



ISSN 2278 – 0211 (Online)

Influence of Physical Disability on Self-Esteem among Adolescents in Kiambu County, Kenya

Hinga Rose Wairimu

Post Graduate Student, Mount Kenya University, Kenya

Abstract:

Worldwide children and adults with disabilities are prone to having fewer friends, are neglected and experience more loneliness than those without disabilities as it affects their self-esteem. This study aimed at establishing how physical disability affects self-esteem among adolescents. The study was based on the Social Learning Theory by Julian Rotter. The study objectives were to identify terms used to describe the disabled by the society and how they affect their self-esteem, find out the level of self-esteem of adolescents with physical disabilities and establish how adolescents with physical disabilities perceive themselves. Identify appropriate coping skills for the disabled to maintain their self esteem. The study used an ex post facto design since no manipulation of the variables was done. Simple random sampling techniques were used to establish the validity and reliability of the tools. The sample size comprised of 30 parents and 30 adolescents with physical disabilities. The target population was 300 adolescents with physical disabilities and a hundred parents of the disabled adolescents. The dependent variable was self esteem, while the independent variable was physical disability and the intervening variables were family background, stigma in society, social support. The study used questionnaires, interviews and focused group discussions as data collection instruments. Data analysis involved use of the Statistical Package for Social Sciences (SPSS). The data was analyzed using descriptive statistics enabling the researcher to meaningfully describe distribution of cause using statistics and indices in measuring the results. Rosenberg scale was used to determine the level of self-esteem. The study findings were that lack of enough coping skills and use of demeaning terms affect the self-esteem of the adolescents. The study recommends addition of coping skills like a tool which the deaf can raise to show that a person is totally deaf to avoid motor accidents when crossing roads. The results of this research would benefit all people with different types of disabilities and the society as a whole. The Ministry of Education would use the findings to develop policies that aim at improving the quality of life of the disabled by providing them with equal opportunities. The study recommends that special needs education should be infused in the curriculum, and that learning institutions must develop mechanisms of creating a conducive environment. The learning institutions should also provide facilities that would equally suit the disabled. In a nutshell, the disabled need recognition and acceptance in the society.

Keywords: Physical disability, coping skills, self esteem; stigma, perceptions

1. Background of the Study

There has been a marked increase of people with disabilities (PWD) in Kenya (AMREF, 1997). This has been associated with various factors such as the increase in accident, congenital disorders, diseases and malnutrition. Although some people in society feel the issues of disability are insignificant and are being overblown, the problem caused by disabilities is threatening to add another impediment to Kenya's development efforts particularly in its effort to create equal opportunities for all (AMREF, 1997; UNESCO, 2002).

The increase of (PWD) in Kenya is also critical because some members of society still hold the belief that the disabled are a bad omen and should be eliminated or avoided as much as possible (Kisanji, 1995). This has resulted in many disabled children not being sent to school and massive unemployment for the disabled.

Some disabled people, due to the culture of dependence, have used their handicap to solicit funds and seek sympathy (AMREF, 1997). Unfortunately, these attitudes are unlikely to decrease in the near future unless critical measures are taken by the community in general and the disabled in particular to address the problem.

Self-esteem may be positive or negative depending on how one perceives himself and the way one is treated by the significant others with whom one interacts. Parents have a crucial role in shaping a child's concept of himself. Parents can convey attitudes that the child is independent and successful or inadequate, incapable and inferior.

If a child or adolescent is treated negatively they lack confidence in themselves. Lack of confidence does not mean lack of ability. It may just be a false set of beliefs that a person holds about himself. Friends and society can influence one's self-esteem depending on how they treat the person. (Ryan voigt, 2006)

Physical disabilities and community attributes influence the self-esteem of a person. According to previous researches major disabilities do not seem to affect general self-esteem as much as minor physical disabilities such as clumsiness and coordination disorder because the society can see for themselves why the person with major disabilities is unable to do everything for himself.

Some studies have shown that children and young adults with disabilities have fewer friends, experience more loneliness and are more teased and/ or neglected compared to those without disabilities. Individuals with disabilities often receive negative remarks related to their body, which contributes to the development of the low self-esteem. Individuals with physical disabilities generally have a more negative self-esteem than other people but the ones who have excelled in academic, sports, drama and other areas of learning have high self-esteem. (Martin, 2006).

According to World Health Organization, (WHO) it is estimated that there are over 650 million disabled people in the world, of those fifty (50) million people are living in Africa. They comprise 10% of world population, with 80% of them in developing countries. 70% of disabled adults are unemployed and live in poverty. Some disabled people are locked up or hidden from the public because their families view them as a curse. Over 90% of the disabled people in Africa are children who die before the age of five years.

Low employment levels for people with disabilities have drawn concern from policy makers, professionals and people with disabilities themselves because only 30% of the disabled have been employed. Lack of employment causes them to have low self-esteem. Despite expectations that the Americans with Disabilities Act (ADA) would expand employment opportunities, the percentage has dropped significantly since the Act was implemented. The drop has been from 44% to 33 % (Burkhouse, 2003)

In Kenya an Act of parliament provide for the Rights of persons with disabilities. The Act is 'Kenya- Persons with disabilities Act. (Act, 14, 2003). The government has set aside a fund (uwezo) for persons with disabilities. Though the fund is there only a few of the disabled have access to that money since the information does not reach them in time as most of them are discriminated against by their families such that they have no access to Newspapers or any other mass media as they are hidden from public. The Act states that nobody should be discriminated on the basis of disability.

1.1. Statement of the Problem

According to World Health Organization (WHO) statistics 10% of the world population is composed of people with disabilities who are estimated to be over 650 million, of those fifty million are living in Africa. 70% of disabled adults are unemployed though the disability Act states that nobody should be discriminated because of disability. Lack of employment may have been caused by lack of education since most disabled are viewed as liability by their families hence not taken to school. Some of them may not have known the existence of the jobs because they don't have access to Newspapers since they come from poor families. Some may have feared to apply because of the negative comments they receive from some people due to their looks.

In Dagoretti children's Home there are over two hundred children with different types of disabilities. Some of these children were collected from streets after they were abandoned by their parents others were taken there by different hospitals after their parents escaped from hospitals for failing to raise hospital fee while others suffered accidents leading to loss or damage of a limb. Such children suffer from low self-esteem since they feel rejected because of their disabilities.

Feeling accepted or rejected by one's significant others will affect the way a person views and evaluates oneself and the world. Feeling rejected by others lead to hostility, low self-esteem, emotional instability, unresponsiveness and a negative view of the world, whereas feeling accepted by others will lead to higher self-esteem, emotional stability, responsiveness and a positive view of the world. (Wallander, 2002)

1.2. The Purpose of the Study

The purpose of the study is to establish how physical disability affects self-esteem among adolescents in Kiambu County, Kenya.

1.3. Objectives of the Study

- i. To identify terms used to describe the disabled by the society and how they affect their self-esteem.
- ii. To find out the level of self-esteem of adolescents with physical disabilities.
- iii. To establish how adolescents with physical disabilities perceive themselves
- iv. To identify appropriate coping skills for the disabled to maintain their self-esteem.

2. Rationale /Justification of the Study

Kiambu county borders Nairobi city and therefore it has a large population of people working in the city and residing in it since houses are cheaper. Nairobi and its environs experience a lot of car accidents which cause physical disabilities that affect the self-esteem of most disabled people. Some of the accidents may have affected the hearing impaired since they do not have any tool to show that they do not hear, unlike the visually impaired who have the white cane.

The researcher has never come across any medicine written in braille for the blind. This means that they have to look for the sighted to read medication for them which may expose their sickness to other people and may lead to low self-esteem. The researcher had neither seen an interpreter for sign language in a hospital. This may have contributed to wrong medication leading to physical disability. The last two points are applicable to people with multiple disabilities which could have affected their self-esteem.

The researcher chose to research on whether self-esteem is affected by physical disabilities after coming across some adolescents whose self-esteem was high and others with low self-esteem yet all had disabilities.

Researches have been done on self-esteem among adolescents but none has been done on influence of physical disability on self-esteem among adolescents in Kiambu County. The findings of this research will fill the gap that is in existence.

According to World Health Organization 10% of the world population are disabled people and only 2% of them have access to rehabilitation. In Kenya, though the disabled Act states that 5% of employment should be given to the disabled only a few are employed. There have been complaints of 'funds' like; uwezo' being given to other people but not to the disabled because they do not have an active bank account since they are not financially sound.

Disabled people come from diverse backgrounds. There are differences in their disabilities. Some have major disabilities and some have minor ones. This makes them behave differently. People with disabilities often receive negative remarks related to their body which lead to the development of low self-esteem. Individuals with physical disabilities generally have more negative self-esteem than other people but the ones who have excelled in academic, sports drama and other areas have high esteem. (Martin, 2006)

Physical disabilities influence the self-esteem of a person. According to previous researches major physical disabilities like blindness or lack of limbs do not seem to affect general self-esteem as minor physical disabilities such as clumsiness and coordination disorder because the society can see for themselves why a person is not able to do a certain activity for himself, while minor ones like speech impairment are not visible.

There are five major factors that influence self-esteem. These are; social roles, reaction of others, comparison with others, identification, parents and peers.

3. Theoretical Framework

According to Julian Rotter social learning theory, psychologists measure variables and in order to make a large number of accurate predictions from these variables people can be classified along continuum from very internal to very external. Rotter states that people with strong internal locus of control believe that the responsibility for whether or not they get reinforced ultimately lies within themselves. Internals believe that success or failure is due to their own efforts.

In contrast, externals believe that the reinforcers in life are controlled by luck, chance or powerful others. They see little impact of their own efforts on the amount of reinforcement they receive. This theory is applicable in this study because the physically disabled people with positive internal locus of control excel in their life, for example in academics, leadership and social life and in other areas.

3.1. Gender Differences in Locus of Control

Most studies show similar scores for males and females although study by Strickland and Haley (1980) which examined patterns of response on the I-E scale discovered that on certain items males and females respond differently. Items to academic achievement showed males to be more internal than female while items dealing with leadership influence revealed females to be more internal than males. The task of this study is to find out the I-E scores of females and males with disabilities as far as self-esteem is concerned. The psychology literature provides a strong theoretical rationale for an association between self-esteem, susceptibility to interpersonal influence, and dress.

Bearden and Rose, (1990) suggests that boys place more emphasis on interpersonal sources of self-esteem and girls are more concerned with the evaluation and reflected appraisals of others. Individuals with high self-esteem are less influenced by the opinions of others, more independent, and less likely to conform to group pressure than individuals with low self-esteem (McGuire, 1968) However, there are stereotypes that males are prone to high self-esteem than females. This is because males tend to base their image on individualism while females base theirs on care (Cohen, 1977).

3.2. Social-Economic Status and Locus of Control (I-E Scale)

Lower social-economic status has been associated with external beliefs (phares, 1976) children born of parents in minority groups or racial and ethnic groups that have little access to power and mobility, learn from their own cumulative experience that their own efforts had little to do with their achievement in society and will likely show more external belief systems.

These findings were earlier reported by Rotter (1966) who observed that people have little control over events that happen to them, are more anxious and less likely to behave in ways that lead likely to positive outcomes or high self-esteem than individuals who believe that their own actions affect external events and consequences.

From a vocational and educational perspective, there are three categories of disabled namely, those who are partially productive because they cannot acquire speech and skills required to compete with the able-bodied and those with serious disability who remain totally unproductive.

The ones who are highly productive tend to have high self-esteem and vice versa. A disabled individual however could raise himself/herself from a lower to higher level as a result of social conditioning, technical change or fashion. The disabled individual may likewise regress to a lower level due to personality maladjustment (Jennings, 1988). The regression affects their self-esteem.

3.3. Family Background

A number of studies suggest that family has a part to play in the development of self-esteem of individuals. By and large parents who exhibit protective, positive, warm and nurturing in their child rearing practices tend to have children with internal orientation hence high self-esteem. Consistency of parental reinforcement, discipline and standards are also linked to the development of internality and

high self-esteem. Davis and Phares (1969) found that externals reported their parents as being inconsistent in discipline. There is also evidence to suggest that the child's locus of control may to some extent reflect the parents own locus of control, hence a parent with high self-esteem and vice versa may also have a child with the same.

3.4. Cognitive Control

Several of the studies in self-esteem related areas indicate that internals possess greater information regarding their personal situation. Such knowledge places them in a superior position of control and they have high self-esteem. Seaman (1963)

Davis & Phares (1967) found that when subjects believe they are going to attempt to change another's attitude, internals actively seek more information about the other person in order to be equipped to wield influence. Phares (1967) found that internals are superior to external in the utilization of information in solving a problem even when both groups have learned the information equally.

It was also found that internals are more adept at discovering the rule involved in a problem solving task (Du cetter and Wolk 1973) and are superior in the realm of incidental learning. Taken as a whole, the proceeding research clearly supports the conclusion that internals more actively seek, acquire, utilize and process information that is relevant to their manipulation and control over the environment. In addition internals generally appear more competent and personally effective than externals and have higher self-esteem than externals.

Hersen & Scheibe (1967), noted that internals describe themselves as more active, achieving, powerful, independent and effective. Individuals with any form of disability have at one time or the other faced the problem of interacting with people in the society. Disability is a limitation of performance in one or more activities that are generally accepted as essential basic components of daily living. This means the individual is incapable of some degree of independence (Reynell, 1970). Consequently, disability not only limits the individual's opportunities and cause frustration, it also creates prejudice in other more fortunate able-bodied.

The degree of a person's disability is measured by the demand of his/her surroundings that he/she fails to meet and how far removed from the level of functioning his/her responses are. Disability is difficult to define as it covers a range of conditions from developmental coordination disorder to Spina Bifida in line with the international Classification of impairments. Misconceptions deny persons with disabilities of their identity and values. Society only wants to appreciate a sound and perfect body, physical attractiveness, achievements and independence; it then ascribes disability to signify tragedy, ugliness, asexuality and invalidity. Since some persons with disabilities do not meet these values, society downgrades them to a lower position. (Huigevoort, 2002).

Self-esteem involves an individual evaluating his/her image progressively or regressively (Roessler, 1978). This evaluation is believed to be relevant to the individual's optional adjustment and functioning. Self-esteem with reference to disability can be defined as a disabled person evaluating his/her capacity to perform in the society.

Disabled individuals have problem of adjustment in a society that labels anyone that does not fit the description of the normal individuals. This led Cusforth (1951) to conclude that society's negative reaction to the disabled was entirely responsible for their emotional problem. It can be argued that one could make the best of any situation one finds himself/herself

3.5. Characteristics of Low Self-Esteem.

Low self-esteem is characterized by the feeling of inadequate, guilt, shyness, social inhibition, independency, helplessness, masked hospitality, withdrawal, complainer, tendency to downgrade others, reduced ability, accepting unfavorable assessment as accurate, vulnerability and interpersonal problem (Robson, 1988).

3.6. Employments of the Disabled

In America there is a low employment level for people with disabilities which have drawn concern from policy makers, professionals and people with disabilities themselves for many years. Only 30% of the disabled were employed despite expectations that the American's with Disabilities Act (ADA) would expand employment opportunities, the percentage has dropped significantly since the act was implemented. The decline in employment of people with disabilities has dropped from 44% to 37.5 % for women in 1989 to around 33% for both genders in 2000. Statistics show higher levels of employment for people without disabilities (Burkhouser, 2003).

In Britain the Disability Discrimination Act (DDA) was introduced to protect disabled people from unfair treatment. Under the act disabled people are defined as "Having a mental or physical impairment that has long-term and substantial adverse effect on the ability to carry out day to day activities. By long-term it is meant that the impairment has lasted for 12 months or is likely last for more than 12 months. If a disability has affected a person's ability to carry out day-to-day activities in the past and is likely to do so in the future but doesn't at present, it will be included under the DDA definition. The DDA definition also includes HIV/AIDS, Arthritis, hearing impairment but contact lenses are excluded from the DDA.

Osundwa (2007) states that physical restrictions bar the disabled from the public utility and transport, for instance there are very few buildings with toilets specifically fitted for the disabled, and public transport do not have special place for people in wheel chair to sit.

Employment opportunities in Kenya have not focused on persons with disabilities. Employment plays significant roles in the identity formation and personal well-being of all persons. Failure to be engaged in labor force denies people with disabilities their right of being assets to their community and independent financially which leads to low self-esteem.

The disabled people are stereotyped as being unable to perform tasks on their own as expected of people of their age. Stereotypes tend to homogenize persons without considerations of their diversity and uniqueness that each person may have. Stereotype is an abuse of human dignity.

Society puts the disabled into a group identity rather than allowing individuals to formulate a healthy self-concept based on their individuality and uniqueness. The stereotyping denies some disabled people with talents and expected qualifications to get employment hence result to being beggars which erode their self-esteem. (Murugami, 2003).

In Kenya an Act of parliament provides the Rights of persons with disabilities. It is 'The person with disabilities (Act 14 of 2003)'. It states that there will be reservation of 5% of employment for the disabled.

It states that no employer shall discriminate a person with disability on recruitment, salary, promotion and any other benefits. An employer shall not be dimmed to have discriminated against a person with a disability if; the disability itself was a relevant consideration in relation to the requirement of that job for example a visually impaired person cannot be employed as a driver.

3.7. Empirical Literature

According to Ryan (2006) friends and society can influence ones self-esteem depending on how they treat the person. According to Martin (2006) individuals with physical disabilities generally have a more negative self-esteem than other people but the ones who excel in academic sports, drama and other areas of learning have high esteem.

In America employment of the disabled has dropped from 44% to 33% (Burkhouse, 2003) UNESCO, 2002 state that there has been an increase in people with disabilities due to accidents, congenital disorders and malnutrition.

3.8. Conceptual Frame Work

This study focused on dependent variable which was self-esteem, independent variable was physical disabilities and the intervening variables were social support, stigma in society, family background, peers and self-consent.

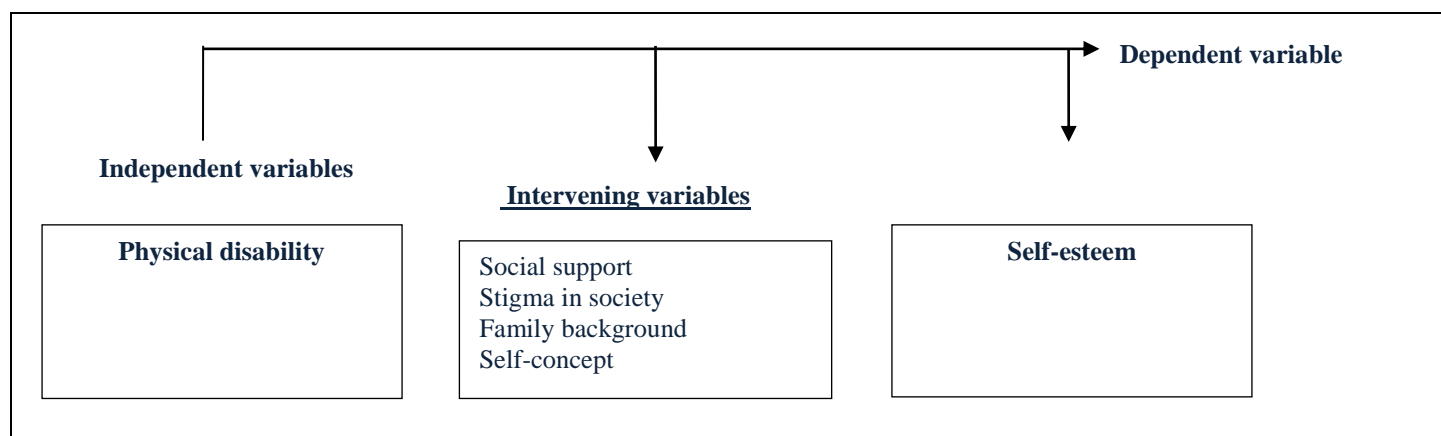


Table 1: A model showing the relationship of the variables that determine the effect of physical disability on self-esteem.
Source: Author (2014)

4. Research Design and Methodology

4.1. Research Design

The research design used in this study was *ex-post facto* approach. The research design used questionnaires, interviews and focused group discussion to collect data from participants in a sample about their characteristics, opinions and experiences in order to generalize to the population.

4.2. Target Population

The target populations of this study were two hundred (200) adolescents of Dagoretti special school and a hundred (100) parents of the disabled children. The 200 adolescents were selected because they could explain the challenges they experience from their parents, schoolmates, and society. The parents of the disabled children were selected so as to explain the challenges they face on daily basis as they take care of their disabled children.

The adolescents and their parents were selected using purposive sampling techniques for the actual study. Purposive sampling was selected because it allowed the researcher to select adolescents with same challenges –physical disabilities.

The sample size was twenty (20) adolescents and twenty (20) parents. They represented 13.3 % of the total population. The importance of sampling was to measure the reliability of the instrument.

4.3. Sample population

The sample size was twenty adolescents and twenty parents of the adolescents with disabilities. The sample size was based on gender and types of disabilities. There were ten girls and ten boys. There were ten mothers and ten fathers or guardians of the physically challenged adolescents.

4.4. Research Instruments

The research used three instruments (triangulation) to collect data. These were questionnaires, interviews and focused group discussions. Interview guide for the adolescents was prepared by the author to gather data from the physically disabled adolescents of Dagoretti special school.

The researcher carried out the interviews using English and Swahili. Swahili was used because the school has children from different communities and with different levels of understanding English. The interview guide contained open-ended questions which enabled the researcher to get in-depth information from the respondents.

Focused group discussion guide is a method which involves questioning within a group interaction. The significance of FGD is the insights that would be less accessible without the interaction found in a group. Prior arrangements were made before the actual FGD session with brief and clear instructions to the parents and adolescents for purpose of preparedness.

The discussion group schedule was prepared to generate data from the expected discussions of parents of the adolescents and the adolescences themselves. The interview guide had a total of twenty nine (29) questions for the participants to answer.

Locus control instrument internal –External scale (I-E Scale) was published by Rotter (1973) was used for the purpose of measuring locus of control. The I-E Scale has two levels in the scale. The instrument consists of 20 questions which require respondents to mark agree, strongly agree, disagree, strongly disagree.

A questionnaire on the respondent's background preceded the I-E scale. This was to examine the respondent's background such as Age, gender, marital status.

4.5. Validity and Reliability of Research Instruments

The data collected from the adolescents and their parents was used to compute the reliability of the instrument. A pilot study was conducted to assess whether the instruments used were too detailed, level of language and whether adjustments were necessary before the actual survey. It is important to ascertain the reliability of research instruments since the findings would be used for future references engaging physical disability on self-esteem.

The data collected was tested from the pilot study and used to compute reliability of the instruments. Every instrument was tested before it was formally administered through pilot project conducted to a few members of the group that was researched on. The reliability was established giving questionnaires to 20 parents and 20 adolescents of Dagoretti special school.

4.6. Data Collection Procedure

The researcher sought authority from Mount Kenya University, National Commission for Science, Technology and Innovation (Nacosti) then from the administrators of Dagoretti special school. She then introduced herself to the respondents and explained the objectives of the study. The questionnaire was self-administered. The date of collection of the questionnaire was arranged and they were collected from an agreed specific central position.

4.7. Ethical Consideration

The researcher obtained research authority from Mount Kenya University, the ministry of Education Science and Technology, National Commission for Science Technology and Innovation (NACOSTI), observed confidentiality and privacy of respondents. The researcher even if she found sensitive issues of the institution would not discuss them with the media or any other unauthorized people for in doing so will have broken confidentiality. The issues the researcher would discuss with the authorized people are those that would jeopardize the client's life or other people's lives. Negative questions were not applied due to ethical considerations.

4.8. Data Analysis

Qualitative analysis involved obtaining detailed information about the issue being studied (Nachmias & Nachmias, 2006). In this study open-ended questions in the questionnaire were organized according to the objectives of the study. In analyzing the data the researcher evaluated the usefulness and validity of the information given by the respondent. The Statistical Package for Social Science (SPSS version 20) computer package was utilized and facilitated the analysis of the data. The (SPSS) was fast, effective and measured the correlation between physical disability and self-esteem thus making it ideal for data analysis.

5. Data Analysis, Presentation and Interpretation

5.1. Type of Disability

The respondents were asked to state type of disability. Figure 1 gives summary of the findings.

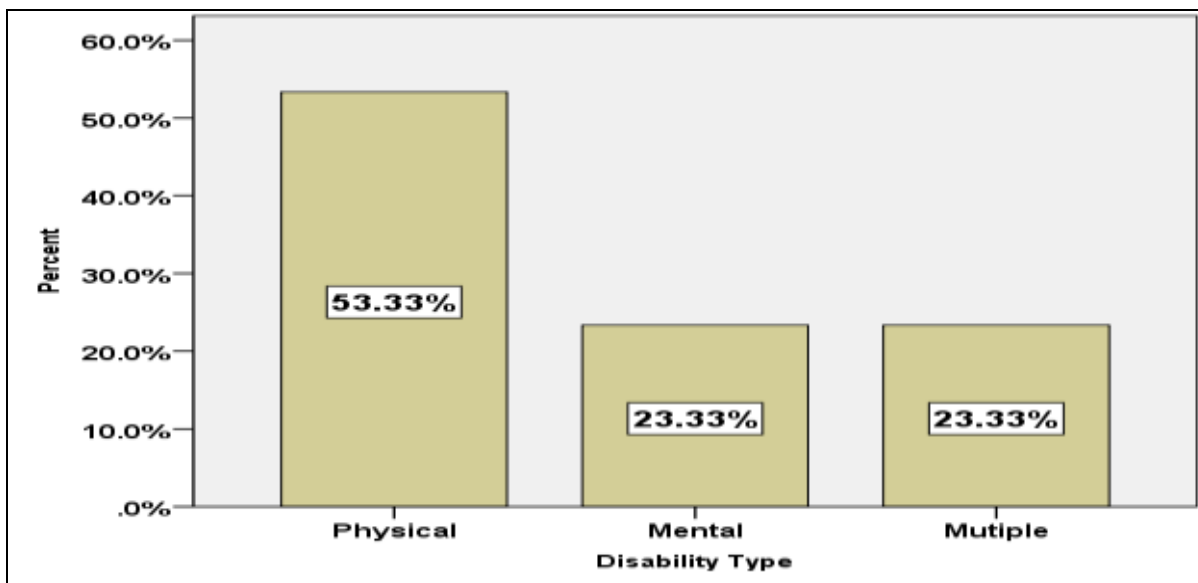


Figure 1: Type of disability
Source: Author (2014)

The study showed that 33.3 % (N=16) were physically disabled, 23.3 % (N=7) were mentally disabled and 23.3 % (N=7) were multiple disabled. Physical disability which mainly affects limbs or spinal cord is the most common as they are prone to injury during birth or after through various possible accidents.

5.2. Age of the Onset of Disability

The respondents were asked to state age of onset of disability. Figure 2 gives summary of the findings.

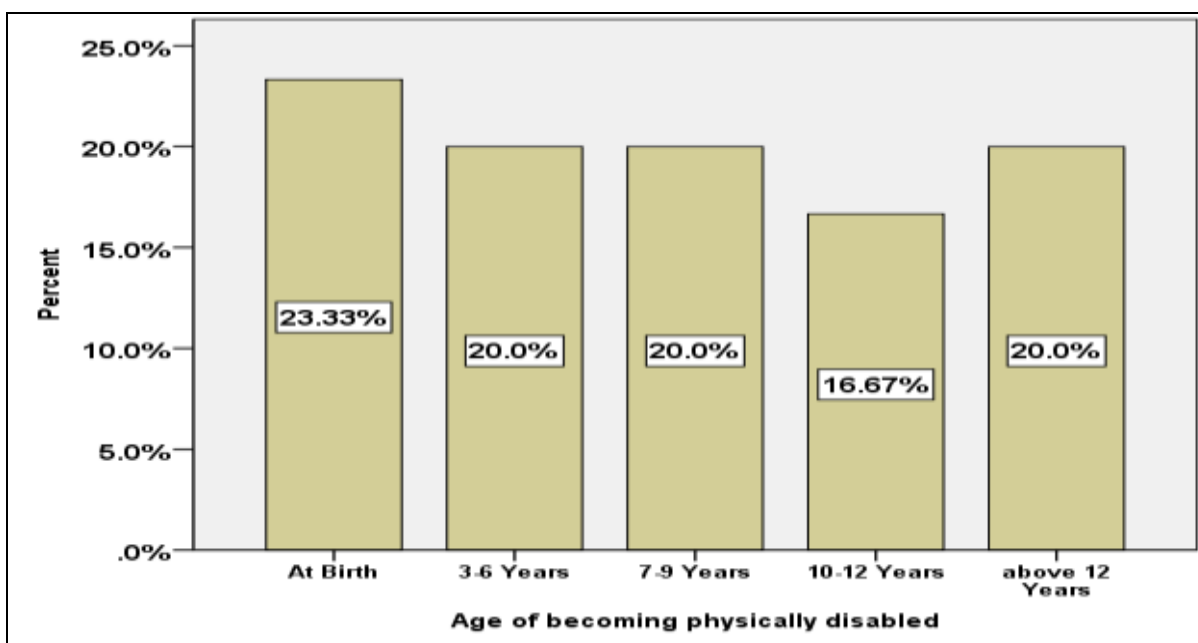


Figure 2: Age of onset of disability
Source: Author (2014)

The study showed that 23.3 % (N=7) were born with the disability, 20 % (N=6) developed disability at the of 3-6 years, 20 % (N=6) developed disability at the of 6-9 years, 16.7 % (N=5) developed disability at the age of 10-12 years while 20 % (N=6) developed disability at the age of 12 years and above. A big number of persons with disability will have the disability at the time of birth while a less number later on after birth. Majority about 77% develop disability after birth. This is because of various factors like accidents and diseases.

5.3. Terms Used to Describe the Physically Challenged and Their Effect on Self-Esteem

The respondents were asked to state terms used to describe the physically challenged and their effect on self-esteem. Table 2 gives summary of the findings.

Variable	Category of variable	Frequency	Percentage
How the child is referred to	Handicapped	7	23.3%
	Cripple	14	46.7%
	Disabled	9	30%
Other references	Daft	7	23.3%
	Tard	3	10%
	Cognitively disabled	10	33.3%
	Other negative terms	10	33.3%
How neighbours refer to 3 feet tall adult	Dwarf	16	86.7%
	Someone of short stature	4	13.3%
Reference compared to other siblings without disability	Abnormal	19	63.3%
	Child with disability	11	36.7%
Others reference to the disabled	By their name	13	43.3%
	Referred by their disability	17	56.7%

Table 2: Terms used to describe the physically challenged
Source: Author (2014)

The respondents were asked to state how the child was referred to 23.3 % (N=7) said the child was referred to as handicapped, 46.7 % (N=14) said he/she was referred to as cripple and 30 % (N=9) said he/she was referred to as disabled. The respondents were asked to state other references referred to them. The study showed that the children were also referred to as daft (23.3%, N=7), 10 % (N=3) said they were referred to as “tard”, 33.3 % (N=10) said they were referred to as cognitively disabled and 33.3 % (N=10) said they were referred with other negative terms. When the respondents were asked to state how neighbours refer to 3 feet tall adult, 86.7 % (N=26) said dwarf and 13.3 % (N=4) of neighbours referred them as someone of short stature. The respondents were asked to state how the child was referred compared to other siblings without disabilities 63.3 % (N= 19) said he/she was referred to as abnormal while 36.7 % (N= 11) referred the child as child with disability. When the respondents were asked to state how the disabled child was referred, 43.3 % (N=13) said he/she was referred by his/her name and 56.7(N=17) said he/she was referred by his/her disability. The analysis shows that majority of people use demeaning word to refer to the physically disabled people. As a result, this leads to low self-esteem.

5.4. Determining the Level of Self-Esteem

Some questions were asked to determine the level of self-esteem to the respondents. Table 3 shows the result obtained.

Category	Variable	Frequency	Percentage
How the child feels	Guilty	5	16.7%
	Helpless	13	43.3%
	Confident	12	40%
The child's reactions to criticism	Oversensitive to criticism	12	40%
	Complainer	11	36.7%
	Not worried about criticism	7	23.3%
Socialization aspect of the physically challenged	Chosen as a leader	13	43.3%
	Reluctant to join others	9	30%
	Withdrawn	8	26.7%
Leadership aspect of the physically challenged	Influenced by others	13	43.3%
	Influences others	13	43.3%
	Fearful	4	13.3%
Aspects of self-evaluation	Independent	9	30%
	Dependent	16	53.3%
	Tendency to downgrade others	5	16.7%

Table 3: determining the level of self-esteem
Source: Author (2014)

The study showed that 16.5 % (N=5) of the respondents felt guilty, 43.3 % (N=13) felt helpless and 40 % (N=12) felt confident. The respondents were asked to state how the child reacted to criticism, 40% (N=12) of the children were oversensitive to criticism, 36.7 % (N=11) were complainer and 23.3 % (N=7) were not worried about criticism. The study showed that 43.3% (N= 13) were chosen as leaders, 30 % (N= 9) were reluctant to join others and 26.7 % (N=8) were withdrawn. The study showed that 43.3% (N= 13) of the adolescents were influenced by others, 43.3 % (N=13) influenced others and 13.3 % (N=4) were fearful. The study showed that 30 % (N=9) of the children were independent, 53.3 % (N=16) were dependent while 16.7 % (N=5) had tendency to downgrade others. A number of physically disabled people have high esteem but majority tends to have low self-esteem. This is attributed to many factors like discrimination by the society. They are also likely to depend on others due to lack of self-confidence.

5.5. Self-Perception of People with Disability

The respondents were asked to state their self-perception of people with disability. Table 4 gives summary of the findings

Variable	Category of variable	Frequency	percentage
Physically disabled people do as well as non-disabled people in their academic performance	True	13	43.3%
	False	17	56.7%
Less likely to conform to group pressure	True	18	60%
	False	12	40%
Feels rejected by the society	True	22	73.3%
	False	8	26.7%
Takes pride in what they achieve	True	21	70%
	False	9	30%
How he/she feels about their looks	Ugly	15	50%
	Attractive	15	50%

Table 4: Self-perception of people with disability

The study showed that 43.3% (N=13) agreed (true) that physically disabled people do as well as non-disabled people in their academic performance while 56.7 % (N=17) disagreed (false) with the statement. When respondents asked whether they are less likely to conform to group pressure 60 % (N=18) said it was true and 40 % (N=12) said it was false. The study also sought to establish if respondents felt rejected by the society, 73.3 % (N=22) said it was true while 26.7 % (N=8) said it was false. When asked whether they took pride in what they achieved, 70 % (N=21) said that was true and 30 % (N= 9) said it was false. Finally 50 % (N=15) of the respondents said they felt ugly and 50 % (N=15) said they felt attractive. Generally majority of the physically challenged people have low self-perception in their undertakings.

5.6. Identifying Coping Skills

The respondents were asked to identify coping skills. Table 5 gives summary of the findings.

Variable	Category of variable	Frequency	Percentage
Received Jaipur foot from any rotary club if amputated	Yes	8	26.7%
	No	16	53.3%
	N/A	6	20%
Received wheelchair from any charitable org if paralyzed	Yes	16	53.3%
	No	11	36.7%
	N/A	3	10%
are you a member of any support group	Yes	10	33.3%
	No	20	66.7%
Received any counseling on how to cope with disability	Yes	21	70%
	No	9	30%
Any tools to show the drivers when crossing if hearing impaired	Yes	3	10%
	No	25	83.3%
	N/A	2	6.7%
Ever received medicine written in Braille for the blind	No	29	96.7%
	N/A	1	3.3%
ever come across a sign language interpreter in hospitals	Yes	2	6.7%
	No	27	90%
	N/A	1	3.3%

Table 5: Identifying coping skills

Source: Author (2014)

The study showed that 26.7 % (N=8) of the respondents received Jaipur foot from any rotary club if amputated by responding yes, 53.3 % (N=16) said no they did not receive and 20 % (N=6) they said that was not applicable because their children were not amputated. On whether the respondents Received wheelchair from any charitable organization if paralyzed 53.3 % (N=16) said yes, 36.7 % (N=11) said no while 10% (N=3) said N/A since their children were not paralyzed. When the respondents were asked if they were a member of any support group 33.3 % (N=10) said yes and 66.7% (N=20) said they were not. Respondents were also asked if they received any counseling on how to cope with disability 30% (N=9) said yes while 70 % (N=21) said no. The table above also describes if respondents had any tools to show the drivers when crossing if hearing impaired 10 % (N= 3) said yes, 83.3 % (N=25) said no and 6.7% (N=2) said N/A because their children did not have hearing disabilities. On if the respondents Ever received medicine written in Braille for the blind 96.7% (N=29) said No while 3.3% (N=1) said N/A. The study also sought to establish if the respondents ever came across a sign language interpreter in hospitals 6.7% (N=2) said Yes, 90% (N=27) said no and 3.3% (N=1) said N/A.

It is evident that most of the coping skills like Jaipur foot, counseling, interpreter for sign language are not available to most physically disabled people. This shows that there is little effort from the government and the society at large in supporting the physically disabled. This lowers their self-esteem.

5.7. Participants Current Feelings about Oneself

The respondents were asked to state their current feelings about oneself. Table 6 gives summary of the findings.

Category	Response	frequency	Percentage
I feel i have good qualities	Strongly disagree	0	0%
	Somewhat disagree	5	16.7%
	Somewhat agree	10	33%
	Strongly agree	15	50%
Am a failure always	Strongly agree	5	16.7%
	Somewhat agree	5	16.7%
	Somewhat disagree	4	13.3%
	Strongly disagree	16	53.3%
I do not have much to be proud of	Strongly agree	9	30%
	Somewhat agree	8	26.7%
	Somewhat disagree	8	26.7%
	Strongly disagree	5	16.7%
I do things like anybody else	Strongly disagree	4	13%
	Somewhat disagree	4	13.3%
	Somewhat agree	7	23.3%
	Strongly agree	15	50%
I take a positive attitude towards myself	Strongly disagree	1	3.3%
	Somewhat disagree	4	13.3%
	Somewhat agree	8	26.7%
	Strongly agree	17	56.7%
I certainly feel useless at times	Strongly agree	6	20%
	Somewhat agree	3	10%
	Somewhat disagree	9	30%
	Strongly disagree	12	40%
I feel proud of myself	Strongly disagree	3	10%
	Somewhat disagree	1	3.3%
	Somewhat agree	7	23.3%
	Strongly agree	19	63.3%
Terms applied to you affect your self-esteem	Strongly agree	9	30%
	Somewhat agree	14	46.7%
	Somewhat disagree	5	16.7%
	Strongly disagree	2	6.7%
The way your peers treat you affects yourself esteem	Strongly agree	17	56.7%
	Somewhat agree	9	30%
	Somewhat disagree	3	10%
	Strongly disagree	1	3.3%
If your parents treat you better your grades in school would improve	Strongly disagree	0	0%
	Somewhat disagree	1	3.3%
	Somewhat agree	4	13.3%
	Strongly agree	25	83.3%

Am always kind to my peers	Strongly disagree	2	6.7%
	Somewhat disagree	2	6.7%
	Somewhat agree	15	50%
	Strongly agree	11	36.7%
You always blame yourself for any failures that you encounter	Strongly agree	9	30%
	Somewhat agree	11	37%
	Somewhat disagree	6	20%
	Strongly disagree	4	13%
You always blame others for happens to you	Strongly agree	7	23.3%
	Somewhat agree	8	26.7%
	Somewhat disagree	13	43.3%
	Strongly disagree	2	6.7%
You get your strength within yourself	Strongly disagree	4	13.3%
	Somewhat disagree	7	23.3%
	Somewhat agree	12	40%
	Strongly agree	7	23.3%
You attribute success to your personal effort	Strongly disagree	3	10%
	Somewhat disagree	8	26.7%
	Somewhat agree	11	36.7%
	Strongly agree	8	26.7%
You feel your excelling in life is pure luck	Strongly agree	7	23.3%
	Somewhat agree	9	30%
	Somewhat disagree	7	23.3%
	Strongly disagree	7	23.3%
You feel that even without reinforcement by the powerful you can still make a good leader	Strongly disagree	7	23.3%
	Somewhat disagree	4	13.3%
	Somewhat agree	6	20%
	Strongly agree	13	43.3%
You think your passing examination is cheer luck	Strongly agree	7	23.3%
	Somewhat agree	3	10%
	Somewhat disagree	5	17%
	Strongly disagree	15	50%

*Table 6: Participants' current feelings about self-esteem
Source: Author (2014)*

The study sought to know the current feelings of the respondent about self-esteem, 16.7% (N=5) somewhat disagreed, that they feel they have good qualities, 33% (N=10) somewhat agreed and 50% (N=15) strongly agreed. When respondents asked if they are failure always 16.5% (N=5) strongly agreed, 16.5% (N=5) somewhat agreed 13.3% (N=4) somewhat disagreed and 53.3% (N=16) strongly. The respondents do not have much to be proud of 30% (N=9) strongly agreed, 26.7% (N=8) somewhat agreed 26.7% (N=8) somewhat disagreed and 16.7% (N=5) strongly disagreed. 13.3% (N=4) of the participants strongly disagreed that they did things just like anybody else 13.3% (N=4) somewhat disagreed, 23.3% (N=7) somewhat agreed and 50% (N=15) strongly agreed. 3.3% (N=1) of the participants strongly disagreed that they took positive attitude towards themselves, 13.7% (N=4) somewhat disagreed, 26.7% (N=8) somewhat agreed while 57% (N=17) strongly agreed.

The same table above showed that 20% (N=6) of the participants strongly agreed that they certainly felt useless at times, 3% (N=10) somewhat agreed, 30% (N=9) somewhat disagreed and 40% (N=12) strongly disagreed. On if the participants felt proud of themselves 10% (N=3) strongly disagreed, 3.3% (N=1) somewhat disagreed, 23% (N=7) somewhat agreed and 63% (N=19) strongly agreed. The respondents thought terms applied to them affect their self-esteem was strongly agreed by 30% (N=9) of the participants, 47% (N=14) somewhat agreed, 17% (N=5) somewhat disagreed and 6.7% (N=2) strongly disagreed. Also 56.7% (N=17) of the participants strongly agreed that they felt the way their peers treated them affected their self-esteem 30% (N=9) somewhat agreed, 10% (N=3) somewhat disagreed while 3.3% (N=1) strongly disagreed. When asked if the participants parents treated them better their grades in school would improve, 3.3% (N=1) somewhat disagreed, 13% (N=4) somewhat agreed and 83.3% (N=25) strongly agreed.

When the participants were asked if they were kind to their peers 6.7% (N=2) strongly disagreed, 6.7% (N=2) somewhat disagreed, 50% (N=15) agreed and 36.7% (N=11) strongly agreed. The same table also showed if participants always blamed their selves for any failures that they encountered 30% (N=9) strongly agreed, 36.7% (N=11) somewhat agreed, 20% (N=6) somewhat disagreed and 13.3% (N=4) strongly disagreed. When respondents asked if they always blame others for what happens to them 23.3% (N=7) strongly agreed, 26.7% (N=8) somewhat agreed, 43.3% (N=13) somewhat disagreed while 6.7% (N=2) strongly disagreed. On whether participants get strength within themselves was strongly disagreed by 13.3% (N=4), 23.3% (N=7) somewhat disagreed, 40% (N=12) somewhat agreed and 23.3% (N=7) strongly agreed. The study also showed that participants attributed success

their personal effort and this was strongly disagreed by 10% (N=3) of the respondents, 26.7% (N=8) somewhat disagreed, 36.7% (N=11) somewhat agreed and 26.7% (N=8) strongly agreed. When participants asked if they felt that their excelling in life is pure luck 23.3% (N=7) strongly agreed, 30% (N=9) somewhat agreed, 23.3% (N=7) somewhat disagreed and 23.3% (N=7) strongly disagreed. 23.3% (N=7) strongly disagreed that the participants felt that even without reinforcement by the powerful their can still make a good leader, 13.3% (N=4) somewhat disagreed, 20% (N=6) somewhat agreed while 43% (N=13) strongly agreed and finally 23.3% (N=7) of the participants strongly agreed that that passing examination is cheer luck, 10% (N=3) somewhat agreed, 16.5% (N=5) somewhat disagreed and 50% (N=15) strongly disagreed.

5.8. Participant's Current Feelings

The table below describes the level of self-esteem on the physically disabled based on Rosenberg Scale.

Self-esteem	Frequency	Percent
Low Self-esteem (20-35)	13	43.3%
Moderate Self-esteem (36-60)	10	33.3%
High Self-esteem (61-80)	7	23.5%

Table 7: participants' current feelings on self-esteem

Source: Author (2014)

Based on the Rosenberg Scale majority of the participants had low self-esteem 43.3% (N=13), the ones who had moderate self-esteem 33.3% (N=10) and the ones with high self-esteem 23.5% (N=7). This shows that a large number of the physically disabled people suffers from low self-esteem as opposed to minority. As reported by Martin in a recent congress, some sentences typical of people with physical disability are the following: "My disability makes my body look bad", "Well, my disability certainly makes me feel less attractive. I mean, if you're in a wheelchair, you won't have a great body with toned muscles" (Martin, 2010).

5.9. Correlations between Terms Used to Describe the Physically Challenged and the Effect on Self-Esteem

A correlation was carried out to check on correlations between terms used to describe the physically challenged and the effect on self-esteem. Table 8 describes the outcome.

	Total Esteem
Pearson Correlation	0.671*
Sig. (2-tailed)	.000
N	30

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

Table 8: Correlations between terms used to describe the physically challenged and the effect on self-esteem

Source: Author (2014)

The null hypothesis describes that there is no relationship between terms used to describe the physically challenged and the effect on self-esteem.

The correlation value of 0.671 was obtained with a 2 tail significant value of 0.000. A significance of less than 0.05 tells us to reject the null hypothesis and adopt the alternative hypothesis that says that there is relationship between terms used to describe the physically challenged and the effect on self-esteem. A value of 0.671 is an indication that the relationship is positive and strong. This means that the increase of positive terms to the physically challenged people leads to increase in the self-esteem of the affected.

5.10. Correlations between Self-Perception and the Effect on Self-Esteem

A correlation was carried out to check on correlations between self-perception and the effect on self-esteem. Table 9 describes the outcome.

	Total Esteem
Pearson Correlation	0.591*
Sig. (2-tailed)	.000
N	30

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

Table 9: Correlations between self-perception and the effect on self-esteem

Source: Author (2014)

The null hypothesis describes that there is no relationship between self-perception and the effect on self-esteem.

The correlation value of 0.591 was obtained with a 2 tail significant value of 0.000. A significance of less than 0.05 tells us to reject the null hypothesis and adopt the alternative hypothesis that says that there is a relationship between self-perception and the effect on

self-esteem. A value of 0.591 is an indication that the relationship is positive and relatively strong. This means that the increase of self-perception among the physically challenged people leads to increase in their self-esteem.

5.11. Correlation between Coping Skills and Self-Esteem

	Total Esteem
Pearson Correlation	.301*
Sig. (2-tailed)	.000
N	30

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

Table 10: Correlation between coping skills and self-esteem

Source: Author (2014)

The null hypothesis describes that there is no relationship between coping skills and self-esteem.

The correlation value of 0.301 was obtained with a 2 tail significant value of 0.000. A significance of less than 0.05 tells us to reject the null hypothesis and adopt the alternative hypothesis that says that there is relationship between coping skills and self-esteem. The correlation value of 0.301 means that this is a positive and slightly strong correlation value meaning that the more the skills availed to the physically challenged people lead to increase in the self-esteem of the affected.

6. Summary of Findings, Discussion, Conclusion and Recommendations

6.1. Summary of Findings

The research study found out that there were more female respondents (67%) than male. Women are always more concerned and bearing the more responsibilities hence the disparity in respondent numbers. The age bracket for majority of caregivers lies between 41-50 years (47%). All the respondents were Christians. Majority of the children (53%) had physical disability which occurred mainly at birth (23 %).

Concerning the terms used to describe the physically challenged, the society commonly used negative and demeaning terms such as cripple (47 %), dwarf (87 %) and abnormal (63%). A few referred to them with their right names (43%) and not by their disability.

The level of self-esteem was low as most of them felt helpless (43 %), oversensitive to criticism (40 %) and dependent (53%). A few had high self-esteem as were chosen as leaders (43%), (14 %) and independent (10%). Most children had low self-perception as 73% felt rejected by the society and 50% thought that they looked ugly.

It was identified that majority of the adolescents with physical disability lacked enough coping skills, 53 % had not received Jaipur foot from any rotary club, 83 % said that there is no tool for showing to the drivers that they are totally deaf and therefore cannot hear the hooting to avoid accidents unlike the blind who have a white cane. It was also noted that there is no medicine written in Braille and so the blind have to seek for help from the sighted and by so doing their sicknesses are known which lead to low self-esteem. 90 % indicated that they have never come across an interpreter for sign language in hospitals so they may have received the wrong medication which erodes their self-esteem. However 70 % had received counseling services to cope with the disability and 53 % had received wheelchairs from charitable organizations.

6.2. Discussion on the Findings

Based on the study findings, the following discussion makes a link with other studies findings in the same subject. This study found out that there was a correlation of 0.671 between terms used to describe the physically challenged and the effect on self-esteem. This means that when abusive or improper terms are used to refer to the physically challenged, their self-esteem goes down and vice versa. Cusforth (1951) concluded that society's negative reaction to the disabled was entirely responsible for their emotional problems. Young persons with disabilities seem to be very aware of the identity dynamics that reinforce their exclusions. Their difference is used to stereotype them as tragic figures (Murray, 2002).

This study found out that there was a correlation of 0.591 between self-perception and self-esteem. The study showed those people who has positive attitude of themselves tends to have high self-esteem and are presumed to be psychologically happy and healthy (Murray, 2002).

The study found out that there was a correlation of 0.591 between coping skills and self-esteem. Individuals cope with disabilities by taking care of themselves and their health, maintain friendship and accept social support from others. They also realize that there is meaning to life and that all is not lost by the disability (Desotelle, 2004)

6.3. Conclusion

The aim of this study was to investigate the influence of physical disability on self-esteem among the adolescents. The study found out the following;

- i. The terms used to describe the physically challenged have effects on their self-esteem.
- ii. The self-perception of the physically challenged has effects on their self-esteem.
- iii. Availability of coping skills boosts the self-esteem among the physically challenged.

6.4. Recommendations

Based on the findings of this study the following recommendations are suggested;

- i. The society should use positive internationally accepted terms to describe the physically challenged in order for them to have high self-esteem.
- ii. The physically challenged should be encouraged to have high self-perception in order to boost their self-esteem. This can be accomplished through society accepting them, education and being sensitized on self-awareness in order to accept themselves the way they are.
- iii. Coping skills should be availed to the physically challenged for example information on support groups, identification tools for totally hearing impaired to avoid accidents and medicine written in Braille for the blind to read for themselves.

6.5. Suggestions for Further Research

The study recommends that further study be undertaken in other counties in Kenya to establish whether the situation in Kiambu County is representative of the situation countrywide.

The study recommends that further study be undertaken among other age groups other than the adolescents to establish whether the situation in this age bracket is representative of the situation in other age brackets.

The study recommends that further study be undertaken on a tool that can be used to show that one is totally deaf.

7. References

- i. Albert Elis (2009) Growth through reason; Wilkshire Book Company; United Kingdom
- ii. Anderson D (2009) Adolescent girls' involvement in disability sport: Implications for identity development .Journal of Sport and Social Issues, 33,427-449.
- iii. Arbour K P (2007) Moving beyond the stigma: The impression formation benefits of exercise for individuals with a physical disability .Adapted Physical Activity Quarterly, 24,144-159.
- iv. Barrett, N. (2006). Accuracy of drawing in a dual-task and resistance-to-distraction study: Motor or attention deficit?
- v. Cambra.C (2003) Students with special Educational needs in the inclusive classroom: Social integration and Self-concept. European Journal of Special Needs of Education, pg18,197-208.
- vi. Cohen, S (2000). Therapy Science and behaviour books.
- vii. Coleman, R. (2000). Determinants of self-worth
- viii. Cusforth, Z (1951). Academic Value of Research Participation by undergraduates. American Psychologists, p 41,317.
- ix. Desotelle J. (2002). Self-esteem is crucial for children with disabilities. Denver Love publication company Laviorie.
- x. Dugan M (2003) Living with a hearing loss. Washington: Gallaudet University Press.
- xi. Edith Cowan (1997).Coordination and gender influences on the /perceived competence of children. University of Wyoming Australia.
- xii. Ermich (2001); Article about psychological concept; Center for economic performance; London School of economics and political science Pg. 19
- xiii. Ginter (2007) Loneliness and self-esteem at different levels of self- Digital. Honors Project; Illinois Wesleyan University; Digital commons @ Iwu
- xiv. Hans (2003) Women, disability and identity; Sage publications; New Delhi
- xv. Harter,Susan (1990) Processes underlying adolescent Self-Concept Formation. Newbury CA:Sage Publications Press.
- xvi. Harter. S (1987) .The determinants and meditational role of global self-worth in children. Contemporary Topics in Developmental Psychology, John Wiley& sons, New York,pp 219-242
- xvii. Harter.S (1993) Self-Esteem: The Puzzle of Low Self-Regard. Plenum Press,New York 1993.
- xviii. Howeton D.L (1992); Self-esteem and achievements of risk adolescent blavk males ; Knoxville TN Pg. 11-13.
- xix. Jennings (2001) Reading bug and how to help your child catch it
- xx. Kelly, L. E. & Melograno, V. J. (2004); developing the physical Education Curriculum. An Achievement-Based approach. Champaign, IL: Human Kinetics
- xxi. Kinyua P. (2000); A comparative analysis of peoples self-esteem in selected government and NGO's rehabilitation schools in Nairobi and central (Unpublished thesis; Kenyatta University).
- xxii. Kombo and Tromp (2006) Proposal and Thesis Writing: An Introduction. Pauline's Publication Africa.
- xxiii. Magangi B. Agnes (2007); Influence of father absence in on self –esteem and academic performance of social students in Keiyo District, Moi University Eldoret Kenya (unpublished Thesis)
- xxiv. McCarthy, P. V. Lawlenz F. (2002): An investigation of self-esteem and school achievement of Taiwance Secondary School students: Eric Document, TM 033 760 Taiwan.
- xxv. Megosa, J. (2000); To adolescents and parents; Editorial Safeliz publishers; Madrid.
- xxvi. Michinsky, P.M (1989); Psychology applied to work; Pacific Grave Publishers ; Brooks/cole.
- xxvii. Miyahara (2004).Psychosocial functions of children and adolescents with movement disorders.
- xxviii. Mugenda and Mugenda (2003). Research methods. Mugenda O.M & Mugenda A.G; Nairobi
- xxix. Murray (2002) Building self-esteem through circle time.Oxford Univ.Lucky Duck Publishers

- xxx. Murugami.m.w (2002) Effects of locus of control on self- concept among secondary school learners in special schools in Central province k
- xxxi. Mutie K.E & Ndabuki P. (1999). Guidance and counseling for schools colleges; Nairobi oxford Univerity Press.
- xxxii. Mwaura J. Kimani (2007); Influence of parental marital status on self-esteem disipline and inter-personal relationships among secondary schools students within Nakuru municipal (unpublished Thesis, Egerton University)
- xxxiii. Nachmias & Nachmias (2006) ; Research methods in the social sciences .New York State University of New York. Worth Publishers.
- xxxiv. Neritu K. (2000); Relationship between form four students achievements, motivation, self-efficacy and math's performance in Nyandarua District Kenya; (unpublished masters Thesis Kenyatta Univeristy.
- xxxv. Nyamu N. Cynthia (2007); The relationship between self-esteem and academic achievements of secondary school students; A case study of Nairobi province; United States international university (USIU).
- xxxvi. Oliwa B N(1998) A study on relationship between achievement motivation, locus of control and academic performbance of class eight pupils in Bondo District.
- xxxvii. Piek. J. (2004) Sensory-motor deficits in children with developmental coordination disorder, attention deficit hyperactivity disorder and autistic disorder. Curtin University of technology Australia.
- xxxviii. Rosenberg, M. (1965) Society and the Adolescent Self-Image. Princeton, N.J. Princeton University.
- xxxix. Rotter (2004) Internal versus External Control, reinforcement and decision time. Journal of personality and social psychology. American Psychological association; University of Connecticut Page 598-604.
- xl. Schoemaker, M. (1994). Social and affective problems of children who are clumsy: Human Kinetics; Illinois.
- xli. Scrapa, Stefano (2011): The body in the mind role of sport practice on physical self description in adolescents and young people with and without motor disability. Xv ECSS Congress, Antlya, Turkey
- xl.ii. Shavelson. R. J (1976) Validation of construct interpretations. Review of educational research summer, Michigan.
- xl.iii. Skinner R.A (2001). Psychosocial implication of poor motor coordination in children and adolescents. Science direct publishers; W.A Australia.
- xl.iv. Specht, J. A. (1998). A preliminary study of strategies for maintaining s elf-esteem in adolescents with physical disabilities.
- xl.v. Stefano Scarpa (2011) European Journal of Adapted Physical Activities
- xl.vi. Sugiyama. T. (1997); Motor incoordination in children with Asperger's syndrome and learning disabilities. Kiuwer academic publishers Shizuka, University Japan.
- xl.vii. World health organization (1980).International classification of impairments, disabilities and handicaps. World health organization, European Federation of adopted physical activities (EUFAPA) Geneva.