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SELF – ESTEEM OF STUDENTS WITH VISUAL IMPAIRMENT IN BANGKOK SCHOOL FOR THE BLIND

VIRONGRONG FANGSA-ARD

With compliments
of
บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

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Thesis
entitled

SELF- ESTEEM OF STUDENTS WITH VISUAL IMPAIRMENT IN BANGKOK SCHOOL FOR THE BLIND

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My highly gratitude is also owed to the principal, teachers, and social welfare workers of School for The Blind, Bangkok, who granted me a permission and cooperation in collecting the research data. I feel grateful for the fully cooperation from all visual impaired students participating in this project. Without them, this project would never been completed. I also would like to express my thankfulness to Khun Hathaigarn Ounchareonkul, my friend who had acquired blindness and helped me in reading Braille data.

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KEY WORDS : VISUALLY IMPAIRED/ BLIND/ SELF-ESTEEM

VIRONGRONG FANGSA-ARD: SELF-ESTEEM OF STUDENTS WITH VISUAL IMPAIRMENT IN BANGKOK SCHOOL FOR THE BLIND. THESIS ADVISORS: CHALONG BOONYANANTA, Ph.D., KANITTHA DHEVINPAKDI, M.S. 73 P. ISBN 974-04-2360-4

The purpose of this research was to study the self-esteem of students with visual impairment and factors that related to it. This research used 58 questions of Stanley Coopersmith's the Self – Esteem Inventories, which were translated into Thai by Anurak Bunditchart, Mental Health Department, Ministry of Public Health, to evaluate it. The population of this study is the 53 visually impaired students of the 9 – 18 year olds in Prathom 4-6, Bangkok school for the blind. This study is descriptive research that analyzed the data by using basic statistics in Arithmetic Mean, percentage and Standard deviation.

The results of the research showed that students with visual impairment have self-esteem (Mean =57.21) (S.D.12.80). For each dimension of self-esteem: general self (Mean=28.26) (S.D. 8.49), social self-peer (Mean=9.62) (S.D. 2.78), home-parents (Mean=10.00) (S.D. 4.82), school-academic (Mean=9.32) (S.D. 3.08), lie scale (Mean=2.30) (S.D.1.33).

The factors related to self- esteem of these visually impaired students showed that males have higher self- esteem than females. The higher grade they are, the higher self- esteem they have. No difference of self- esteem levels between the partially and totally blind was found. The students whose parents are together have higher self- esteem than the ones whose are not. Parents' age effects students' self-esteem; students with younger parents have higher self- esteem. Education of parents influences students' self- esteem; students with highly educated parents have high self- esteem.

To help the blind realize their self-esteem, promotion and development must consist of support, rehabilitation, and reinforced circumstances. The family's role is the most significant, and is basic in building the self-esteem of the blind by building up their confidence, giving them love, care, understanding, acknowledgement, and encouragement, as well as chances in to join activities and academics.

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วิรงรอง ฟางสะอาด : การศึกษาการมองเห็นคุณค่าแห่งตนของนักเรียนที่มีความบกพร่องทางการเห็น : ในโรงเรียนสอนคนตาบอดกรุงเทพ (SELF-ESTEEM OF STUDENTS WITH VISUAL IMPAIRMENT IN BANGKOK SCHOOL FOR THE BLIND) คณะกรรมการควบคุมวิทยานิพนธ์ : ฉลอง บุญญานันต์, Ph.D. , ขนิษฐา เทวินทรภักติ.M.S. 73 หน้า ISBN 974-04-2360-4

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาการมองเห็นคุณค่าแห่งตนของนักเรียนที่มีความบกพร่องทางการเห็น ปัจจัยที่มีความสัมพันธ์กับความตระหนักในคุณค่า โดยการใช้แบบสอบถามวัดความตระหนักในคุณค่าของตนเอง ฉบับนักเรียน ทั้งชุด 58 ข้อ ของคูเปอร์สมิธ ฉบับแปลเป็นภาษาไทย โดยอนุรักษ์ บัณฑิตย์ชาติ กรมสุขภาพจิต กระทรวงสาธารณสุข ประชากรที่ศึกษาคือนักเรียนที่บกพร่องทางการเห็น อายุ 9 – 18 ปี ระดับชั้นประถมศึกษาปีที่ 4 - 6 โรงเรียนสอนคนตาบอดกรุงเทพจำนวน 53 คน เป็นการวิจัยเชิงบรรยาย วิเคราะห์ข้อมูลโดยใช้ร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน

ผลการวิจัยพบว่า นักเรียนที่มีความบกพร่องทางการเห็น มีค่าเฉลี่ยการมองเห็นคุณค่าแห่งตนโดยภาพรวมคือ 57.21 ส่วนเบี่ยงเบนมาตรฐาน 12.80 และเมื่อแยกพิจารณาตามรายด้านพบว่า ค่าเฉลี่ยการมองเห็นคุณค่าแห่งตนในด้านตนโดยทั่วไปมีค่าเฉลี่ย 28.26 ส่วนเบี่ยงเบนมาตรฐาน 8.49 ด้านตนทางสังคม และกลุ่มเสี่ยง 9.62 ส่วนเบี่ยงเบนมาตรฐาน 2.78 ด้านพ่อแม่และทางบ้าน 10.00 ส่วนเบี่ยงเบนมาตรฐาน 4.82 ด้านโรงเรียนและการศึกษา 9.32 ส่วนเบี่ยงเบนมาตรฐาน 3.08 และด้านการตอบไม่ตรงความเป็นจริง 2.30 ส่วนเบี่ยงเบนมาตรฐาน 1.33

ส่วนปัจจัยที่มีความสัมพันธ์ต่อการมองเห็นคุณค่าแห่งตนของนักเรียนที่มีความบกพร่องทางการเห็นพบว่า เพศชายมีความตระหนักในคุณค่าสูงกว่าเพศหญิง นักเรียนที่อยู่ในระดับชั้นที่สูงขึ้นมีความตระหนักในคุณค่าของตนเองสูงขึ้นตาม นักเรียนที่อยู่ในครอบครัวที่บิดามารดาอยู่ด้วยกันมีความตระหนักในคุณค่าสูงกว่านักเรียนกว่านักเรียนที่บิดามารดาอยู่กันคนละที่ และอายุของบิดามารดามีผลต่อความตระหนักในคุณค่าของตนเอง พบว่าบิดามารดาอายุน้อยนักเรียนจะมีความตระหนักในคุณค่าของตนเองสูง การศึกษาของบิดามารดามีผลต่อการตระหนักในคุณค่าของตนเองของนักเรียน พบว่าบิดามารดาที่มีการศึกษาสูง นักเรียนมีความตระหนักในคุณค่าของตนเองสูงเช่นกัน และสภาพความพิการตาบอดสนิทหรือตาพอมองเห็นเลือนลาง ไม่พบความแตกต่างในการมองเห็นคุณค่าแห่งตน

ข้อเสนอแนะ ครอบครัว โรงเรียน และนักเรียนมีส่วนสำคัญในการพัฒนา การมองเห็นคุณค่าแห่งตน โดยเฉพาะบทบาทของครอบครัวเป็นพื้นฐานสำคัญในการพัฒนาการมองเห็นคุณค่าแห่งตนให้กับเด็กที่มีความบกพร่องทางการเห็น ความรัก ความอบอุ่น การยอมรับ และกำลังใจจะสร้างความมั่นคงในการมีชีวิตอยู่อย่างมีความสุข

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CHAPTER I
INTRODUCTION

1.1 Background and significance of the problem

Human beings are admired as the most precious and important resource, one of the vital factors, which has direct role in social and country development. If there are a lot of qualified, efficient, and capable human resource in society, there will be a progress in development. However in reality, society, no matter of how civilized, composes of different kinds of people, qualified and unqualified, the able-bodied and the disabled. "The disabled" is the word called for people with loss or abnormality of physiological or anatomical structures or functions. (Social Welfare Department, 1992:5)

In the past, the fate of the disabled was mainly in their families' hands. Their education and reach of medical treatments were totally up to family's attitude. Because there haven't been any law written to protect the disabled and their rights, they were handicap and minority in society. Until a group of the blind, who had a good education was realized about this problem. They had an idea of cooperation among the disabled to get as much rights and fair chances as the able-bodied got. For the first time in Thailand, they founded " The Bangkok Association of The Blind " in 1967 with Miss Jenivif Colfild 's support. The name was changed to "Thailand Association of The Blind" in 1981. It was the first disabled organization Thailand ever had to be founded and run by the disabled only.

With this successful example, the blind cooperation founding association for their right protection and raising the blind's voice, it had encouraged other types of the disabled to assemble. In 1981, the government announcing it as The International Year of the Disabled made the disabled much more aware of their rights. Stressed from economic and social conditions, the disabled also struggled in higher cost of living but yet realized that only the disabled knew and understood the disabled problems. Consequently, there were many organizations founded to fight for the

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disabled rights, which were neglected for a long time. In 1983, The Thai Council of the Disabled was established by the end of this year to join in many social activities. It had collected all the disabled association's leaders, acted as a representative, and voiced for all of the disabled. It built up social good attitude and showed its role in the disabled right protection. Finally, it called for the disabled right to obtain the correct and appropriate services in sustainable and sequential manner, as well as expanding the services all over the country. Therefore, the government had declared The Disabled Rehabilitation Act 1991, which took 13years to delivered this law, to show its truly intention to promote the disabled rights and opportunities. It was the realizing of the disabled value and promotion of their self-esteem, which made them live in society with pride and dignity.

It was very interesting that a group of the blind that got a chance in education was realized about equality and fairness and braved enough to create their social activities. It was an important mechanism to proudly move the disabled society, which was dissociated in the past, into this unbounded world of communication.

25 years ago, Ministry of Education held a technical seminar on education for the disabled in1987. It talked about philosophy for teaching the disabled: teaching, training and bringing up the disabled child can not be done in the way we wanted because there might be too little progress to be seen. That will discourage us and the consequence is giving up and loosing our temper that will cause a huge damage. Oppositely, endurance and perseverance will give us success although the goal is yet far to reach. The accomplishment might show in the next 10 or 20 years when the children graduated from school and live their lives in society. "Be satisfied in what we've got recently and hope for the proudly result when the children left to lead their own life in future.", this sentence will comfort the teachers of the disabled and make them work happily, able to live on the life basic needs, live happily with others and yet maintaining their own personality with self understanding, and not feel neglected that will abolish their self-esteem or isolate themselves from others. (Copied document: 1987)

Recently, Every country must have social adaptation to get along with lately changes of global communities, the influence that covered all over the world.

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Thailand also has to adapt itself in many ways to catch up with these changes and has been in economical, political, and educational crisis. To solve the entire crisis, the educational revolution is the most significant and hoped to be the way to the country sustainable development. It is an instrument to develop human resource to reach each individual fully capability and potentiality. Efficient human resource makes efficient community, society, and country development. Especially in future, all global societies are going to be the learning and knowledge-based society. To stand firmly and graciously in the front row, the country needs wise and good human resource. The disabled are also a unit in human resource, which plays a significant role in country development. Thailand needs qualified citizens whose personality suit for Thai society. To create the qualified and good personality citizens, there must be good establishing since they were young, especially in teenager. Adolescent is the right time to teach appropriate personality because it is the time they are growing to be adult in many ways: physically, mentally, and socially. The educational revolution including the education for the disabled shows the human worth awareness and promotes the self-esteem. It concentrated on Thai people development to raise their potential to become healthy human being in physically, mentally, conscious, knowledge, moral, and cultural, as well as to live their lives happily with others.

This period of time (beginning of 2002), there were many cases of suicide reported in newspaper. Sadly enough that some of them were Ph.D., doctor, public university teacher who had high education, social status, and good career, some were teenage students in there flourishing years, solved their problems with violence. They killed the opponents or committing suicide with gunshot, jumping from a high floor or jumping from a high bridge. What make them destroy their lives? Why can't they find the way that solved their problems? It shows that high education can not indicate the problem solving ability. Essentially, family loving care in childhood plays an important role in teaching children how to love and be proud of oneself, to posses and protect their own body, to realized of their worthiness, to love and care of their humanity. Human is a social invaluable recourse, therefore, it is very essential in having training to create the desired qualified people.

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Self-esteem is self-evaluate in the perceived self and the ideal self about body Image and self competencies. If there is a small discrepancy between the perceived self and Ideal self, the person will have a positive self-esteem. That is the person will have good feeling about himself, self-worthiness, competency, self-satisfaction, self-confidence, and willpower to fight against the despair. On the contrary, if there is a large discrepancy between the perceived self and Ideal self, the person will have a low self-esteem, which caused negative social attitude, over demanding from others, feeling inferior complex, afraid to communicate with others, afraid of offending, and lack of self-pride. (Pop et. Al., 1988) (Reference in Athitaya pornchaigate : 1991:1)

Self-Esteem has unbelievable influence in a person thought, self-expression, happiness, and suffering. It stays for the whole life; such as if we tell the children everyday that the blind children can do nothing, they will have the low self-esteem. Contrary, if they have the high self-esteem, they will feel good about themselves and others, able to study very well, have the creative thinking, have good relationship with others, able to love themselves and others, able to sympathize and take care of others because they felt inner secured. Therefore the self-pride is very essential in our life living. There are two ways to make children feel good about themselves.

1. Admiring in what the child did for others, no matter how unimportant it is. Tell him/her frequently and routinely that " You are a good and capable child."

2. Admire in the children's existing, show them that their birth, their living, and their personality are admiring. It is necessary that teachers and especially parents repeatedly informed children that they are good, precious, and desired.

"Humanity does not end by disability." the first prized motto of Pannee Youngsa-ngiem from motto contest in The 25th Disabled Day 1989 shows the worth and worth-awareness of the disabled.

The above reasons make the researcher interested in study of the blind student's self-esteem including factors that related to it. Although self-esteem is the self- perceiving and could not be measured by normal calculation, Stanley Coopersmith , Ph.D. had developed the Self – Esteem Inventories to evaluate it. The researcher is interested in using this test, which translated into Thai to evaluate the

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visual impaired high-school students in co-learning project of School for The Blind Bangkok. The researcher hopes that this study will be very useful and the result can be used in development of the visual impaired students. It should develop the teaching and training methods in the way of child-centered or individual concerned as it was in the educational revolution. In addition, it should bring them the better life qualities, self-acceptance, self-perceiving of capability, sense of self essential and worthiness, which will make them developed to be a task fulfillment, independent and self-pride person and be able to carry on their living happily.

1.2 Purposes of the Research

1. To study the self-esteem of the visual impaired students from School for the Blind Bangkok.
2. To study factors that related to the self-esteem of the visual impaired students.
3. To study problems and difficulties in self-esteem building of the visual impaired students.

1.3 Research Questions

1. What kind of self-esteem do the visual impaired students have? and How?
2. What are the factors that related to self-esteem of the visual impaired students?
3. What are the problems and difficulties for the self-esteem building of the visual impaired students?

1.4 Scope of the Research

This research is a quantity study. Sampling group consists of 53 visual impaired students, age between 9-18, and studying in Prathom 4-6 in School for The Blind Bangkok.

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1.5 Advantages of the research

Knowing of self-esteem characteristics of the visual impaired students, age between 9-18 from School for The Blind Bangkok.

Knowing the factors that related to self-esteem of the visual impaired students and bring them to be a guideline in student potential development.

The result of this Research can be used in line with educational revolution in teaching, ethical training, and personality development for the visual impaired students.

1.6 Limitations of the Research

1. According to this research, the study only conducted in a group of visual impaired students, age 9-18 in Prathom 4-6, School for The Blind Bangkok, not include other visual impaired students.

2. The visual impaired students are the special population and older than the normal students at the same class. The test can be used in 9-18 years old population.

1.7 Definition

1. The visual impaired students refer to 9-18 years old students in Bangkok School for The Blind in 2000 who, after medical treatment, has limitation in visual capability or unable to see the sight that the normal does.

2. Self-Esteem is a good feeling about oneself, knowing of self- worthiness and self-capacity, as well as feeling proud of self-identity. It caused the person to appropriated adapt oneself according to the situation and use freedom in deciding to do things under good cultural and social expectation, which brings to family and social acknowledgement, confidence in worth living, and happily independence.

Self – Esteem comes from foreign language and can be referred to many words, such as self-pride, self-respect, self-worth feeling or awareness, self-honor. For this research, the researcher uses the word "Self – Esteem " and self-esteem evaluated test, which translated from Self-Esteem Inventories of Stanley Coopersmith. This test is the same version that Doctor Anurak Banditchat used in accuracy study of the self-esteem evaluated test done with high-school students,

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Piboon Wittaya Academy, Moeng, Lopburi, for the reason that the impaired visual students are the normal students who cannot see.

3. Factors that related to the self-esteem are the causes that influenced the acknowledgement of the life worth, which made the blind stay in society usefully and happily, then turned them from the burden to the giver.

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CHAPTER II
LITERATURE REVIEW

In this chapter, the researcher studied documents, textbooks, articles, and related research works to gather the ideas that will be the educational guideline.

The conclusion of important meanings are as follow:

2.1 Knowledge of disability and the visual impaired person.

- 2.1.1 Ideas and definitions used in Thailand essential database.
- 2.1.2 Causes of disability.
- 2.1.3 Definition of the visual impaired person.
- 2.1.4 Rights of the disabled.
- 2.1.5 The Thai disabled status.
- 2.1.6 The disabled rehabilitation development.
- 2.1.7 Problems, difficulties, and assisting methods to help the disabled.

2.2 Ideas and meanings about self-esteem.

- 2.2.1 Ways to build up self-esteem.
- 2.2.2 Self-Esteem of the disabled child.

2.3 Literature and the related research works.

2.1 Knowledge of disability and the visual impaired person.

2.1.1 Ideas and definitions used in Thailand essential database.

From The Office of National Statistic, ideas and definitions used as an important database of the disabled in Thailand are as follow:

The disabled refer to the people who are physically defect, which may be caused from loss some parts of body: leg, hand and/or abnormality of organs or body: blind, deaf, including brain defect: Down Syndrome, Mental Disorder.

In disability diagnosis, we differentiate from one of these criteria.

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1. Disability without loosing any organ: blindness, deafness, and muteness.
2. Disability with loosing some organs: arm, leg, and hand.
3. Brain defect: Down Syndrome, Mental Disorder.

Making a survey in 1986, the definitions of disability are mental illness, blindness, deafness with/without muteness, paralysis, stump-arm or stump-leg, etc. From Surveying in 1991, the definitions were added to be arm, leg, and finger totally/partially stumped, one eye or two eyes blind, mute, hearing loss or deaf, paralysis/hemiplegia, cleft-lip/ cleft-palate, limb atrophy/ stiffness, deformities of foot/arm/leg, mental illness/insane, Down Syndrome, deformities of vertebrae, etc. and unknown origin. (Suwit Wibulpholprasert and team, 1997:10)

The disabled according to The Disabled Rehabilitation Act 1991: Article4, are people who have physical, intellectual or mental abnormality or defect categorized and prescribed in ministerial regulation.

The categories of disability according to The Ministerial Regulation 1994 issued with in the meaning of The Disabled Rehabilitation Act 1991 are as follow:

1. The visual disabled
2. The hearing disabled or communicative disabled
3. The moving disabled
4. The mental disabled or behavioral disabled
5. The intellectual disabled or learning disabled

As above mentioned, The visual disabled refers to people who can see best with glasses less than 6/18 or 20/70 to no light perception or visual field less than 30 degree.

The summarized of the disabled definitions according to Jureerat Pongpaew's article are as follow:

1. The disabled in the meaning of The United Nations are people who have permanent and proved disability, any kind of disability that cause them loosing work ability or unable to work.

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2. The disabled in the meaning of The International Labor Organization refer to people who lost their career capability and opportunity caused by physical and mental defect.

3. The disabled in the meaning of The Royal Academics Institute Dictionary 1982 state that "disability" means loosing or deformity of organ: leg, arm, etc.

4. The disabled in the meaning of educational academics are people who have physical, intellectual, or mental defect that caused them unable to live their lives in the way the normal does.

5. The disabled in the meaning of medical academics are people who have partially or totally lost body or mental capability that inhibited them from daily life self-help, learning, working, and having social relationship in the way the normal does. (Social Welfare Department, 1992 : 5)

2.1.2 Causes of disability

From the study of The World Health Organization Expert Committee, causes and types of disability are categorized as follow:

1. Disability at birth
   - 1.1 From genetic factors: cerebral retardation, Down Syndrome, congenital hearing loss, congenital blindness.
   - 1.2 From non- genetic factors: Taking Thalidomide drug during pregnant caused limb deformities in baby, Measles infection during pregnancy caused the mental retard baby, and other causes during delivery.

2. Disability from infectious disease: spinal infection caused muscle atrophy or known as Polio.

3. Disability from non-infectious disease: motor system symptoms, such as back pain and joint pain, skeleton disability, paralysis, heart disease, lung disease, Diabetes Militus, visual and hearing loss, deaf, mute, blind, cancer, epilepsy, etc.

4. Disability from mental illness: Maniac Depressive, Schizophrenia.

5. Disability from alcoholic and drug addiction.

6. Disability from injuries caused by accidents: car, boat, or plane, accident in office, home, or school, and by war, terrorist, or fight.

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7. Disability from malnutrition: blind, mental retard in fetus, baby, and child.
8. Disability from other causes:
   8.1 Environment: mercury intoxication caused mental retardation, routine excessive noise caused hearing loss
   8.2 Unsuccessful suicide such as hanging oneself caused cerebral palsy from insufficient oxygen to the brain. Criminal case: gunshot at vertebrae caused paraplegia.
   8.3 Misconduct of medical treatment: take the wrong drug or administered the wrong medicine.

The 8 causes of disability above inhibited the body system functions as follow:

1. Disability of Motor system and limbs composes of skeleton, joint and motor nerve disability, as well as loosing limbs: arm and leg.
2. Disability of Sensory system, especially visual and hearing sensory: blind, deaf, and mute.
3. Disability of Cerebral and nervous system: mental disease, cerebral palsy, brain damage caused by alcoholic and drug addiction.

Disability of other systems: foot deformity, cleft-lip, and multiple disability: limbs disability with mental retard, blind with mental retard. Many kinds of the disability causes mentioned above can be prevented. (Sukhothai Thammathirat Open University, The disabled care : 1991,7-8)

2.1.3 Definition of the impaired visual person

From WHO statistic, There are 28-43 millions people worldwide who are the blind according to the law. About 75 percentages or two third of them was in under-develop country, 20 percentages was in developing country, and 5 percentages was in developed country.

The blind are divided into totally blind and partially blind, able to see light but unable to see letters. Both are legally blind. Other dividing are preventive and

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non-preventive totally blind, curable and incurable blind. The preventive and curable blind are first stage cataract and glaucoma, The non-preventive and incurable blind are senile retinal detachment or genetic diseases. Blindness from accident is mostly preventive, but blindness from severe accident such as rupture eyeball is incurable, blindness from mild accident may be curable.

Definition or meaning of " the visual impaired person" or called as "The blind" can be divided according to its characters as follow:

1. General meaning: the blind is a person who unable to see, has sightless, or partially lack of sight but cannot work by using well visual as the normal does.

2. Medical meaning: According to U.S medical definition, the blind are people who have 10% of visual capability less than normal, consider from the length of visual capability and visual field, as well as the quality and accuracy of vision.

3. Educational meaning: the blind are people who have visual disability and unable to study by using normal vision but able to study by specific method. It can be classified into two types as follow:

The blind are people who loss most of their vision and unable to read or write normal letters but Braille, listening to tape recorder or other types of recorder. The visual acuity of the good eye after fixation is between 20/200 ft. and visual field is less than 20 degree.

The partially blind or impaired vision means people who loss sight but still able to read the big letter or read with a magnifying glass or other specific instrument. The visual acuity of the good eye after fixation is between 20/60-6/60 ft. and visual field is less than 30 degree. (Suwimol Udompiriyasak: 1995,10-11)

2.1.4 The disabled rights

There are 13 rights of the disabled according to The United Nations Declaration of The Disabled Rights, agreed by The General Assembly of The United Nations Committee. They are in the standard rules of human rights mentioned in The General Declaration of Human Rights as "Everybody was born free, having the equal rights and honors in humanity. It is the basic right for every human being, which is

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unable to be transferred." (Social Welfare Department, Document of The International Disabled Year1981, page11)

The contents of The United Nations Declaration of The Disabled Rights are as follow:

1. Disabled Person refers to the one who lacks of ability to take care of oneself in the life-living or social-living tasks, totally or partially, which caused from physical or mental defect, no matter it is congenital or obtained later.

2. Disabled Person will benefit from all the rights said in this Declaration. These rights will be given to every disabled person without any exception and discrimination of race, colored, gender, language, religion, political opinion, nationality, or birth community or status of his/her family.

3. Disabled Person has the right to get respect as an honor human being. No matter what caused or nature or how severe of that disability, the disabled will have the basic right as a citizen, equal to others at the same age and have the right to carry on their lives normally and completely as much as possible.

4. Disabled person has the right as a citizen and the right in politic like others have. Except mental retard person, there are right limitations or withholdings in 7th paragraph of The Mental Retard Right Declaration.

5. Disabled person has the right to gain benefits as much as possible.

6. Disabled person has the right to get medical treatment, psychotherapy, physiotherapy including body equipment and disabled accessories, medical rehabilitation, occupational, and social training, counseling and other services. These will help the disabled develop their highest capabilities and skills to make them completely a part of community or bring them back to be a part of society again.

7. Disabled person has the right to get economy and social security to carry on their lives. They have the right, depend on their capability to get office welfare, benefits from their products, income from their career, and participation in labor unions.

8. Disabled person shall get the right to be considered their special needs in economy and social planning.

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9. Disabled person has the right to stay with his/her family or supportive family and join in social creative activities and recreations. For their accommodations, the disabled shouldn't be treated differently from others. If they need special environment, it should be safe and appropriated living, the same as the others who are in the same age.

10. Disabled person will be protected from exploitation, all discriminated regulations, obstruction, ruthless and insulation.

11. Disabled person can gain benefits from assistance the law provided and not against the individual right and the property right. In justice trial, the process needs to consider about physical and mental disabilities.

12. The matter concerned with the disabled right should be consulted with the related organizations.

13. According to this Declaration, the disabled, their families and communities will get information about the disabled right by mass media. (Kanittha thavinpag, 1997 : 33-35)

2.1.5 The Thai disabled status

In 1996, The National Statistic Office, Office of Prime Minister had analyzed theThai disabled status to study essential basic data in population, economy, and social status. The result was an increasing of rate and amount of the Thai disabled in this decade. Most of them were physical or moving disabled, female more than male. The child disabled (0-14 years) were mostly mental disabled, the working age disabled (15-59 years) and the old age disabled (over 60 years) were mostly physical or moving disabled. Most of them have single status, education at Prathom level and been in family that consisted over two members. Moreover, some of them were respected as a head of family.

Majority of the disabled did not have any job, and most of them are female. In minority, their jobs were mostly in agricultural field, otherwise the mechanics or workers in industrial field and labor. Few of them were self-business entrepreneur and assistance in family business.

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Health condition of the disabled within 2 weeks before the survey was good. The problems of the sick disabled mostly were heart disease, respiratory tract disease, and muscular, tendon, and skeleton system disease. From Health Index, which built from peripheral health factors of the disabled, divided into 3 classes: high, medium, and low, most of the disabled health was in the medium class.

The disabled mostly got doctor treatment in public hospital for their sickness, but some of them, got non- doctor treatment, buying medicines from the drug store. Male and female disabled have the same concept of treating their illness. For the medical welfare, more than half of the disabled had got them in form of different welfare cards (The poverty welfare card, The elderly welfare card, The war veteran welfare card, and etc.) and some of them had medical insurance card.

The disabled needed help from the government in terms of medical treatment, operation, and physiotherapy. In addition, the needs for government help were different in relation to disabilities.

According to The Health and Welfare Survey1986, there were 1 million disabled or 1.7 % of Thai population and 10.5% of them were the blind. There were at highest rate, 13.5% of the blind were met in northern provinces. The causes of blindness, congenital and acquired from accident were almost in equal ratio, which was 37.6% of congenital blind and 37.1% of blindness from accident that mostly from working. Men, twice as many as women, were disabled from accident caused by working and traffic, while women disability caused by domestic accident. Most of the disabled had education in Prathom level. (The National Statistic Office, 1996)

2.1.6 The disabled Rehabilitation development

In the past, people always had a pity look on the disabled, thought they are incapability and a burden for their families. Therefore, private sector rather than public sector arranged the form of the disabled help. Public sector forms of help were donations of money and the necessities of living, which were suitable only in emergency relief.

Independence of the disabled is the key in helping them. To take part in social activities and be recognized by others, the disabled must develop themselves to live in

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society as normal as others do and be able to adapt themselves to the environment and society, which needs training and self-development of the disabled. Therefore, the most appropriate way to help the disabled is the promotion of the disabled rehabilitation.

Since the declaration of The Disabled Rehabilitation Act1991, the idea has changed that the disabled are the national resource to be developed. Therefore, the rehabilitation is a kind of investment in human development to make the disabled stay with dignity in our society. (Suthida Chuthamas, 1998 : 16)

Rehabilitation, according to The Disabled Rehabilitation Act1991, Article4, means the disabled capacity or capability strengthening by using medical, educational, social, and occupation training methods to give the disabled a chance to work or to live as normal as the able-bodied do. (The Committee of The Disabled Rehabilitation Office, 1991 : 2)

The main idea of this Act aims to develop the disabled to be economy and social valuable resource of country. Consequently, in public sector, there are improvement and expanding in administrative structure of services given to the disabled. Moreover, there are cooperations among the government organizations themselves as well as between government and non-government organizations that work for the disabled to extend the services to all kinds of the disabled in all communities. The main organizations responsible for the rehabilitation tasks are Labor and Social Security Ministry, Public Health Ministry, Education Ministry. Article4 required that the disabled who want to get the welfare, development, and rehabilitation rights in this Declaration must be registered in order to receive 4 rehabilitation services for free: medical, educational, occupational, and social services. (Suthida Chuthamas, 1998: 17)

The brief conclusions of 4 rehabilitation services in this Act are as follow:

1. Medical Rehabilitation Service is the rehabilitation in terms of medical means including providing of supportive devices or prosthesis parts and suitable assisting equipment. If the medical rehabilitation required an admission in the hospital, the Public Health Ministry will be responsible for the charges according to

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the Ministry regulation of medical rehabilitation including service charges and equipment for the disabled.

2. Educational Rehabilitation Service is acquiring of educational service that suitable for each individual disabled in all education levels and types, for instance special education, co-learning, occupational degree, and bachelor degree. Moreover, it has included assistance in appropriate educational media and technology. Having special educational Act to control all types of education, The Education Ministry and University Bureau are responsible for providing educational service without Ministry regulation.

3. Occupational Rehabilitation Service is acquiring of vocational training that suitable for each individual disabled. The Labor and Social Security Ministry is responsible for work procurement, work employment in private business according to the disabled employment ratio in The Labor and Social Security Ministry regulation, and encouragement of independent career by loaning from The Disabled Rehabilitation Fund.

4. Social Rehabilitation Service is providing conveniences in buildings, places, and public spots. This Act required issuing the ministry regulations about the disabled conveniences, social security, and other services to prepare and promote the disabled ability to live reasonably in society as well as the right protection and fair chances. The Labor and Social Security Ministry is responsible for these social rehabilitation services in coordination with other related organization. (Kanittha thavinpag, 1997 : 125 -126)

2.1.7 Problems, Difficulties, and ideas in helping the disabled

The Royal remark of His Majesty the King, Bhumipol Adulyadej, given to the committee of The Disabled Welfare Foundation in the patronage of Her Royal Highness Srinagarindra the Pincess Mother, 22 March, 1984 at Chitrlada Palace, is "The helping of disabled is very important because they would like to be independent rather than disabled. If they cannot work, live, and earn money for their families, they will be a heavy family and social burden. Therefore, the policy should be helping them to help themselves to make them useful in society."

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The report of The Disabled Rehabilitation Act tasks 1995 by The Disabled Rehabilitation Committee, The Labor and Social Security Ministry, stated the disabled problems as follow:

1. The disabled received insufficient rehabilitation, especially in educational and vocational rehabilitation. The disabled with low economy status particularly the ones in remote area were neglected by the educational system. The main problems are lacking money to pay for school, difficult journey to school, being rejected from school that afraid the disabled will be a burden, and parents didn't see the benefit of the disabled going to school. Therefore, the disabled are lack of knowledge and decreased a chance to work. After declaration of Ministry regulations about the disabled employment, many businesses informed their intention to employ the disabled, totally 1,201 vacancies now. Due to the educational qualification requirement, some companies required only Prathom 6, the ministry cannot find the disabled to fill in the job. Lack of knowledge, they usually work as unskilled labor which is unprogressive work. Not only in job procurement, but also in mostly vocational training required the educational qualification.

2. The disabled were lack of advises in self- management and administration or self-preparation of physical, mental, and thinking system, business employment system, and human relationship in working with others. They have been isolated and looked in negative way, thus, they should be suggested about these topics to make them ready to work with others.

3. The acquired disabled, particularly ones who had good jobs and self-pride, might have trouble in adapting to body image and work changes that are not as good as before.

The important problems effected in careers and worth- living of the disabled are as follow:

1. Social Attitude. People always think about the disabled as the low capability and unable to work, for this reason, the disabled are rejected.

2. Lack of conveniences in buildings, public places, public transportation, etc. The disabled have difficulties in journey and in activities.

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3. An accommodation. The disabled cannot work because it is difficult to find a job near the disabled house. Only few companies provided accommodation. House-rental rates in Bangkok and nearby are very expensive; the cheap ones have usually low hygienic environment. (The Office of Rehabilitation Committee ,copied document : 1995)

2.2 Ideas and meanings of Self-Esteem

From the Ideas and meanings of self-esteem study, The summarized of ideas and meanings of self-esteem are as follow.

Self-esteem is a basic component of mental health (Hirst and Metcalf 1948: 70) and a human basic need according to Maslow's theory (Maslow and Morgan 1985: 12-15), feeling of self-worth that gain after physical needs fulfillment, being safe, loved, and possessed, which make persons would like to show their abilities that will give them self-satisfy. (Gibson 1980 : 8 ; Powell 1983 : 10 ; Taylor 1982 : 119) (Reference in Kamolpan Homnan, 2539 : 37)

Self-esteem is a part of self-perceive. Sometime it was used as a self- respect, self-pride. Many academics said and gave the meanings according to the ideas or issued they studied as follow:

Carpenito (Carpenito.1983 : 392) said that self-esteem is a person characteristic, which decided feeling self-worth using self-assessment in capability and social acknowledgement.

Coopersmith (Coopersmith. 1984 : 5) said that self-esteem means the attitude a person has for himself , the feeling of self- respect that he/she is an important person and able to accomplish the tasks as well as believe in his/her self-worth.

Rosenberg (Rosenberg . 1979 : 30) said that self-esteem is a positive or negative attitude toward oneself.

Self-worth or Self –Esteem means the good feelings about oneself, sense of values and capacity in oneself, feeling proud of self-unique, which bring a person confidence and independence. (Kierttiwan Amatayakul, 2000 : 87)

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Lilian G. Katz gave the meaning of Self – Esteem as a self-admiration reflects form evaluation of oneself and others, which make that person feel loved and acknowledged by others.

Self- Esteem cannot be occurred at once but accumulated. High or low Self – Esteem depends on the situation and environment at that time. (Reference in Jarinya Wanthawong , 2537 : 16)

Pope (Pope, 1988) gave the meaning of Self – Esteem as an evaluation of perceived self and ideal self about body image and competencies. When the perceived and ideal self are a good match, the self-esteem will be positive. For example, a child who values academic success and is a good student will feel good about himself; he has a positive evaluation of his actual characteristics. Conversely, discrepancy between perceived self and ideal self leads to problems with self-esteem. For example, a child whose ideal self is to be very popular but who in actuality has few friends will have low self-esteem.

Pope said that children tend to be fairy similar to each other in terms of which areas they value about themselves. This is due, in part, to the structure of their lives (they all must go to school; most live in families) and to the development tasks facing them (they are learning to get along with others, and are discovering the changing capabilities and appearance of their bodie). Therefore, it is often useful to look at a child's self-esteem in five areas as follow:

1. The social area encompasses the child's feelings about himself as a friend to others. He satisfied with himself, valued his ideas, joined in his friends' activities, felt satisfied with his interaction with his peers. A child whose social needs are being met will feel self-proud and self-accept.

2. The academic area deals with the child's evaluation of himself as a student. This is not simply an assessment of academic ability and achievement- not all children can be "A" student. Instead, this is an instance where the child decides if he is "good enough." If he meets his own standards for academic achievement, then his academic self-esteem will be positive.

3. The family self-esteem reflects his feeling about himself as a member of his family. A child who feels he is a valued member of his family, who is secure in

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the love and respect he receives from family members, will have a positive self-esteem.

4. The body image is a combination of physical appearances and capabilities. The child's self-esteem in this area is based upon his satisfaction with the way his body looks and performs.

5. The global self-esteem is a more general appraisal of the self, and based on the child's evaluation of all parts of himself. A positive global self-esteem would be reflected in feeling such as "I'm a good person" or "I like most things about myself."

For the disabled child, He must admit his disability, adapt himself to society, accept the roles community needed from him in terms of capacity, working, group joining, and being assured by others, be able to take care and solve his problems, and be the least dependant. These characteristics indicate the perfect child development, which will bring to the self-proud and positive self-esteem. (Shakespeare, 1975) (Reference in Athitaya Pornchaigate ,1991 : 11)

2.2.1 Self- esteem Enhancement

Many academics had explained the methods of Self- esteem Enhancement as follow:

Sasse (Sasse. 1978:48) presented the development methods of Self- esteem Enhancement as follow:

1. Build up self-confidence by thinking about success in the future.

2. Recognized ourselves when accomplished the work by giving complement such as admiring and giving ourselves a present, which will help us feel good about our work and certainly result in positive self-esteem.

3. Accumulate the success records by writing our successes in diary in weeks or months. They might be project accomplishment, helping other to be happy, school works or other important works.

Coopersmith (Coopersmith. 1981 : 36-37) said that a person can develop self- esteem by the following means:

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1. Receiving respects, regards, and correspondence from the meaningful people in life.
2. Achieving the goal that make a person well known and have a better status and social position.
3. Being able to do things according to his/her philosophy and desire.
4. Response to decreased self- worth. The person might be affected or lowered his acting values, which consequently lower his self-esteem. The person may refuse or neglect decision of others about him. Contrary, the person may be more sensitive or aware of the others' decision, which will protect his self-esteem from reaching the anxiety and help him maintain his balance.

Bruno (Bruno. 1983: 363-365) explained 4 ways of creating the self- esteem as follow :

1. Being suggested or given ideas directly from others.
2. The ideas or data must be the positive form that will consequently give will power and good feelings about himself.
3. Trying to make self-successful.
4. Decreasing self-expectation.

2.2.2 Self-esteem of the disabled child

Self-esteem of the disabled child shows the abilities in adaptation, feeling satisfied in recent life condition, as well as the capabilities of good social life living. That is, he/she must have the characteristics as follow:

1. Independence. The disabled child must be able to help himself, face the difficulties, and make a decision to solve the problems by himself. He/She may ask others for help when come across too difficult situations but not always depend on others for his comfortable.
2. Awareness of reality. The disabled child must regard and understand himself as what he is, know of his abilities and potentialities, not force himself doing inappropriate work, not behave or dress against the income, and not have family without future planning.

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3. Adequate interpersonal relationships. To avoid the feeling of loneliness or being left out from others, the disabled child must have good manners, maintain good customs and traditions, reasonably disturb others only, and promote interpersonal relationships with others.
4. Reasonable and emotional maturity. To avoid aggressive behaviors, cruelty, furious, and anger when come across unsatisfied matters, the disabled child must be reasonable and have emotional maturity.
5. Ability to pursue appropriates goals. To avoid unplanned actions or careless doings, unreasonable behaviors such as job change too often, the disabled child must have ability to pursue appropriate goals.

In addition, the opinions and perspectives of others around him, especially his family members, affect the self-esteem of the disabled child. From Dolch study (Dolch, 1951), the disabled child needs love and understanding from others to make them feel comfortable and encouraged, and able to stay happily with others. Similar to the ideas of Goodenough and Rynkiewiery (Goodenough and Rynkiewiery, 1956), every child needs home, love, care, and sense of security. Particularly the body-impaired child, he proportionally increased of these needs. The negative attitude toward the disabled child is an important difficulty against the child self-esteem development. It causes the child feel rejected, disregarded, lack of sympathized, and lack of understanding. As a result the child will feel low expectation, unable to show his inner thought and capabilities, afraid to face problems or fight against difficulties, isolate from others to avoid feeling of inferiority, shut himself, and live his life purposelessly. These characteristics destroy happiness, values, thinking, and wisdom of the child. He will lack of enthusiastic, reason, freedom, feel sad and lonely, want to be alone, be unconfident, not assure with future and useful way of living.(Pranee Kaewchareon and Pat Padsabutra , 1990) Thus, people around him should understand, accept, love, care, and encourage, as well as giving him living necessities and rehabilitation which will give him a chance to be independent, consequently, he/she will feel good about himself and others, loved and cared, and regarded. The

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disabled child will be full of hope and ready to face his life with pride. (Reference in Athitaya Pornchaigate , 1991 : 18-19)

2.3 Related Literature

Summarize of researches about self-esteem of the Thai disabled are as follow:

Daungkamol Vejbanyongratana (1988) studied about self-concept of the disabled in rehabilitation process. The result of the study stated that the disabled rehabilitation and vocational training process can develop the disabled self-concept in areas of family, peers, institute (The Disabled Rehabilitation Center and House of The Disabled and Impaired Person), and others. In comparison of the average value of the disabled self-concept in every areas, firstly, the disabled group who earn a living will have perfect self-concept in every areas, secondly is the group who just completed vocational training, and lastly is the group who have not been in vocational training will have the least self-concept. Among people in these careers studied (government employees, business owners, workers), most of them thought that the disabled are pitiful and need help. For the acknowledgement from others, recently the disabled are more acknowledged than before. In addition, these people think the disabled welfare are more progressive now and suggested to increase public relation about the disabled.

Athitaya Pornchaigate (1991) studied about Reading Therapy affect in self-esteem of the disabled child from Srisangwal school. The result of the study stated that Reading Therapy can promote self-esteem of the disabled child who studying in Mathayom1, 2, and 3 in Srisangwal school. The reason is, books, such as Dear little Pang and The Oak Chain have influences in changing reader's behaviors if chosen wisely.

Chitra Sirisomboonlap (1993) studied about factors affect self-concept of the disabled. The result of the study stated that self-concept of the disabled in many areas can be developed and changed after received occupational, social, and medical rehabilitation. The individual factors e.g. career knowledge, nature of disability, and educational level, are the other factors that help self-concept of the disabled changed in a better way.

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To summarize the results of these studies, self-esteem of the disabled is needed to be promoted by rehabilitating the disabled in many ways. Both congenital disability and acquired disability, they are suffered a loss in physically, mentally, spiritually, socially, and consciously. Education and career development for the disabled will help them fulfill their lives and live worthily for themselves and others.

Due to nowadays economic and social situation, people are tensely struggling and fighting for their living. There are books written by many psychology academics that suggest people how to live their lives worthily, meaningfully, and happily. Some of them are as follow:

How to build self- confidence (1990) written by Robert Antony, translate into Thai by Boon Ratanapanya. The book said about self-esteem that the important factor of self-confidence and positive self-respect building is acceptance of objective self-value. Human beings will develop positive self-respect when they are aware of self-capabilities and self-worth. Moreover, people must start to understand and love oneself before having the perfect life, and he will be happy and actually independent.

In darkness (1989) written by Sirichai Viriya, the young blind man who looks through the darkness with humor. He told about his proud life living, his optimism, changing crisis to opportunity. He transferred his happiness into the letters and felt proud of his tough but valuable and proudly life. He started his education in Bangkok School of The Blind and continue his study in U.S.A. until completed grade 12: score 3.76. He was interviewed by television broadcast in U.S.A, which gave him a high sense of pride and self-esteem.

Life in darkness with Dharmma, printed by Truth for Life Development Group: written by Supoj Raasameesuansroy, one of Bangkok School of The Blind 's alumni. This book summarized his experiences in life living, social living, and adapting Dharmma in daily living. The author tried to illustrate that everyone needed Dharmma to lead their lives because our own lives and global communities will be in piece if we conducted the worthy and generously life living for humanity and others, which is one of the ideas of building self -esteem.

Search and understand yourself (1991) by Mental Health Department, Public Health Ministry. The book is for teenager and to tell them that who they are, what

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they want in life, what potentials or capabilities they have, what should be their roles, and how the life development is. It aims to create the adolescent self -esteem, love, and confidence, which will lead to the proudly right and appropriate life living. Emotional Quotient revised edition (1991) by Mental Health Department, Public Health Ministry. Another good book for people who interested in this knowledge and understanding, will bring to evaluation of emotional capability and development, which accompany by creative and happy living according to 3 factors of Emotional Quotient: good, capable, and happy.

Toedsak Dejkong (1991: 121,135-136), the author of From E.Q to Consciousness and Wisdom, stated self-esteem that consciousness will lead to a worthy life living. In doing things or business, we must have a goal and know the process, what is it and is it suitable for us.

Consciousness can be divided into body, emotional, mental, and natural consciousness as follow:

Body Consciousness means knowing of every single body movement e.g. hand movement, chewing, walking, or even sitting still.

Emotional Consciousness means knowing of all feelings, no matter good or bad or neutral. This will help to control the situation.

Mental Consciousness means life quality, which is concentration. Fully conscious brings to concentration, a child who has fully conscious while reading will concentrate in reading soon.

Natural Consciousness means the truth of natural. For instance body is changeable and capability is changeable. If the body did not have a good care, it might get sick or a capable child could be fail if he did not read the books.

In the other way, this 4 Consciousness are self- conscious (body, emotion, mental) and environment-conscious (natural). To summarize, one shall have consciousness in oneself and natural truth.

Victor Frank, the psychologist who invented logo therapy and existentialism theory insisted many essential qualifications of human but all of them had to start with self awareness. Using his experience of prisoner in Nazi detention camp, Frank was aware that what make us live is a meaning or a goal of life.

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Consciousness and concentration will make us a worthy man, Wisdom and knowledge of the truth make us a happy man. Finally, consciousness and wisdom will bring us to Buddha State, awareness, awakening, and high spirits. Awareness of the truth, awakening to know ourselves and high spirits in freedom and happiness.

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CHAPTER III
METHEDOLOGY

This study is a Descriptive Research to study about self-esteem of students with visual impairment in The School for The Blind, Bangkok, age between 9-18 years old. The co-researcher read the questions to the population group and asked them to answer according to their feelings in Braille.

3.1 Population

The population of this research were students with visual impairment in Prathom4-6, The Bangkok School for The Blind, age between 9-18 years old.

3.2 Criteria of the population Group

The population group consists of 53 pre-adolescent students with visual impairment in Prathom4-6, The School for The Blind, Bangkok, age between 9-18 years old.

3.3 Research Tools

The research tools in this study were the self-esteem Inventories questionnaire for students with visual impairment to answer. The researcher asked the teacher to read questions to students, then they would answer in Braille in A4 paper. The questionnaire was divided into 3 parts as follow:

Part 1 consists of 10questions about personal status of students: sex, age, religion, siblings, education level, parents data (age, education level, and health), family status, health, and nature of disability. (Details in Appendix)

Part 2 is The Coopersmith Self-Esteem Inventories for student, translated and edited into Thai by Anurak Bunditchart, M.D. (2541), Mental Health Department, Ministry of Public Health. The researcher adjusted 58questions understandable for visual impaired students.

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Part 3 consists of 2 questions about integrated Program after Prathom 6.

The Coopersmith Self-Esteem Inventories Questionnair.

The Coopersmith Self-Esteem Inventories for student has a self-reported characteristic by letting the students consider if these questions correct to him/herself. When he feels it corrected to himself, put "Y" (Yes, it is me), otherwise put "N" (No, it is not me). This questionnaire for student consists of 58 questions in 5 dimensions as follow:

Dimension 1, General self. There are 26 questions for students to evaluate themselves in general. For instances, physical appearance compared with others, feeling of self-confidence, making decision, self-adaptation. This dimension consists of questions number 1, 3, 4, 7, 10, 12, 13, 15, 18, 19, 24, 25, 27, 30, 31, 34, 35, 38, 39, 43, 47, 48, 51, 55, 56 and 57.

Dimension 2, Social Self- Peer. There are 8 questions for students to evaluate themselves in being popular, accepted, and admired among their peers, family, and significant others. This dimension consists of questions number 5, 8, 14, 21, 28, 40, 49 and 52.

Dimension 3, Home – Parents. There are 8 questions for students to evaluate their relationship with parents, lives in their family, and aware of parents' feeling toward them: understanding, expectation, and loving care. This dimension consists of questions number 6, 9, 11, 16, 20, 22, 29 and 44.

Dimension 4, School – Academic. There are 8 questions for students to evaluate their adaptation at school, relationship with teachers and peers, successful, and grade satisfaction. This dimension consists of questions number 2, 17, 23, 33, 37, 42, 46 and 54.

Dimension 5, Lie scale. There are 8 questions for students to show their defensiveness. Knowing the intention of this questionnaire, the students may try to make positive answer. This dimension consists of questions number 26, 32, 36, 41, 45, 50, 53 and 58.

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Criteria for Marks

Due to positive and negative self-explanation in this questionnaire, criteria for marks in each question are different. The researcher assigned the test characteristics and criteria for marks as follow:

1. 32 negative questions that get 1point with "No" are questions number 2, 3, 6, 7, 10, 11, 12, 13, 15, 16, 17, 18, 21, 22, 23, 24, 25, 30, 31, 34, 35, 40, 44, 46, 48, 49, 51, 52, 54, 55, 56 and 57.

2. 18 positive questions that get 1point with "Yes" are questions number 1, 4, 5, 8 , 9, 14, 19, 20, 27, 28, 29, 33, 37, 38, 39, 42,43 and 47.

3. The lie scale questions that get 1 point with "Yes" are questions number 26, 32, 36, 41, 45, 50, 53 and 58. These points will be uncounted with self-esteem total marks but evaluated the reliable of each student.

This test consists of 58 questions, 1 point each, with the answers of "Yes, it is me." or "No, it is not me.". Total marks from 4 dimensions, excluding lie scale, is the score for self-esteem. The double of this result is equal 100 marks.

Subtopics	Question number	Marks	Total
1. General self Subscale	1, 3, 4, 7, 10, 12, 13, 15, 18, 19, 24, 25, 27, 30, 31, 34, 35, 38, 39, 43, 47, 48, 51, 55, 56, 57	26	52
2. Social- Self- Peers Subscale	5, 8, 14, 21, 28, 40, 49 ,52	8	16
3. Home – Parents Subscale	6, 9, 11, 16, 20, 22, 29, 44	8	16
4. School –Academic Subscale	2, 17, 23, 33, 37, 42, 46, 54	8	16
5. Lie scale	26, 32, 36, 41, 45, 50, 53, 58	8	8
Total 1+2+3+4			100

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3.4 Data Collection

1. The researcher asked the principal of The Bangkok school for The Blind the permission to collect data for this research and teachers' cooperation in data collection.

2. When the permission granted, the researcher coordinated with teachers, explained how to collect data, and being the data collector by reading the questionnaire to students.

3. The researcher made appointment with teachers and students of each class to conduct this self-esteem questionnaire by teachers read the questions twice, then students answered from their feelings in A4 paper in Braille.

4. The researcher transformed the 53 answer sheets to normal letter for convenience in data analysis.

5. Analyze data.

3.5 Data Analysis.

1. Using calculator to calculate some data.

2. Using MicroComputer, Microsolf Excel for data compiling.

Statistics in Data Analysis

Basic Statistics in personal data analysis:

1. Arithmatic Mean (Supachai Supavan, 1997:47)
2. Percentage
3. Standard deviation

The result was presented in Semitabular presentation to show the numbers and explain with contex.

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CHAPTER IV
RESULTS

This research is study on self-esteem of 53 students with visual impairment, Prathom 4-6 in The Bangkok school for The Blind, age between 9-18 years. The result of the research will be presented as follow:

Part I General characteristic of population group.

Part II General characteristic of parents.

Part III Self-esteem.

Part IV Ideas to prepare for integrated education program.

Data analysis on the result of this research, the researcher used these signs in the meaning as follow:

N = population group

X = Arithmatic mean

SD = Standard Deviation

Part I General characteristic of population group.

Table 1 Percentage of population group defined by sex, education level, age, religion, siblings, health condition, nature of disability, and cause of disability.

Characteristics of population group	Students (N=53)	Percentage
Sex		
Male	26	49.1
Female	27	50.9

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Table 1 (continue)

Characteristics of population group	Students (N=53)	Percentage
Education level		
Prathom4	16	30.
Prathom 5	25	47.2 *
Prathom 6	12	22.6
Age (years)		
9	1	1.9
10	2	3.8
11	2	3.8
12	7	13.2
13	6	11.3
14	13	24.5
15	8	15.1
16	9	17.0
18	5	9.4
Religion		
Buddhist	52	98.1
No answer	1	1.9
Siblings		
1	2	3.8
2	23	43.4 *
3	10	18.9
4	6	11.3
5	4	1.5
6	2	3.8
7	2	3.8
8	1	1.9
9	3	5.7

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Table 1 (continue)

Characteristics of population group (N=53)	Students	Percentage
Health condition		
Good	47	88.7
Disease	6	11.3
Nature of disability		
Totally Blindness	21	39.6
Low vision	32	60.4
Cause of disability		
Congenital	51	96.2
Acquired	2	3.7

Table 1 shows that the population group comprised male 49.1% (26) female and 50.9% (27), which is not different in amount. Most of them study in Prathom 5 47.2% (25), age 15 years old 24.5% (13). The youngest age is 9 years old 1.9-% (1) and the oldest is 18 years old 9.4% (15). Majority of the population group are Buddhist 98.1%(52). 5.7%(3) of the sampling group have 9 siblings and 3.8%(3) have no siblings. 88.7%(47) of them have good heath condition and 11.3%(6) have the illness. 60.4%(32) have blindness and 39.6%(21) have low vision. 96.2%(51) are congenital blind and 96.2% (51) are acquired blind.

Part II General characteristic of parents.

Table 2 Age of parents

Age (years)	Father	Mother
Youngest	32	30
Oldest	83	73

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Table2 shows the age of parents of the students with visual impairment: the youngest father is 30 years old and the oldest father is 83 years old, the youngest mother is 30 and the oldest mother is 73 years old.

Table 3 Age interval of father and mother of the population group.

Age (years)	Age of father		Age of mother	
	Students	percentage	Students	percentage
under 35 years	6	11.3	14	26.4
36-40 years	12	22.6	14	26.4 *
41-45 years	17	32.1 *	10	18.9
46-50 years	4	7.5	5	9.4
50 years up	9	17.0	7	13.2
Unknown	5	9.4	3	5.7

Table3 shows that most father, 32.1%(17), have age between 41-45years old and 9.4%(5) has unknown age. Most mother, 26.4%(14), have age between 36-40years old and 5.7%(3) have unknown age.

Table 4 General characteristics, educational level, career, and health of parents.

General characteristic	Father		Mother	
	Students	percentage	Students	percentage
Education level				
None	3	5.7	4	7.5
Prathom	24	45.3 *	28	52.8 *
High school	12	22.6	10	18.9
Undergraduate	-	-	2	3.8
Bachelor	6	11.3	2	3.8
Higher than bachelor	2	3.8	3	5.7
Unknown/not answer	6	11.3	4	7.5

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Table 4 (continue)

General characteristic	Father		Mother	
	Students	percentage	Students	percentage
Career				
Public service	8	15.1	4	7.5
Agriculture	12	22.6	11	20.8
Business	8	15.1	18	34.0 *
Worker	18	34.0 *	13	24.5
Others	-	-	3	5.7
Unknown	7	13.2	4	7.5
Health				
Good	41	77.4	39	73.6
Disease	5	9.4	11	20.8
Not answer	7	13.2	3	5.7

Table 4 shows that most father, 45.3%(24), have Prathom education level as well as majority of mother, 52.8%(28). There are 22.6%(12) of father and 18.9%(10) of mother have high school education level. 3.8%(2) of father and 5.7%(3) of mother have education higher than bachelor degree.

Parents' career of the sample group: majority of father, 34.0%(18), and 24.5% (13) of mother are workers. There are 22.6%(12) of father and 20.8%(11) of mother working in agricultural field. Most of mother, 34.0%(18), have their own business.

Parents' health condition : majority of father, 77.4%(41), and 73.6%(39) of mother have good health. But 20.8%(11) of mother more than 9.4 %(5) of father have illness with no answer about father's health,13.2 %(7), more than mother's of 5.7%(3).

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Table 5 Parents' income

Income per month	number of parents	percentage
Average income (Baht)		
Under 5,000 Baht	22	41.5
5,001 – 10,000 Baht	14	26.4
10,001 – 15,000 Baht	2	3.8
15,001 – 20,000 Baht	6	11.3
20,001 Baht up	6	11.3
Unknown	3	5.7

Table 5 shows Parents' average income per month that most of them, 41.5% (22 families), have monthly income under 5,000 Baht. 26.4 %(14 families) of them earn 5,001 – 10,000 Baht. Otherwise 11.3 %(6 families) of them earn 15,001 – 20,000 Baht and the same percentage earn 20,001 Baht up.

Table 6 Parent's marital status

Parent's marital status	number of parents	percentage
Live together	32	60.4
Separate	8	15.1
Divorce	6	11.3
Father passed away	3	5.7
Mother passed away	2	3.8
Unknown	2	3.8

Table 6 shows that most Parents, 60.4% (32), live together, 15.1% (8) are separate. Mother passed away and unknown have the same number of 3.8% (2).

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Part III Self-esteem

Table 7 Mean of self-esteem marks

Self-esteem	Σx	Self-esteem marks Mean ($\overline{X}$)	Standard deviation (S. D.)
General self	1,498	28.26	8.49
Social self-peer	510	9.62	2.78
Home-parent	530	10.00	4.82
School-academic	494	9.32	3.08
Lie scale	122	2.30	1.33
Mean of every dimensions (Exclude of lie scale)	3,032	57.21	12.80

Table7 shows that the sample group has self-esteem marks in each dimensions as follow: General self marks=1,498 (53 parents), Mean=28.26, Standard deviation=8.49. Social self-peer marks=510(53 parents), Mean=9.62, Standard deviation=2.78. Home-parents marks=530 (53 parents), Mean=10.00, Standard deviation=4.82. School-academic marks=494 (53 parents), Mean=9.32, Standard deviation=3.08. Lie scale marks=122 (53 parents), Mean=2.30, Standard deviation=1.33.

Total self-esteem marks from 50 questions (exclude 8 question of lie scale)= 3032 (53 parents), Mean=57.21, Standard deviation=12.80.

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Table 8 Relation between sex and self-esteem mean.

Sex	$\bar{X}$	S.D.	N
Male	60.84	12.55	26
Female	53.70	12.92	27

Table8 shows that students of different sex have different self-esteem mean. Compare to female, male has higher self-esteem mean.

Table 9 Relation between age and self-esteem mean

Age of student (years)	$\bar{X}$	S.D.	N
9 - 12	57.83	12.22	12
13 - 15	57.70	12.92	27
16 - 18	55.71	12.27	14

Table9 shows that students age between 9-12 years and 13-15 years have the same self esteem mean which is higher than the 16-18 years self-esteem mean.

Table 10 Relation between class and self-esteem mean

Class	$\bar{X}$	S.D.	N
Prathom 4	55.66	12.29	16
Prathom 5	57.20	12.43	25
Prathom 6	60.50	9.79	12

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Table10 shows that the higher class, the more positive self-esteem the students have.

Table 11 Relation between nature of disability and self-esteem mean

Nature of disability	$\bar{X}$	S.D.	N
Totally blind	56.57	12.55	21
Low vistion	57.62	12.74	32

Table11 shows that the students with low vision have the same self-esteem as the totally blind have.

Table12 Relation between parents' marital status and self-esteem mean

Parents' marital status	$\bar{X}$	SD	N
Live together	57.62	12.92	32
Separate	52.75	12.07	8
Divorce	60.00	12.58	6
Father or mother passed awa	60.00	12.50	5
Others	53.00	7.57	2

Table12 shows that students who their parents live together have higher self-esteem than the ones their parents live separate. The students who their father or mother passed away have higher self-esteem than the ones their parents live separate.

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Table13 Relation between the age of father and self-esteem mean

Age of father (years)	$\bar{X}$	S.D.	N
30 - 40	59.11	12.43	18
41 – 50	57.62	12.75	21
51 years up	52.00	12.79	9
Not answer	58.00	12.41	5

Table13 shows that students with father age 51 years up have lower self-esteem than the ones with younger father. No difference of self-esteem level among the students with father age30-50 years.

Table14 Relation between education level of father and self-esteem mean

Education level of father	$\bar{X}$	S.D.	N
None	52.00	12.81	3
Prathom	56.08	12.92	24
High school	57.67	12.23	12
Bachelor	60.00	12.16	6
Higher than Bachelor	54.00	12.86	2
Not answer	60.00	12.41	6

Table14 shows that the students with none educated father have lower self-esteem than the ones with educated father.

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Table15 Relation between career of parents and self-esteem mean

Career of parents	$\overline{X}$	S.D.	N
Government service	62.75	12.02	8
Agriculture	55.50	12.67	12
Business	60.00	12.69	8
Worker	54.78	12.78	18
Others	56.57	12.41	7

Table15 shows that the students with father working in government service or business have higher self-esteem than the ones with father working in agriculture field or worker.

Table16 Relation between age of mother and self-esteem mean

Age of mother (years)	$\overline{X}$	S.D.	N
30 - 40	56.21	12.63	28
41 – 50	60.27	12.55	15
51 years up	52.85	12.65	7
not answer	61.33	12.13	3

Table16 shows that the students with mother age 41-50 years have higher self-esteem than the ones with mother age over 51 years.

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Table17 Relation between education level of mother and self-esteem mean

Education level of mother	$\bar{X}$	S.D.	N
None	48.00	12.87	4
Prathom	56.14	12.74	28
High school	61.40	12.22	10
Diploma	44.00	15.35	2
Bachelor	66.00	14.12	2
Higher than Bachelor	58.66	12.16	3
Unknown	64.50	12.13	4

Table 17 shows that the students with uneducated mother have lower self-esteem than the ones with Prathom or high school educated mother. The students with diploma educated mother have lower self-esteem than the ones with bachelor or higher than bachelor educated mother.

Table18 Relation between career of mother and self-esteem mean

Career of mother	$\bar{X}$	S.D.	N
Government service	67.50	13.21	4
Agriculture	50.55	12.45	11
Business	57.22	12.78	18
Worker	56.15	12.92	13
Others	62.57	12.45	7

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Table18 shows that the students with mother working in government service have higher self-esteem than the ones with mother working in agriculture field or worker or business.

Part IV Ideas to prepare for integrated education program

Table19 Percentage of ideas about integrated education program

Text	Want		not want	
	student	percentage	student	percentage
1. I want to stay with other sighted people	47	88.7	6	11.3
2. I think I can adapt myself to study in the regular school.	45	84.9	8	15.1

Table19 shows that 88.7%(47 students) want to stay with other sighted people and 84.9% (45 students) think they can adapt themselves to study in the regular school.

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CHAPTER V
CONCLUSIONS, DISCUSSIONS AND SUGGESTIONS

This chapter comprises conclusion, discussion, and suggestions about self-esteem study of the students with visual impairment: case study of 9-18 years old students, Prathom 4-6, in The Bangkok School for The Blind.

Purposes of the research are as follow:

1. To study self-esteem characteristics of the 9-18 years old students with visual impairment, Prathom 4-6, in The Bangkok School for The Blind.
2. To study factors related to self-esteem of the students with visual impairment.
3. To study problems and difficulties in building self-esteem of the students with visual impairment.

Scope of the research

The sample group in this research are the 9-18 years old, 53 students with visual impairment, Prathom 4-6, in The Bangkok School for The Blind.

Research tools

Research tools in this research is The Coopersmith Self-Esteem Inventories, School From , for students age 8-15 years, Thai version (Anurak Bunditchart , 1997 :77-81). Some words in this Inventories were adjusted to be understandable for the students with visual impairment. This questionnaire consists of 58 questions.

Research methods

The researcher conduct data collecting by coordinate and collaborate with the principal of The Bangkok School for The Blind. To be co-researcher, teacher Suchitra Tikawattananon was granted permission to read the questions slowly to the students,

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one at a time, and repeat twice to make sure that the students understand and have time to think it over. Then put the answers in a blank A4 paper with Braille.

This process divided students into two groups, 25students in Prathom 5 and 28 students in Prathom 4,6.

Being boarders in a boarding school, there are limitation in giving family data. The researcher had to get more information from the social workers to support data analysis. These data were obtained in general about family history of each class.

To prevent bias, the answers were transformed into normal letters by the blind who did not have closed relationship with the students. Then the data were to be analyzed.

Data Analysis

Use percentage statistics, Mean, and Standard deviation.

Conclusion of the research

General characteristic of the sample group.

The sampling group comprised male 49.1% (26) female and 50.9% (27), which is not different in amount. Most of them study in Prathom 5 47.2% (25), age 15 years old 24.5% (13). The youngest age is 9 years old 1.9-% (1) and the oldest is 18 years old 9.4% (15). Majority of the sampling group are Buddhist 98.1%(52). 5.7%(3) of the sampling group have 9 siblings and 3.8%(3) have no siblings. 88.7%(47) of them has good heath condition and 11.3%(6) have the illness. 60.4%(32) have blindness and 39.6%(21) have low vision. 96.2%(51) are congenital blind and 96.2% (51) are acquired blind.

General characteristic of parents of the sample group.

General characteristic of parents: the youngest father is 32 years old and the oldest father is 83 years old, the youngest mother is 30 and the oldest mother is 73 years old. parents age interval: most father,32.1%(17), are 41-45 years and most

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mother, 26.4(14), are 36-40 years. 9.4%(5) of father have unknown age and 5.7 % (3) of mother have unknown age.

Education level of parents: most father, 45.3%(24), has Prathom education level as well as majority of mother, 52.8%(28). There are 22.6%(12) of father and 18.9%(10) of mother have high school education level. 3.8%(2) of father and 5.7%(3) of mother have education higher than bachelor degree.

Parents' career of the sample group: majority of father, 34.0%(18), and 24.5% (13) of mother are workers. There are 22.6%(12) of father and 20.8%(11) of mother working in agricultural field. Most of mother, 34.0%(18), have their own business.

Parents' average income per month: most of them, 41.5%(22 families), have monthly income under 5,000 Baht. 26.4 %(14 families) of them earn 5,001 – 10,000 Baht. Otherwise 11.3 %(6 families) of them earn 15,001 – 20,000 Baht and the same percentage earn 20,001 Baht up.

Parents' health condition: majority of father, 77.4%(41), and 73.6%(39) of mother have good health. But 20.8% (11) of mother more than 9.4 %(5) of father have illness with no answer about father's health, 13.2 %(7), more than mother's of 5.7% (3).

Parents marital status: most Parents, 60.4% (32), live together, 15.1% (8) are separate. Mother passed away and unknown have the same number of 3.8% (2).

Family details of students from the social workers revealed that the unknown answer came from 3 abandoned children, they lived in the government orphanage house and had no idea about family or personal history. Majority of the students knew about family data and able to answer correctly.

Discussion of the research

Characteristics of self-esteem of the students with visual impairment can be conclude as follow:

The students with visual impairment have self-esteem mean=57.21, Standard diviation=12.80, which is not quite different to the result of self-esteem study in long

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form of high school students from Lopburi that have self-esteem mean=61.51, Standard diviation=14.32.

Male have higher self-esteem than female. Students age 9-15 years have higher self-esteem than students age 16-18 years. It tend to be possible because students at this age will be in high school level. Student in higher education level have higher self-esteem.

No different in self-esteem level between the totally blind and the low visual students.

Parents marital status shows that students who their parents live together have higher self-esteem than the ones who parents live separate. Moreover, students who their parents divorced or one of their parents passed away have high self-esteem too.

Parents' age effects on self-esteem of the students: students with young parents have high self-esteem. There are ones who did not answer because they were abandoned and lived in government orphanage house. But they also have high self-esteem.

Parents' education level shows that students with high educated parents have high self-esteem which is consistent with the study of Yawalak Mahasithiwatana (reference in Anurak Bunditchart,1997 : 66). Education of father may or may not effect on self-esteem of the students, this point should be study extendedly.

Career of parents shows that students who their parents work in agricultural field have lower self-esteem than the ones their parents work in government service, business or worker. The study of self-esteem of the students with visual impairment shows that most of them want to stay with normal people and want to study with normal children. This may relate with self-esteem (reference in Anurak Bunditchart,1997 : 12). Coopersmith said that second from home, school and academic help in self-esteem development. In the class, duty of school is to help students confident in skills, ability, and self-esteem. For instance, teacher should give them chances to have activities freely and not against school rules, let them solve problems by themselves to promote their self-confidence.

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Factors related to self-esteem

There are 2 kinds of factors: in-factor and out-factor.

In-factor means specific character of each person effects on self-esteem of that person. Students who are totally blind or partially blind have the same level of self-esteem. Most of them are in good health reflected on mental condition of satisfaction, enthusiastic to conduct activities happily, and have high self-esteem.

Out-factor means circumstances that person related to and effect on self-esteem of that person. Circumstances such as family, students with parents living together have higher self-esteem than the ones parents living separately. Meisenhelder (Meisenhelder, 1985) stated that children growing with loving care will develop a high self-esteem.

Social status, career, education, and economy status of the family are also the factors effect on self-esteem.

Suggestions

To help the blind realized of their self-esteem, the promotion and development must consist of the supportive, rehabilitated, and reinforced circumstances. There are some important suggestions to the roles of organizations and persons concerned with as follows:

1. **Family role** is the most significant basic in building self-esteem of the blind by providing suitable life necessities. To build up their confidence, family members should give them love, care, understanding, acknowledgement, and encouragement as well as chances in joining activities and academy.

2. **Academic Institutes** includes policy, teacher, and other personals as well as equipment, mediums, and activities helping them to learn. There should be chances to develop them in every dimensions to compensate their inferiority and

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fulfill their lives as in the intention of The National Education Act1999 (Article10). Especially in co-learning project, schools should provide appropriate circumstances that help develop self-esteem of the blind.

3. Teachers To promote self-esteem, there should be guideline to evaluate self-esteem of the students in practical form to lead to consulting service, academic suggestion, activities to live in social. Teacher is one of the factors effect on self-esteem development by giving attention and care.

4. Questionnaire The self-esteem inventories, student form, translate into Thai by Anurak Bunditchart,M.D.(1997), Mental Health Department, Ministry of public Health, can evaluate self-esteem and suitable to use with the highest level students of The Bangkok School for The Blind before they join in co-learning project.

Suggestions for the next research

1. Study result of activities or self-esteem reinforce projects for the students with visual impairment. For instance, the effect of reading therapy on the students with visual impairment or the effect of mind related group on the students with visual impairment.

2. Study factors effect on quality of self-esteem of the students with visual impairment.

Research Limitations

1. This research study and evaluate self-esteem of the students with visual impairment in The Bangkok School for The Blind, which is the private school for visual impaired children. The students in the sample group are older than the normal in the same class level.

2. This research study only with the students with visual impairment in Prathom4-6,The Bangkok School for The Blind, both boys and girls. Most of them are the boarders. They can not represent all disabled children but the result of this research can be a guideline for other groups of the disabled.

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Appendix

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Appendix A

The Self-Esteem Inventories, School From

Explanation in answering this questionnaire.

1. This questionnaire comprises 3 parts as follows:

Part	**1**	Survey on personal information, 10 questions.
Part	**2**	Survey on self-esteem, 58 questions.
Part	**3**	Survey on joining in co-learning project, 2 questions

2. Please answer every parts and every questions according to your real feeling because there is no right or wrong with your answers. These will be the perfect data and useful for this research.

This questionnaire comprises 3 parts, 4 pages

Part 1	Your personal status
Remark	Please fill in the blank or mark ✓ on the ☐ that describe your conditions.

1. sex ☐1. male ☐ 2. female
2. class ☐1. Prathom4 ☐ 2. Prathom 5 ☐3. Prathom 6
3. Age.....years
4. Religion ☐1. Buddhist ☐2. Islam ☐3. Christian ☐4. Others.....
5. Siblings (Including yourself).....people

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6. Information of father Age……..years

Education level ☐1.none ☐2. Primary ☐3. High school
☐4. Diploma ☐5. Bachelor ☐6. Higher than Bachelor

Career ☐1. Government service ☐2. Government enterprise
☐3. Agriculture ☐4. Business
☐5. Worker ☐6. Others……...

Health ☐1. Good ☐2. Disease……

7. Information of mother Age……..years

Education level ☐1.none ☐2. Primary ☐3. High school
☐4. Diploma ☐5. Bachelor ☐6. Higher than Bachelor

Career ☐1. Government service ☐2. Government enterprise
☐3. Agriculture ☐4. Business
☐5. Worker ☐6. Others……...

Health ☐1. Good ☐2. Disease……

8. Family information

8.1 Income per month (estimate)……Baht

8.2 Parents marital status ☐1. Live together ☐2. Live separately ☐3. Divorce
☐4. Father passed away ☐ 5. Mother passed away

9. Your Health ☐1. Good
☐2. Disease……..

10. Disability ☐1.Totally blind
☐2. Low vision

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Part 2 **Self-esteem Inventories**

Remark Please read these questions to the students and let them write the answers according to their feelings. Write "Y" for Yes it is me and "N" for it is not me.

Please answer all questions according to your true feelings since there is no right or wrong.

1. Things usually don't bother me.
2. I Find it very hard to talk in front of the class.
3. There are lots of things about myself I'd change if I could
4. I can make up my mind without too much trouble.
5. I'm a lot of fun to be with.
6. I get upset easily at home.
7. It takes me a long time to get used to anything new.
8. I'm popular with kids my own age.
9. My parents usually consider my feelings.
10. I give in very easily.
11. My parents expect too much of me.
12. It's pretty tough to me.
13. Things are all mixed up in my life.
14. Kids usually follow my ideas.
15. I have a low opinion of myself.
16. There are many times when I'd like to leave home.
17. I often upset in school.
18. I'm not as nice looking as most people.
19. If I have something to say, I usually say it.
20. My parents understand me.
21. Most people are better liked than I am.
22. I usually feel as if my parents are pushing me.

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23. I often get discouraged at school.
24. I often wish I were someone else.
25. I can't be depended on.
26. I never worry about anything.
27. I'm pretty sure of myself.
28. I'm easy to like.
29. My parents and I have a lot of fun together.
30. I spent a lot of time daydreaming.
31. I wish I were younger.
32. I always do the rights thing.
33. I'm proud of my school work.
34. Someone always has to tell me what to do.
35. I'm often sorry for the things to do.
36. I'm never happy.
37. I'm doing the best work that I can.
38. I can usually take care of my self.
39. I'm pretty happy.
40. I would rather play with children younger than I am.
41. I like everyone I know.
42. I like to be called on in class.
43. I understand myself.
44. No one pays much attention to me at home.
45. I never get scolded.
46. I'm not doing as well in school as I'd like to do.
47. I can make up my mind and stick to it.
48. I really don't like being a boy. (if you are a boy)
    I really don't like being a girl. (if you are a girl)
49. I don't like to be with other people.
50. I'm never shy.

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51. I often feel ashamed of myself.
52. Kids pick on me very often.
53. I always tell the truth.
54. My teachers make me feel I'm not good enough.
55. I don't care what happens to me.
56. I'm a failure.
57. I get upset easily when I'm scolded.
58. I always know what to say to people.

Part 3 2 Questions about requirement of integrated Program after graduated from the school.

59. I want to stay with the other students.	Yes	No
60. I think I can adapt myself to learn with the normal students.	Yes	No

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APPENDIX B

FOUNDATION FOR THE BLIND IN THAILAND UNDER THE ROYAL PATRONAGE OF HM THE QUEEN

For sixly years the Foundation for the Blind in Thailand under the Royal Patronage of HM the Queen, which is a non-profit organization, has assisted blind and low vision people. This has been possible because of the kind cooperation and assistance from people who realize the value and importance of proving blind people with equal opportunities. This assistance has been both financial and in-kind donations.

Through this support provided by the public, The Foundation for the Blind in Thailand has strived throughout its 60 years of existence to run smoothly and to meet its objectives. The Foundation started small with a small school for the blind founded by Miss Caulfield, an American blind woman. From this the education for the blind in Thailand has expanded to help meet the various needs of blind people.

The Foundation for the Blind in Thailand runs five centers : The Bangkok School for the Blind, the Skills Development Center for the Blind, the Education and Technology Center for the Blind, the Sampran Rehabilitation and Vocational Training Center, and the Lighthouse for the Blind. Each of these centers is run by its own Committee who continuously work in order to provide a chance for blind people to live their lives as normal members of society.

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THE BANGKOK SCHOOL FOR THE BLIND

Miss Genevive Caulfield, an American blind woman, founded the first school gor the blind in Thailand at a small house that she rented on Korche Road, Saladaeng. Bangkok. The School had been supported by kind people and subsequently they all joined together to estabish a foundation which was called the Foundation for the Blind of Thailand. They founded the Foundation on May 10 B.E. 2482 (1939). This was the first foundation for the blind in Thailand. The objective of the Foundation was to provide education to blind people so they could learn to live independently and be of an asset to society. The Foundation's office was located in the Bangkok School for the Blind, what at that time was also the residence of Miss Genevive Caulfield. The Board of the Foundation assisted with fund raising and received kind assistance from the Woman Club of Bangkok and other foreign ladies. The wife of the American Ambassador and the wife of the Consul of the Netherlands were very helpful and helped to arrange a charity party to collect donations for the Foundation.

The school eventually moved to soi Phraya Phiphat off Silom Road. The house rented there was bigger than the first house which allowed the School to admit residential students who were supported by donations collected by the Foundation.

In B.E. 2484 (1941) the School had 14 boys and girls who were residential students. The space in the School was too small for this many children and so the school was moved to Pramuan Road in B.E. 2485 (1942).

In B.E. 2486 (1943) the Foundation received its first subsidy from the government.

During World War ll it was felt that conditions in Bangkok were too hazardous for the students and 17 students were moved to Dong Tai Sub-District, Ratchburi Province. One year later, other students were moved to Hua Hin District, PrachuabKhirikhan Province. At the end of the War, the School moved back to Bangkok to Soi Chidlom, Ploenchit Road. In B.E. 2489 (1946) the School was moved again to Soi Phya Loha. At that time there were a total of 40 students.

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In B.E. 2490 (1947) Miss Caulfield resigned as Director of the School and went back to Japan. She and the Board of Directors requested 4 Sisters from the Salesian Order to care of the students. Sister Rose Moore was appointed the acing Manager of the School. The Sisters took care of the student and helped teach in the School. Under their leaderships the students continued to be clever in their studies, were disciplined and honest, and grateful to everyone who helped them. This Sisters turned the administration of the School back to the Foundation in B.E. 2535 (1992)

The School had to be moved many times during the early years because as it expanded and the number of students increased each location became too small. Therefore, the government granted a special concession to the School to rent 8 rais of royal property at the crossroads of Rajavithi Road and Rama Vl Road, Phyathai. The government led by Prime Mister Plaek (Por.) Phibulsongkhram, whose wife Thanphuying Ying La-iad was also a strong supported of the school, approved to construct a buliding for the School in B.E. 2493 (1950). The first student who graduated with the highest degree of the School was Mr. Dhongchai Deemanop, who obtained a scholarship to continue his studies tn the USA and eventually graduated with a Master's Degree in Social Welfare Science. Mr. Dhongchai worked as a social welfare officer in the USA.

In B.E. 2494 (1951) the Foundation for the Blind of Thailand received the great honor from Her Majesty the Queen when she accepted the Foundation under her patronage. This was the first Foundation to receive the Queen's patronage.

The Foundation received funds from the Department of Social Welfare to bulid 2 dormitories in the form of 2-storey wooden buildings.

At that time, as today all services provided by the Foundation were free of charge to the students. Students are not required to pay any type of tuition. Every Board of Directors of the Foundation has continued to maintained this policy and has tried to improve the quality of teaching at the school.

At first the teaching at the School did not follow an approved curriculum. Classes were taught by teachers and by volunteers. Later the School registered with

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the Ministry of Education as a special public school for educating the disabled. The School is a private school but follows the rules and curriculum of the Ministry of Education.

The integrated education program of the School began in B.E. 2499 (1956). Sister Rose Moore enrolled 4 students to be integrated into Saint Gabriel College. This allowed students who graduated from their basic students at the Bangkok School for the Blind the option of whether to continue their studies in the integrated education program or to be trained in vocational courses.

The Foundation realized the important to have trained teachers to support students studying in integrated education programs and therefore arranged a resource teacher training program in B.E. 2528 (1985). Ten resource teachers graduated from this training program. When the School sends a student to join the integrated education program in any of the schools participating in the program, the School also sends a resource teacher to coordinate with the regular classroom teachers on the special needs of the visually impaired student.

The integrated education program has some very positive advantages as it helps ensure that the abilities of the blind students is equal to that of their sighted peers. Also by studying together the negative stereotypes that sighted people have of the blind are changed to positive attitudes.

In 1997 the School expanded the integrated education program to cover the first three years of Madhayom Suksa Classes (preliminary high school level). There are 5 regular schools that have worked with the School on this program. They are Saniras College, Samsen College, Wat Makudkashat School, Shinoras College, and the Demostrative Madhayom of Phetchburi Vidhyalongkorn Rajbhat Institute under H.M. the King's patronage.

The school now runs two parallel systems (One School Two Systems). Education from the kindergarten level to the end of Prathom Suksa (6th grade) is conducted at the Bangkok School for the Blind. Madhayom Suksa students (middle and secondary school levels) are integrated into regular schools. The School supports both systems with teachers and specialized equipment such as computers with speech

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synthesizers and or Braille displays, development of appropriate education media such as Braille books.

The future plan of the School is to increase the residential students to approximately 250 students by expanding the number of children at the kindergarten level. If possible, it is hoped that in the future a new location for the kindergarten can be located somewhere near bangkok. At the elementary level the School is developing the skills of the low vision and blind children so that they can be successfully integrated when they are older.

For many years the students who graduated from the Bangkok School for the Blind have been successful in their lives. Some of them have had the opportunity to continue their studies at the university and college level, others have gone aboard for additional studies, others have continued their studies in vocational centers, others work in both government and private organizations, and others run their own businesses. Many of the alumni of the School are successful in their lives and are good role models for younger blind students.

The Bangkok School for the Blind is located at 420 Rajavithi Road, Phyathai Sub-District, Rajvithi District, Bangkok, Tel : 0-2246-0070

THE INTEGRATED EDUCATION PROJECT

The integrated education project of the Bangkok School for the Blind consists of first preparing students at the Bangkok School gor the Blind and then integrating them into regular schools. The Foundation of the Blind in Thailand under the Royal Patronage of H.M. the Queen strongly supports this project. The integrated education project has developed over a long period of time. At times it might have seemed that the project was not progressing forward but integrated education has continued to be a matter of great concern to the Bangkok School for the Blind.

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The development of this project can be seen as being in two phases, namely phase 1 which was the pioneering phase and phase 2 the in-action phase.

Phase 1 :

The Bangkok School for the Blind began to integrate blind students into regular schools in B.E. 2499 (1956). This was a pilot project to see if blind students could successful study at the Madhayom Suksa level (pre-high school level) in sighted schools. At that time there were no resource teachers to support the intrgrated education students and they had to rely on their own abilities to successfully study in regular schools with sighted children.

The first two schools that were willing to receive blind students were Saint Gabriel School and Saint Frances Xavier School. Sister Rose, who was respected and loved by every blind student, arranged for the first students to enter the integrated education project even though there were no resource teachers at that time. Because of the success of these first students, the Bangkok School for the Blind gradually increased the number of blind students who wanted to study in Madhayom Suksa (high school) classes in both private and government schools.

When integrated blind students have successfully graduated from high school, many have been able to pass the entrance exams and continue their studies in universities, such as Chulalongkorn University, Thammasat University, Chiengmai University, Khon Kaen University, etc. Many these students have also succeeded in obtaining scholarships to study abroad through Fulbright Scholarships, Columbo Plan Scholarships, etc. to received bachelor, master, and doctorate degree in the USA, UK, Australia, Japan, India, etc

In B.E. 2507 (1964) the Division of Special Education, Department of General Education, Ministry of Education acquired support from the American Foundation for the Overseas Blind to train the first group of resource teachers for integrated education. This allowed blind students to be enrolled in both elementary and secondary levels.

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The Foundation for the Blind in Thailand under the Royal Patronage of H.M. the Queen realized the importance of having qualified resource teachers to assist blind students that are to be integrated into regular classes. In B.E. 2529 (1986), M.R. Suchitguna Sarasin, who was then President of the Foundation for the Blind in Thailand, set up a Resource Teachers' Training Program. This was done in cooperation with the Thai Ministry of Education ; Ramkhamhaeng University ; the University of British Columbia - Vancounver, Canada ; the Rotary Club of Vancouver ; Helen Keller International - New York, USA ; Christoffel Blindenmission – Massachusetts USA ; and Western Michigan University – Kalamazoo, Michigan USA. Each of these organizations was interested in the project and were willing to help the Foundation to carry out the Resource Teachers' Training Program.

As a first step, Dr. Benja Chonlatanon, an authority in Special Education from the Ministry of Education, and Mr. Wimon Ong-amphorn, a teacher from the Bangkok School for the Blind were sent to study the curriculum of the resource teachers training program at the University of British Columbia in Vancouver, Canada. While there, they developed a curriculum and a project proposal for conducting a similar training program in Thailand. This was done with the supervision and counselling of Professors at the University of British Columbia.

As a second step the Foundation for the Blind in Thailand recruited 12 bachelor degree graduates to start of the Resource Teachers Training Program. After Dr. Benja and Mr. Wimon returned from Canada, they began the one-year resource teachers training program in conjunction with Ramkhamhaeng University. This training consisted of both lecturers and practicums. These 12 trainees were conferred with diplomas by Dr. Sukhum Nuansakul (Rector of Ramkhamhaeng University at that time) who honorably accepted to preside at the conferment himself at Ramkhamhaeng University.

Not only did the Foundation receive 12 well trained resource teachers but during the one-year course 9 volumes of manuals were developed (270 copies were printed and distributed) and all necessary equipment was given to carry out the project.

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After the training the 12 resource teachers started their work in accordance with the objectives of the Foundation. Their work was to provide educational support to blind students integrated at the advanced Madhayom Suksa classes (high school level) in both private and government schools as well as support to blind students pursuing higher education in universities. Some of these resource teachers joined other organizations to work as resource teachers in other programs in the north, northeast, and south of Thailand. Out of these 12 resource teachers, 4 teachers have remained at the Bangkok School for the Blind.

In B.E. 2539 (1996) ten years after these teachers were trained, I returned back to Thailand after having accompanied my husband to perform his Diplomatic career for many years abroad. I was invited once again to join the Foundation as one of members the Board. This time I was also assigned to supervise the integrated education program, which was to be the continuation of the resource teachers training program ten years before.

In that year the Foundation for the Blind in Thailand decided to begin integrating students in Madhayom Suksa classes (Grades 7, 8 and 9). This was to be done within a period of 3 years by integrating one class each year starting with Madhayom Suksa 1 (Grade 7). At the end of the three years all students who wanted to continue studying in Madhayom Suksa (Grades 7 – 9) would be integrated into normal schools.

This effect started with some financial support from Mr. Kirk Horton of the Hilton/Perkins program of the Perkins School for the Blind. Two Board Members from the Foundation, namely Khunying Paranee Lamsam and myself, were appointed to study the integrated education program at the Northern School for the Blind under the Royal Patronage of H.M. the Queen located in Chieng Mai. The director of the school at that time was Khun Teera Chantararat (who is now the director of the Division of Special Education and Board Member of the Foundation).

Upon returning to Bangkok we set up a committee to over see the implementation of the integrated education program with me acting as chairperson of the committee and Mr. Kirk Horton and the Principal of the Bangkok School for the Blind acting as the second chairpersons. We invited Assistant Prof. Dr. Benja

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Chonlatanon, who had previously assisted with the resource teacher-training program ten years ago, to be a member. We also asked Asst. Prof. Suwimon Udompiriyasak and Prof. Srisamom Kasiwat also from the Rajabhat Suan Dusit Institute to join the committee. Mr. Wimon Ong-amphorn was assigned to act as the Director and Coordinator of the integrated program and Mrs. Suchitra Tikavathananond was assigned to be the head of the Media Production center. In addition, Mr. Preecha Aksorme – Administrative Director of the Bangkok School for the Blind, Mr. Narong Patibatsorakich – the then Director of the Caulfield Library for the Blind, Father Carlo Velardo – Director of the Skills Development Center for the Blind, Mr. Renn Fuller, and Mrs. Lamphung Srimichai from the Ministry of Education were also asked to be members of the committee.

The Prinicpal of the school, the 4-resource teachers, and the coordinator of the program were assigned to visit the integrated education program at the Northern School for the Blind in Chieng Mai. They then return to Bangkok to prepare for the integration of the Madhayom Suksa 1 classes to start to be integrated in B.E. 2540 (1997). They began with first preparing the students in Prathom Suksa 6 grade with additional skills in listening, reading and writing, typing, basic computer skills, living skills, and orientation and mobility.

In addition it was necessary to prepare the receiving schools. The administers, teachers, and students needed to learn their roles and responsibilities in the integrated education process. Schools located near the Bangkok School for the Blind or near the residences of the blind students were asked to join the program. Finally five schools were selected for the integrated education program – Chinorot Vidhyalai School, Samsen Vidhayalai School, Santiral Wittnayalai, Madhayom Wat Makutkasat School, and the Demonstrative Madhayom School of Phetchburi Vidhyalongkorn Rajbhat Institute under the Royal Patronage of HM the king.

The resource teachers were sent to each of these schools to talk to the classroom teachers who in the next educational year have blind children in their classes. In the integrated education program the resource teachers do not directly teach the blind students but provide "support service" that the blind student may need, such as typing work sheets into Braille, reading exams, etc. The resource teachers

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also act as a go-between for the blind students and the other related people in the integrated program so that the blind students can study and do the same activities as the sighted children in the school.

Each integrated school was assigned a full time ersource teacher. The resources teachers were responsible for taking care of the blind students in his/her school. The consisted of taking the students to the students to the entrance exams, providing the students with school uniforms, helping the students to enroll in classes, providing any necessary remedial testing if needed, etc. They also had to train the students to travel independently from the Bangkok School for the Blind and their integrated school plus be independent within their new schools. An orientation and mobility teacher from the Rachasudha College, Mahidoi University assisted with this.

Phase 2 :

A Center for Integrated Education with a media production center and equipment storage place were needed. At first these were arranged in a temporary place at the Bangkok School for the Blind. After the extension of the new building that houses the offices of the Foundation was completed, all support services for the integrated education program were moved to the third floor of that building, where they continued to be housed untill now.

Many services are provided for students who are integrated in the Madhayom Suksa Classes such as provision of Braille and large print text books, tape recorders, portable typewriters, computers, Braille printers, and all kinds of teaching and learning materials. Part time mathematics and science teachers are available in the evenings to tutor the blind students since most of them have difficulty following these classes.

The Committee of the Integrated Education Program committee visited each of the 5 integrated school to inspect and supervise the program. They meet with the directors of the schools and the regular classroom teachers where a questionnaire was distributed to help evaluate the program. The results of the evaluation showed that the integrated study program for the educational year of 1997 was very satisfactory

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The five integrated schools including the Rajahat Institue Suan Dusit were granted shilds of honor as a token of thanks for their kind cooperation provided to the integrate Education Program.

A 2nd seminar was held for staff of the integrated schools that covered practical ways to produce appropriate education materials for the blind. This was needed, as some teachers did not understand the concept of integrated education and some even held quite negative prejudices against the program. The seminar helped to improve everyone's understanding and brought around even greater cooperation.

After the Committee had developed and implemented the integrated education program and it was considered that it could successfully be run on its own, the Committee gave the entire administrative authority of the program back to the schools which joined in the program. In October 1998 the integrated education program became a full-fledge program of the Bangkok School for the Blind and the specially created Integrated Education Committee ceased to exist.

The Foundation for the Bind in Thailand has strongly supported the establishment of the Center for Integrated Education at the Bangkok School for the Blind. The Caulfield Library for the Blind has coordinated with the School to provide Braille and recorded textbooks. The Foundation also provides Scholarships to students joining the integrated education program.

The Center for Integrated Education at the Bangkok School for the Blind is now in charge of supervision and operation of the integrated education program. There are now 5 resource teachers and 42 blind students are in the integrated education program.

Service provided by the Center for Integrated Education :

- Provision of materials and equipment, such as Thai typewriters, English typewriters, Braille writers, Braillo paper, blank tapes, etc.
- Production of learning media for all subjects, i.e, raised line maps, etc.
- Provision of Braille and large print textbooks from Madhyaom Suksa 1 to 3 classes

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- Duplication of cassette tapes
- Duplication of materials through thermoforming
- Recording of cassette tapes
- Assisting students to continued their studies after graduating from Madhayom Suksa 3
- Sharing knowledge and information with the general public about integrated education
- Providing consultation and guidance to students in the integrated education program

The integrated education program is successful because :

Of the excellent cooperation of regular schools to accept to accept blind students ;

Donors who help provide the necessary education media and equipment ;

Responsible resource teachers and good students who pay attention to their studies :

Excellent care provided by the guardians of the students ;

And above all by the policy of the Foundation for the Blind in Thailand.

The Integrated Education Program gives a chance to blind students to jointly study with other sighted students and to be educated in the same ways as all students. They freely interact with their sighted peers and will grow up to be qualified adults. After graduating they will possess the skills to enter honest professions and to become valuable human resources and valuable citizens. Their disability will not obstruct their lives.

Regarding the future of the integrated education program, it is necessary to continue to support the resource teachers and to train every teacher at the Bangkok School for the Blind to be skillful in providing resource-teaching services. In the meantime, the younger students at the Bangkok School for the Blind need to continue to be trained for living and coping in the outside world.

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