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Psychological Problems And Potential Solutions Of Children With Physical Disabilities: Analysis Of Teachers' Perspective

Arshia Naseer[1], Dr. Muhammad Javed Aftab[2], Muhammad Yameen[3], Hafiz Muhammad Moazzam Ali[4], Aneeza Buzdar[5], Robina Naqvi[6]

[1]*Govt. Secondary School of Special Education, Kot Addu, Department of Special Education Government of Punjab, Lahore, Punjab, Pakistan, Email: arshianaseer17@gmail.com*
[2]*Assistant Professor, Department of Special Education, Division of Education (DoE) University of Education, Lahore, Punjab, Pakistan. Email: drmjavedaftab@ue.edu.pk, drmjavedaftab@gmail.com*
[3]*Department of Physical Education, Quaid-e-Azam Academy for Educational Department, Kot Addu Punjab, Pakistan, Email: myameen7071@gmail.com*
[4]*SSET (HI) BPS-17, Govt. Secondary School of Special Education, Khanewal, Department of Special Education, Government of Punjab, Lahore, Punjab, Pakistan, Email: mohammadmoazzamali1@gmail.com*
[5]*Govt. Secondary School of Special Education, Kot Addu, Department of Special Education Government of Punjab, Lahore, Punjab, Pakistan Email: aneezabuzdar8@gmail.com*
[6]*Headmistress Govt Special Education Center Bosan Town Multan, Department of Special Education Government of Punjab, Lahore, Punjab, Pakistan, Email: robinanaqvi@gmail.com*

Abstract

This study was conducted to Psychological Problem Potential Solution of Children with Physical Disabilities: Analysis of Teachers Perspective. This research was descriptive in its nature. In this study the total sample consist 260 Senior and Junior Teachers of special education, Educator, Psychologist, Speech Therapist, Private teachers, working with physically handicapped children. It was concluded that the solutions proved helpful to minimize the level of psychological problems the children who have physical disabilities. The results reflect that according to the teachers of children with physical disabilities, the usage of solution played a positive role for the children who have physical disabilities. Services of the professionals such as, Senior and Junior Teachers of special education, Psychologist should provide in the all institutions of physically disabled children

Keywords: Psychological problems, Solutions of psychological problem, Physical disabilities, Analysis of teacher's perspective

Introduction

Aggressive or anti-social behavior and attitude, inattentiveness, impaired, social interactions, distractibility and impulsivity are some characteristics associated with emotional disturbance. Some students who struggle with behavioral issues and emotional disturbances have poor self-perceptions and low self-esteem. In the classroom, pupils who regularly wander off task may negatively affect others' learning. Students could struggle to build relationships and work in groups. They may have acted aggressively or refused to cooperate with others (Ayers & Prytys, 2013).

Despite the fact that it seems like some people with disabilities survived in those earlier times, due to a lack of medical knowledge and technology, those who had congenital disabilities either died of complications like infections shortly after birth or were killed for the Greeks' belief in the relationship between the body and the soul also gave rise to worries based on religion, as many people thought that

a disability was God's retribution for their sins. This notion held true particularly for those who had mental illnesses and were thought to be under the influence of demons. Hippocrates, a Greek physician, disagreed with this concept and thought that environmental factors and brain damage were the real causes of mental illness. As a result, Hippocrates built the first sanitarium for wealthy families who had a relative suffering from mental disease. Other people with mental illnesses did not fare as well and were frequently killed, starved, chained, whipped, or placed in cages. Infants with impairments were commonly slaughtered or abandoned for both the Greeks and the Romans. However, Greeks who developed disabilities later in life were allowed to live and frequently turned into beggars, whilst certain mentally retarded people were owned by affluent Romans for entertainment as court jesters (Marini, 2011).

Disruptive mood dysregulation disorder (DMDD) is a childhood disorder characterized by a persistently irritated or angry mood. The signs include frequent, significant outbursts of anger or aggressiveness (more than three per week), together with a consistently depressed mood between outbursts that lasts for more than 12 months in various contexts, starting after the kid turns six but before they are ten (Roy et al., 2014).

Panic disorder, global panic disorder (GAD), separation anxiety, social phobia, and depression are instances of emotional issues that develop later in life. As many children lack the necessary vocabulary and ability to communicate their emotions, it is frequently difficult for parents or other caregivers to discover them early. Poor quality of life is commonly brought on by chronic medical conditions including atopic dermatitis, obesity, diabetes, and asthma as well as emotional difficulties like disordered eating habits and low self-esteem. Many clinicians find it difficult to distinguish between the acute and protracted emotional distresses that should be classified as illnesses (Kelly et al., 2021).

While previous researches provide valuable details Psychological Problem of Children with Physical Disabilities they always discuss parent’s perspective, but they do not adequately discuss concerns relevant to Anxiety, Depression, Stress Psychological factors ;Cognitive appraisal, Expressive suppression, Emotional regulation or satisfaction or Social factors; Significance other subscale, Family subscale, Friends subscale, or total subscale according to teacher’s perspective, Since teachers implemented some solutions are here they can apply throughout the school, classroom or society which impact on a children’s mind economically, socially, geographical, biologically in spite of other normal children.

Consequently, in the light of the above, this research explores the appropriate psychological Problem Potential Solution of Children with Physical Disabilities: Analysis of Teachers Perspective. The purpose of this study is to describe psychological problems, explain, control and solve problem towards mental and behavior spectacle. The spectacles can be specified on spectacles such as perception, children development, attitude, motivation etc.

Literature Review

Psychological Problems

An overall definition of a psychological disorder is a condition marked by distressing and/or unusual thoughts, feelings, and behaviors. The study of psychological problems, including their signs, causation (i.e., causes), and remedies, is known as psychopathology (Trosper et al., 2009).

Types of Psychological Disorders

Neurodevelopment Disorders

Typically diagnosed in infancy, childhood, or adolescence are neurodevelopment disorders (Doernberg & Hollander, 2016).

Intellectual Development Disorder

When a developmental issue occurs before the age of 18, it is sometimes referred to as an intellectual disability and is marked by restrictions in both intellectual performance and adaptive behavior. Tests of intelligence (IQ) are frequently used to detect limitations in intellectual functioning; a score of less than 70 is frequently indicative of a restriction. Adaptive behaviors include every day, practical abilities including self-care, social interaction, and living skills (Nouwens et al., 2017).

Global Developmental Delay

For children under the age of five who have developmental problems, this diagnosis is used. The cognitive, social, speech, language, and motor skills are all affected by these delays. It is typically thought of as a transient diagnostic that pertains to children who are too young to take standardized IQ tests. When children are old enough to undergo a standardized intelligence test, they may be identified as having an intellectual development deficit (Houwen et al., 2016).

Anxiety Disorders

Excessive and ongoing concern, anxiety, and related behavioral problems are the hallmarks of anxiety disorders. Whether the threat is genuine or imagined, fear is an emotional reaction to it. Anxiety is the fear of potential threats in the future (Craske et al., 2011).

Type of Anxiety Disorders:

Generalized Anxiety Disorder (GAD)

Excessive concern over regular events is a symptom of this illness. While stress and anxiety are normal, GAD is characterized by excessive worry that impairs a person's functionality and well-being (Smith et al., 2016).

Social Anxiety Disorder

A common psychological condition known as social anxiety disorder involves an unjustified dread of being observed or judged. It can be extremely difficult for a person to function at work, school, and other social contexts due to the anxiety this disorder causes (Schneier & Goldmark, 2015).

Phobias

An excessive and unreasonable fear response is known as a phobia. If you have a phobia, you could feel extreme dread or panic when you come in contact with the thing that makes you afraid. An object, circumstance, or location could be the source of the fear. In contrast to generic anxiety disorders, a phobia is typically associated with a particular trigger (Forsyth & Eifert, 2016).

Specific Phobias

Someone may get PTSD if they have been exposed to major harm, sexual assault, or actual or threatened death. Episodes of remembering or reliving the event, avoiding objects that remind the person of the event, feeling on edge, and having negative thoughts are all signs of PTSD (Foa et al., 2007).

Separation Anxiety Disorder

This anxiety disorder involves excessive fear of separation from attachment figures. Older children and adults can feel separation anxiety, not only small children. The person may avoid moving away, going to school, or getting married to be close to the attachment figure (Rodgers et al., 2016).

Psychiatric Disorder

This psychiatric disease causes random panic attacks. People with panic disorder often worry about having another attack. People may avoid past or prospective attack sites. This can disrupt many aspects of daily living and make routines difficult (Andrews et al., 2018).

Obsessive -Compulsive Disorder (OCD)

Obsessive-compulsive personality disorder is a pervasive pattern of preoccupation with orderliness, perfectionism, inflexibility, and mental and interpersonal control. This is a different condition than obsessive compulsive disorder (OCD) (Cain & Mounsey, 2020).

Depressive Disorder

Common symptoms shared by these illnesses include difficulties feeling motivated, lack of interest in previously loved hobbies, sleep issues, and impaired focus. The diagnostic criteria differ for each specific ailment. One must have five or more of the following symptoms for two weeks in order to be diagnosed with major depressive disorder (Steffen et al., 2020).

Symptoms of Depression

Symptoms occur most of the day, practically every day and may include: Feelings of sadness, tearfulness, emptiness or hopelessness, angry outbursts, irritability or frustration, even over small matters, Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports, Sleep disturbances, including insomnia or sleeping too much, Tiredness and lack of energy, so even small tasks take extra effort, Reduced appetite and weight loss or increased cravings for food and weight gain, Anxiety, agitation or restlessness, Slowed thinking, speaking or body movements, Feelings of worthlessness or guilt, fixating on past failures or self-blame, Trouble thinking, concentrating, making decisions and remembering things, Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide, Unexplained physical problems, such as back pain or headaches for many persons with depression, symptoms normally often strong enough to cause visible issues in day-to-day activities, such as job, school, social activities or relationships with others. Some people may feel generally dissatisfied or depressed without truly knowing why (Wisner et al., 2002).

Risk Factors of Depression

A risk factor makes the chances of having a health concern higher. You can have depression with or without any of those listed below However, the greater your exposure to danger, the greater your risk of developing clinical depression. Consult your physician for advice on how to reduce your risk (Holt-Lunstad et al., 2015).

Neuro Cognitive Disorders

Neuro cognitive diseases involve cognitive impairments. These illnesses don't involve birth or early-life cognitive impairments (Sachdev et al., 2014).

Types of Cognitive Disorders:

Delirium

Acute confessional condition describes delirium. This short-term condition causes attention and awareness problems (Sinanovi, 2020).

Other Neuro Cognitive Disorders

Neuro cognitive diseases cause cognitive deterioration in memory, attention, language, learning, and perception. Alzheimer's, HIV, Parkinson's, substance abuse, vascular illness, and others can cause cognitive difficulties (Sachs-Ericsson, 2015).

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia impacts thinking, feeling, and behavior. Less than 1% of Americans have this complex, long-term illness. The DSM-5 requires at least one month of two or more schizophrenia symptoms (Katz et al., 2015).

Child Abuse and Neglect

Physical Abuse

An injury does not constitute physical abuse, but rather an incident in which a kid is harmed. Visible symptoms or wounds from physical abuse are rare. Beating, shaking, chilling, choking, tossing, burning, and biting are all examples of physical abuse (Ruiz-Casares et al., 2012).

Sexual Abuse

When an adult, adolescent, or a youngster manipulates another child into engaging in sexual behavior, that is child sexual abuse. There are many myths and truths associated with child sexual abuse, as well as strategies for

preventing it and resources for those who need help (Ward & Beech, 2006).

Emotional Abuse

If a child's social, emotional, or intellectual growth is harmed in any way, that is considered emotional abuse. There are several ways to inflict emotional abuse, such as asking for a no-response, insulting or tormenting a critic and yelling for solitude (Luke & Banerjee, 2013).

Physical Neglect

Abandonment, expulsion, insufficient monitoring, failure to satisfy food and clothing needs, and conspicuous inability to safeguard a kid from hazards or dangers are examples of omissions that involve unwillingness to provide health care (Rodriguez et al., 2004).

Educational Neglect

Omissions and commissions include allowing chronic absences, failing to enroll a kid in school, and failing to pay attention to special educational requirements (Fullerton et al., 2011).

Emotional Neglect

Parents that fail to meet their child's emotional needs as a child are guilty of childhood emotional neglect. Emotional neglect does not always imply emotional abuse in childhood. Abuse is generally deliberate; it's a deliberate decision to injure someone. Emotional neglect can be purposeful, but it can simply be a failure to detect or respond to a child's emotional needs, which is a form of emotional neglect. Even if parents neglect their children emotionally, they can still provide for their physical needs. It's as though they ignore or mishandle this crucial pillar of assistance (Proctor and Dubowitz, 2014).

Situational and Environmental Factors

Stress

A lack of work and a lack of resources Child maltreatment are linked to several stressors, including being a single parent, being a teenage mother, and having sexual troubles (Bullinger et al., 2021).

Social Isolation and Social Support

Having no social interaction can lead to feelings of isolation and loneliness. Isolation from others is caused by a variety of circumstances. Leaving the house and interacting with other members of society can be difficult for many people for a variety of reasons, including long-term illness, disability, transportation challenges, unemployment and economic hardship, or even domestic violence. It's possible that some people have the physical capacity to go out and meet people, but they're prevented from doing so by things like depression, social difficulties, having to care for a loved one or having recently lost a loved one. A lack of social connections can lead to feelings of loneliness and isolation if these conditions are present a major protective element appears to be the presence of social support. Social support comes from the availability of friends and family members for assistance, aid, and support. The more a person's family is involved in the community, the less likely they are to engage in violence (Oakley, 2018).

The Intergenerational Transmission of Violence

In the literature on child abuse and family violence, the idea that abused children grow up to be abusive parents and violent adults have been frequently discussed (Holt et al., 2008).

Monthly Family Income

Poor housing, insufficient resources, inadequate schooling, and a high level of crime and violence define many low-income neighborhoods, all of which are linked to poor mental health outcomes. Despite the fact that poverty is linked to poor mental health throughout one's life, the timing and severity of poverty impact the outcome. There is evidence to suggest that children who are exposed to poverty for a longer period of time have worse results, which suggests that efforts to prevent and intervene should concentrate on the early

years of development (Hodgkinson et al., 2017).

Family Conflicts

The majority of people understand that yelling, throwing things, and acting aggressively against each other are all examples of conflict behaviors that can negatively impact a child's development. In contrast, the underlying issue is more complex. When it comes to intimate issues that are unavoidable in any relationship, it's important for parents to know how to deal with the small, everyday arguments that arise (Plevin, 2016).

Physical Disability

According to the United Nations Convention on the Rights of the Child (1989) ‘‘a mentally or physically disabled child "shall have a complete and dignified existence, in conditions which protect dignity, promote self-reliance, and permit the child's active involvement in the community,”.

Categories of Physical Disability

Physical disabilities are categorized into groups. The main physical disability groups are:

Physical

Muscular Dystrophy, Epilepsy, Cerebral Palsy

Any ailment that limits the ability to control and move the body appropriately is said to have physical special requirements. While there are many distinct kinds of physical impairments, cerebral palsy and muscular dystrophy are frequent. While a child with cerebral palsy will have brain impairment, a child with muscular dystrophy will have weakened muscle fibers. Physical limitations can have a variety of causes, such as heredity, life-threatening illness, spinal cord injuries, and brain damage (Liou & Laferrere, 2005).

Developmental

Autism, Down syndrome, Fragile X Syndrome

Because mental or physical impairments are the causes of developmental disorders, they are typically discovered at a young age. The Down syndrome and the fragile x syndrome are both common developmental disorders. People with Down syndrome are born with an extra copy of chromosome 21, which has an impact on how their bodies and brains develop. Another developmental disorder suspected to contribute to autism in boys is fragile X. (Coppus, 2013).

Behavioral or Emotional

ADD, Bipolarized, Oppositional Defiant Disorder

A behavioral and emotional disability may contain a wide range of traits. Several of them include the inability to forge or sustain relationships with others, the incapacity to learn, and depressive or anxious thoughts. Inattentiveness, hyperactivity, and impulsivity are signs of ADD, one frequent behavioral disability. Depression, impatience, and distractibility are all signs of bipolar illness, a common emotional handicap (Maxfield & Pyszczynski, 2014).

Sensory Impaired

Deaf or Limited Hearing, Blind or Visually Impaired

Disabilities with sensory impairments are those in which one or more of the senses (sight, hearing, smell, touch, taste, or spatial awareness) does not function at a level that is average. Limited hearing and vision impairments are frequent disabilities. Genetics can affect sensory impairment, which is a condition that can also be brought on by injury and infection. The prevalence of special needs disabilities among children (and adults) is high. The four main categories of disabilities are sensory impairment disorders, emotional or behavioral disorders, developmental disabilities, and physical disabilities. Even

though many disabilities fit under one of these four categories, many also fit under two or more (Martin, 2013).

Causes of Physical Disabilities

Before birth, prenatal impairments are acquired. These could be brought on by illnesses or chemicals that the mother was exposed to while she was pregnant, accidents involving embryonic or fetus development, or genetic problems (Heyer & Meredith, 2017).

Prenatal impairments in humans develop from a few weeks before and as late as four weeks after birth. These can result from a newborn being delivered prematurely, a baby's brain being damaged during birth (for example, due to the use of forceps that was not intended) or a baby's breathing tube becoming obstructed for an extended period of time. These may also result from inherited conditions or accidents (Glass et al., 2015).

Post-natal impairments develop after birth. They could be brought on by mishaps, injuries, obesity, infections, or other diseases. Genetic diseases may also be to blame for them (Gates & Mafuba, 2016).

Solutions of Psychological Problems for Physically Disabled Children According to Teachers and Professionals

- Physically disabled children develop typical domestic skills, behavior, and emotional adjustment (Kim & Cicchetti, 2010).
- Provide supervision of physically disabled children’s during work (Wonnacott, 2011).
- Accept the children with physical disabilities his/her defect (Mushtaq, S., & Akhouri, D. 2016).
- Don't panic when physically disabled youngsters grow concerned; find a solution and take calm breaths (Webster-Stratton et., 2004).
- Use group work or cooperative learning for children with physical disabilities (Dyson et., 2012).
- All workers with physically disabled children must understand their culture and requirements (Goodley et., 2011).
- Psychotherapy for disabled children's are used to treat sadness, anxiety, personality changes, suicidal tendencies and some others condition (Kerr et., 2011).
- Raise the morale of the physically disabled children positive attitude and support (Youssef, 2018).
- Encourage communication to prevent isolation in children with physical disabilities (Kim & Zhu, 2022).
- Provide positive reinforcement and encouragement to physically disabled children (Lieb & Goodlad, 2005).
- Physically handicapped children can socialize by participating in outdoor activities going to parks or other events (Kim & Lehto 2013).
- Physical activity increases self-confidence, makes new acquaintances, and improves physical disabilities (Bloemen et., 2015).
- For physically disabled children physical activity can boost brain size or memory, reduce dementia risk, and improve lungs function (Tarumi et., 2022).

According to Analyses of Teachers and Overcome the Psychological Problems of Children with Physical Disabilities

- A physically challenged student's rude behavior in class is addressed by the teacher (Bouhnik & Deshen, 2014).
- Comfortable, healthy, and cheerful conditions influence physically disabled children' well-being, suggest by teachers (Uyan-Semerci & Erdoğan, 2017).
- Teachers claim physically impaired students with behavior issues, excellent teacher efficacy, and small class sizes reduce anxiety (Hallahan et., 2020)
- The teacher helps children with physically disabled plan ahead for group discussions (Winnick & Porretta, 2016).
- Using children's literature, creating activities, coaching on the spot, modeling acceptable behavior, physically challenged

pupils' emotional and social development (Fraser-Thomas & Deakin, 2005).
- Autism spectrum disorder students can be distracted by bright lights, smells, and sounds. Teachers avoided sensory overload (Ghazali et., 2019).
- Physically challenged students with schizophrenia are helped by mindfulness, deep breathing, and gradual muscle relaxation (Gopichandran et., 2022).
- Teachers sometimes ascribe physically challenged pupils' behavior problems to outside reasons (Krahenbuhl, 2016).
- Peer tutoring, task modifications in physically disabled students appear to enhance both academic performance and intentional behavior (Soodak & McCarthy, 2013).
- Educational success requires treating attention deficit hyperactivity disorder students who has physical disabilities (Sedgwick, 2018).
- A teacher emphasized cognitive issues children's learning, thinking, and memory (Lopes & Salovey, 2004).
- Teacher of physical disabled being in school perfect time to challenge some of those pronounced ideas he might have about the world (Hargreaves & Fullan, 2015).
- Teacher can allow the physically disabled children to discuss troubling events at school or in the community (Pangrazi & Beighle, 2019).

Research Methodology

Research Design

The main objective of the study is to determine the psychological Problem. The research design for this study is survey research. The researcher uses a quantitative method and questionnaire to collect information about the Potential Solution of Children with Physical Disabilities: Analysis of Teachers Perspective.

Population & Sample

The population were the total number of elements those are used for the selection of sample (Faiz et al., 2021; Jabeen et al., 2022; Kanwal et al., 2022; Lakhan et al., 2020; Mah Jabeen et al., 2021; Munir et al., 2021). The study's population were comprise all of Punjab 260 government special educational institutions (schools, centers), as well as 800 teachers who educate children with disabilities in Punjab's special education institutions (primary and middle). The participants in the study were special education teachers from around Punjab.

The sample is the sub-set of the population used for collecting of data (Saeed et al., 2021; Siddique, 2020; Siddique et al., 2022; Siddique et al., 2021; Siddique et al., 2023; Siddique et al., 2021). The sample of study was calculated through online sample calculator and was taken from the special education teachers teaching the students with physically handicapped in the schools of Punjab special education department. Sample of study was selected using simple random sampling. Sample of the present study comprised of 260 special education teachers who have experience of teaching physically disabled children in special education schools.

Instrumentation

A self-made questionnaire was developed by the researchers keeping in view the factors effecting psychological problems and the questionnaire was substantially divided into three parts and having a preliminary section about the demographics of the respondent. The

questionnaire was validated by an expert working in the special education department.

Data Collection & Analysis

The collection of data will be collected personally, by generating online link of google form and with the help of fellow teachers by the researcher. Many statistical tools such as mean, median, mode, frequency distribution, etc. were applied. However, the results were interpreted in the tables given below.

Sample Description Based on Demographics

Title	Description	Frequency	Percentage (%)
Gender	Female	70	26.9
	Male	190	73
Age of Respondents	21-30 Y	181	69.5
	31-40 Y	50	19.2
	41-50 Y	20	7.7
	51-60 Y	9	3.5
Designation	JSET	7	2.7
	SSET	64	24.6
	Speech Therapist	12	4.6
	Private	32	12.3
	Educator	112	43.1
	Psychologist	33	12.7
Profession Qualification	Bachelor	54	20.8
	Master	150	57.7
	M.Phil.	35	13.5
	Ph.D..	21	8.1
Place of Posting	School	167	64.2
	Center	93	35.8
Area of Posting	Rural	86	33.1
	Urban	174	66.9
Division of School	Lahore	12	4.6
	Multan	55	21.2
	Rawalpindi	11	4.2
	Sargodha	10	3.8
	Bahawalpur	13	5.0
	DG Khan	143	55.0
	Faisalabad	9	3.5
	Gujranwala	4	1.5
	Sahiwal	3	1.2
Experience	0-5 Y	85	32.7
	6-10 Y	125	48.1
	11-15 Y	41	15.8
	>15 Y	9	3.5
Total		260	100

Table Frequency Distribution for the solutions of Psychological Problems in children with physical disabilities

Sr#	Statements of Questions	SA f(%)	A f(%)	N f(%)	DA f(%)	SDA f(%)	M	SD
1	Physically disabled children develop typical domestic skills, behavior, and emotional adjustment.	134(51.5)	94(36.2)	20(7.7)	3(1.2)	9(3.5)	4.31	.925
2	Provide supervision of physically disabled children's during work.	148(56.9)	90(34.6)	10(3.8)	4(1.5)	8(3.1)	4.41	.885
3	Accept the children with physical disabilities his/her defect.	153(58.8)	85(32.7)	13(5.0)	2(8)	7(2.7)	4.44	.848
4	Don't panic when physically disabled youngsters grow concerned; find a solution and take calm breaths.	147(56.5)	89(34.5)	17(6.5)	1(4)	6(2.3)	4.42	.823
5	Use group work or cooperative learning for children with physical disabilities.	157(60.4)	85(32.7)	11(4.2)	2(8)	5(1.9)	4.49	.783
6	All workers with physically disabled children must understand their culture and requirements.	153(58.8)	80(30.8)	19(7.3)	3(1.2)	5(1.9)	4.43	.833
7	Psychotherapy for disabled children's are used to treat sadness, anxiety, personality changes, suicidal tendencies and some others condition.	147(56.5)	87(33.5)	15(5.8)	6(2.3)	5(1.9)	4.40	.853
8	Raise the morale of the Physically disabled children positive attitude and support.	149(57.3)	92(35.4)	12(4.6)	3(1.2)	4(1.5)	4.46	.772
9	Encourage communication to prevent isolation in	158(60.8)	83(31.9)	11(4.2)	3(1.2)	5(1.9)	4.48	.798

	children with physical disabilities.							
10	Provide positive reinforcement and encouragement to physically disabled children.	149(57.3)	86(33.1)	14(5.4)	3(1.2)	8(3.1)	4.40	.889
11	Physically handicapped children can socialize by participating in outdoor activities going to parks or other events.	147(56.5)	88(33.8)	15(5.8)	5(1.9)	5(1.9)	4.41	.840
12	Physical activity increases self-confidence, makes new acquaintances, and improves physical disabilities.	52(20.0)	89(34.2)	24(9.2)	14(5.4)	81(31.2)	3.07	1.564
13	For physically disabled children physical activity can boost brain size or memory, reduce dementia risk, and improve lungs function.	135(51.9)	97(37.3)	18(6.9)	1(.4)	9(3.5)	4.34	.897
14	Physically disabled children develop typical domestic skills, behavior, and emotional	134(51.5)	94(36.2)	20(7.7)	3(1.2)	9(3.5)	4.31	925
15	Provide supervision of physically disabled children's during work.	148(56.9)	90(34.6)	10(3.8)	4(1.5)	8(3.1)	4.41	.885
16	Accept the children with physical disabilities his/her defect.	153(58.8)	85(32.7)	13(5.0)	2(8)	7(2.7)	4.44	.848
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Table Independent Sample t. test was used to compare the male and female response

Gender	N	Mean	df	Sig.	t
Female	70	165.48577	258	-1.505	.171
Male	190	170.8684			

*P < .05 Level of Significance

The table results (Independent Sample t-test) show that there is a significant difference found in the opinion of male and female respondents because the significance value is (-1.505) which is greater than (0.05) value and t (.171) value also does not support any difference on the base of gender.

Table The difference in the opinion among teachers about the impact of peer relationships on self-concept based on the type of school or center (Independent Sample t-test)

School or Centre	N	Mean	S.D.	df	t	Sig.
Centre	93	54.0430	12.17617	258	-3.072	.002
School	167	57.8922	57.8922			

*P > .05 Level of Significance

The table shows that the calculated significance value (.002) was more than the standard significance level (.05) so, its shows that statistically significant difference is not found among the center's participants and school teacher participants which does not support the claim.

Table The difference in the opinion among teachers about the impact of peer relationships on self-concept based on the type of their designations (one way ANOVA test)

Designation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	38.665	37	1.045	.777	.791
Within Groups	76.640	57	1.345		
Total	115.305	94			

The table shows that the calculated significance value (.791) was more than the standard significance level (.05) so, its shows that statistically significant difference is not found among the different designations of participants which does not support the claim.

Table The difference in the opinion among teachers about the impact of peer relationships on self-concept is based on different districts of participants (one-way ANOVA test).

Name of Division	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3464.542	8	433.068	5.028	.000
Within Groups	21620.396	251	86.137		
Total	25084.938	259			

The table shows that the calculated significance value (.000) was more than the standard significance level (.05) so, its shows that statistically significant difference is not found among the different division of participants taken for analysis which does not support the claim.

Findings & Conclusions

The main purpose of this study was to identify the psychological problems children with physical disabilities: Analysis of teacher's perspective. For this reason, a survey was conducted on a five Likert scale including the potential purposes behind the identification of psychological problems. In this study to see the impression of teachers, psychologists, were included to pay their significant opinion for identification of psychological problems children with physical disabilities. Psychological difficulties in physically disabled children arise when personal or environmental circumstances and life practices interact is a supported by 226 (86.9%) respondents. Physically disabled children had a pregnancy-related sickness or psychological issue that required medical care is agreed by 233 (89.7%) respondents.

Raise the morale of the physically disabled children positive attitude and support is agreed by 241(92.7%) respondents. Encourage communication to prevent isolation in children with physical disabilities is Agreed by 241(92.7%) respondents. Provide positive reinforcement and encouragement to physically disabled children greed by 235(90.4%) respondents. In the overall reaction of expert's perception shows that psychological problems children with physical disabilities have a strong impact on child social, moral and emotional stability. Only a few people response was in disagree which is not a significant value to be discussed.

Discussion

The basic purpose or motivation behind this study was to investigate psychological problems potent children with physical

disabilities: Analysis of teacher's perspective. How special need child interact with their peers, how they are influenced by their age mates and how they feel about their body image and all these factors put an impact on child social, moral, academics and their potential abilities are affected as perceived by their specialists such as teachers, psychologist, speech therapists, etc? The discussion of the study indicated that according to the perception of teachers the strong peer relation can lead a child toward a better understanding of himself/herself. Poor peer relations can cause lack of interest, poor self-concept, negative attitude toward society, stress, anxiety, and poor academics. Research supports the findings of Wardhani (2014), who found that peer groups had an impact on the self-esteem of students. However, the findings of this study contrast with those of Kristiani (1994), which showed that there is a negative link between self-esteem and close connections with learning performance.

Recommendations

- The future recommendations research, also include the importance of obtaining data for all disabled children attending private schools and academies to having a greater sample size for future research.
- Although comparing the different levels of disabilities regarding the impact of peer relationships on self-concept is a costly and labor-intensive process, it is highly recommended that in future a study.
- The peer relationships can also measure in the context of low performance and high-performance students can know the effects on academics.
- It is highlighted the importance of further investigation in a cultural context and socioeconomic influences on the child's self-concept.

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