. The χ^2 analyses of the distributions of response on each of the subscale, also shows a statistically significant difference in the distribution, on all the subscales, as reflected in Table 14 ($p = 0.000 - < 0.05$), which equally implied that the observed frequency, differed significantly from the expected frequency.

Table 14: Summary of χ^2 Test for SCS Subscales

	self acceptance	self confidence	social security	school affiliation	social maturity
Chi-Square	53.222	56.930	47.401	51.371	79.409
df	2	2	2	2	2
Sig.	.000	.000	.000	.000	.000

The fact that the distributions of response on the subscales of self-concept are also statistically significant, undoubtedly shows that majority of the disabled had low level self-concept. This implies that the result displayed on table 5, which categorized the physically disabled self-concept as average, was only possible because of the effects of the high scores of the respondents who were in the categories of high level self-concept. They must have scored distinctly higher than those on the low level categories. The actual perception of the physically disabled of their self-concept is generally low.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****5.3 CRITICAL QUESTION TWO****How does gender affect the perception of self-concept?**

To answer this question, respondents were grouped according to their gender (boy/girl). Table 15 below presents the mean scores and standard deviations of the respondents on the subscales of self-concept by gender.

Table 15: Mean Scores and Standard Deviations Obtained on Self Concept by Gender

gender		self acceptance	self confidence	social security	school affiliation	social maturity	self concept
girl	Mean	45.17	44.63	45.46	45.26	45.96	45.52
	N	46	46	46	46	46	46
	Std. Deviation	7.917	8.279	7.825	7.693	7.944	6.149
	Sum	2078	2053	2091	2082	2114	2094
boy	Mean	44.94	46.21	48.44	47.27	44.79	46.88
	N	48	48	48	48	48	48
	Std. Deviation	8.373	8.896	8.272	8.052	8.769	7.330
	Sum	2157	2218	2325	2269	2150	2250
Total	Mean	45.05	45.44	46.98	46.29	45.36	46.21
	N	94	94	94	94	94	94
	Std. Deviation	8.110	8.591	8.152	7.901	8.351	6.776
	Sum	4235	4271	4416	4351	4264	4344

Results displayed on table 15 indicate a mean score of 45.52 and a standard deviation of 6.15 for girls and a mean score of 46.88 and a standard deviation of 7.33 for boys. Ordinarily, this implies that boys perceived themselves differently from girls. However, going by Kerlinger's position, the difference may not be statistically significant. Therefore, ANOVA was employed to test for differences

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between the two groups. Table 16 below presents the result of the ANOVA test performed on the scores obtained by the two groups on the self-concept scale.

Table 16: ANOVA Test for the Effect of Gender on the Self-Concept and the Subscales of Self-concept.

		Sum of Squares	df	Mean Square	F	Sig.
SA * gender	Between Grou	1.313	1	1.313	.020	.889
	Within Groups	115.421	92	66.472		
	Total	116.734	93			
SC* gender	Between Grou	58.483	1	58.483	.791	.376
	Within Groups	804.634	92	73.963		
	Total	863.117	93			
SS* gender	Between Grou	208.732	1	208.732	3.216	.076
	Within Groups	971.226	92	64.905		
	Total	1179.957	93			
SA* gender	Between Grou	94.896	1	94.896	1.529	.219
	Within Groups	710.349	92	62.069		
	Total	805.245	93			
SM* gender	Between Grou	31.872	1	31.872	.454	.502
	Within Groups	453.830	92	70.150		
	Total	485.702	93			
self concept * gender	Between Grou	43.016	1	43.016	.936	.336
	Within Groups	226.728	92	45.943		
	Total	269.745	93			

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The results displayed on Table 16 indicates no significant gender effect on self-concept ($f, 0.936 = p 0.336 > 0.05$). Also on the subscales, there exists no significant gender effects ($f = p > 0.05$). That is, the way in which physically disabled perceived themselves is not affected by their being boys or girls.

Further, respondents were distributed into categories of high, average and low level self-concept on the basis of their gender and their scores on the self-concept scale. Table 16 below presents the distribution, while Figure 7 presents the proportion of the distributions.

Table 17: Distributions of Respondents by Levels of Self-Concept and Gender

Range of scores	Levels of self concept	girl	Boy	Total
53-61	high	8 (8.5%)	15 (16.0%)	23 (24.5%)
45-52	average	13 (13.8%)	8 (8.5%)	21 (22.3%)
36-44	low	25 (26.6%)	25 (26.6%)	50 (53.2%)
	Total	46 (48.9%)	48 (51.1%)	94 (100.0%)

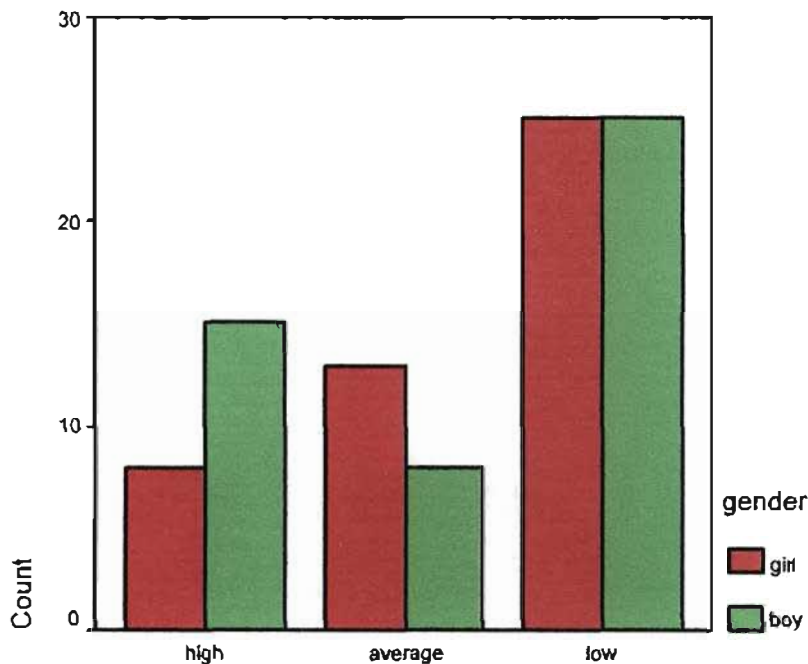
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Figure 7: Proportion of Respondents by Self-Concept and Gender

The pattern of response as displayed on the table and on the histogram explains why the difference was not significant. The numbers of disabled girls and boys who perceived themselves in the same way supersede those who saw themselves differently.

5.4. CRITICAL QUESTION THREE

What is the relationship between academic achievement and self-concept?

This question was answered by obtaining respondents academic records from the schools and generating a mean score for each respondent from all his/her

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Correlation coefficient (r). Table 18 presents the result of the correlation between academic achievement and the self-concept. The result reveals a statistically significant relationship between ACA and SC ($r, 0.719 = p, 0.000 < 0.01$).

Table 18: Result of the Correlation between Self Concept Scores and Academic Achievement Scores

		academic achievement	total self concept
academic achievement	Pearson Correlation	1	.719*
	Sig. (2-tailed)	.	.000
	N	94	94
self concept	Pearson Correlation	.719*	1
	Sig. (2-tailed)	.000	.
	N	94	94

** Correlation is significant at the 0.01 level (2-tailed).

Further, to ascertain the pattern of relationship, respondents' academic records were cross tabulated with their self-concept scores. Table 19 and Figure 8 present the pattern of relationship between self-concept and academic achievement.

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Table 19: Distribution of Respondents by Self-Concept and Academic Achievement

Range of self-concept scores	Levels of self-concept	Academic achievement			
		Range of ACA scores			
		70-89	50-69	30-49	
		high	average	low	total
53-61	high	13	9	1	23
		13.8%	9.6%	1.1%	24.5%
45-52	average	3	13	5	21
		3.2%	13.8%	5.3%	22.3%
36-44	low	1	9	40	50
		1.1%	9.6%	42.6%	53.2%
Total		17	31	46	94
		18.1%	33.0%	48.9%	100.0%

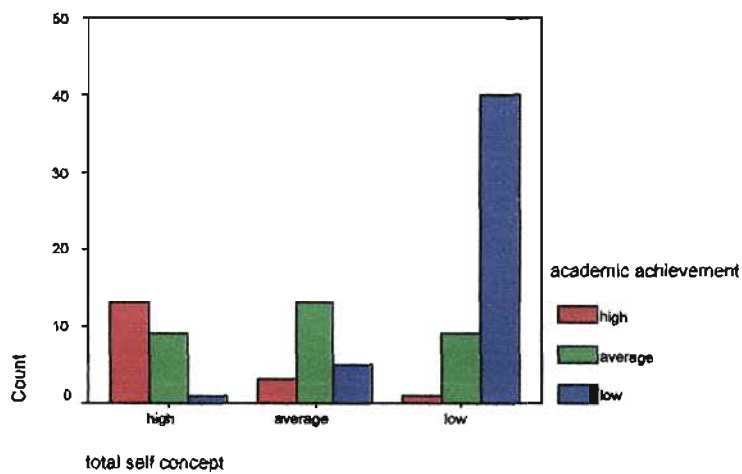


Figure 8: Proportion of Respondents by Self Concept and Academic Achievement

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The histogram shows that there is a perfect correlation between self-concept and academic achievement. The physically disabled that had high self-concept, also had high level academic achievement, likewise those who had low self-concept, also had low academic achievement.

Table 20 presents the distribution of respondents based on their academic achievement scores. The result displayed on the table shows that 49% or 46 respondents were of low academic achievements, 31 or 33% had average academic achievement and 17 or 18.1% of the respondent were of high academic achievement.

Table 20: Distribution of Respondents by their Academic Achievements

Range of scores	Levels of Academic achievement	Frequency	Percentage	Cumulative percentage
70-89	High	17	18.1	18.1
50-69	Average	31	33.0	51.1
30-49	low	46	48.9	100
Total		94	100.0	

5.5 CRITICAL QUESTION FOUR

What is the relationship between personal problems and the self-concept?

This question was answered by asking the subjects to respond to a Student Problem Inventory, which measured students' self-concept from the perspective of their problems. The numbers of ticks – that is “yes” on the inventory was used to determine a subject's problem/self-concept. The four aspects of self-concept

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that were not measured on the Self-Concept Scale were measured here. The aspects are perceptions of the future, the family background, sexuality and financial status. The lower the numbers of ticks or yes on the inventory the higher the self-concept and the lower the problems of an individual. On the other hand the higher the numbers of ticks or yes, the lower their self-concept and the higher their problems.

The responses were analysed using the Pearson Product Moment Correlation coefficient (r), frequency counts, cross tabulation, and a graph. Table 21 presents the relationship between the self-concept and students problems. Result of the analysis shows a high statistically significant negative relationship between students' problems and their self-concept (Table 21). That is respondents' who had low self-concept had high problems ($r, -0.892 = p, 0.000 < 0.01$).

Table 21: Result of the Correlation Coefficient Test on Respondents Scores on the Students Problems Inventory and the Self-Concept Scale

		self concept	student problem
self concept	Pearson Correlat	1	-.892*
	Sig. (2-tailed)	.	.000
	N	94	94
student problem	Pearson Correlat	-.892**	1
	Sig. (2-tailed)	.000	.
	N	94	94

** Correlation is significant at the 0.01 level (2-tailed).

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To establish the pattern of relationship between the respondents' problems and their self-concept across groups, respondents' scores on the Student Problem Inventory and on the Self-Concept Scale were cross-tabulated. Table 22 presents the pattern of correlation between Self-concept and students problems. Figure 9, the histogram, and the results displayed on the table further indicate that respondents' with low self-concept had high or many problems while respondents' with high self-concept had low or few problems.

Table 22: Distribution of Respondents by their Scores on Self-Concept and Student Problems

Levels of self concept	Student Problem Inventory			
	Range of SPI scores			
	51-70	31-50	10-30	
	low	average	High	Total
high	22	1		23
	23.4%	1.1%		24.5%
average	2	16	3	21
	2.1%	17.0%	3.2%	22.3%
low		3	47	50
		3.2%	50.0%	53.2%
Total	24	20	50	94
	25.5%	21.3%	53.2%	100.0%

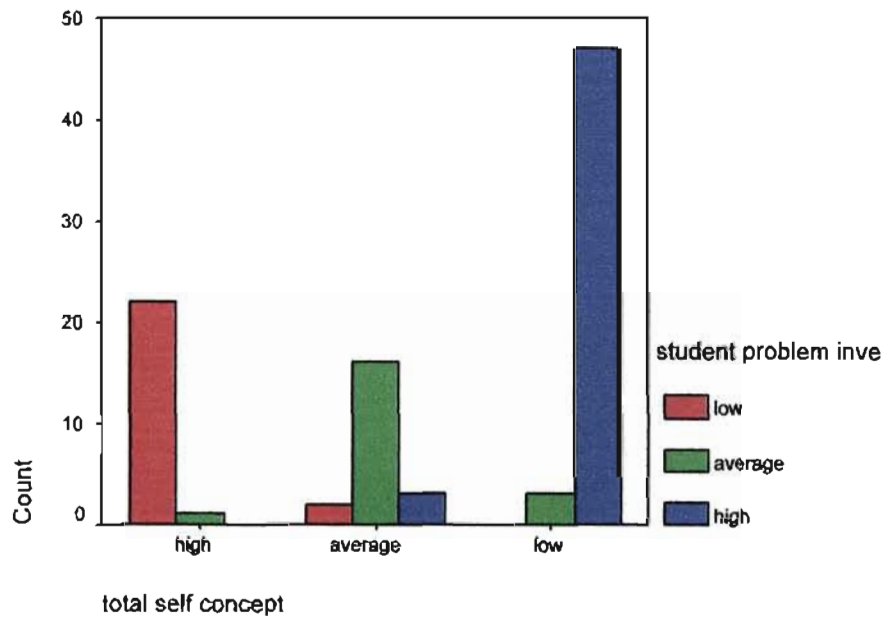
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Figure: 9 Proportion of Respondents by Self Concept and Student Problems

In addition, since SPI perfectly correlates with SCS, this implies that SPI also measure elements of self-concept. Therefore, respondents' perceptions of their self-concept based on financial, sexual, family and future problems are presented in tables 23-26. Graphs 10-14 further illustrate the proportion of self-concept of respondents on the four subscales.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 23: Distribution of Respondents by their Scores on the Financial Problem Subscale**

Financial problem	Frequency observed	Percent	Cumulative percentage
low	12	12.8	12.8
average	34	36.2	48.9
high	48	51.1	100.0
Total	94	100.0	

Table 23 presents the distribution of respondents' perception of their financial status. The result shows that 48 or 51.1% of the respondents had high or many financial problems, which impact on their self-concept. The pie chart in figure 10 also presents the proportion of the respondents' scores on the financial problem subscale, which indicates that very few respondents, 12.8% had low or few financial problems.

Table 27 displayed the significance of the differences in the distribution. (χ^2 , 33.853 = p, 0.000 < 0.05). This further implies that most of the physically disabled, who participated in this study, had problems associated with finance, which may be an indication that most of the respondents are from low socio economic status background. This might have influenced their self-concept significantly.

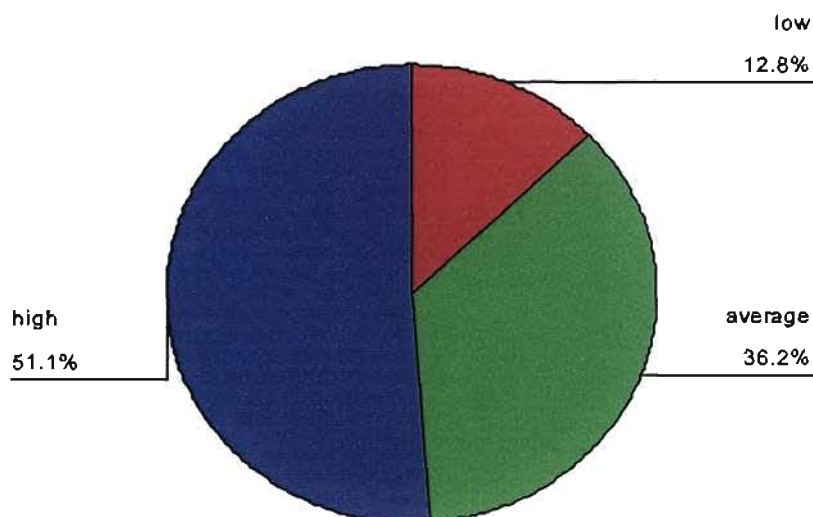
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Figure: 10 Proportion of Respondents by their Scores on the Financial Problem Subscale

Table 24: Distribution of Respondents by their Scores on the Sexual problem Subscale

Sexual problem	Frequency observed	Percent	Cumulative percentage
low	20	21.3	21.3
average	21	22.3	43.6
high	53	56.4	100.0
Total	94	100.0	

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Table 24 presents the distribution of the respondents' perception of their sexual attitudes. The result displayed on the table shows that 56.4% (54) of the respondents had high or negative perception of sexual attitude and behaviour, which impact on their self-concept. The χ^2 test (Table 27) of significance for the distribution of respondents on this subscale indicates there is a statistically significant difference in the distribution (χ^2 , 50.469 = p, 0.000 < 0.05). The pie chart, figure 12 further illustrates the proportion of the distribution of the respondents on the sexual problem subscale.

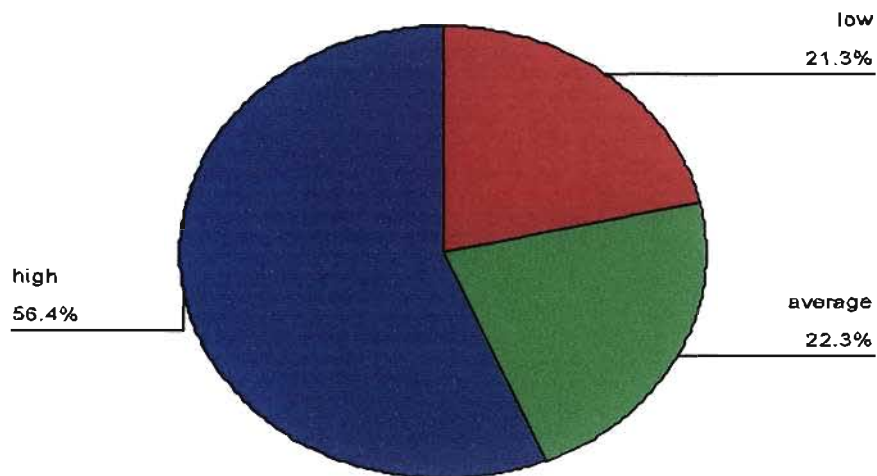


Figure: 11 Proportion of Respondents by their Scores on the Sexual problem Subscale

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 25: Distribution of Respondents by their Scores on the Family Problem Subscale**

Family problem	Frequency Observed	Percent	Cumulative percentage
low	36	38.3	38.3
average	18	19.1	57.4
high	40	42.6	100.0
Total	94	100.0	

Table 25 presents the distributions of respondents' perceptions of their family background. Result displayed on the table shows that 42.6% (40) of the respondents had high or negative perceptions about their family background, which affects the way they perceived themselves. The χ^2 test (table 27) of the significance of the distribution of respondents' scores on this subscale indicates a statistically significant difference in the distribution. This implies that majority had problems of acceptance, love, affections and or marital problems, which affect their perceptions of themselves.

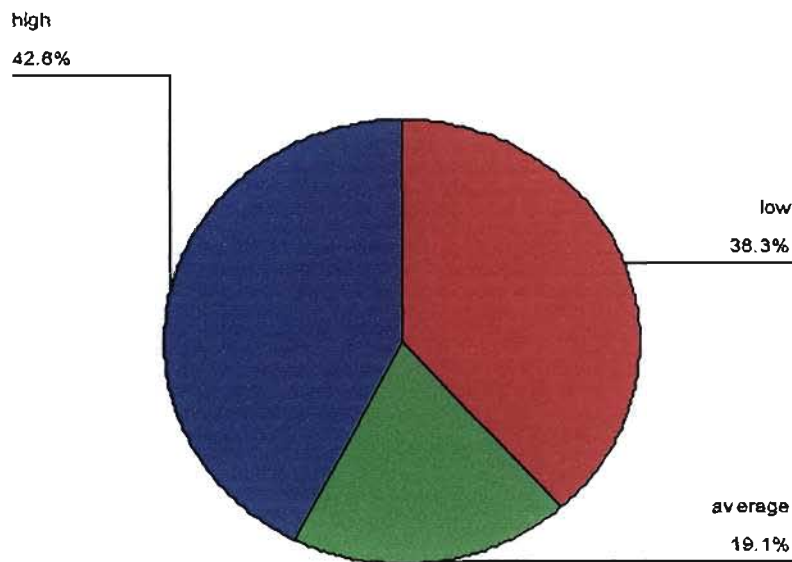
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Figure: 12 Proportion of Respondents by their Scores on the Family Problem Subscale

Table 26: Frequency Counts of Response on the Future problem Subscale

Future problem	Frequency observed	Percent	Cumulative percentage
low	21	22.3	22.3
average	13	13.8	36.2
high	60	63.8	100.0
Total	94	100.0	

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Finally, on the future problems section, respondents' perceptions were also low or negative (Table 26). 63.8% (60) of the respondents had high or many problems of the future. This implies that majority of the physically disabled were afraid of what the future holds for them, as result of their disabilities. That this section has the highest percentage of individuals indicates that fear of the future cuts across groups' high, average or low self-concept. The χ^2 test (table 27) for significance of the distribution, shows a statistically significance difference in the distribution (χ^2 , 79.609 = p, 0.000 < 0.05). Figure 13 presents the proportion of respondents in each level of the future problem subscale.

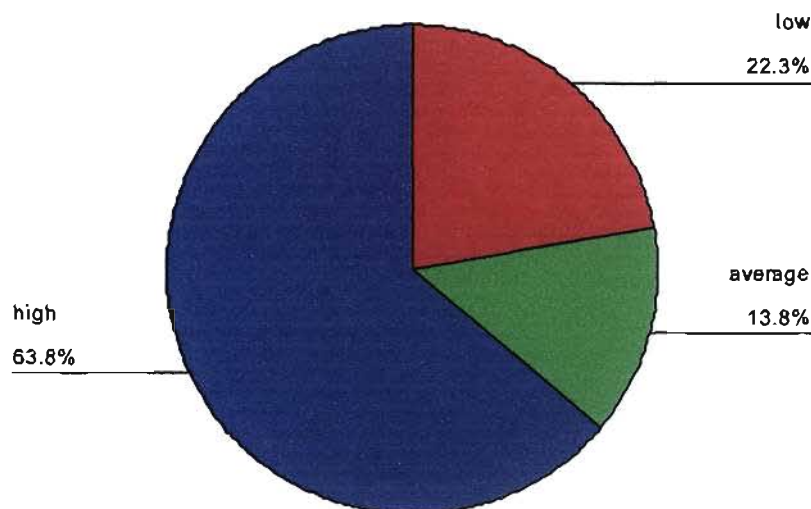


Figure: 13 Proportion of Respondents by their Scores on the Future Problem Subscale

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Table 27: Summary of Results of the χ^2 for Significance of the distribution of Respondents on SPI Subscales

	financial problem	sexual problems	family problems	future problems
Chi-Square	33.853	50.469	34.785	79.609
df	2	2	2	2
Exact Sig.	.000	.000	.000	.000

5.6 CRITICAL QUESTION FIVE

How does the school environment impact on the perception of self-concept?

This question was answered by the analysis of the qualitative part of the study. However, for the purpose of this part of the study, the question was answered by comparing respondents' scores on the School Affiliation subscale with their scores on self-concept with the use of ANOVA. Table 28 presents the result of the effect of school affiliation on the self-concept. The results displayed on the table, indicates a statistically significant effect of the school affiliation on the self-concept ($f, 78.502 = p, 0.000 < 0.05$).

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 28: Result of ANOVA Test for the Effect of School Affiliation on the Self Concept**

total self concept

	Sum of Squares	df	Mean Square	F	Sig.
Between Grou	41.304	2	20.652	78.502	.000
Within Groups	23.940	91	.263		
Total	65.245	93			

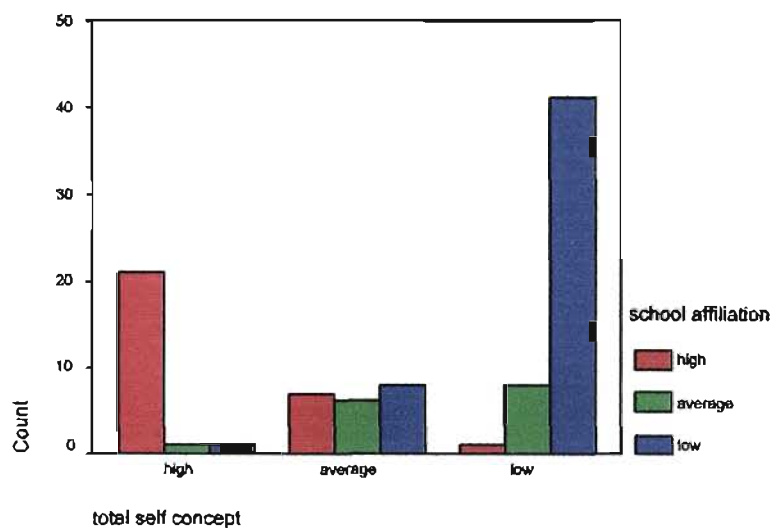
Further, to ascertain the point of significance, the data was subjected to a Post Hoc test. Table 29 presents the Post Hoc test of significance. The result displayed on the table shows a statistically significant effect of the school affiliation on the self-concept. Differences exist between the mean scores of respondents within the categories of high and average and between those within high and low categories of school affiliation ($p, 0.00 < 0.05$ respectively). This is an indication that physically disabled who had high level perception of school also had high self-concept and those who had a low or negative perception of school also had low self-concept. On the other hand those who are doing well in school work are those who had high self-concept. The result shows no significant difference between respondents that are in the groups of average and low level school affiliation. This is an indication that physically disabled that had high perception of school had high self-concept while those that had low perception of had low self-concept. This difference is further expressed on the histogram, Figure 14, which presents the pattern of relationship between school affiliation and self-concept

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Table 29: Post Hoc Comparison of School Affiliation and Self-concept**

Dependent Variable: total self-concept
Tukey HSD

		Mean Difference (I-J)	Std. Error	Sig.
(I) school affiliation	(J) school affiliation			
high	average	-1.16*	.163	.000
	low	-1.49*	.120	.000
average	high	1.16*	.163	.000
	low	-.33	.151	.075
low	high	1.49*	.120	.000
	average	.33	.151	.075

*The mean difference is significant at the .05 level.

**Figure 14: Cross Tabulation of SC and SA**

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****5.7 FINDINGS****Perception of Self-Concept**

Results of critical question one; show that subjects in this study generally have average level self-concept with a mean score of 46.21 and a standard deviation of 6.776. According to the standard established for the purpose of this study, any score between 45-52 indicates an average level self-concept. Therefore, a general mean score for the respondents placed them on average level self-concept category.

However, further analyses indicate that 53.3% of the respondents have low level self-concept. Since the mean score indicates average self-concept, it was assumed that 50% of the respondents would fall within average self-concept group. Nevertheless, the χ^2 test indicates a statistically significant difference in the distribution ($p = 0.000 < 0.05$). That is the expected frequency differed significantly from the observed frequency. Further analysis of the subscales of self-concept, both on SCS, SPI, and χ^2 test for the point of differences indicates a statistically significant difference between average and low self-concept, which further confirmed that majority of the physically disabled in this study, had low level self-concept or negative self-concept.

On the subscales of the self-concept majority of the respondents' had low level self-concept, particularly on the Social Maturity and future problem subscales (60.6% and 63.8% respectively). These results suggest that majority of the subjects might have acquired negative type of social values and attitudes from the society and are afraid of or not sure of what the future holds for them.

CHAPTER FIVE**DATA ANALYSES (QUANTITATIVE)****Gender Effects'**

Results of data analyses revealed that there is no statistically significant gender difference on the physically disabled self-concept ($f, 0.936 = p 0.336 > 0.05$). Nevertheless, there appeared to be some differences in the frequency counts as reflected on the histogram (Figure 7) and in the mean scores of respondents. Boys had a mean score of 46.88 and a standard deviation of 7.330 while girls had a mean score of 45.52 and a standard deviation of 6.149, but the differences were not statistically significant. Also on the entire subscales of self-concept measured ($f = p > 0.05$) there exists no statistically significant difference. It appeared that physically disabled boys and girls who perceived themselves in the same manner, surpassed those who perceived themselves differently, as such the difference was not significant.

Academic Achievement

The results of this study on the relationship between academic achievement and self-concept indicate that there is a statistically significant relationship between academic achievement and self-concept ($r, 0.719 = p, 0.000 < 0.01$). Subjects who perceived themselves positively had good academic performance. Further, analyses show that 49% of the respondents had low academic achievements.

Students' Problems

Results of data analyses on the relationship between students' problems and self-concept showed that there is a significant relationship between self-concept and student's problems ($r, -0.892 = p, 0.000 < 0.01$). Frequency counts of the physically disabled response on SPI reflect that 53.2% had high or many problems. Physically disabled who had low level self-concept had high or many

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problems while those who had high level self-concept had low or few problems. This reflects that physically disabled, who perceived themselves worthy, were able to manage and control their life problems. While those with low level self-concept lacked strong belief in their own abilities and resources.

School Environment

Results on the impact of the school environment on the self-concept indicate a statistically significant effect of School Affiliation on Self-Concept ($f, 78.502 = p, 0.000 < 0.05$). That is, the physically disabled perception of the school environment affects their self-concept. The physically disabled who perceived their school environment problems as hindrances had low self-concept, while those who perceived it as challenging, had high academic self-concept despite their problems.

5.8 SUMMARY

This chapter presents the results of the quantitative part of the study. Statistical analyses of the five critical questions, shows that majority of the respondents' in this study had low self-concept with no significant gender effects. However, there is a statistically significant relationship between self-concept and academic achievement and between student problems and school environment.

The next chapter presents the results of the qualitative part of this study.

CHAPTER SIX**DATA ANALYSES (QUALITATIVE)****6.1 INTRODUCTION**

This chapter presents the analyses of the information collected from the semi-structured interviews and the observations. The interviews and observations were recorded, transcribed and categorised into themes according to the critical questions and emerging issues. The analyses are presented in narrative form, and the factors that influenced the respondents' perceptions of themselves in their statements are summarized after their stories. The narratives are presented in the manner in which, answers are provided for the questions that were asked on the interview's schedule and the critical questions.

The narratives present answers to how the respondents explored their life experiences, with regards to factors within the physical environment, the social and interpersonal interactions, their academic experiences, their relationships with teachers/peers, their family background, and other personal issues affecting the processes involved in making up what they perceived to be themselves or their self-concept. For the sake of confidentiality, names of schools and respondent's names were not used. The respondents are referred to by phrases from their statements.

6.2 "CHESS GURU"

The "chess guru" (he considered himself to be a champion of chess game) is a male respondent, randomly selected among the group of respondents whose scores on the self-concept scale placed them on the high self-concept category. He was 17 years old and lives with his parents in a home. His father works for a multinational corporation and his mother is the principal of a secondary school in

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Nigeria. This is an indication that both parents are educated and are of high socio economic status. He described himself as follows:

I am handsome, cheerful, although cripple, I am capable because I can do many things the so-called "able" persons cannot do. I have challenged "them" several times and have won. At first I did not realize my potential and worth, because I was always afraid inside me of what the future and life outside the home is. I did not start school like other children from primary school, so I barely had friends who came to visit or whom I visit, except for my cousins, or my brother and sister's friends. I started schooling from primary five, before then, I learn from home. My parents, bothers and sisters were my teachers. My mummy drew the timetable of who should teach me and what should be taught per day. Then everybody takes his or her turn.

When I eventually started going to school, I realized what I had been missing, being at home, especially when I started secondary school. I have to say it was not easy at first, the staring and the pity looks embarrassed me but thanks to my parents for preparing me for this type of experiences. I now have many friends both at school and at home. I even have some that are not from my school, whom I met when we sometimes go for chess competition. In one of the competitions I had an experience, which was an eye opener.

What happened was, we went for a chess tournament and I played with a girl, the defending champion, who had never lost to anyone before. Anyway I won the game and she could not believe it. You know, what gave me the courage and made me appreciate myself was her sadness and what she said. She said, "Of all people, this crippled one". For the second time in my life I realized I could do

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better than the "normal". I was honoured to give the closing remarks after the tournament.

The first time was when I was admitted into this school. I got the highest mark in the federal common entrance examination for admission into this school and I was the first on the list. On the day school resumed, I was the centre of attraction, as everybody there, were shocked when they realised the best candidate is cripple. Even the principal did not know before then, that I am disabled. There and then I had a lot of friends, and many parents hugged and congratulated me. This uplifted my spirit.

Since I have started schooling my worries about the future reduced but I am still afraid of relationship with the opposite sex. I usually think no one would want to be a cripple's friend not to talk of marrying him. I usually doubt my possibility of getting a pretty wife. Although when I discuss with my brothers they always assured me it's not a problem. They always convince me that I shall overcome it later especially when I get to the university. One of them is of the opinion that it's because I am in a single sex school where we don't often mix with girls, but I assure you today, that is history. I have not got someone to marry, but ----- (smile).

If there is any thing I regret it's my inability to attain my dream of becoming a medical doctor. Most of my brothers are in medical professions. I love mathematics and anything that has to do with calculations. I would have opted for the science subjects, but the school counsellor advised me not to because it might be strenuous for me and I may not cope with the long hours of practice. I excelled in all my subjects especially mathematics. I still think I would have

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coped if I were allowed to give it a trial but its okay, now I want to be an economist.

Among other things, making decisions for us is one major thing I do not like about this school. We are not given responsibilities, they don't allow us to take part in sports, they are not considerate about our well being and the environment is not conducive for students like me at all. For example, I missed a whole term because I could not stay in the boarding house and our house is far. I actually chose the school because we learnt that it's inclusive but when we got here, we found out that there was no provision for my category of disability, only the blinds have facilities provided for them. My parents could not allow me to stay in the boarding house without someone to assist me, so I had to go back home till there was an alternative. My family had to move from Benin to Lagos because of me. I am now a day student.

Another important thing that I disliked in the school is having my classes in rooms at the top floor of storey buildings in the school. I would have preferred my classes being on the ground floor. I would have been independent. It is really disheartening just imagine, I have to be lifted up and down the stairs daily. My classes were on the second and third floor of the building, when I was in senior secondary one and two (4th and 5th year of high school). At that time my movements were highly restricted. At times I have to pay for the assistance. I can say that was the time I hated this school most. I was forced to stay in my class all day except when there were volunteers. On the other hand I can say coming to the school instilled life in me, made me realize my worth, potentials and gave me the courage required.

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My family have always assured me that I am not different from any other child because other children also have limitations. Over and over again, my mother use to say, "Disability is not inability" all you need, is to discover your potentials, develop them and make maximum use of them. One of my brothers taught me how to play chess but I became a "guru" and none of them could compete with me now. I did not know I was really good as they always say, but when I started school and started competing with outsiders then I realized they were not just paving way for me to win and to make me happy. I am indeed a chess "guru" (champion).

My family are wonderful people, they are always there for me, they provided all the support and essential things needed by me. They relocated from Benin to Lagos because of me. I really owe them much.

HOW DID HE DESCRIBE HIMSELF AFTER ALL?**Self Description**

The "chess guru's" account portrays how his self-concept develops overtime. His description of himself generally is positive. He sees himself as capable worthy, challenging, and strong to withstand the challenges of life. These descriptions probably explained why he had high level self concept because he was happy and was highly motivated by the affection and support he received from his family and people around him.

His parents prepared him for what to expect from the people in the society, which probably gave him the confidence and courage to relate with and handle situation in a positive manner. Even when people stare's at him or passed ridiculous comments about him, like that of his competitor who said "of all people this

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crippled one” he was not embarrassed and this did not affect his perception of himself. Rather, it motivated him, made him to become confident in himself and above all, he realised his worth and potentials. This reflects the influence of acceptance and love from the family on his self-concept. Another probable explanation of his positive self-concept could be attributed to the financial status of his family.

His outstanding academic performance may also be a factor that aided his positive perception of himself. His outstanding performance was what earned him the acceptance of individuals present on his first day at school. This is consistent with the assertion of Kling, Hyde, Showers, and Buswell, (1999) that the perception of parental support/family relationships and peer influences such as social acceptance, peer relationships and peer popularity contributes to perception and evaluation of an individual's self-concept.

Other issues that emerged from his description of himself are the implications of the general perceptions of disabled persons in the society and the interdependent or dependent nature of the self-concept on an individual's perception of him/herself. The expression of shock by individuals present in his school on his first day at school and his competitor's statement (*“of all people this crippled one”*) revealed the misconceptions about disabled persons in the society. This is an indication that nothing good or challenging is expected from the disabled or that a disabled person is not expected to excel in a competition with an “able” person and win the game. The fact that he is crippled was what humiliated the girl and she wept. That he is crippled and brilliant was what impressed the audience on his first day of school.

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Therefore, if an individual perceives his/herself based on the judgement of others ("public self" or internal locus of control) as posited by Markus and Kitayama (1991), then the "chess guru" should have been unhappy and dejected, which might have resulted in him having a low self-concept, or may exhibit social maladaptive behaviours and or poor academic achievement (Olukotun, 1992). Conversely, he appeared to perceive himself in terms of the "private self" or internal locus of control (judged himself based on his own perceptions and not others). This was why he was not dejected based on the girl's or others judgement of him. This probably further explained why his self-concept was high or positive. Individuals, who perceive themselves in terms of "the private self", develop positive self-concept.

School Environment

His account on the school environment revealed both negative and positive perceptions. He was not impressed about the physical structure of the school as well as the services that were provided for the physically disabled in the school. The school rather than fostering independence fostered dependence. Having his classes in rooms at the upper level of storey buildings made him unnecessarily dependent on the "normal" peers. Independence according to Smith (1996) is pivotal to a disabled person's self-concept. Not having freedom to make decisions and being dependent may result to frustrations, dejection or he may become withdrawn. Being placed in an "unnecessary" handicapped condition may constantly remind him of his being disabled and helpless. A disabled who constantly evaluates himself is apt to develop a negative self-concept, Ajobiwe (2000). More so, since self-concept, is formed out of the perceptions that an individual holds of his/her environment, having a negative perception of his school environment could have been detrimental to his self-concept. In his case,

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his negative perceptions of his school environment did not have any significant effect on his self-concept, which could be attributed to the possibility of him basing his self-concept on his own perceptions of himself and not others.

Further, his statements reflect the influence of schooling in an inclusive school on the development of the self-concept. The inclusive school system contributed to him having good communication and interpersonal skills. He was able to make friends relate with “able” kids, compete, challenge and realise his potentials. He did not feel out of control in spite of the handicapping conditions of the physical environment of the school. If he had schooled with disabled kids like him he might not have had the opportunity to relate, compete with and challenge the non-disabled. Challenging and defeating the disabled lifted his spirit as he puts it. This was actually a great achievement for him which had significant effect on his self-concept. In all he was able to adjust positively to his school environment.

Family Background

His account revealed that his family’s support, affections, acceptance and above all, the high socio economic status of his family influenced his self-concept. Coppersmith (1967) stated that the relationship between children and the family is critical to self-concept rather than general social conditions. He learnt appropriate behaviours that prepared and fortified him with skills to relate effectively with the society from home. His family’s support, morally, physically and financially, influenced his positive self-concept and academic achievement. His family prepared and nurtured him for future goal setting/planning and attainment. He did not start primary school at the age of six like every other child in Nigeria. Starting school late may be deliberate, because his parents wanted him to be old enough to withstand the rigours that he may encounter by going to

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school. On the other hand, it may be just being protective of him. The parents had to relocate from one city to another (from Benin–Lagos) to ensure his comfort. This is saying irrespective of your disability you belong. In general his success at school and his positive self-concept was influenced by the affection and concern showered on him by his family. This was coupled with the fact that the family had the resources to support and provide for his needs.

6.3 “BEAUTIFUL-ONLY-ON-A-WHEEL-CHAIR”

“Beautiful-only-on-a-wheel-chair” is a female respondent, selected from the group of respondents belonging to high self-concept level on the basis of their scores on the self-concept scale. She was sixteen years old. Her father had died and her mother had remarried. Her mother was a trader. “Beautiful-only-on-a-wheel-chair” lives at the residential primary schools, which served as home for the physically and mentally disabled. She described herself as follows:

I am beautiful only on a wheel chair but I think nobody will accept that someone on wheelchair is beautiful. However, I am sure if God had destined that I shall marry and have children then someone will appreciate and accept me for what I am.

I was not born like this. I was sick at about age four when I was at Ondo (Another town from where she now lives) with my grandmother. They first thought I would be alright. I was taken to different churches and hospitals but finally they realized nothing could be done, the sickness had affected my spinal cord and I could not walk again. Then, my parents brought me to Lagos. At first my mother was able to carry me wherever we went, to the church, school or visiting, later she couldn't bear my weight, so my schooling and outing stopped. Later my mother's friend

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informed her about a school for the mentally and physically disabled. We went to the school in 1993 and I was eventually admitted after several visits in 1994.

When I first started living and schooling at the school, (residential primary school, which also served as home/care centre for the physically and mentally disabled) my mother usually took me home for holidays at the end of the term but after the death of my father, she remarried and could not take me home again. I have not gone home since then and her visits became irregular. Later she stopped coming. I felt highly dejected because of this, but since I started secondary school (inclusive secondary school) this feeling had changed. I now have friends. My friends tried to convince me that my mother too might have died. They felt that was why she had not come to visit.

I am intelligent, because in all my examinations at school, I have always come third out of ninety-five. I have made up my mind to excel in my studies so that I can maintain the position and put Mrs. X to shame. Mrs. X is one of the teachers in my primary school, she always rebuked me, and she said I would not make it to secondary school. She felt I should be sent to a vocational training school rather than going to a secondary school. My problem with her started when I was promoted from primary three to primary five, which was her class. She started victimizing me thereafter. She did not see me as competent enough to be in her class, so instead of her letting me participate in the class work, she was giving me primary two or three's work.

I complained to the head of the school, when she was asked about it, she said she wanted to determine my capability first before allowing me to join the class fully. She did this for almost a term until she was sick and another teacher came

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as her replacement. The new teacher discovered that I was intelligent and I even performed better than most of the kids in the class. Mrs. X did not come back as our teacher, but again, when we were to write the common entrance examination, she was the one in charge. She again recommended that I should go for vocational training because I may not be able to cope with the challenges of going to a secondary school but my teacher and the principal suggested that I should try first. With prayers and perseverance I wrote the examination, came first and was admitted to a secondary school. The devil and Mrs. X were put to shame. Since then I decided to put in my best to maintain the position.

Coming to the secondary school here is real fun for me, although I don't have many friends, but the ones that I have are very compassionate. I have the opportunity to go out, to see and interact with normal people, and not only disabled people as in my primary school and home. I also realized I can do better than many of the non-disabled. Though I always keep to my self, out of one hundred and thirty students in the class, I can barely point to ten who are my friends, most of the other students are gossips and are always making fun of us who are disabled but I am not bothered because I have what most of them do not have. For me coming to school here, is a great challenge and an eye opener. Schooling here made me realize that I could make it in life and live a comfortable and useful life like every other child. There are disabled teachers here too as you can see they are nothing different from other teachers except in their appearance.

The only thing I do not like is the environment of the school. The school is not like home (her primary school where she lives), where we can access anywhere without assistance, here we are always dependent. We are always at the mercy

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of these selfish students, who always take advantage of us. My major problem in the school is access, I cannot get my wheel chair through the doorway of the toilet and I cannot even use the type of toilet that is here, so I have to go back home (her primary school and where she lives) always, when I need to use the toilet. There are no slopes or ramps for easy access to classrooms except by assistance. I have to be lifted. Some of the students helped voluntarily, while some did in exchange for favours, kind or cash. When I complained, they turned it into a quarrel and they gossip about it. Anyway we are now used to it.

Kindly indicate in your study that the government should make life bearable for us in the school as it was in our primary school. For example when we go home to use the toilet we usually do not come back. This affects us because we miss our lessons and have to borrow notes to copy. The time we should have used to study is used for copying notes. I preferred listening to the teacher than copying notes, because what I hear I remember. We also need financial assistance, I had someone who supported me financially last year but now it seems there is nobody to do that for me. I am afraid that if the situation does not change, my success could be jeopardized.

For the past few months now, we have been coming to school without food. They (management of her primary school and home) have not been giving us money. As for me I have been lucky because I have friends who shared their food with me but because of these gossips, I don't always want to take the food. I sometimes pretend I had eaten. We have complained but the matron said because we are two, they cannot afford the cost. I don't want to complain too much because others (disabled persons that reside and go to secondary schools from the home) are not complaining. Unlike me, most of them are fortunate to

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have families who usually visit them and give them money. I don't have anybody. Tell me, do you think we can survive without food if the situation persists? How can one concentrate when there is no food in the stomach? Kindly do this for us, tell the government we need their aid. The assistance should be continuous. We should be assisted to earn a living and not merely giving us gifts. We know that individuals and non-governmental organizations always come to donate to the Home but what we need is full financial support that can see us through.

They need to improve upon the environment to suit our disabilities. Most of us frequently have problems with our wheelchairs because the roads are bad. At school, they should make it easy for us to go in and out of the class as we do at home, because we have to rely on people to carry us in and out we don't usually leave the class until closing time. We can't be disturbing them all the time to carry us otherwise we pay for it. The teachers are okay, they are considerate and supportive. Some of them even borrow us their textbooks.

For now I can't say anything about my family. I have not heard or seen my mother for the past four years, they used to love me. My mother was there for me when I became disabled. I have not been home since I have lost my father and my mother had remarried. They are poor and could not afford my needs but I do not allow this to affect my academic performance. It actually strengthens me. It's the motivating factor; I have to strive to get what they could not give me. They say, "Knowledge is power".

I don't remember when last I compared myself to the non-disabled, especially these selfish ones in my class. I used to do but I don't anymore. They are only physically better than me they are not better than me in all things. It could be

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their turn any day. I am sure some of them would have realized that now. A car, in front of the school, knocked down a level one student a couple of months ago. She now has a leg, one had been amputated. How about that? It shows, it could be anybody's turn and as such we must be ready to assist each other with love.

HOW DID SHE DESCRIBE HERSELF AFTER ALL?**Self Description**

Her description of herself is generally positive. She believed in herself and her ability to respond to challenges. She perceived herself as being beautiful, but was not sure if others perceived her the same way. Though, this did not affect her self-concept in a negative way, yet it reflects the effect of the judgment of others on an individual's self-concept. She possessed a high degree of self confidence and she expects to be successful.

Her positive self-concept was probably influenced by her faith in God and her internal locus of control. She had probably accepted her disability as her fate and had concluded that no miracles can change her condition. This revealed her faith probably influenced her acceptance of herself and consequently her positive self-concept. Also, she did not allow others perceptions of her, to affect her judgement of herself. Rather, she sees life's experiences as contributing towards developing a feeling of competency. This was why Mrs. X's, comments and attitudes, as well as her parent's inability became her motivating factors. She was determined to overcome her handicap conditions, and not to allow the conditions to stand on her way to successful academic performance.

Her determination too, probably influenced her positive self-concept. This further expressed the influence of the "private self", or being internally controlled, on the development of a positive self-concept.

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In addition, her account revealed the impact of societal attitudes on the self-concept. She stated that her mother had not come to visit her since the death of her father and she has not gone home since then. This may probably imply that she had been abandoned or that her mother was ashamed of taking her disabled child to her new home. Though, her friends convinced her that her mother might have died, this did not explain why nobody from the extended family could not takeover her responsibility. In an African society, like in Nigeria, emphasis is placed on communality. An individual is seen and related with as an integral part of the group. Therefore, whatever affects an individual, affects the whole group and whatever affects the group affects the individual.

Thus, not having relations to care for her probably implies she had been abandoned. In most cases, because of the stigma attached to disabilities, people do not often want to have anything to do with disabled children. An average Yoruba woman in Nigeria for example would neither like to have anything to do with a disabled child nor would she want to pay a visit to a special school, simply because she wants to avoid having a child with a disability (Abosi, 2000). In an interview with the matron of the Home, it was revealed to the researcher that it was a common practice for families to abandon their disabled children to the care of the home.

Thus, since the self-concept is affected positively or negatively by how an individual internalises the actions and reactions of significant others, the way she internalised this conduct, could be detrimental to her self-concept. Though, in her case it did not affect her self-concept negatively. She simply utilised her ability to respond to the challenging situation in an appropriate manner. This was probably motivated by her positive concept of herself. It has been asserted that positive

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self-concept facilitates positive adjustment, (Mittler, 2000) which explains for her positive self-concept and positive adjustment.

Her good academic performance and her good relationship with the few, but affectionate non-disabled peers, also might have influenced her positive self-concept.

School Environment

Her perception of the school environment is similar to that of the “chess guru” The physical environment of the school was not enabling. She did not have physical access to all necessary educational comfort and social requirement in the school, which compelled her to be dependent. Lack of adequate recourses was an enormous obstacle. She had to go back home to make use of the toilet, which was probably because the toilets were not lowered for the use of a disabled person.

She was constantly comparing her previous school (special primary school) with her present school (inclusive secondary school). Smith (1996) noted that the quality of inclusive education is central to the psychological wellbeing of the disabled. Therefore, if the quality of inclusion is poor, the psychological wellbeing of the disabled may be distorted. A disordered wellbeing possibly would result to a disrupted self- concept.

However, being in an inclusive school was a wholesome experience for her. She had the opportunity to meet with people (other than disabled) and to make friend. She also had the opportunity to realise and demonstrate her abilities and potentials. She was able to receive feedback about herself, her beliefs, values and future goals. Therefore, she did not see herself as worthless, derogatory or

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perhaps a nuisance to others. The presence of disabled teachers in the school probably influences her positive self-concept. She probably internalised this as an achievement. That is, if they, as disabled persons could become teachers, then she also could become an eminent personality. This perhaps motivated her to conclude that she could also make it.

Being in an inclusive school, also possibly influenced her positive self-concept. She was able to appreciate herself and her worth despite the non conducive state of the school. Though, the "normal" peers were constantly reminding her of her disability but this did not bother her because she was able to perceive capability in her academic performance. She might have compared her academic performances with that of the non-disabled students and then took a positive position. This is also an indication that if inclusive schools are equipped with adequate human and material resources it might go a long way in enhancing the self-concept and academic achievement of disabled students positively.

Though, as at the time this study was conducted, her academic achievements were outstandingly good, but she expressed the possible future impact of inadequate resources on her academic performance.

Family Background

Her description of her self-concept as it relates to her family background expressed the influence of a poor socio economic status and culture on the perception of an individual's self-concept and academic achievement. She expressed her fear and concern for the future implication of having no food and sponsorship. This implied that if the situation did not change, her schooling and academic performance may be jeopardised. According to Lau and Laung (1992) poor relationships with parents, poor relations with the school and low socio

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economic status results to low self-concept and poor academic achievement. Thus, her self-concept and academic achievement is possibly at risk if her condition is not improved upon. What kept her going was her hope that the future would be good, if only she could work hard and perform academically well, then, she would overcome all odds that seemed to stand on her way.

6.4 "HE-WHO-FEELS-KNOWS"

"He-who-feels-knows" is a male respondent, chosen from the group of respondents that were classified as having low level self-concept on the basis of their scores on the self-concept scale. He was sixteen years old, from a polygamous home and his parents have separated. The father was a businessman and the mother was a primary school teacher. He described himself as follows:

I am not comfortable with my appearance at all, especially all the discomforts attached to it. I walk slowly and awkwardly. You saw my friends' carrying me yesterday; they do that all the time when we are together especially when I have to climb the stairs. It's embarrassing how I usually fall. I can't stand for a long time neither can I walk a long stretch. I have a lot of friends who cares and are concerned about me but "he who feels knows". They all have girl friends, they attend parties, and they are brilliant and are from caring homes. I don't have all these, and to worsen the situation the best part of my legs had been eaten up by polio.

I am the first child of my mother but I cannot actively take up that position because, eventually I am the baby who has to be helped to do most things. My immediate younger sister has taken up the role of a mother in the house, it hurts

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and I grieve about her state. I happened to be the eldest but a figurehead. She does every thing for the four of us with me being helpless.

Every time there was a quarrel between our parents, which had become part and parcel of our life, our father sends' our mother away and does not bother about us. My sister is the one that will go to our father's family to report so that we can have food and basic needs. The old man is exceptionally rich but all he does with his life and money is to womanize and to lavishly spend his money. When he is not in good terms with the mothers, the kids suffers.

My helplessness as the eldest child is what bothered me most. I don't have any option other than to watch them do it for me I can't go to places by myself neither can I support them physically. I pity my mother and my sister for their roles in our lives. My mother cannot support us because she is only a primary school teacher, in a private school where she is paid a very poor salary. She said she stopped teaching in a government owned school when I was sick and she had to take care of me. Presently, she had enrolled in a college of education to obtain a National Certificate in Education. I hope when she graduates, she will get a good job to take care of herself and us. May be we can be happy as a family again. My mother is a caring and affectionate mother. We use to be very happy until my father brought in another wife and our happiness became history. His hatred for my mother almost cost us our lives during a communal riot where we live. At first it was only our mother he was sending away but in 1999, we were all sent away. His brothers quarrelled with him about it, so he decided to take us back but my mother insisted she is not going to stay with him and we are not going back to his house. We now leave in a room while he stays in a mansion.

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This has since been affecting me emotionally, as well as my performance at school. I have equally lost weight. I am sure he is not doing it willingly is that witch of a woman that he is now married to. If my mother should get a good job I know she will manage. I wonder how they (mother and siblings) are surviving now, because she gave me all the money she has when I was coming to school. She said they would manage but my mind is always there. I don't want my sister to become disturbed more than she could bear. She has been exposed to too much pressure and has taken up an elderly role at a very tender age of hers, when her mates are still being pampered and nurtured. We need financial assistance. I am not comfortable staying in a single room. We have to share the bathroom, toilet and kitchen with many others. The environment is also filthy but because of my mummy we have to stop complaining anytime we do she cries.

The school is okay, for now it's only the place where I find comfort. I have friends and I like the teachers. Most of them are willing to assist me any time I am in need of help. One of them gave me money sometimes ago when I told him I needed money to go home because my groceries have finished. I will however appreciate if my class is not up on the storey building. It's strenuous climbing the stairs.

HOW DID HE DESCRIBE HIMSELF AFTER ALL?**Self-Description**

His description of himself is negative, he perceived himself as helpless worthless and hopeless. This was probably based on the lens with which he perceived himself. He was more dissatisfied with himself because he could not fulfil the traditional expectations of him, as the first-born child of his family. He probably felt he is not capable and as such lacked confidence in himself, and probably

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concluded that he is worthless. This reflects the influence of culture on his self-concept. This is also a reflection of the influence of the "public self", or external locus of control, or the judgement of others on the perception of the self. This also confirmed the contention that individuals, who perceived themselves based on the judgment of others, develop a negative self-concept and consequently negative adjustment. This was probably why he found it difficult to accept his disability and adjust positively to situations.

His negative self-concept could probably be attributed to his family background (broken family) which constantly haunts him. While he was in school his thoughts were always about the wellbeing of his mother and his siblings. Olson and Spranckle (1993) assert that persons from families at the low end of family cohesion may suffer a loss of esteem. His negative self-concept and poor academic achievement may be as a result of the disruption in his family.

School Environment

He was pleased with the school in terms of his relationship with peers and teachers who were supportive, but had discomfort with the physical environment of the school, just like other respondents. His parents could have alleviated his dependence by purchasing a wheel chair for him but the disruption in the family probably became an obstacle. He stated that his father was outstandingly rich, which implied that he could afford to buy him a wheel chair but the turbulence in the family probably prevented him. The dependence also could be a factor in his negative self-concept he was dependent at home and even at school. The impact of the environment in the perception of self was also echoed by him.

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His description here reflects the influence of broken home and poor socio economic status of the family on the self-concept and academic achievement. His account also implies that the relationship between children and the family are critical to the self-concept and academic achievement rather than general social conditions (Coppersmith 1967). Despite the fact that he has friends who made him happy and were willing to assist him as he stated, yet, the turbulence and disruption in his family was paramount to him and seemed to be one major factor that influenced his negative self-concept.

6.5 AM-NOW-UGLY-DISGUSTING-AND-FILTHY

"Am-now-ugly-disgusting-and-filthy" is a female respondent, selected from the group of respondents categorised as having low self-concept based on their scores on the self-concept scale. She was fifteen years old from a divorced home. Her father was a civil servant and her mother was a trader.

This is a case of a blind girl, placed in a school not meant for blind students. Since placement into secondary schools in Nigeria is based purely on academic performance and not on other profiles, she was probably placed in the school based on her academic performance and not her disability. Her selection was therefore, based on the strength that she would be able to express how she felt about her situations and how these affect her self-concept. She described herself as follows:

I was beautiful before I became blind in 1994 but I think I must look like one of those blind beggars I use to see on the street with protruded eye like that of a goat. I am now ugly, disgusting, and filthy. How can you say I am beautiful when all the time I have to mop my face because of the water dripping from my eyes?

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It reminds me exactly of the Mala (Name for beggars in Lagos) near our house. I am sure it's disgusting don't lie. Why do you think my siblings would ask me to leave the sitting room when their friends are there? Am sure that is why they don't want their friends to see me. My friends too, don't invite me to their parties. They must be ashamed of my looks. When I was not blind, and my mother was still with us, we used to go to parties, visit friends and families and I used to go to my friend's houses and parties, but all that had stopped. I now only go to school and to visit my mother. I have friends from school and home who come to visit me but I rarely reciprocate, because I can't go on my own unless someone was ready to take me.

My academic performance is really poor and I am not happy about it. I actually don't like this school I don't want to school here but I was posted here. As you can see I am the only blind girl here. I would have loved to go to another school where my mates from primary school are. I learnt there are facilities for the blind there. Here there are no facilities like we had in my primary school. I am sure I could do better if there were adequate facilities. There is no typing machine, tape recorder and tapes, the questions and textbooks are not brailled, upon all; the teachers cannot read brail and there are no special education teachers. I have to wait for my friends to finish their work before I can do mine, sometimes during examinations. Worst still, is the fact that the teachers cannot read brail so I have to employ someone to read and write for me. How am I sure she had written what I dictated for her.

My friends and I usually disagreed on answers because they feel what I have dictated is not correct. I sometimes have to insist that they should write what I have dictated even when they think I am wrong. How am I sure they had written

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what was dictated? What I will request from you is to get someone that can buy me a typewriter. My father cannot afford it. To survive in this school I desperately need a typewriter and money to pay for the boarding house, otherwise I may drop out. I am sure if I have a typewriter I can type my answers myself. The school usually borrowed me theirs but it has spoilt and have since not been repaired. Imagine how someone would write or read English comprehension or essays for you. For example in comprehension one needs to read over and over again to pick the answers, when I am helped especially by the teachers I found it difficult asking them to read over again.

The only thing I like about the school is my opportunity to make friends with the sighted. Otherwise I don't like the school at all I have to rely on the sighted to do all things for me, which was not the case at my primary school. I would have loved to change school but if I cannot, I will prefer to reside in the school (boarding house). I want to be independent once again and not to rely on the sighted to do things for me.

In my primary school we do things by ourselves, they taught us how to sweep, wash our cloths, clean the toilet and do many other things. Here I am just helpless and lonely. I feel I don't belong here but I cannot change the school because my father cannot afford the bills for B College. I am always afraid to go home by myself, when there is nobody to take me home. The bus conductors are wicked, they usually go away with my change and they will not drop me at a convenient place where I can get Okarda (name for motorcycle in Nigeria). I often have to shout and plead that I am blind.

The teachers in this school are another story. They feel I am a burden, especially when I don't understand the topic they are teaching. They just teach as if all of us

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in the class are sighted, no consideration, no attention, no patience, but some of them are good like Mrs. J (a teacher in her school) she allows me to answer my questions orally and she will write them herself.

My father is trying but he does not have money to provide for my needs. He usually says, when he has he would, but when I ask frequently he gets angry, become moody and starts complaining about me and my trouble. My siblings are always ready to assist, they like me but they are ashamed of me like I told you they always ask me to go inside when their friends are around. I don't understand my stepmother, because she always frustrates me unnecessarily. She is fond of disorganizing my things. When I am looking for them she would not talk but would leave me to wander around without assisting me.

My father always requests them (sibling and step-mother) not to disorganize or touch my things that they should always keep them where I left them, but they will not listen, especially my step-mother. She usually says she is rearranging or cleaning the house yet when I need it she will not say anything or help me. This is one of the reasons why I prefer to stay in the hostel (boarding house).

Any time I compare myself to the sighted I hate myself. I do that mostly when asked to hide for their friends or when they are going out and are not willing to take me. It's so painful; I always cry and grieve for being blind.

HOW DID SHE DESCRIBE HERSELF AFTER ALL?**Self-Description**

She described herself as worthless, helpless and hopeless. She perceived herself as nuisance to others. The picture she held of herself contradicts her real picture. She had negative attitudes towards her disability and especially her

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physical appearance. She did not believe in what other people say about her physical appearance because she felt blind persons are like sub-human beings of low grades and poor. Even when she was told she is beautiful, she did not believe it. She perceived herself from the picture of a blind beggar she used to see when she was not blind. This revealed that an individual, who idealised the mental picture of her physical self, will use this image to measure concepts related to her body image, which once perceived or conceived as altered, result to emotional and psychosocial reactions (Breakey, 1997).

Therefore, her negative self-concept may be attributed to the wrong concepts she had of herself, which probably developed out of the way she internalised others perceptions of her. She thought if she is beautiful her siblings would not be ashamed of her.

School Environment

Here, she expressed the impact of the school environment on her self-concept and academic achievement. Lack of adequate resources influenced her self-concept and academic achievement in a negative way. Being the only blind girl in the school probably was equally a major factor, which influenced her self-concept negatively. She was probably lonely and dejected. She preferred a school where there are other blind students, with whom she probably shares commonality.

In addition, her account reflects the gap between policy and practice in the Nigerian policy of inclusive education, which was also a probable factor on her negative self-concept. The Nigerians with Disabilities Decree (1993), states thus:

- Disabled persons shall be provided in all public educational institutions free education at all levels.

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- The government and authorities shall ensure (1) Adequate training for personnel to cater for the educational development of the disabled in educational institutions. (2) Vocational training to develop skills.

The decree further states that the government would ensure structural adaptation of all educational institutions to the needs of the disabled as much as possible. However, she stated that there were no specially trained teachers and educational materials for disabled persons in the school. This psychologically implies that “you do not belong here” (Napolitano, 1996). That the way an individual internalises his/her environment is paramount to the self-concept, and that the quality of inclusion is central to the psychological wellbeing of the individual, perhaps explained the basis for her negative self-concept.

She also stressed the nonchalant attitudes of the teachers, whose attitudes were also probably influenced by the societal beliefs and misconceptions towards the disabled. Teachers however, have profound influence on students' self-concept, academic achievement and behaviour. The way the in which the teacher perceives and interacts with the student can seriously impede on the student's self-concept and success in school. Thus, the teachers' perceptions and attitudes towards her could also probably explain her negative self-concept.

Family Background

She also expressed the influence of poor socio economic background on her academic achievement and self-concept. Her father could not afford to buy her a typewriter neither was he able to afford putting her in the boarding house. Not having a typewriter was a major factor on her academic achievement. The fact that she became dependent as a result of not having a typewriter probably affects her self-concept. More so, coming from a primary school that that had

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taught her to be independent. She constantly referred to her primary school because she found her present school inadequate. Her parents' separation may also have had an impact on her self-concept because of the adverse effects of conflict and turmoil.

Further, her account revealed the impact of the societal attitudes towards the disabled on the disabled self-concept. The siblings, asking her to go into the room may actually be an expression of shame, and not wanting people to associate them with a disabled person. In the Nigerian societies, disability is believed to be a result of an evil spirit, a person's wrong doing or manifestation of the gods' punishment for the person's wrong doing or violation of cultural taboos (Ojekunle, 1999). As a result, disabled persons are seen as hopeless and helpless and the attitudes towards them were not favourable, because they do not want to share in their punishment or misfortune (Desta, 1995).

She might have noted these attitudes towards the disabled when she was not disabled. So, now that she is disabled, she may find it difficult to positively internalise these attitudes, which now impacts on her self-concept. More so, when she was not blind, she was always in the company of her family even at social gatherings. Her siblings and step-mother's reactions probably emanated from the stigma attached to disabilities in the society.

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All the seven schools were observed. The focus of observation was on the physical environment of the schools and the material resources that are provided to support the disabled learning in the schools. The involvement and or participation of the physically disabled inside and outside the classrooms, were observed. The behaviour pattern of interest outside the classrooms was their involvement in social activities and sport activities. The respondents' relationship with their teachers and their non-disabled peers both outside and inside the classrooms were also behaviour pattern of interest.

Physical Environment of the School

Generally, the physical environment of the schools as well as the services that were provided reflects a wide gap between policy and practice. It also mirrored a psychological feeling of "you do not belong here", as it were, which explained why majority of the subjects had low self-concept on the self-concept scale (53.2%). It also portrayed that disabled students were merely placed into these schools without adequate/necessary resources and services.

In all the schools, there was nothing to physically reflect the presence of a disabled student in the architectural design and physical features of the schools. There were no ramps, rails or lift. The interconnecting pathways were obviously not meant for the physically disabled. Especially, those on wheel chairs, because they were not sloped. The doorways were small with high pavement.

Though in some of the schools, students on wheel chairs were given concession, they have their classes in rooms on the ground floors of the buildings, yet, they have to be assisted to get in to their classes because of the raised pavements, which made them to become unnecessarily dependent.

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In some of the schools, the disabled students, classes are in rooms at the upper level of storey buildings without elevators. Often times most of the disabled students are always in their classrooms. They neither go for lunch nor go to play. According to them, they usually send their friends to buy their lunch for them because they found it difficult going down the stairs after they had climbed in the morning. This obviously is an indication that the environment did not foster independence, not being independent as expressed by the interviewees, had profound impact on their self-concept.

Furthermore, there were no tactile maps or brailled descriptions to orient the blind for direction. In five of the schools, there were no resource rooms, braille machines and typewriter. There were no bookracks, moveable boards and tape recorders. In some of the schools where these materials are provided, they were not enough to go round the students. As a matter of fact, only two out of the seven schools observed had resource rooms, braille machines and typewriters. As at the time of this study, in one of these two schools, none of the braille machines were in good condition. Students had to share a student's own. The resource room was too small for the number of users. There were no special education teachers, especially special mathematics teacher. This made mathematics a major problem for the blind students in these schools. The second school however, had a resource room adequately equipped and big enough to accommodate the disabled. There were specially trained teachers but no special mathematics teachers, so students' encountered the same problem in mathematics as in the other school.

Conversely, unlike the other physically disabled students, (those whose disabilities are affected by mobility and accessibility) there were relatively things

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to indicate the presence of blind students in these two schools. Two schools out of seven schools is perhaps a low number (28.6%), nonetheless, it probably explained why Adima (1991) argued that investments are much better for the blind. If there were another two schools (28.6%), that were adjusted to accommodate the disabled students, whose disabilities are affected by accessibility and mobility, Adima may not have argued in this manner.

Notwithstanding, most of the blind students in the schools were not attending mathematics class, those who were, only sat in class without participating or contributing, especially when the topic has to do with drawings, diagram or graphs. A mathematics teacher was observed trying to describe the position of an angle in a diagram for the blind students in his class, but the blind students could not understand, the teacher was frustrated and just said "look we have to move on, consult with your mates they shall assist you later".

This according to Gearheart, Weishahn and Gearheart (1988) may have profound influence on students' self-concept, academic achievement and behaviour. The way in which the teacher interacts with the student can seriously impede or greatly facilitate the student's self-concept and success in school. Also, not being considered as "special students" in mathematics class may be a major limitation for them. They were probably indirectly forced to choose careers other than the ones they would have loved to choose. Admission into the Nigerian Universities for example, required mathematics as core subjects before admission, the implication of this is that they may be forced to opt for courses that do not require mathematics, which basically may also be an impediment on their self-concept. This also probably explained why 60 (63.8%) of the respondents scored low on the future problem subscale.

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However, the teacher on the other hand may be acting on the basis that he was not a special teacher, trained to teach the blind and as such, it is frustrating trying to assume the role he was not trained for. Like some of the teachers commented they had complained several times about their inability to make the blind students understand their lessons but no changes were effected.

Relationships with Teachers and Peers

Generally, individual differences set in, in terms of teachers' attitudes and their relationships with the physically disabled students, which could be attributed to the societal perception of the disabled. Some of the teachers were passionate, considerate, and willing to assist. They were ready and willing to go over the lesson again and again, while other teachers see it as extra work and a burden. To this group of teachers the physically disabled are not their responsibility; they do not bother themselves with any additional work or extra attention, they teach as if all students' in the class are "normal". A biology teacher was observed in a class, after writing the topic on the board - "the digestive system", she then started explaining the lesson. She later drew a diagram illustrating the digestive system on the board.

She went on describe the processes, with the use a diagram, *food passes through the mouth, to the oesophagus, to the stomach, then the small intestine*. Her descriptions and explanations were basically for those who could see the chalkboard, for those who could not, the description would not in any way meet their imaginations because they could neither see the chalkboard nor had a brailled diagram to feel the digestive system. Situations like this could always remind the disabled student of their disabling condition, and at the same time psychologically implying they do not belong, which may also have an impact on their self-concept as well as their academic achievement.

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The relationship between the physically disabled and the non-disabled were generally favourable. They interact, shared and assisted one another, but some non-disabled took advantage of the disabled students' disabilities to have fun and to exploit them. A scene was witnessed where a blind boy's pen fell, immediately a group of boys started kicking it around like a ball, while the blind boy yelled: "give me my pen", but these boys persisted, laughing and asking him to pick it up at wrong places.

In some of the schools however, non-disabled students were friendly, and accepted the physically disabled, but at times they feel the burden of having to support the physically disabled, because some of them come to school from the homes where no provision for their transportation to and from school is made. They had to rely on their friends. This dependency on others for mobility, which could constantly remind them of their disabilities and at the same time affect their self-concept.

It was observed that most of the physically disabled did not usually participate in sports and other social activities. Majority were seen in their classes at this period. Some were alone, others were together chatting. The researcher asked a group of them why they were not participating, they said, they were not encouraged to participate, because there was nobody to guide or train them. One said, "We are like outcasts or second class citizens here, at School C (one of the disabled primary schools) we participated in music, sports and most of us were members of different clubs", another one said, "we heard of international disabled competitions, we would like to participate but as it is we cannot". How do we prove our worth when we are not allowed to participate?

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According to Smith (1996) the purpose of inclusive education is to prepare the disabled individuals to be included in all civic and social activities. The ultimate aim of educating students with disabilities is to enable them live an independent life in any given community. Schooling in an environment depicted above basically negates the policy of inclusion and the Nigerian with disabilities Decree. Also schooling in such environment reflects a feeling of “you do not belong here”. According to Roeser, Midgley, and Urdan (1996), the feeling of belonging mediates the relationship between the school environment and students' self-concept. Little wonder why majority of the respondents in this study had low level self-concept (53.2% of the distribution).

6.7 FINDINGS***Self-Description***

The results of this part of the study like the quantitative part of the study, revealed the impact of physical appearance on the self-concept. Even the respondents who had high level self-concept had negative perceptions of themselves physically. However, the physically disabled who accepts themselves despite their disabilities had positive self-concept, while those who found it difficult to accept their disabilities had low or negative self-concept.

The respondents' statements reflect the effect of schooling in an inclusive setting on the self-concept of the respondents. Schooling with the non-disabled provided an opportunity for them, socialise, compete, challenge, make friends and to discover their worth. Inclusion initiated bases for evaluation, judgment and acceptance. At the same time the impediments caused by the physical environment of the school, and the resources that were available at their disposal, had negative impacts on their self concept.

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Results also reflect the impact of internal locus of control (self perceptions) and external locus of control (the judgement of self by others) on an individual's self-concept. The statements of the subjects, on one hand reflect that in spite of the judgment of others they are worthy and capable, while on the other hand it reflects that they were worthless and helpless. This implied that the self-concept of individuals should best be described in terms of internal locus of control and external locus of control than either ways.

Results also revealed the influence of culture and societal attitudes on the disabled self-concept. Their statements constantly reflect the stigma and shame attached to disability in the society, which indicates that nothing impressive is expected from the disabled.

School Environment

The physical environment of the school was not motivating and did not foster dependence. Rather the school environment made them to unnecessarily dependent on their "normal" peers. Their statements on the school environment revealed the impact of the physical environment of the school on the self-concept of the respondents. The school environment not fostering independence and not enhancing mobility had enormous effects on the subjects' self-concept, academic performance and career choice.

Family Background

Results undoubtedly reflect significant effect of family background and socio economic status on the perception of self-concept. Individuals who received unconditional positive regards, love and supports from their families and whose needs were adequately provided for developed positive self-concept. Those from

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disrupted and broken homes, with low socio economic status, developed negative self-concept, which also affects their academic achievements.

6.8 SUMMARY

This chapter presents the analyses of the interviews and observations. Results indicate that the subjects were pleased with schooling with the "normal" students because they had the opportunity to relate and interact with their "normal" peers. However, the school environment did not foster independence, which coupled with lack of adequate human and material resource affects the disabled self-concept, career choice, emotions and academic achievement.

The next chapter presents an integration of the findings, the recommendations and the conclusion of the study.

CHAPTER SEVEN**CONCLUSION****7.1 INTRODUCTION**

This chapter presents the summary of the findings, discussion and implications of the findings, recommendations and the limitations of this study.

The purpose of the study was to describe the self-concept of the physically disabled adolescents in inclusive secondary schools in Lagos state. Self-concept is an important construct that affects' social harmony, academic work, and is a major factor in achieving mental health (Olowu, 1990). Mental health according to Hayes (2000) could only be achieved when there is harmony between individual's self-concept and the meanings that he/she attributes to his/her environment. This study was therefore concerned with the meanings that the physically disabled attribute to their school environment, including their social relationship and their academic work, and what impact it had on their self-concept?

Smith (1996) had argued that physical disability in itself has both personal and social implications. Personal implications appear in two forms, effects that disability imposes and the reactions to the effects that disability imposes. While social implications are apparent in the actions, attitudes and policies of the society towards physically disabled persons. This suggests that to develop positive self-concept the physically disabled had to harmoniously resolve these implications. How then do physically disabled student in Lagos state secondary schools, reconcile their status as physically disabled persons and their inclusive environment?

In order to achieve this objective, five critical questions were posed. Two paradigms of research methods of data collection and data analyses were

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employed – the quantitative and qualitative research methods (methodological triangulation). Triangulation of methods was employed because of the nature of self-concept as a complex construct, and because of the way in which self-concept is perceived in the Nigerian societies. In general, there is no consensus on how the self-concept should be assessed and or described as revealed by the literature. While some researchers and psychologists described it as the personal construct which the individual concerned can only personally express and or described (Pescitelli, 2002; Gordon, 1975; and Rogers, 1969) others considered it as a reflection of the views that others hold of the individual concerned (Olowu, 1997; Kitayama and Markus, 1991; Cooley, 1902; and Mead, 1934). The second view tends to describe how individuals in the Nigeria societies perceived their self-concept. However, while clinging on to the traditional view of self-concept of “I am because we are and because we are, therefore I am” (Olowu, 1997), at the same time, Nigerians are generally buffeted by Western values and ideas. This state of flux, no doubt has implications for how the individual builds an image of and evaluates him/herself.

Ajobiewe (2000) added that an understanding of why things are going wrong for particular families and what could be done to correct them requires a shift of emphasis from statistics and indicator, towards greater reliance on observation and asking questions. Thus, the methodologies combined aided the achievement of the purpose of this study and provided adequate answers to the critical questions raised nevertheless with some limitations.

The five critical questions posed for the purpose of this study, were answered with the use of two psychological instruments – the Self-Concept Scale (SCS), which measured the respondents' self-concept from the perspective of others,

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judgement of them, and the Student Problem Inventory (SPI), which measured the respondents' self-concept from the perspective of their concept of themselves. The student academic record measured the relationship between academic achievement and respondents' self-concept. The semi structured interviews and observations were used as complementary data and to further assess the elements of the self-concept, which were not assessed on SCS and SPI. The purpose of the interviews was also to allow the physically disabled to tell their stories which expressed the development of their self-concept overtime. Thus the interviews and observations were presented in narrative form. At the same time explanation were provided to justify their stories.

7.2 SUMMARY OF FINDINGS**Perception of Self-concept**

The results of data collected from the inventories, interviews and observations provided clear indication of how the physically disabled in this study perceived their self-concept. Generally, results revealed that majority of the physically disabled adolescents in inclusive secondary schools in Lagos state, Nigeria had low level self-concept. Though, their mean score on Self-Concept Scale, placed them on average level self-concept, based on the rule established for the purpose of this study – high average and low level self-concept.

Further analyses however, revealed that their self-concept could actually be classified as low with 52 (53.2%) of the respondents having low level self-concept. Results from the analyses of the inventories, interviews and observations revealed that physically disable who had high level self-concepts had distinctly high self-concept and those who had low level self-concept had distinctly low self-concept.

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In general therefore, it is safe to state that the self-concept of the physically disabled in inclusive secondary school in Lagos state is low or negative.

Results revealed that the physically disabled perceptions of their self-concept were grossly influenced by their physical disabilities, as majority of the respondents, 54.3% had low level self-concept on the Self-acceptance subscale of SCS.

Results of the interviews and observations also revealed that the physically disabled self-concept was influenced by others judgment of them, the societal attitudes towards them, their family background/socio economic status, their academic achievement, and above all their school environment, which includes their relationships with the teacher/peers. The school environment was found to foster dependency, lack of control and a general "feeling of you do not belong here".

It was found that respondents who perceived themselves based on their own judgement or internal locus of control had positive or high level self-concept, while respondents who based their perceptions on others judgement of them had low level or negative self-concept. Hence, the way in which the physically disabled internalised the actions and reactions from their environment defined how positive or negative their self-concept were.

Gender Effects'

Results, revealed no statistically significant gender difference on the physically disabled self-concept. The way in which physically disabled girls perceived themselves, was not different from the way in which physically disabled boys perceived themselves.

CHAPTER SEVEN**CONCLUSION****Academic Achievement**

The results of this study on the relationship between academic achievement and self-concept revealed a statistically significant relationship between academic achievement and the self-concept. Physically disabled who had low level self-concept also had low academic achievement and those who had high level self-concept also had high level academic achievement.

Results of the interviews and observations further revealed that other factors mediated between the respondents' self-concept and their academic achievement. Factors such as the respondents' financial status/family background, the physical environment of the school and their relationship with the teachers/peers influenced their self-concept.

Students' Problems

Results on the relationship between students' problems and self-concept revealed a significant relationship between self-concept and student's problems. Respondents who had many or high problems had negative or low level self-concept while respondents who had few or low problems also had high level or positive self-concept. Physically disabled who were able to handle and deal with their life problem had high level self-concept while those who could not, had low level self-concept and many personal problems.

School Environment

Results on the impact of the environment on the self-concept revealed a statistically significant effect of School Affiliation on the Self-Concept. Respondents who perceived the school environment in a positive manner had positive self-concept while those who perceived school in negative way or found

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the school disenabling and or handicapping had low level or negative self-concept.

Other Findings

The results of this study also revealed a wide gap between the practice of inclusive education and the policy of inclusion in Nigeria. What obtained in the schools differed significantly from what is stated in the policy. This had a significant effect on the self-concept of the physically disabled.

The study also found that physically disabled students are actually not placed into schools based on their disabilities. It was also found that investments are relatively better for a group of disabled (the blind and the deaf students) rather than the physically disabled, particularly those whose disability impaired on mobility and accessibility.

7.3. DISCUSSION AND IMPLICATIONS OF FINDINGS

Largely, the purpose of this study had been achieved. The physically disabled in inclusive secondary schools in Lagos state, Nigeria, had described their self-concept. It is evidence in their description that the perceptions they held of themselves generally is negative.

The implication of this is that there is disharmony between their ideal self and their real self, the individual they aspired to be differed significantly from whom they are, which eventually affects their self-concept as posited by Rogers (1969). According to Rogers's incongruence between the self-image and the self-esteem result to negative self-concept and low or negative self-concept suggests self-derogation and negative adjustment. According to Rogers, negative self-concept

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results to negative adjustment. This explained why most of the respondents had many personal problems and low level academic achievements. They were unable to adjust to the school environment due to the poor learning conditions, poor social skills and lack of proper orientation about their future.

In addition, results of this study revealed that several factors influenced the self-concept of the physically disabled, which is consistent with the findings of other studies. The argument of many psychologists and researchers that the presence of disability always impact on the psychosocial adjustment of the physically disabled is confirmed. The physical body is the most public display of a person, which could be evaluated by others as well as the individual concerned. Once the percept or concept of ones physical appearance is altered, the result is emotional and psychosocial reactions. Though, Wright (1983) argued that this is not peculiar to disabled persons alone but to the non-disabled as well.

However, as earlier argued, the psychological implications of disability and the limitations it imposed have significant effects on the self-concept of disabled persons. The life experiences of the physically disabled and the non-disabled are different by virtue of the presence of disability. Several studies found significant differences in the self-concept and adjustment of disabled persons when compared to the non disabled.

Thus, the findings of this study, is consistent with that of other studies, who found that physical disabilities and physical appearance constantly correlates with self-concept and body image. The studies of Block and Robins (1993) and Kling, Hyde, Showers and Buswell (1999) for example established the fact that physical appearance consistently correlates with adolescents' self-concept and that body image has great impact on the self-concept. They argued that the society and the

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mass media set unrealistic expectations of physical appearance, which individuals used to perceive or idealise their self-image. Once there is disharmony between the real and the ideal body image, the result is negative self-concept and consequently negative adjustment.

This findings, is also consistent with that of Magill and Hurlbut (1986), Lalkhen and Norwich (1990), and Magill-Evans and Restall, (1991) who found that physically disabled persons in inclusive schools had low self-concept when compared with those in special schools. They attributed the differences to the symbolic frame work theory and the society which placed important value on attractiveness. They posited that being physically disabled had influenced their social interactions and subsequently made them to perceive themselves in a negative way. They also attributed the differences to the effect of inclusion. Magill-Evans and Restall, (1991) argued that inclusive schools, limited the independence of the disabled in their study because inclusion exposed them to negative situations.

However, unlike some of these studies, which found that disabled persons scored low on only the subscales of self-concept and not on total self-concept, this study found the self-concept of the physically disabled to be significantly low on total self-concept as well as on all the subscales of self-concept.

The implication of this finding is that the notion of the "looking glass self" or the "we" nature of self-concept in Nigeria, actually worked at the disadvantage of the physically disabled in this study. Precisely, this study found that the physically disabled who perceived themselves based on external locus of control (others judgement of self) had negative self-concept while those whose self-concept

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were based on internal locus of control (judgement of self by self) had positive self-concept.

Therefore, there is need to develop the "I" or instil internal strengths, directions and control in the physically disabled. This is where the service of the school counsellor becomes essential and important. The school counsellor needs to help them realise that life is more than physique and that other values are more important and satisfying. Helping them to acknowledge their limitations and strength, as well as helping them to discover their areas of capabilities and potentials, would go a long way in improving their self-concept.

The counsellor could also extend his/her counselling services to the parents of the disabled because impression formation about the self begins from home. The way the physically disabled child internalises the attitude and his/her interactions with parents/siblings have enormous impact on his/her self-concept. Parents therefore need to be educated to understand and appreciate the need of unconditional positive regards, provision of love, care, and unconditional support for their disabled wards.

The findings of this study on the effect of gender on the physically disabled self-concept are not consistent with the findings of several studies especially those conducted in Africa and specifically in Nigeria. The studies found significant gender differences in the adolescents' self-concept (Skaalvik, 1983; Olowu, 1985; Maqsud, 1993; Majoribanks and Mboya, 2001).

The differences in the findings of this study and these other studies may be attributed to the fact that subjects' in their studies were non-disabled adolescents. This implies that non-disabled boys and girls differed in the way

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they perceive themselves, while there is no significant difference in the way physically disabled boys and girls perceived themselves. This finding may be attributed to the impact of disability on the physically disabled self-concept. Disability may have surpassed the underlying factor for differences, which are physique and beauty (Sdorow, 1993). Disabled boys may have concluded that they can no longer perform certain athletic or motor skills and girls too might have concluded that they are not beautiful.

That there are no significant gender effects could also be attributed to the impact of women liberation in Nigeria. Olowu's (1985) attributed the significant gender differences in his study to women's liberation in Nigeria. He argued that women liberation in Nigeria had not reached any appreciable ground. The finding of this study, is perhaps saying women liberation in Nigerian had attained an appreciable acceptance and that equality between men and women had emerged. Women are probably no more trained to be subordinates to men or better still, an indication of the influence of the West on the culture and subsequently the concept of the self.

On the contrary, however, this finding may be attributed to the societal attitudes towards the disabled. It may be that there is no gender difference on the issue of disabilities. Both male and female could be receiving the same responses from the society.

There was a perfect relationship between the disabled self-concept and their academic achievement. Physically disabled who had low level self-concept also had low level academic achievement, while those who had high level self-concept had high academic achievement. However, boys' performances were not different from that of girls. Which may imply that males are no more seen as

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breadwinners whose education are more paramount than that of females in the Nigerian society. This implies that the society probably had realised the importance of education for both boys and girls, or both male and female had realized the importance of education as the vehicle to achieving economic and occupational success.

On the other hand, it may be that the society did not attach any importance to the education of the disabled irrespective of their gender.

It should be noted however, that this study did not consider the performance of respondents' on specific school subjects in order to ascertain the argument that girls and boys differed in specific academic self-concept. This finding is in line with that of Abu-Saad (1999) who found significant relationship between global self-concept and students' evaluations of their scholastic levels and between student's perception of academic success and high perception of school.

The findings also revealed significant relationship between respondents' problems and their self-concept. Respondents whose self-concept is positive had few problems while respondents whose self-concept is low had high or many problems. This implies that students who have negative self-concept showed lack of control, and high levels of anxiety about their future which affects their self-concept.

This finding tallies with that of Cash, Winstead and Janda's (1986), Lau and Laung (1992), Hickman, Greenwood, and Miller (1995), and Biblarz, and Raftery, (1999) who provided evidence that problems of physical appearance, cohesion in the family, the family's socio economic status, problems about the future, and affiliations with the school and the environment affects the individual's self-

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concept. Biblarz, and Raftery (1999) reported that children whose parent can provide most of their needs had highest attainment, and developed positive self-concept because they were not always depending on or at the mercy of mates or withdrawn.

One major objective of this study was to determine the impact of the school environment on the physically disabled self-concept. The way in which the physically disabled perceived the physical environment of the school and their relationships with teachers/non-disabled peers, impact on their self-concept. The physical environment of the school was not enabling neither were the attitudes of the teachers/peers favourable. Therefore, 50 (53.2%) of the respondents had negative concept of the schools, which consequently affects their self-concept and academic achievement. Thus, this finding is consistent with that of Gearheart, Weishahn and Gearheart's (1988) who contended that the appropriateness or inappropriateness of inclusive education and the educational resources/materials, greatly influence the disabled achievement, self-concept and overall adjustment.

7.4 LIMITATION OF THE STUDY

This study, like any other self-concept study, had left out some elements or aspects of self-concept, which affects the way in which individuals perceived their self-concept. One important factor that influences the self-concept is the age of the individual in question. Some studies had argued that individuals' age influences the way in which adolescent boys and girls perceived their self-concept. This study however did not check for the effect of age on the self-concept of physically disabled adolescent boys and girls.

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This study also did not consider the performance of respondents' on specific school subjects in order to ascertain the argument that girls and boys differed in specific academic self-concept. It is hoped that further studies would consider these factors for the physically disabled in Nigerian schools.

7.5 RECOMMENDATIONS

It is suggested that researchers should create more interest in the study of physically disabled students, particularly those in inclusive secondary schools. More concern should be shown to the investigation of other factors that affects the behaviour of this group of disabled.

A research into the placement pattern and placement option of physically disabled students is also necessary, as this constitute one of the major problems of the physically disabled, which affect their self-concept.

A research into how the self-concept of physically disabled in inclusive secondary schools could be enhanced is necessary. This study could take two dimensions. One could employ the survey method of enquiry to elicit information from the disabled on what they feel could be done to enhance their self-concept. The other study could employ an experimental method of inquiry to evaluate the adequacy of the counselling skills in enhancing the self-concept of the physically disabled. This study would ascertain the appropriate skills that are suitable in enhancing the self-concept of the physically disabled.

A similar study, that is longitudinal in nature should be conducted, which would examine the development of the physically disabled self-concept overtime, from

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special primary school to inclusive secondary school and adulthood or tertiary institution.

There is need for the Lagos state government to become more concerned about the education of the disabled. The saying: "anything worth doing at all is worth doing well" is useful here. The gap between policy and practice should be bridged. A school could be selected and adjusted to suit the needs of the physically disabled rather than just throwing them to schools without required support. According to Smith, (1996) inclusive education implies far more than being there. Mobility and accessibility are major factors in the self-concept of this group of disabled. Therefore, equal educational opportunities would not be realised without adequate provision for the following:

- Training or retraining of teachers, to enable the teachers to teach the disabled students more appropriately.
- Teachers and support staff having a thorough knowledge of the effects of the disability and consequential needs.
- Ready availability of physiotherapists, counselling psychologists,
- Repair or development of electronic/mobility equipments, specific counselling, and nursing aids
- Rest room and recovery facilities as required.

This researcher is aware of the economic implications of some of the items above, for all schools. It is therefore, suggested that few schools or a school for a start be made adequate and enabling, for the physically disabled. Presently in Lagos state, all deaf students are in one specially designated inclusive secondary school, which was created to accommodate the deaf students. It is suggested that similar measure be taken for the physically disabled. Their

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placement into schools should also be based on their disabilities alongside with their academic performance.

Above all, there is need for public enlightenment programmes, which could take the form of seminars, workshops, media write ups and programmes, as well as other forms of publicity. Changing the society's attitudes towards the disabled is of prime importance if there is to be any meaningful change in their negative self-concept.

7.6 CONCLUSION

The purpose of this study was to describe the self-concept of the physically disabled in inclusive secondary schools in Lagos state, Nigeria. This purpose had been achieved. The study had revealed that physically disabled in the Lagos state secondary schools had low level or negative self-concept which was influenced by several factors such as the attitudes of the society towards the disabled, the socio-economic status of their family, and above all their schooling condition. This chapter has summarised the findings of this study upon which recommendations were suggested.

The researcher wish to conclude with the saying: "what is worth doing at all is worth doing well". It is apparent that if proper policy decisions are taken, the disabled students' condition will improve, and their positive self-concept would be enhanced. This would result to positive adjustment and consequently fully functioning disabled individuals who are ready to contribute positively to nation building.

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SCS SELF CONCEPT SCALES

BY

V.B.C. IWUJI, Ph.D

PERSONAL INFORMATION

NAME _____

SCHOOL _____ DATE _____

CLASS _____ AGE _____ GENDER _____

INSTRUCTIONS

This inventory seeks to know what you think about yourself and what you feel other people think about you.

There is no right or wrong answers about these statements, just be **honest** with yourself.

The information will be used to help you and for research purposes. It will be treated as confidential.

Read through these statements and in the boxes beside them, mark X in the "Yes" box if the statement is true about you or your feelings. If the statement is not true you and your feelings, mark X in the "No" box.

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SECTION A		YES	NO
1. Are you sure many people like you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you find it difficult to make friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you worried that you will probably have some problems in future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel school is like a prison yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you think you should always be a leader in any group you belong to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel happy most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do people always find fault with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have many friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you prefer to stay home rather than go to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you like to make your parents worry about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B		YES	NO
1. Does your class teacher have confidence in you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you lonely very often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you spend sleepless nights worrying about many things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your class teacher often hurt your feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you dislike being advised by adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you give a good short speech in front of your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your class mates dislike you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel that your parents do not like to help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you hate being a student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel your parents are old fashioned and should not be listened to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C		YES	NO
1. Are your parents proud of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you always ignored by other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you very much worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your class teacher not interested in what you do in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you want to be rich at all cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a lot of bright ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do people think you are bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you often get into trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel bad about going to school every morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you always laugh whenever somebody makes a mistake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D		YES	NO
1. Are you proud of your school performance?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel that most things are difficult to do?		<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel nothing is easy for you to get?		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you think school does not give you opportunity to do what you want?		<input type="checkbox"/>	<input type="checkbox"/>
5. Is money the most important thing to you?		<input type="checkbox"/>	<input type="checkbox"/>
6. Do you like your class teacher to ask you questions in class?		<input type="checkbox"/>	<input type="checkbox"/>
7. Do most of your classmates think you are stupid?		<input type="checkbox"/>	<input type="checkbox"/>
8. Do you think your parents do not trust you?		<input type="checkbox"/>	<input type="checkbox"/>
9. Do you dislike many of your classmates?		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you think going to school is a waste of time?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
SECTION E		YES	NO
1. Do you think you are goodlooking?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel your mates do not like your company?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you always nervous in front of people?		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel unhappy in school?		<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel there should be no rules in school?		<input type="checkbox"/>	<input type="checkbox"/>
6. Do many of your classmates think that you are very intelligent?		<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel unhappy in the company of other people?		<input type="checkbox"/>	<input type="checkbox"/>
8. Do you cause trouble in your family very often?		<input type="checkbox"/>	<input type="checkbox"/>
9. Are you afraid of making mistakes in class?		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you think people who obey school rules are cowards?		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>


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SELF CONCEPT DIMENSION	RAW SCORE	T-SCORE
SELF ACCEPTANCE		
SOCIAL CONFIDENCE		
SELF SECURITY		
SCHOOL AFFILIATION		
SOCIAL MATURITY		
SELF-CONCEPT	$E \frac{X}{N}$	

SELF CONCEPT PROFILE

T-SCORE	SA	SC	SS	SA	SM	T-SCORE
75						75
70						70
65						65
60						60
55						55
50						50
45						45
40						40
35						35
30						30
25						25
20						20

Sulaiman, A. A.



Student Problem Inventory

by CHRISTOPHER G. M. BAKARE, Ph.D.

FORM S (SECONDARY SCHOOL FORM)

Name _____ Date _____

Class, Year or Course _____ Age _____ Sex: M F
(in years) (Child Sex)

School _____

DIRECTIONS

There is a list of problems that boys and girls in school usually have. Read slowly through the list and as you come to a problem which is troubling you, put a tick in the space provided beside it like this:

_____ 1. Getting sick and dizzy

If you do not have a particular problem, leave the space in front of it blank. You can mark as many problems as you have in each section. When you have finished reading through the list, answer the three questions which follow.

For the Researcher's Information

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Sulaiman, A. A.

SECTION A	
..... 1. Cutting hair too often 25. Afraid of losing the one I love
..... 2. Getting tired very easily	..... 26. Breaking up a love affair
..... 3. Often no appetite for my meals	..... 27. Wondering how far to go with the opposite sex
..... 4. Gradually getting thinner	..... 28. Wondering if I will ever get married
..... 5. Not as strong and healthy as I should be	..... 29. Thinking too much about sex matters
..... 6. Too short for my age	..... 30. Seeking information about sex matters
..... 7. Too tall for my age	
..... 8. Not very attractive physically	SECTION E
SECTION B	
..... 9. Having less money than my friends	..... 35. Being teased about
..... 10. Having no regular pocket money	..... 36. Being made fun of
..... 11. Too few nice clothes	..... 37. Not getting along well with other people
..... 12. My family worried about money	..... 38. Given to making friends
..... 13. Wanting to earn some money of my own	..... 39. Being timid and shy
..... 14. Parents working too hard	..... 40. Feeling nervous
..... 15. Ashamed of the home we live in	..... 41. Not respected by others
..... 16. Borrowing money	..... 42. Being left out of things
SECTION C	
..... 17. Not having many friends	..... 43. Feeling very lonely
..... 18. Nothing interesting to do in my spare time	..... 44. Wanting to be more popular
..... 19. In too few student clubs and societies	..... 45. Finding it hard to talk about my troubles
..... 20. Too little social life	..... 46. No one to tell my troubles to
..... 21. Wanting to improve my appearance	
..... 22. Too careless with my clothes and belongings	SECTION F
SECTION D	
..... 23. Afraid of close contact with the opposite sex	..... 47. Being nervous
..... 24. Disappointed in love affair	..... 48. Worring too much
..... 25. No girl friend	..... 49. Daydreaming
..... 26. No boy friend	..... 50. Being careless
..... 27. Being in love	..... 51. Trouble making up my mind about things
..... 28. Loving someone who doesn't love me	..... 52. Sometimes wishing I have never been born
	..... 53. Too easily discouraged
	..... 54. Forgetting things
	..... 55. Failing to do many things I try to do
 56. Unhappy too much of the time
 57. Having bad luck
 58. Dreaming too bad dreams

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SECTION G	SECTION J
..... 58. Parents making me go to church 96. Missing too many days of school
..... 59. Denying church services	..... 97. Not spending enough time in study
..... 60. Parents old-fashioned in their ideas	..... 98. Not really interested in books
..... 61. Can't forget some mistakes I've made	..... 99. Unable to express myself well in words
..... 62. Bothered by ideas of heaven and hell	..... 100. Afraid to speak up in class discussion
..... 63. Afraid that it going to punish me	..... 101. Not getting studies done on time
..... 64. Being tempted to cheat in class	..... 102. Not liking this school
..... 65. Having a certain bad habit	..... 103. Can't keep my mind on my studies
..... 66. Sometimes not being as honest as I should be	..... 104. Don't know how to study effectively
..... 67. Getting into trouble	..... 105. Don't like to study
..... 68. Having a guilty conscience	..... 106. Poor memory
	..... 107. Slow in reading
	..... 108. Worrying about my marks
	..... 109. Worrying about examinations
	..... 110. Getting low marks
	..... 111. Wanting to stop going to school
SECTION H	SECTION K
..... 70. Strife in the family	..... 102. Having no suitable place to study
..... 71. Being treated like a child at home	..... 103. Forced to take subjects I don't like
..... 72. Parents separated or divorced	..... 104. Text-books too hard to understand
..... 73. Father or mother not loving	..... 105. Teachers too hard to understand
..... 74. Feeling I don't really have a home	..... 106. So often lackluster in class
..... 75. Parents favouring a brother or sister	..... 107. Too little freedom in class
..... 76. Death in the family	..... 108. Not enough good books in the library
..... 77. Parents making too many mistakes for me	..... 109. Too much work required in some subjects
..... 78. Disagreements between me and my parents	..... 110. Not getting along with a teacher
..... 79. Wanting love and attention	..... 111. School is too strict
..... 80. Family quarrels	..... 112. Lessons too dull
SECTION I	..... 113. Teachers lacking interest in students
..... 81. Wanting advice on what to do after leaving school	..... 114. Teachers not friendly to student
..... 82. Can't let my mind go to school	..... 115. Not getting personal help from the teacher
..... 83. Afraid I won't be admitted to a university	..... 116. Teachers not considerate of students' health
..... 84. Don't know how to look for a job	..... 117. Teachers not practicing what they preach
..... 85. Afraid of the future 118. Too many poor teachers
 119. Unfair tests
 120. Students not given enough responsibility

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QUESTIONS

1. Add any other problems troubling you which are not mentioned in the list above.

2. Write about any of these problems which are troubling you most of all.

3. Would you like to talk to someone about your problems? (Put a tick in the correct circle.)
 - (a) Yes, very much _____
 - (b) Yes _____
 - (c) No, not now _____
 - (d) No, not at all _____

Do not write below this line

STANINES DIAGNOSTIC PROFILE

	A	B	C	D	E	F	G	H	I	J	K
10											
9											
8											
7											
6											
5											
4											
3											
2											
1											
0											

Sections

SECTION	RAW SCORE	STANINE
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		

Total _____

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ACADEMIC RECORD OF A RESPONDENT (ACA)

SUBJECTS	1 ST TERM SCORES	2 ND TERM SCORES	3 RD TERM SCORES
Mathematics	45	50	52
English	60	55	58
Literature	50	49	40
Bible knowledge	60	65	70
Yoruba	60	70	65
Government	70	75	77
Economics	65	67	60
Biology	43	52	60
TOTAL	453	483	482
MEAN	56.63	60.36	60.25
GRAND MEAN	$\frac{\Sigma 177.26}{3} = 59.09 \text{ i.e. average ACA}$		

SEMI-STRUCTURED INTERVIEW'S SCHEDULE

Age:

Sex:

Father's occupation:

Mother's occupation:

Home type: Divorced ----- Separated ----- living together ----- One not living -----.

1. How will you describe your self physically?
2. What will you say about your social self at home and school?
3. How will you describe your performance at school?
4. Are there things you do not like about this school?
5. What are the things you like in this school?
6. Describe how your parents and siblings treat you?
7. Describe the teachers' relationships with you
8. Are your parents able to provide all your needs?
9. How does this affect your school performance?
10. How do you feel when you compare yourself to the non-disabled?

SEMI-STRUCTURED INTERVIEW –PILOT STUDY

Name

School

Class

Age:

Father's occupation:

Mother's occupation:

Home type: Divorced ----- Separated ----- Intact -----

1. How will you describe your self physically
2. What will you say about your social self
3. Are you satisfied with your academic achievement
4. What are the things you like about this school
5. How does your parents and siblings treat you
6. Describe the teachers' relationships with you.
7. Do you think you are an important member of your family
8. What is your best wish

Report on Pilot Interview*Name - Please don't use my name**School - Do you think if you write the name of my school they will not identify me? Since we are not many in the school I can easily be identified, I think you should exclude the school's name.**Sex - female**Age - 21**Class – SSS 3 (Senior Secondary School, class three)**Father's occupation – Driver**Mother's occupation – Secretary*

Sulaiman, A. A.

APPENDICES**APPENDIX E***Home type - Parents separated*

I am not happy with my physical appearance at all, although my perception about my appearance had changed relatively, since I have started living at X school. (A residential/day primary school for the physically and mentally disabled in Lagos state, Nigeria) Then I realized I have every cause to thank God. I was crying that I had no shoes until I found someone without leg. Before, I really hated myself and several times I questioned God, why he allowed this to happen. I was not born crippled, I was nine years old in primary four, 1988, when I became ill and was taken to the hospital. I later discovered that I could neither walk nor stand. I was later taken to Oshogbo to stay with my grand mother but when she died I came back to Lagos.

My situation had rendered me useless and redundant; I cannot do most things by myself especially going to places. Since you have to rely on people to push you around, and do things for you in a way you become dependent. I have friends who come to visit me but I cannot visit them because of transportation. Some of my friends usually invite me to parties but I don't usually go except it is a walking distance and there is someone to push me.

At school, I would have loved to join the drama group, I did not because I felt I would not be given any part to play, as usual a disabled person should be passive and not active they hardly give me any responsibility in class. I love acting and I admire those who act but I have stopped dreaming of becoming one because you can hardly see a disabled actress.

I am not happy about my school performance. I think I can do better all things being equal. I don't usually score high marks like I used to do at when I was in primary school and when I was formally in Y school. (School Y is closer to where

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APPENDICES**APPENDIX E**

she lives than the new school where she is presently). *I usually missed classes because I have to go back home to use the toilet. There are times I would not come to school, or I would be late, because there was nobody to push me. Not that I was not ready on time but if my friends or those whom I know do not pass by the Home, I would not go but I would have been waiting at the gate since 6.30 or 7am.*

When I am late the gate that is relatively close to my house would have been locked, I have to either send people to call the gate man or go and use the other gate, which is very far. Some of the gate men would not answer me when the gate is locked. They would ask me to use the other gate. I reported to the principal both verbally and in writing but no changes. So rather than using the other gate I usually go back home.

Also some of the teachers are not considerate at all, they do not consider my disability, you know I cannot write as fast as the non-disabled but they would not give me extra time to finish; they collect from us the same time they collect from the non-disabled when we write tests or examination, so most of the time I don't usually finish my work. Another thing is that I don't have textbooks, at times when we were given home work I would not do it, because I cannot go to my friends place on my own to borrow the books neither can I go to the local library, which is far.

I like the school very much because I am able to relate with non-disabled. Although at first it was difficult because many people stared at me both on my way to school and back home but now I am used to it. I even encourage those at the lower grades who have just started not to bother about the staring. It was quite different from our primary school, where we were all disabled. I have the opportunity to interact with the non-disabled and I have them as friends. Some of

APPENDICES**APPENDIX E**

them are not helpful but majority are, they always come to visit me at home and also helped me into and outside the class. Some of them even offer to copy my notes for me.

I already told you some of the things I do not like about the school. My major problem is mobility and access to toilet and the classroom. There are no ramps and I cannot help myself with the type of toilet here. The school is equally too far from home especially when I have to use the second gate, because of the distance and bad road; my wheelchair's tyre punctures all the time. I have to spend extra money on repairs, when I don't have enough money for repairs I have to wait till my mummy comes which means no school until it is repaired. Most importantly the teachers are not considerate they don't consider me at all; you know they seem not to have any feelings at all.

Some are really wicked they behaved as if they do not have children at home. There was a day when there was riot in town, parents came to fetch their children and those who could run, ran home. I was helpless because there was no ramp for me to at least go out of the classroom so as to be noticed by someone for help. I was alone in the class until a parent found me there, helped me to the staff room and alerted the teachers. None of them bothered about me until someone came from home (her primary school and where she lives) to pick me, I was left alone unattended.

As for my mother I am sure she really love me, she is trying her best but she is not happy about my condition because of peoples comment, especially my fathers other wives and relatives. That was why I was taken to the village when they first realized that I am crippled they don't want people to know about it. My mother did not want people to laugh at her, but after my grand mother's death I

Sulaiman, A. A.

APPENDICES**APPENDIX E**

was brought to my present school, where, I have since been living. I cannot really describe my father's position; he has many wives and many children although he usually come to visit but I stopped him from coming because he usually come with his other wives or children who went back telling everybody about my condition and mocked my mother.

My sisters and brother are now used to it they were at first ashamed of me but now they usually come to play with me when we are on holiday, but I don't go home for holiday because I am comfortable here. The problem of mobility, transportation and family issue is why I have not been going. May be after university I shall. I have made up my mind to prove that my condition will not stop me from becoming an important person in live.

My mother is the only one taking care of us, me and my younger ones, she is only a secretary, her salary is not enough for all of us but she is trying her best, that was one of the reasons why I was brought here (a school and residential home for physically and mentally disabled, where she now lives). With me staying here, my mum does not need to take full responsibility, she only subsidize. There are individuals and nongovernmental organisations that assist us here. I was given this wheel chair when I came here.

Poverty is not a good thing at all; apart from being disabled, it is part of why I'm 21years and still in secondary school. I stopped going to school because they cannot afford a wheelchair. If my parents had been rich, they would have afford buying me a motorized wheelchair, buying my books and providing my needs but they could not even afford this type of wheelchair that Modupe Cole gave me but like my mother usually says, "when there is life there is hope"



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04 DECEMBER 2001

MRS. AA SULAIMAN
EDUCATIONAL STUDIES

Dear Mrs. Sulaiman

ETHICAL CLEARANCE : NUMBER 01204A "SELF-CONCEPT OF THE PHYSICALLY
DISABLED IN INCLUSIVE SECONDARY SCHOOLS".

I wish to confirm that ethical clearance has been granted for the above project but subject to:

1. *The submission of an acceptable interview schedule (screened by FRC)*
2. *Informed consent to be obtained*
3. *Please also note that the above documents must be submitted to Research Administration ASAP. and prior to the start of the project.*

Thank you

Yours faithfully

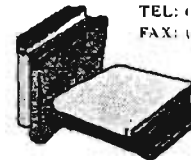
NELSON MOODLEY
HEAD: RESEARCH ADMINISTRATION

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Director of School
cc. Supervisor

RESEARCH ADMINISTRATION



TEL: (031) 204 5008
FAX: (031) 204 4883



ALL CORRESPONDENCE TO BE ADDRESSED
TO: THE HEAD - RESEARCH ADMINISTRATION

Sulaiman, A. A. (Mrs.)
P. O. Box, 80152
Lafiaji, Lagos,
Nigeria.
sulaaa@yahoo.co.uk
+234 8033301392

Dear Sir

APPLICATION FOR PERMISSION

I am a lecturer at the Lagos State University, Ojo. I am presently a doctorate student at the University of Durban-Westville, Republic of South Africa.

I wish to seek your permission to allow the physically disabled students in your school to participate in my research - "Self-concept of the physically disabled in Inclusive secondary schools".

My interest on this group of students stemmed from the peculiar situation they are in, being in schools that lack facilities, may affect their self-concept and overall adjustment. The aim of my study is to identify and describe the self-concept of this group of student, pointing out its' effect on their development and adjustment.

The students shall respond to psychological inventories that seek to identify what there problems are, how they see themselves and how they feel others see them. Some of them shall be selected for interviews based on their responses on the inventories.

Much as I would like all the physically disabled in the school to be part of the study, notwithstanding, any child that do not wish to participate is free not to. They are equally free to withdraw from participating in the study if they wish.

Confidentiality and anonymity shall be maintained.

Yours faithfully

Sulaiman A. A. (Mrs).

Sulaiman, A. A. (Mrs.)
P. O. Box, 80152
Lafiaji, Lagos,
Nigeria.
sulaaa@yahoo.co.uk
+234 8033301392

Dear parents

APPLICATION FOR PERMISSION

I am a lecturer at the Lagos State University, Ojo. I am presently a doctorate student at the University of Durban-Westville, Republic of South Africa.

I wish to seek your permission to allow your child to participate in my research - "Self-concept of the physically disabled in Inclusive secondary schools". My focus is on secondary schools in Lagos State that educate the physically disabled with the non-disabled.

My interest on this group of students stemmed from the peculiar situation they are in, being in schools that lack facilities, may affect their self-concept and overall adjustment. The aim of the study is to identify and describe the self-concept of this group of student, pointing out its' effect on their development and adjustment.

The students shall respond to psychological inventories that seek to identify what there problems are, how they see themselves and how they feel others see them. Some of them shall be selected for interview based on their responses on the inventories.

Much as I would like all the physically disabled in the school to be part of the study, notwithstanding, any child that do not wish to participate is free not to. They are equally free to withdraw from participating in the study if they wish.

Confidentiality and anonymity shall be maintained.

Yours faithfully

Sulaiman A. A. (Mrs).

PARENTS PERMISSION SLIP

I, Mr/Mrs -----guardian of ----- class ----

Grant my permission to my child/ward to complete the inventory and the interview for the benefit of research and education.

Parent's signature