

# Comparison of Quality of Life and Social Skills between Students with Visual Problems (Blind and Partially Blind) and Normal Students

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## Abstract

This study aimed to compare the quality of life and social skills between students who are visually impaired (blind and partially blind) and normal students. The population consisted of all students with visual problems (blind and partially blind) and normal students in secondary schools in Tehran in the academic year 2013-2014. Using a multi-stage random sampling method, 40 students were selected from each group. The SF-36s quality of life questionnaire and Foster and Inderbitzen social skills questionnaire were used as research tools. The data were analyzed using analysis of variance (ANOVA) and Pearson correlation coefficient. The results showed that normal people had a better quality of life than those who are blind. There were no significant difference between the partially blind people's quality of life and blind and normal people's quality of life. The normal people had better social behavior than partially blind and blind people. In terms of other factors, there was no significant difference between the positive social behavior of partially blind and blind people. However, normal people had weaker negative social behavior than partially blind and blind people. The negative social behavior of partially blind people was weaker than blind people.

**Keywords:** Quality of Life, Social Skills, Visual Problems, Blind, Partially Blind

## Introduction

The study of exceptional children is the study of differences and similarities; although every exceptional child is somehow different from normal children, he/she is in average level in many respects. In addition, whether a behavior is normal or abnormal depends on unwritten norms of societies and expectations of every social role. As part of the exceptional people community, blind students are not an exception and sometimes they are in trouble in the

acquisition and use of social skills. Since blind students have problems in the acquisition of social behavior through visual cues, pattern making, states of face, look connection, feedback, and the ability to determine the location of people, their social skills may be undeveloped (MacCuspie, 1996).

The studies have shown that many people, including the blind and partially blind students, have not essential abilities and skills to cope with life's problems. This makes them vulnerable to deal with the problems of everyday life. Blindness is a serious condition that can affect on the mental balance and overall personality organization of blind people. However, blindness itself does not destroy the personality organization of blind people; it is the blind person's attitude which influences his/her personality organization. Under the influence of negative attitudes to blindness, some blind people are prone to depression and other emotional problems. If the duration of depression increases, the blind person's character will be organized in a pattern of depression (Poorseyed & Habibelahi, 2011).

Also because of their visual problems, the blind people often face with falsely compassionate and kind behavior. Therefore, they may think that they have a place in the hearts of the people and the community. But in fact the compassion of people may be reactive. In this case, the excessive supports and artificial acceptance will undoubtedly hurt the mental integrity and individuality of blind person. Because on the one hand, he/she realizes that the caring of family and friends is artificial and on the other hand, he/she finds that he/she does not meet social competencies. All of these events together affect his/her feedback to himself, society, and etc. However, it is important that the blind people be able to recognize themselves and have a real image of their own social and personal characteristics.

In recent decades, the health and vision care assessment have increasingly focused on quality of life and social relations measures. Recent studies show that visual impairment affects people's quality of life and reduces their social skills (Sarabandi and Kamali, 2012). Today, the improvement of quality of life in people with disabilities, including disable, blind, and partially blind people, is a rehabilitation goal (Eftekhar & Nojoumi, 2002). Because as Bergger & Porell (2008) showed, the visual defects have a substantial impact on the ability of people in everyday practice and thus they are considered as an important cause of disability.

Undoubtedly, students with vision problems have more or less difficulty in life quality and social skills. These deficits are predictive of a variety of short-term and long-term emotional, personality, academic, and adjustment problems. Therefore, Mattson & OIndick (1988) reported that 90 to 98 percent of students who are in special classes (exceptional children) have social skills problems. This truth deteriorates further the situation because of emotional and educational problems. The social skills are a set of learned behaviors enable individuals to have effective relationships with others and refrain from social irrational reactions. The social skills training can be useful in all societies. Asher & Parker (1999) states that the blind children have learned social skills are more successful in the education than blind children who lack this skill.

The cooperation, collaboration with others, helping others, being the initiator of a connection, requesting help, and praising and appreciating others are examples of this type of behavior (Kelineh, translated by Khani, 2007). In the study titled the comparison of social skills among female blind, deaf and normal high school students in Tehran, Biabangard (2005) concluded that normal students have significantly better social skills than blind and deaf students and blind students have better social skills than deaf students.

Slaby & Gaura (2003) considered social skills synonymous with social adjustment. They stated that social skills are the ability to interact with others in a particular social context, such that

they will be acceptable and valuable in the norms of society. There are different reasons for low social skills of deaf and blind people in comparison with healthy individuals. Since different studies do not show that blind children or adolescents are inconsistent, it can be concluded that blindness is not necessarily associated with inconsistency. Force (1991) considers the attitude of society on blind and deaf people as the reason of their inconsistency (Biabangard, 2005).

Given the high prevalence of blindness in the world and difference between quality of life and social skills of blind people in different cultures, conducting a study in this regard will be an important step to learn more about their problems, proper planning, and appropriate action to improve the quality of available cares. According to research, quality of life depends on several factors, varies from one location to another, and may affect social skills. The foreign studies confirm this issue. However, more research is needed in Iran in order to determine whether there is differences between quality of life and social skills of students with visual problems (blind and partially blind) and normal students?

### **Methodology**

This study used two causal- comparative and correlation methods. Because the researcher aimed to compare the quality of life and social skills in three groups: students with visual problems (blind and partially blind) and normal students. Also, the relationship between quality of life and social behavior were examined.

The population consisted of all 15 to 18 years old students with visual problems (blind and partially blind) and 15 to 18 years old normal students in 12, 5, and 4 areas in Tehran in the academic year 2013-2014.

From these students, 120 cases (40 blind, 40 partially blind, and 40 normal students) who studied in high school were randomly selected as sample.

The quality of life and social skills questionnaires were used as research tools.

After selecting the sample and obtaining informed consent, the SF-36s and Foster and Inderbitzen questionnaires were simultaneously distributed among the subjects. Then, it was explained that the results of the questionnaires will be used anonymously and their personal information will not be preserved. They were asked to fill out the questionnaires precisely. After completing the questionnaires, the information of individual questionnaires were collected. The data were then grouped to blind, partially blind, and normal groups and the obtained data were compared. However, due to the fact that the sample groups had visual problems, the researcher reiterated the questions with a steady tone to these individuals. Their response to the questions was recorded by researcher in the questionnaire.

This study used tables of descriptive statistics including mean, standard deviation, percent, standard error, charts, and etc to conclude and understand the differences between the studied variables. Also, the analysis of variance (ANOVA) and Pearson's correlation coefficient were used to evaluate the research hypotheses. In addition, all statistical analyzes were performed using spss software.

### **Results, Discussion and Conclusion**

Results of Question 1: First question: Is there difference in the quality of life among students in three blind, partially blind, and normal groups?

Analysis of variance showed that there is significant difference in quality of life among students in three blind, partially blind, and normal groups. Normal people have a better quality of life than blind people. However, there were no significant difference between the

partially blind people's quality of life and blind and normal people's quality of life. This finding is consistent with findings of Sajedi (2009); Eftekharzadeh and Nojoumi (2002) in Iran and with the findings of John and colleagues (2008); Alvin et al (1998) in other countries. In explaining the results of this study, it can be said that the quality of life is an efficient measure of physical and mental dimensions and can be affected by various factors. One of the most important factors is health status. Thus, health-related quality of life is considered. This factor has the ability to assess the impact of health interventions and programs. For this purpose, it is necessary to have a basic level and this study has paid attention to it. By examining the possible variables and factors, the health related quality of life may develop and implement appropriate orientation to design interventions and effective health services which are performed cross-sectional or in long term. The blindness is a complication that can occur for any reason. As a syndrome, this complication reduces the quality of life among the people. Given the results of this research and the different effects of each vision factors on the activities of daily living, it is concluded that in providing services and rehabilitation programs for the blind people, the type of visual problems and their intensity are important factors. The individuality factor should be considered in providing services to individuals with regard to their visual constraints.

Results of Question 2: second question: Is there difference in social skills among students in three blind, partially blind, and normal groups?

This question is divided into two positive and negative social behavior parts. On the positive social behavior, the analysis of variance showed that there is significant difference in social skills among students in three blind, partially blind, and normal groups. The normal people had better positive social behavior than partially blind and blind people. However, there was no significant difference between the positive social behavior of partially blind and blind people. Also on the negative social behavior, the analysis of variance showed that there is significant difference in social skills among students in three blind, partially blind, and normal groups. However, normal people had weaker negative social behavior than partially blind and blind people. The negative social behavior of partially blind people was weaker than blind people. This finding is consistent with findings of Koolae (2011); Biabangard (2005); Shahim (2002) in Iran and with the findings of Sachs and Wolfe (2006); Hösle et al (2006); Wagner (2004); Ghaha and Faren (2001) in other countries. In explanation of this research results, it can be said that the blind children's communication skills are not affected and hurt as much as communication skills of partially blind children. The characteristic and social development of individuals in a society largely depends on the relationship. Given that social behavior is influenced by the environment, researchers do not consider the social behavior as a stable personality trait. They assume that it depends on the situation. Due to their physical condition and limitations, the children with visual problems are not often able to build relationships and interactions with peers and adults and their emotional and social adjustments face with difficulties in future. These children often get isolate and have immature and antisocial behaviors. In this regard, the research suggests that social skills training are important for blind children. This training may have a positive effect on social skills in blind children.

Results of Question 3: third question: Is there relationship between the social skill and the quality of life of students with visual problems?

The Pearson correlation coefficient indicates that there is significant relationship between social skills and quality of life among students with visual problems (blind and partially blind). It was found that if the positive social skills increase, the quality of life in students with visual problems will also increase. Also, if the negative social skills are high, the quality of life of

students with visual problems will be low. This finding is consistent with the findings of Sajedi (2009); Mostalamy et al (2005) in Iran. In explaining the results, it can be said that probably the most successful ability for improving the quality of life among people with visual problems is their activities in social environment and the increase of their social skills. The report of Collis (1994) on blind children's speech and language shows that there are two general views on the evolution of speech and language in blind children. One view is that blindness does not cause a change in the capabilities and use of language. Most of these experts believe that students with visual problems do not have significant difference in verbal IQ with their normal peers. Therefore, it can be said that due to the influence of these variables on each other, the education and training may help to increase life skills, social skills, and interpersonal relationships among these students.

Results of Question 4: fourth question: Is there relationship between the social skill and the quality of life of normal students?

The Pearson correlation coefficient indicates that there is significant relationship between social skills and quality of life among normal students. It was found that if the positive social skills increase, the quality of life in students with visual problems will also increase. Also, if the negative social skills are high, the quality of life of students with visual problems will be low. This finding is consistent with the findings of Eftekhazadeh and Nojoumi (2002) in Iran. In explaining the results, it can be said that according to psychologists, the high quality of life is achieved when a person's basic needs are met. The quality of life can also be upgraded by giving the choice right to people and encouraging them to make decisions that affect their lives. Therefore, being in public and social skill acquisition improves quality of life. This confirm the relationship between social cohesion and social prosperity as two major factors in creating the feeling of being in public life and the consequent impact on their quality of life. However, it should not be ignored that many factors impact the belonging sense of normal people in the community such as family, environmental, educational, occupational, and etc. factors. This sense of belonging also impact on quality of life and satisfaction of individuals. Therefore, there is special cycle. The lack of one component or factor makes essential problems in its circulation.

## References

- Afrooz, G. (2010). Interviewing and counseling with parents of exceptional children. T Ayatollahzadeh, M. (2004). Needs of blind children under 6 years old and their families and service development pattern, University of Social Welfare and Rehabilitation Sciences.
- Asgari, A. (2007). The impact of life skills training and psychological role taking (Pisco drama) on high school students' attitudes toward addiction in Khorramabad. MA thesis. Isfahan Azad University, Khorasgan Branch.
- Moghadam, A. S. (2012). the comparison of emotional and spiritual intelligence groups in three blind, partially blind, and normal groups. MS Thesis, Azad university. Research Science branch.
- Ashraf, A. (2001). An attitude toward the concept of quality of life and its components, Journal of Social Work. No. 5, University of Welfare and Rehabilitation Sciences, Tehran.
- Behpazhoh, A. K. M. (2007). Evaluating the effectiveness of social skills training on self-esteem of blind students. Journal of psychological research, first period. No. III. Pp. 29-30. ehran: Tehran University

- Bieber-Schut, R. (1991). The use of drama to help visually impaired adolescents acquire social skills. *Journal of Visual Impairment and Blindness*, 85, (8), 340-357.
- Eftekhari, H., Nojoumi, M. (2002). The quality of life among blind students and their normal counterparts. *Journal of Psychiatry and Clinical Psychology in Iran*; 7 (4): 49-55.
- Ellwein, B., Selvaraj, S., & Pokharel, G. (1998). Visual function and quality of life outcomes among cataract operated and unoperated in Nepal. *British Journal of Ophthalmology*, 82, 606-610.
- Goldstein, H., Morgan, L. (2002). social interaction and modes of friendship development. In H. Goldstein, L. Akacz mark, k.m. English (Eds) promoting social communication: children with developmental disabilities from birth to adolescence. Baltimore, MD: Brookes publishing.
- Hassell, J. B., Lamoureux, E. L., Keeffe, J. E. (2006) Impact of age related macular degeneration on quality of life. *Br J Ophthalmol*; 90 (5): 593-6.
- Helgeson, V. S. (2004). Cognitive adaptation. *Health Psychol.*; 22 (1): 30-8.
- Hosseini, Zahed, and Tafazoli Moghadam, Abdolhosein. (2001). Psychology and education of children and adolescents with visual defects. Mashhad: Astan Ghods Razavi Press.
- Fathalian, M. (2011). A comparative study of quality of life. *Journal of Arts comparative studies*. First number. Spring and summer. 91-108.
- Ganji, H. (2012). Mental Health. Tehran: Arasbaran publication.
- Gerainejad, G., Habibi, A. (2004). Sustainable development in evolving world, transitional institutions, growth, and quality of life. Tehran. Publication: Management and Planning organization of Iran, Centre for Documentation and Publications – 2004
- Karami, S. (2006). Comparison of self-confidence in normal students and blind students. Master Thesis of Exceptional Children. Faculty of Psychology and Educational Sciences. Isfahan University.
- Kef, S. (2002). Psychosocial adjustment and the meaning of social support for visually impaired adolescents. *Journal of Visual Impairment & Blindness*, 96, (1) 22-37.
- Keyes, C. L. M., & Lopez, S. (2002). Toward a Science of Mental Health: Positive Direction in Diagnosis and Interventions, pp.45-59 in the *Handbook of Positive psychology*, NY: Oxford University Press.
- Lasalvia, A., Santalini, M. R. (2002) Subjective Quality of life: Healths Relationship with clinician-rated and patient-rated psychopathology, psychopathology and psychosomatication and adjustment. *Journal of Fertility*, 77, pp: 241-247.
- Yung-Jaan, L. (2008). "Subjective quality of life measurement in Taipei", *Building and Environment* 43. 1205-1215.
- MacCuspie, P. A. (1996). Promoting acceptance of children with disabilities: From tolerance to inclusion. Halifax, Nova Scotia: Atlantic Provinces Special Education Authority.
- McGaha, C. G., & Farran, D. C. (2001). Interactions in an inclusive Classroom: effects of visual status and setting. *Journal of Visual Impairment & Blindness*, 95, (2), 80-94.
- Milanifar, B. (2010). Mental Health. Tehran: Ghomes publication.
- Michael, P. (2003). "Urban environmental quality and human wellbeing-a social geographical perspective", *Landscape and Urban Planning* 65, pp 19-30 development, Training and Rehabilitation of blind people. Tehran. Samt publications.
- Pakzad, M. (2001). Psychology of Exceptional Children. Tehran: Chap o Entesar organization.
- Syed, P., Raza, S., Habibolahi, S., Faramarzi, S. (2010). Effectiveness of life skills training programs in blind and partially blind students .the *journal of strategies in education*, Volume 3, No. 1, pp. 7-11.

- Razavi, K. S. (2007), quality of life and obligations of digital age in Iran, information base of communication science in Iran.
- Sacks, S. Z., & Wolfe, K. E. (2006). Teaching social skills to student with visual impairments: From Theory to Practice. New York, AFB Press, American Foundation for the Blind.
- Sacks, S. Z., & Wolfe, K. E. (2006). Teaching social skills to student with visual impairments: From Theory to Practice. New York, AFB Press, American Foundation for the Blind.
- Sajedi, S. (2009). The impact of teaching life skills on interpersonal relationships, self-esteem, and assertiveness of blind girls. *Journal of knowledge and research in Applied Psychology*, Vol. XI, No. 39.
- Salmani, D. (2004), quality of work life and improvement of organizational behavior .Tehran. Publication: Tehran University, Faculty of Management.
- Sarabandi, A., and Kamali, M. (2012). The relationship between visual problem and quality of life among blind people. *Journal of Research in Rehabilitation Sciences*. Year 8, No. 6, pp. 1015-1023.
- Naraghi, S., Maryam, N. E. (2012). *Psychology and Education of Exceptional Children*. Tehran: Arasbaran Publications.
- Selby, D. (2004). The program of life skills training. Translated by Reihane Nikpour, Samareh, Abdolsamadi. Office of International Institute of Education, UNICEF.
- Shahim, S. (2002). Assessment of social skills in a group of blind students from the perspective of teachers. *Journal of Psychology and Educational Sciences*. Year 32, No. 1, pp. 12.
- Slaby, T., & Gaura, T. (2003) Self - efficacy and personal goal setting, *American education research journal*, N, 29, pp 663-669.
- Wagner, E. (2004). Developmental and Implementation of a curriculum to Develop social competence for student with visual impairment in Germany. *Journal of Visual Impairment & Blindness*, 98, (11), 703-710.
- Wagner, E. (2004). Developmental and Implementation of a curriculum to Develop social competence for student with visual impairment in Germany. *Journal of Visual Impairment & Blindness*, 98, (11), 703-710.
- Wagner, E. (2004). Developmental and Implementation of a curriculum to Develop social competence for student with visual impairment in Germany. *Journal of Visual Impairment & Blindness*, 98, (11), 703-710.
- Wolffe, F., & Sacks, S. Z. (1997). The life styles of blind, low vision, and sighted youths: A quantitative comparison. *Journal of Visual Impairment & Blindness*, 91, (3) 245-257.
- World Health Organization. Prevention of avoidable blindness and visual impairment, in: fifty-ninth world health assembly, Geneva: WHO; 2006, A59 / 12. [cited 2006 May 27]; Available from: URL: [http://www.who.int/gb/e/e\\_wha59.html](http://www.who.int/gb/e/e_wha59.html)