

Self-Confidence of Physically Challenged Viz Visually Impaired, Hearing Impaired and Orthopedically Impaired Secondary School Students of Kashmir Division

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Abstract

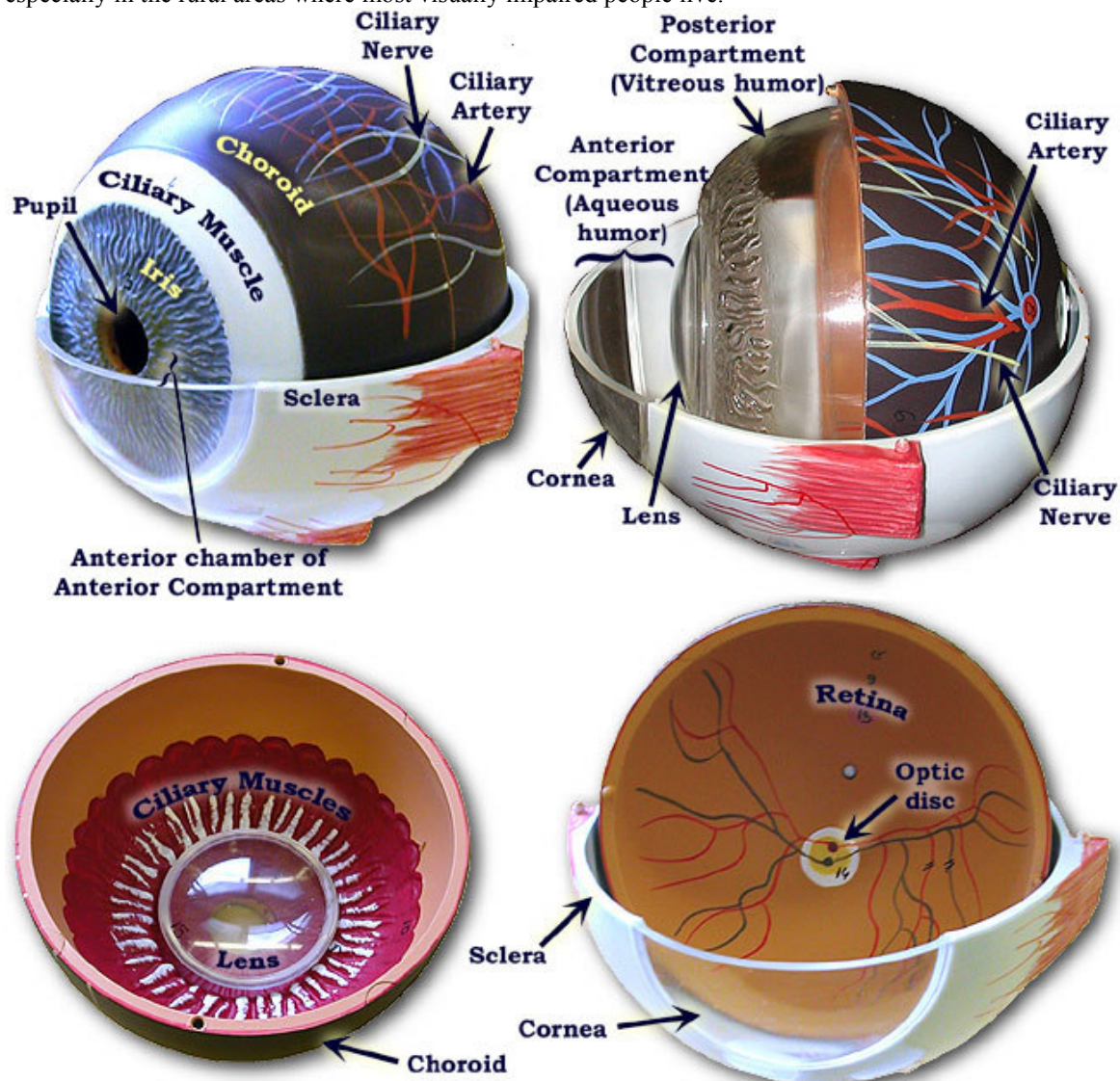
This study was undertaken to study the self-confidence of visually impaired, hearing impaired and orthopedically impaired secondary school students of Kashmir division. The sample for the study was 300 physically challenged secondary school students viz. (visually impaired N= 100, hearing impaired N= 100 and orthopedically impaired N=100) by using purposive sampling technique. Rekha Gupta self-confidence inventory was administered for the collection of data. The result of the study highlight that there is no significant difference among visually impaired, hearing impaired and orthopedically impaired secondary school students on self-confidence. All the categories relatively lack confidence and they don't have trust in their own ability to achieve goals that they plan and set out to achieve. The Low confidence halts their steps and paralyzes both the body and mind at the time of decision making and lack the inner belief in their ability to be successful. They tend to be withdrawn, unmotivated, overly sensitive to criticism, distrustful, and pessimistic. The physical impairment is one of the main reasons for having a deep seated, underlying lack of confidence in them. Their life is bound to be limited in some way, and this can lead to them having helplessness and hopelessness and also feel alone, tense, and nervous.

Keywords: self-confidence, visually impaired, hearing impaired, orthopedically impaired students,

1. Introduction:-

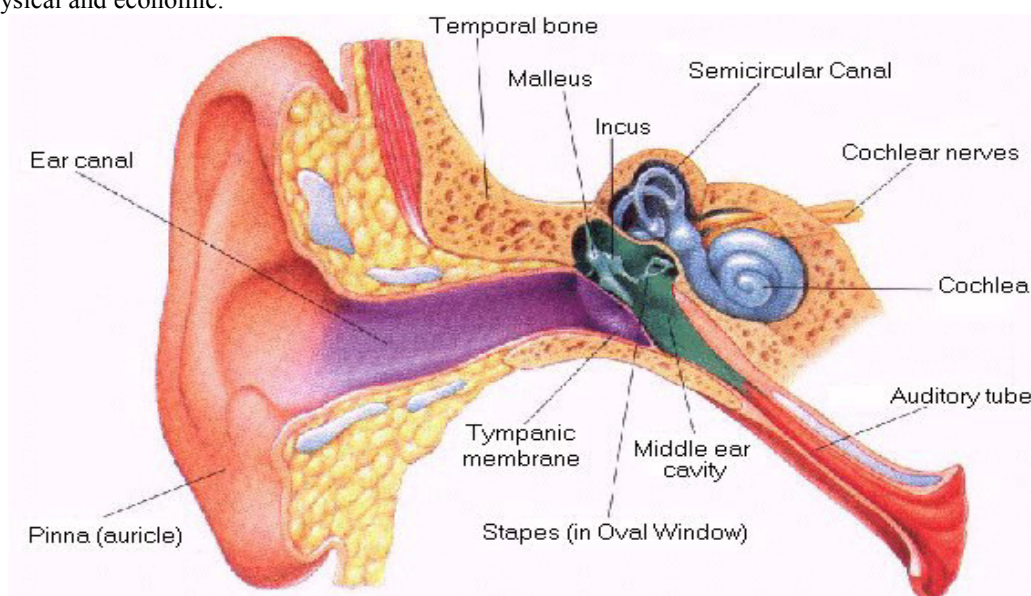
Physically challenged children are those children who have some physical impairment in sense of sight, hearing, touch, speech etc. As it is quite evident that senses are called gateways of knowledge, in the same way, the human eye is the organ which gives us the sense of sight, allowing us to learn more about the surrounding world than we do with any of the other four senses. We make use of our eyes in almost every action we perform, whether reading, watching television, writing a letter, driving a car, and in limitless other ways. Almost certainly most people would have the same opinion that sight is the most valuable and priceless of the five senses, and countless people fear visual impairment/blindness more than any other disability. Visual impairment is a condition in which an individual's vision is deficient to such an extent that it considerably affects his/her working. There are four major categories of visually impaired children such as partially sighted, low vision, legally blind and totally blind. A partially sighted child is the child who has some complication in seeing and in overall impression, requires special assistance with learning. Low vision indicates a more serious problem, where reading at normal distances is not possible. Children with low vision have to use supportive tools to read and see in their environments. They may even learn through the use of Braille. Legally blind refers to a vision less than 20/200. Children who are legally blind cannot see things clearly, whether it is near or far. They haven't lost their sight completely but have lost enough vision that they'd have to stand 20 feet from an object to see it as well as someone with perfect vision could from 200 feet away. Thoroughly blind means that the person has no vision at all. Their eyes are not able to process images, and they learn through non-visual resources, including Braille. Vision is normally measured using a Snellen chart. A Snellen chart has letters of different sizes that are read, one eye at a time, from a distance of 20 ft. People with normal vision are able to read the 20 ft line at 20 ft—20/20 vision—or the 40 ft line at 40 ft, the 100 ft line at 100 ft, and so forth. If at 20 ft the smallest readable letter is larger, vision is designated as the distance from the chart over the size of the smallest letter that can be read. The visually impaired children can be recognized by various symptoms such as crossed eyes, enlarged eye lids, watery eyes, itching, lethargy, headaches, rubbing eyes markedly, blinking frequently and holding substance or books close to the eyes. Visual impairment can be caused by numerous types of eye disorders such as cataracts, infection, glaucoma, albinism, diabetic retinopathy etc. The government made enlightening provisions for visually impaired children from nationwide to the worldwide such as provision of close circuit television; magnify eyeglasses, large print materials, Braille System talking calculators and tape recordings. Seeing that per official reports of WHO (2012), the 285 million people are estimated to be visually impaired worldwide: 39 million are blind and 246 have low vision. The 90% of the world's visually impaired population live in developing countries. According to the report of World Intellectual Property Organization (WIPO 2008), there are about 39 million people across the globe that are blind, out of these India is a home to about 15 million of them. If we include the partially sighted ones and persons with other visual disabilities, then it would make it to

be around 285 million persons. India has a big size of people of the blind community and the majority of them live in the poorest parts of the nation with small or no right of entry to even basic health care facilities. The 80 per cent of them (9.6 million) could have been prevented from going blind if they had received time-honored treatment? But poverty – which is both a cause and effect of blindness – can be very hard to smash and shatter, especially in the rural areas where most visually impaired people live.



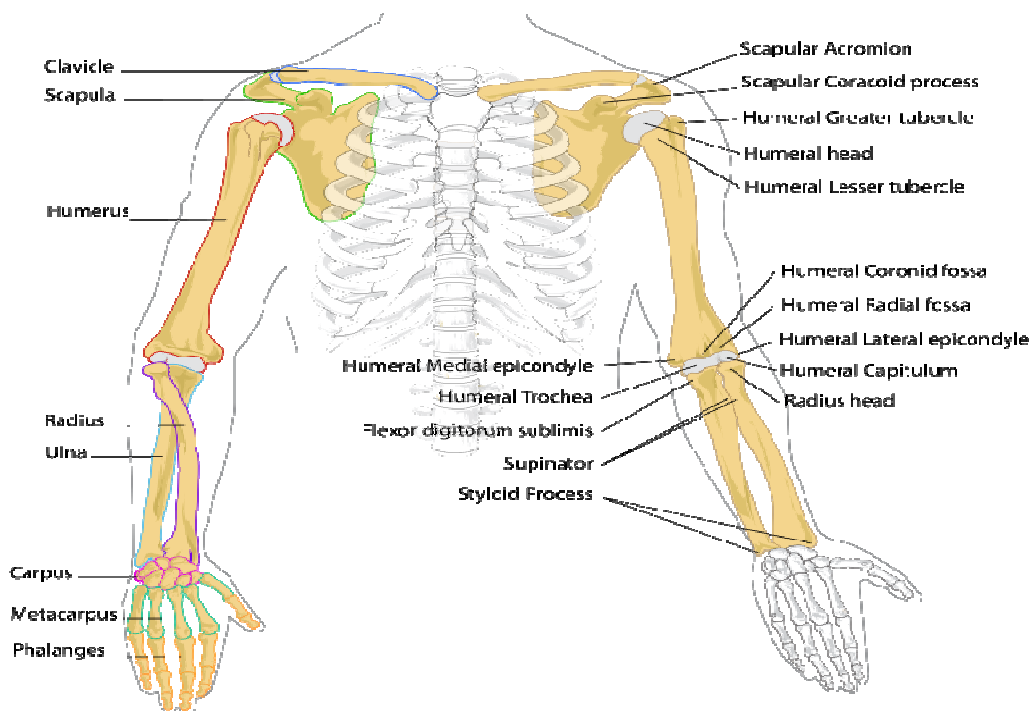
The sense of hearing provides a background, which gives a feeling of security, safety and participation in life. It plays a critical role in the development of speech and language. The ear is a complex, but delicate structure designed to perform a variety of functions: to be able to hear very soft sounds over a wide frequency range as well as withstand the very loud sounds, to differentiate between sounds that vary in pitch and loudness; to be able to locate the direction of arrival of a sound and in the presence of noise, to be able to switch on and off a sound of interest. The human ear perceives simple tones in the range of 20 to 20,000 Hz and also complex signals such as speech and music. Both types of signals are used in the assessment of hearing loss. Hearing impairment refers to a defect in or damage to the hearing mechanism. This defect or damage may occur in any part of the ear such as outer ear, middle ear or inner ear. It leads to hearing impairment or loss of hearing. It may range in severity from mild to moderate and to profound. A person may become deaf or hard of hearing depending upon the nature of impairment and the degree of hearing loss. Hearing impaired are those in whom the sense of hearing is non-functional for ordinary purposes of life. They do not hear or understand sound at all even with amplified speech. The cases included in this category will be those having hearing loss of more than 70 decibels (Graham Bell's Scale) in the better ear (profound) loss of hearing in both ears (ministry of social welfare 1987). A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with this degree of hearing impairment may use a hearing aid to amplify sounds. If the hearing loss is severe, the person

may not be able to discriminate any sounds. There are four types of hearing loss such as Conductive hearing loss, sensor neural hearing loss, mixed hearing loss and central hearing loss. Conductive hearing loss is caused by diseases or obstructions in the outer or middle ear that by and large affect all frequencies of hearing. A hearing aid normally helps a person with a conductive hearing loss. Sensor neural loss occurs from damage to the inner ear. This loss can range from mild to profound and frequently affects certain frequencies more than others. Sounds are often unclear and hazy, even with a hearing aid. Mixed loss occurs in both the inner and outer or middle ear. Central loss results from damage to the central nervous system. These children are identified by means of various symptoms such as, regular pain in the ears, discharge from the ear, scratching the ear repeatedly, turning the head frequently towards the speaker and restlessness. The most common categories of hearing loss are mild hearing loss, moderate hearing loss, severe hearing loss and profound hearing loss. Mild hearing loss is that in which the nearly all sounds that people can hear with their better ear are between 25 and 40 dB. People who are ill with from mild hearing loss have some difficulties keeping up with conversations, especially in noisy surroundings. Moderate hearing loss is that in which a usual sounds heard by people with their better ear are between 40 and 70 dB. People who suffer from moderate hearing loss have complexity keeping up with conversations when not using a hearing aid. Severe hearing loss is that an average sounds heard by people with their better ear are between 70 and 95 dB. People who suffer from severe hearing loss will benefit from powerful hearing aids, but often they rely a great deal on lip-reading even when they are using hearing aids. Some also use sign language. In profound hearing loss the most quiet sounds heard by people with their better ear are from 95 dB or more. People who suffer from profound hearing loss are dreadfully hard of hearing and rely typically on lip-reading, and sign language. The Rehabilitation Council of India Act, (1992) has defined "hearing handicapped person is one who has the hearing loss of 70 decibels and above, in better ear or total loss of hearing in both ears. The legal definition of "hearing impairment" in India as per the Persons with Disability Act PWD (1995) – "a hearing disabled person is one who has the hearing loss of 60 decibels or more in the better ear for conversational range of frequencies". As per WHO grades of hearing impairment description: i no impairment 25 dBHL or less (better ear) no or very slight hearing problems able to hear whispers ii Slight impairment 26-40 dBHL (better ear) able to hear and repeat words spoken in normal voice at 1 meter iii Moderate impairment 41-60 dBHL (better ear) able to hear and repeat words using raised voice at 1 metre iv severe impairment 61-80 dBHL (better ear) able to hear some words when shouted into better ear v Profound impairment including deafness 81 dBHL or greater (better ear) unable to hear and understand even a shouted voice. According to the estimates of WHO (2005), 278 million people have disabling hearing impairment. The frequency of deafness in Southeast Asia ranges from 4.6% to 8.8%. In India, 63 million people (6.3%) suffer from significant auditory loss. As on 1st March 2001, India's population stood at 1,027,015,247 and projected population in 2016 would be 1,263,543,000 (Census of India, 2001). With the present set of concept of hearing disability, the Census of India, (2001) counted 1,261,722 people in whom hearing disability existed (Males 53.4% and Females 46.59%).” As per NSSO (2001) there are 291 persons per one lakh population who are suffering from severe to profound hearing loss. A large percentage of these, are children aged from 0 to 14 years. With such an outsized number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic.



The Orthopedically impaired children are those who have a physical defect or deformity, which causes

a hindrance with the normal functioning of the bones, muscles and joints." According to the Individuals with Disabilities Education Improvement Act (IDEA), orthopedic impairment is defined as a severe orthopedic impairment that adversely affects a child's educational performance. The term includes those born with dislocated hips, club feet, spina bifida (a congenital deformity of the spinal cord), and children who are victims of such crippling diseases as polio and osteomyelitis. Orthopedic impairment may be caused by: inherited defects, metabolic errors, nutritional deficiencies, infections, physical trauma, toxins, poisons, gross brain disease and environmental factors. These children have poor motor control coordination, are unable to coordinate two or more muscle groups for performing any task. They walk awkwardly or with a limp, show signs of pain during physical exercise, difficulty in picking and holding things. These children fall frequently, jerking movement in walking, complicatedness in sitting and standing. They are of many types as: Osteomyelitis is a chronic bacterial bone and joint infections that more and more destroy the bone and may also affect the joints. When the bone is infected, pus is produced within the bone, resulting in a foul-smelling discharge. The condition often causes severe physical impairment if left untreated. Polio paralysis is a condition that causes paralysis of muscles without loss of sensation. Contractures deform joints and hamper with the patient's ability to walk. The initial disease, polio (poliomyelitis), is a viral disease that can damage the nerves in the spinal cord, causing paralysis of the arms, legs, or trunk. Polio mainly affects children under the age of three. Polio is caused by a virus that enters the body through the mouth. The polio virus lives in the throat and intestinal region of infected persons. It is usually contracted from hands or eating utensils contaminated with the stool of an infected person. Initial polio attacks are preventable by vaccination. Tuberculosis of the spine is an infection of the spinal column and the disease progressively destroys the backbone and causes severe physical impairment and may lead to death if left untreated. Tuberculosis can be identified by a sharp bend in the middle section of the backbone that goes along with shortening and thickening of the chest. The disease is caused by the tubercle bacillus. Pulmonary tuberculosis, an infection of the lungs, is the most common presentation. Tuberculosis of the spine occurs when a tubercular infection of the lungs spreads to the spinal bones. This frequently happens in children. Cerebral palsy describes a group of chronic conditions affecting body movement, muscle coordination, and often mental capability. The conditions are characterized by rigid muscles and a loss of control and coordination of movements. This often makes walking impossible or even causes difficulties in sitting. Hydrocephalus translates as "water on the brain" and describes a condition characterized by excess cerebrospinal fluid in the brain. This leads to pressure build-up under the skull, causing the head to swell and possibly brain damage. Clubfoot, also known as 'congenital talipes equinovarus' (CTEV), is a condition in which the child is born with the foot turned inwards and pointing down; either one or both feet may be affected. Cleft lip and palate is a common inborn deformity. It occurs when the separate areas of the face that develop individually and then join together, do not join accurately. A cleft lip is an opening between the upper lip and the nose and looks like a split in the lip. A cleft palate occurs when the roof of the mouth has not joined from top to bottom. The conditions may occur separately or be combined. Pointed bone deformities or bent bones, most often occurring just above or just below the knee. The condition causes severe knock knees (genu valgus) or bow legs (genu varus) that develop and degenerate with growth. The deformities make walking difficult and may damage the joints, resulting in arthritis. Burn contractures describe a permanent shortening of burn scar tissue that pulls joints out of position and results in physical impairment. Burn contractures may occur after thermal injury. Not every burn results in burn contractures but when burn wounds are left untreated or exposed to dirt, the chances of the condition occurring increases.



According to the census (1981), the 0.12 million population reported to be disabled/handicapped about 45% were blind, 32% crippled and 25% dumb. As per the official report of (2009), in India 12 million are blind, 29 million are with low vision, 12 million are with speech and hearing defects and 6 million have orthopedic impairment. Census of India (2001) has identified five types of disabilities and estimated 21.9 million handicapped/disabled persons. Which constitute about 2.13 percent of total population. The (48.55 percent) nearly half total were visually impaired and (27.87 percent) orthopedically impaired. The physical defect becomes a challenging and demanding factor for them to lead a happy and prosperous life. These physical defects are accountable for their inferiority complex in the society. This inferiority complex is responsible for creating a number of conflicts and other psychological problems like low self-confidence and low aspiration. Self-confidence does not mean that an individual can achieve anything and everything, even meaningless goals. It simply means that the person will have a sense of power over his own destiny, a positive frame of mind and is likely to make the best use of his talents and skills in achieving affirmative outcomes. In order to achieve a goal you need skills, authority, determination, regularity, capability and self-confidence. Self-confidence comes from having the accurate kind of skills and clarity of goals to be achieved. The clearer the goal, the better the center of attention of mind and self-confidence. Nothing great was ever achieved by people who lacked confidence. A capable body and mind will not function to their greatest potential if not backed by self-confidence. Self-confidence, hence, is the pivot on which all the innovative and analytical abilities of the mind rest on. Low self-confidence can impair the functioning of both the body and mind, resulting in crash and failure. Self-confidence is the measure of one's collective ability to march right ahead to achieve a said goal. Great things are seldom achieved without necessary confidence. All the skills and hard work possible are ineffective if confidence is lacking. Low confidence halts your steps and paralyzes both the body and mind at the time of making decision. Confidence isn't genetic nor is it inborn. It is acquired, learned, enhanced, Practiced and can be generated. You need to first realize the importance of confidence before you can make any efforts to get better with it. It's very much in your hands to develop a self-confident behavior. The self-confident persons are being ready and enthusiastic to face new situations and carry out difficult tasks. Self-confident people are by and large eager, excited, thrilled, assertive, motivated, and willing to accept criticism, emotionally mature, optimistic, and productive. People who don't have self-confidence lack the inner belief in their ability to be successful. They tend to be withdrawn, unmotivated, lazy, overly sensitive to criticism, distrustful, and pessimistic. They don't feel good about themselves and often they feel like failures. Self Confidence allows us to have a positive and realistic insight of ourselves and our abilities. It is characterized by personal attributes such as assertiveness, boldness, optimism, enthusiasm, affection, pride, independence, trust, the ability to handle criticism and emotional maturity. In the words of Basavanna (1975), "Self Confidence refers to an individual's perceived ability to act effectively in a situation to overcome obstacles and to get things go all right." Self-confidence gives you the freedom to make mistakes and cope with failure without feeling that your world has come to an end and that you are a worthless person. Confidence is something that is important to achieve success in your life. It is

not only required to do well in your career or academics, but also to have healthy relationships and a good social life. People with lots of confidence in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. They set themselves challenging goals and maintain a strong commitment to them. In the face of failure, confident people can also heighten and sustain their efforts. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or a lack of knowledge and skills that are attainable. Confident people approach frightening situations with assurance that they can exercise control. Such a productive outlook produces personal accomplishments, reduces stress and lowers the risk of depression. In contrast, people who doubt their capabilities run away from difficult tasks that they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with hard tasks, they reside on their personal deficiencies, the obstacles they will encounter, and all kinds of adverse outcomes rather than focus on how to perform successfully. They give up speedily in the face of difficulties. People lacking confidence are slow to recover their sense of efficacy after a failure or setback. When they fail, they think it's because they lack abilities, and they lose faith in themselves. They fall easy victim to stress and depression. Confidence to a certain level will play a major role in you achieving victory and facing crises that come your way as you pass through the path to success. The most excellent way to gain confidence is to allow your positive approach to come forth. If you are flooded with negative thoughts, you will be hampering your chances of succeeding in any field. When you think optimistically, it will give a momentum to your progress and you will be able to defeat difficult periods when success seems a distant dream.

2. Objectives

1. To study the visually impaired, hearing impaired and orthopedically impaired secondary school students on self-confidence.
2. To compare the visually impaired and hearing impaired secondary school students on self-confidence.
3. To compare the visually impaired and orthopedically impaired secondary school students on self-confidence.
4. To compare the hearing impaired and orthopedically impaired secondary school students on self-confidence.

3. Hypothesis

1. There is no significant difference between visually impaired and hearing impaired secondary school students on self-confidence.
2. There is no significant difference between visually impaired and orthopedically impaired secondary school students on self-confidence.
3. There is no significant difference between hearing impaired and orthopedically impaired secondary school students on self-confidence.

4. Methodology and procedure

This study was designed to compare visually impaired, hearing impaired and orthopedically impaired secondary school students on self-confidence. As such; descriptive method of research was employed.

SAMPLE:

The total sample for the present investigation consists of 300 physically challenged secondary school students of Kashmir Division. These students were identified on the basis of information obtained from the offices of various secondary school institutions. Further, the investigator categorized them into three main categories viz. visually impaired N= 100, hearing impaired N= 100 and orthopedically impaired N=100. All the three categories of physically challenged students were taken from 189 secondary schools institutions of Kashmir Division. However the whole population (N=300) was taken for sample by the investigator by using the purposive sampling technique.

4.1. Tool used

- For the measurement of self-confidence of visually impaired, hearing impaired and orthopedically impaired secondary school students, Rekha Gupta self-confidence inventory was administered.

4.2. Statistical treatment:-

The data collected was subjected to the following statistical treatment

1. Mean
2. S.D
3. t-test

5. Analysis and interpretation of data

In order to test the hypotheses formulated for the present investigation, the data collected through the administration of the selected tool was statistically analyzed by employing t-test. As a result of this, the visually

impaired, hearing impaired and orthopedically impaired students, were compared on self-confidence.

Table 1.0: Showing the mean comparison of visually impaired and hearing impaired secondary school students on Self-confidence Inventory (N=100 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Visually impaired	100	32.86	12.67	0.41	Insignificant
Hearing impaired	100	32.17	11.06		

The Table 1.0 shows the mean comparison of visually impaired and hearing impaired secondary school students on self-confidence inventory. The calculated t-value (0.41) is less than the tabulated t-value (1.98) at 0.05 level of significance, which depicts that there is no significant difference between visually impaired and hearing impaired secondary school students on self-confidence. A quick look at the means of the above table clearly shows that visually impaired and hearing impaired secondary school students have low self-confidence. Both the categories experience fear and are excessively sensitive to criticism, Thus from the confirmation of the results from the above table, the null hypothesis no1 which reads as, **“There is no significant difference between visually impaired and hearing impaired secondary school students on self-confidence”**, stands accepted.

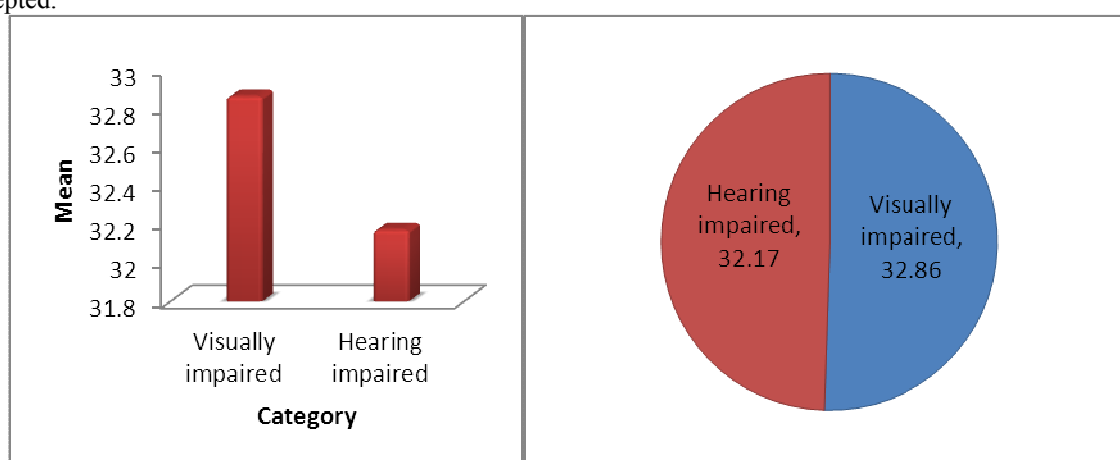


Table 1.1 Showing the mean comparison of visually impaired and orthopedically impaired secondary school students on Self-confidence Inventory (N=100 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Visually impaired	100	32.86	12.67	0.85	Insignificant
Orthopedically impaired	100	31.47	10.27		

The Table 1.1 shows the mean comparison of visually impaired and orthopedically impaired secondary school students on self-confidence inventory. The calculated t-value (0.85) is less than the tabulated t-value (1.98) at 0.05 level of significance, which shows that there is no significant difference between visually impaired and orthopedically impaired secondary school students on self-confidence. A quick look at the means of the above table clearly confirms that visually impaired and orthopedically impaired secondary school students have low self-confidence. Both the categories experience fear and are excessively sensitive to criticism, Thus from the confirmation of the results from the above table, the null hypothesis no. 2 which reads as, **“There is no significant difference between visually impaired and orthopedically impaired secondary school students on self-confidence”**, stands accepted.

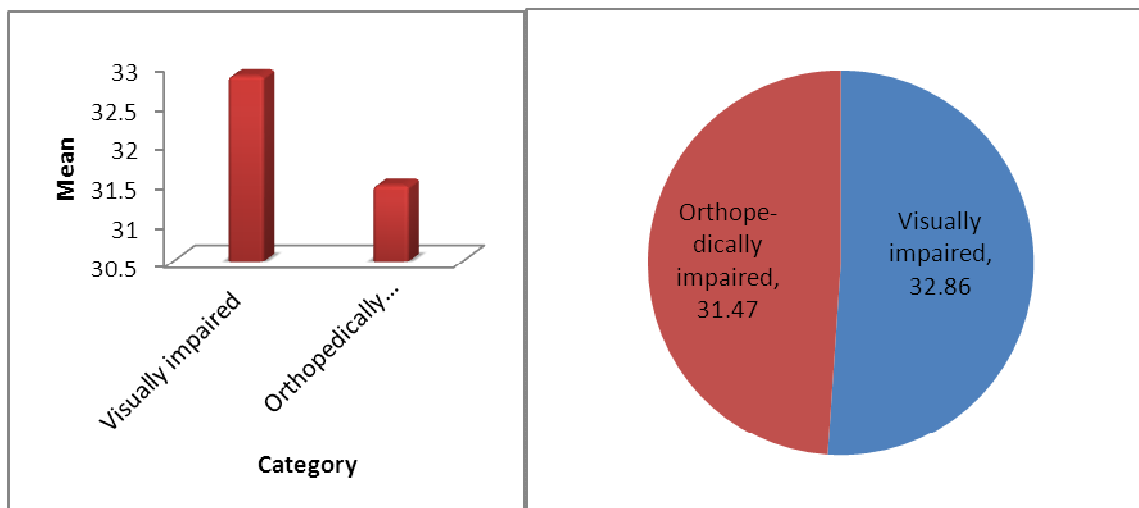
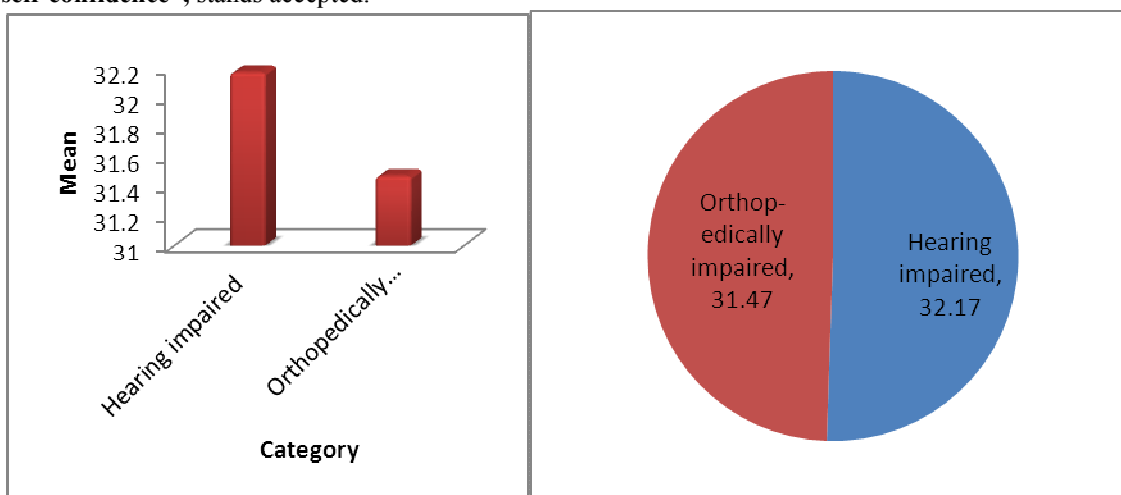


Table 1.2: Showing the mean comparison of hearing impaired and orthopedically impaired secondary school students on Self-confidence Inventory (N=100 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Hearing impaired	100	32.17	11.06	0.46	Insignificant
Orthopedically impaired	100	31.47	10.27		

The Table 1.2 shows the mean comparison of hearing impaired and orthopedically impaired secondary school students on self-confidence inventory. The calculated t-value (0.46) is less than the tabulated t-value (1.98) at 0.05 level of significance, which depicts that there is no significant difference between hearing impaired and orthopedically impaired secondary school students on self-confidence. A quick look at the means of the above table clearly shows that hearing impaired and orthopedically impaired secondary school students have low self-confidence. Both the categories have negative frame of mind resulting in crash and failure in life. Thus from the confirmation of the results from the above table, the null hypothesis no. 3 which reads as, “**There is no significant difference between hearing impaired and orthopedically impaired secondary school students on self-confidence**”, stands accepted.



6. Conclusion

On the basis of the data analysis the following conclusions have been drawn.

- I. The two groups of students viz. visually impaired and hearing impaired secondary school students have not shown any significant difference on self-confidence inventory. This indicates that both the groups of students have low self-confidence, experience fear and are excessively sensitive to criticism.
- II. The two groups of student’s viz. visually impaired and orthopedically impaired secondary school students have not shown any significant difference on self-confidence inventory. This indicates that both the groups of students have low self-confidence, experience fear and are excessively sensitive to criticism.

- III. The two groups of student's viz. hearing impaired and orthopedically impaired secondary school students have not shown any significant difference on self-confidence inventory. This indicates that both the groups of students have low self-confidence, negative frame of mind which results crash and failure in life.

7. Suggestions

1. The present study has been conducted at secondary school students. Further studies can be conducted on these variables at the higher secondary and higher levels of education as well.
2. The present study confirms itself to drawing the sample of the physically challenged students from various secondary schools of Kashmir division. A similar study should be conducted by drawing the samples from special and inclusive settings of these areas.
3. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
4. A study on inter-institutional differences as affecting the Psychological make-up of the physically challenged children may also be attempted. This may bring out the institutional climate as affecting the total development of these children.

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