

Hopes of Out of School Children with Disabilities for Educational Inclusion

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Hopes to attend school is the most effective means to overcome the burden of disability and become a self-reliant productive citizen. The objectives of the study were to develop a valid and reliable scale to measure hopes of out of school children with disabilities and find an association between hopes and various demographic factors such as type of disability, gender, socio-economic status and locale etc. Child Hope theory by Snyder (2003) was used as a framework to develop a measure for the hopes of children. According to this theory, hope is defined as a set of cognition that includes self-perception which establish routes to achieve desired goals (pathways) and motivation for achieving the goals (agency). By applying this theory Inclusion Hope Scale was developed and validated. The data were collected from 361 out of school children with disabilities living in three districts (Lahore, Sheikupura, Kasur) of Lahore Division by using the cluster sampling technique. Findings of the study indicated that children with intellectual challenges were more hopeless as compared to other types of disabilities. Similarly, children living in urban areas have better hopes for inclusion in school. However, no gender disparity was found in terms of being hopeful to attend schools. The study also includes recommendations to improve hopes for educational inclusion among out of school children with disabilities.

Keywords: *out of school children, disabilities, hopes for inclusion*

Introduction

Children with disabilities are frequently identified as marginalized and excluded from education, health care and employment opportunities all over the world (Tom & Metts, 2007). The situation is similar in Pakistan with reference to persons with disabilities. (Hameed 2005; Hameed & Manzoor, 2014). Educational exclusion is a reflection of social exclusion that prevails in our society. The roots of social exclusions are so deep that no voices are heard even if the rights of children with disabilities are totally denied. Most of the right activist organizations are not aware of this neglect. Resultantly children with disabilities remained marginalized even in the wake of recent moves like Millennium Development

Goals and Sustainable Development Goals which were designed to eliminate inequalities and to improve quality in many areas i.e. poverty, hunger and education. SDGs, a new course of action was planned to complete the unfinished agenda of MDGs with an ambition to reach out to every child with equitable, quality education. This new course of action on Sustainable Development Goals (SDGs) was designed with the consensus of various experts from 70 countries. A working group was formed in 2012 at Rio Summit and the final draft was published in 2014. These global goal priorities were widely discussed and shared with the general public to get their opinions via online and door to door surveys. After three years long consultation 17 goals were finally agreed upon by all state members.

The rallying cry of the SDGs was “Leave no one behind” with a vision of equitable, peaceful, socially inclusive and sustained societies (Paragraph 8 and 9 of SDGs). This marginalization is of two types; random marginalization and systematic marginalization (UNESCO, 2008). Systematic marginalization is created by formulating policies and plans that push child with disabilities back to their homes or at the most into special government schools where the medical model is dominant. This school marginalization eventually results in perpetuating social exclusion in which they face discrimination and neglect throughout their life. Restricted employment opportunities than seem justified (Hameed, 2005). Consequent upon a worldwide movement, inclusive education has emerged as a way to eliminate inequality, injustice and marginalization in accessing school. Several studies reported that the attitudes of society in general and of professionals, service providers, teachers and parents, in particular, hold a negative image of children with disabilities. These attitudes raise insurmountable barriers to join the mainstream education system. This results in hopelessness among children with disabilities about their acceptance and expediency in society (Sharma, et. al. 2013; Sharma & Das, 2015). Whereas, hope is an important element in childhood and is considered as symbolic to childhood. It seems, therefore, desirable that factor affecting hope to in school should be investigated.

Review of the Literature

Society always expects resilience and struggle for the future among young children

in spite of various challenges and difficult circumstances in their lives. According to Snyder et.al. (1997):

“Hope and children sometimes are invoked together to suggest that the latter are our hope for the future” (p.400).

In other words, society firmly believes that children are hoping for a better future. The young generation can make the dreams of their ancestors come true with their continuous struggle and strong hopes. Studies also reveal that hope in a person developed in his/her early years of life can benefit throughout all times to come. Many benefits are associated with the development of hope at early ages which forms a trajectory for a better future (Erikson, 1968). As Shorey et.al. (2003) notes that individual can better plan targets, set goals and fulfil commitments in life if he/she learns how to be hopeful at a young age and it’s the responsibility of society to set priorities for making children hopeful. Empirical studies note that hope is like a heartbeat for human well-being (Snyder, McDermott, Cook & Rapoff, 1997). Hope has also been described as an important aspect of human growth and vitality for change (Turner, 2005). Moreover, according to Feldman and Snyder (2000), hope inculcates the ability to identify the purpose of life and learn problem-solving. Hope also increases the ability to have better self-esteem and enhance confidence in academic achievements (Snyder et al., 1997). Similar research findings were shared by Bernardo (2015). It has also been recognized as a contributor for having beneficial therapeutical (Larsen & Stage, 2010)

outcomes. Although various research studies have been conducted on exploring hope yet a scarce remains on the development, conceptualization and experience process of hope among children (Stephanou, 2011; Turner, 2005; Yohani & Larsen, 2009).

The dearth of knowledge opens doors for the future studies to explore the higher order of understanding of hope i.e. conceptualization, achievement and experience. However, the following definition of hope seems suitable to highlight the understanding of hope in the current study:

“A process of anticipation that involves the interaction of thinking, acting, feeling and relating, and is directed towards a future fulfilment that is personally meaningful” (Stephenson, 1991, p.1459).

This definition of hope comprehensively explains the multidimensional nature of hope to conceptualize. Research findings of Gilman, Dooley and Florell (2006) found a significant positive correlation between desirable outcomes like enhanced school participation and children’s hope. Therefore, it seems imperative to embed hopes for meaningful participation of children with disabilities in schooling. Recently, a study was conducted by World Vision International (2015) to explore whether children with disabilities are enjoying protected environments, learning and appropriate health services that prepare them for a quality life as guaranteed by UNCRPD and UNCRC for children with disabilities. It gathered stories narrated by children with disabilities from all over the world to know the dreams and hopes for

inclusion in society. Reviews from Africa, Asia and Eastern Europe reveal that harsh treatment and negative attitudes were most hurting and discouraging to have hoped. About all children were suffering from isolation, discrimination and ditch for being disabled. These feelings may be a result of so-called ‘legitimate’ marginalization. In a similar study, out of school children with disabilities and their parents wanted to be in schools but their hopes for accessible schools were low to a greater extent (Manzoor, 2015). To measure hope in children, Snyder developed a Child Hope Scale (Snyder, et al., 1997). The scale is based on six-item self-report questionnaire that measures children’s dispositional hope. This widely virtually used scale was developed to study the relationship regarding children and hope (Laboni, 2017). It was introduced and validated to use for children under 16 years (Snyder, 2003). The 6 points Likert scale is based on the hope theory. The assumption of this theory includes that children are goal oriented and their thoughts are led by two components: agency (goal-directed energy) and pathways (planning to accomplish goals) (Snyder, 2002). Snyder, McDermott and Rapoff (2002) define hope as a set of cognition that includes self- perception that can establish routes to achieve desired goals (pathways component) and motivation for achieving the goals (agency component). These both components are desired to measure the true level of hope among children. For the purpose of this study, the researcher has adapted Child Hope Scale as “Inclusion Hope Scale” to measure hope in children with disabilities.

Objectives of the Study

The study was conducted to:

1. Develop a scale to measure hopes for the inclusion of children with disabilities.
2. Analyze the hopes of out of school children with disabilities in association with various demographics.

Questions of the Study

The study was conducted to answer the following questions:

1. In what way the hopes for the inclusion of out of school children with disabilities can be measured?
2. What is the nature of the relationship between hopes and various demographics?
3. What measures can be taken to rebuild hopes for educational inclusion of out of school children with disabilities?

Methodology

This was a quantitative study in which survey method was used. Child Hope Scale developed by Snyder (2003) was adapted and validated to measure the hopes of out of school children with disabilities. Sample of the study consisted of 361 out of school children with disabilities (7-15years of age). For sampling, multistage cluster technique was used. Data were collected from 16 union councils (8 urban, 8 rural) of three districts of Punjab i.e. Lahore, Sheihkupura and Kasur. Data were analyzed by using descriptive and inferential statistics such as correlation, ANOVA and t-test.

Findings of the Study

Table 1

Sample distribution according to the type and intensity of the disability.

Sr. No	Types of Disabilities	Intensity of Disability				Total
		Mild	Moderate	Severe	Profound	
1	Hearing Impairment	2	20	18	17	57
2	Visual Impairment	2	4	9	3	18
3	Physical Impairment	7	42	48	10	107
4	Intellectually Challenged	11	57	36	9	113
5	Multiple Disabilities	2	23	28	13	66
	Total	24	146	139	52	361

Results in Table 3 indicated that the majority of 146 of identified children were with a moderate level of disability.

However, 139 had a severe level of disability.

Table 2

Descriptive statistics of the sample by age.

Description	Mean	Median	Mode	St. Deviation
Child age	11.92	12	15	3.43
Fathers age	46.27	46	40	7.96
Mothers age	41.46	41	40	7.22

Table 4 shows that average mean age of out of school children with disabilities was 11.92 which is similar to average age of out of school children in Pakistan. The mean of father's age is 46.27, minimum age was 28 and maximum was 69. The mean of mother's age was 41.46. The minimum age of mothers was 25 years and the maximum was 61 years.

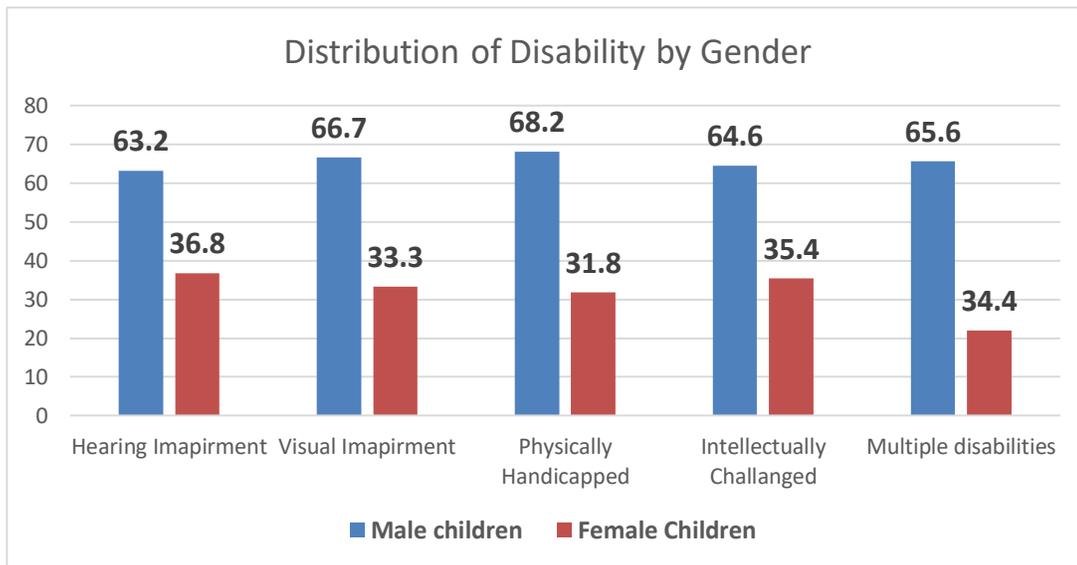


Figure 2: Frequency distribution of disability by gender.

Figure 2 also shows that out of school boys with disabilities were more in number than girls. Majority of the children were physically handicapped among which boys were 68.2% and girls were 31.8% in number. The ratio of children with intellectually challenged was similar to children with physical disabilities. Boys with hearing impairment were found 63.2%

and girls were 36.8%. The boys with multiple disabilities were 65.6% and girls were 34.4%. Children with visual impairment were overall less in number among other disabilities. They were 66.7% of boys and 33.3% of girls. The findings of the table indicated the gender ratio similar to prevalence indicated in National Census report 1998.

Table 3*Frequency distribution of qualification of parents.*

Sr. No	Description	Fathers Qualification	Mothers Qualification
1	Illiterate	143(39.6%)	188(52.1%)
2	Primary	39(10.8%)	66(18.3%)
3	Middle	57(15.8%)	32(8.9%)
4	Matric	81(22.4%)	45(12.5%)
5	Intermediate	28(7.8%)	18(5.0%)
6	Graduation	10(2.8%)	7(1.9%)
7	Masters	3(.8%)	5(1.4%)

The frequency distribution of table 5 showed that about half of the mothers 188 (52.1%) whose children with disabilities were out of school were illiterate whereas only five (1.4%) mothers were post-graduates. Results also revealed that the majority 143 (39.6%) of the fathers were illiterate and only three (.8%) had a Master's degree. It was surprisingly found that mothers were outnumbered than fathers at post-graduation level, whereas fathers are ahead of mothers at all levels of the education ladder.

Adaptation and Validation on Hope Scale

According to Hope Theory by Snyder (2003), children are goal-directed in their thinking, and such thinking can be understood according to the associated components of pathways and agency that indicate for a successful and purposeful life. The original Child Hope Scale comprises six items. Keeping in view the related literature on the Child Hope Scale, a twelve-item scale was developed based on the theoretical framework of the original Child Hope Scale. The statements of the original Hope scale

were modified and added on the basis of two justifications i.e.

1. The original Child Hope Scale was designed to measure hopes of all children whereas, this study intends to measure the hopes of children with disabilities.
2. The original Child Hope Scale was designed to measure hopes of children in general whereas this study intends to measure hopes for inclusion in schools.

In order to meet the justification 12 statements, instead of six, were developed against two dimensions of the theory i.e. goals-agency and pathways. Graphical representation of CHS is given in figure 3.6.

A six-point measure was used for scoring the item. The scores were calculated with the following meanings:

None of the time = 1, A little of the time = 2, Some of the time = 3, A lot of the time = 4, Most of the time = 5, and All of the time = 6.

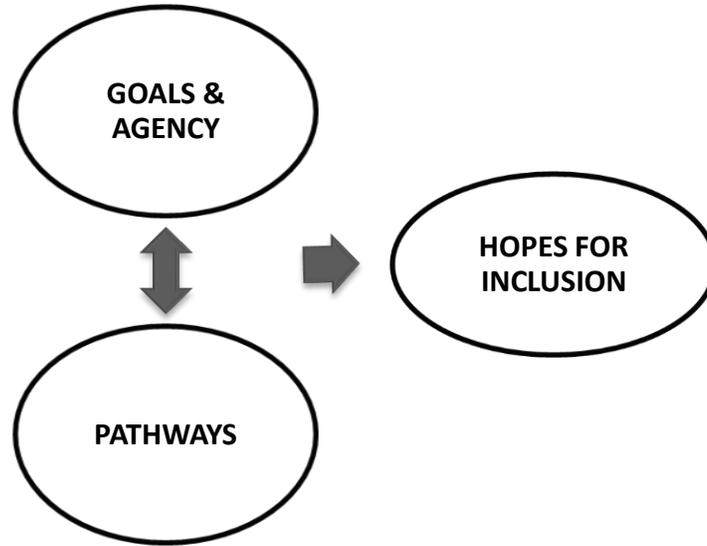


Figure 1. Framework for hopes for inclusion. Source: Snyder, 2003.

Efforts were made to maintain the psychometric traits of each item of the original Hope Scale. The validity of such

transformation was verified on the basis of expert opinion through a panel of experts.

Table 4

Justification of adaptation in the original Hope Scale

Original Hope Scale	Adapted Hope Scale for CWDs	Justification for adaptation
Goals & Agency	Goals & Agency	
1. I think I am doing pretty well.	1. I think I can get admission in school like other children.	<i>The respondent child with a disability was out of school so the intention of the child is being questioned. The number of statements was increased in order to cover all aspects of the trait.</i>
2. I can think of many ways to get the things in life that are most important to me.	2. I think I can be a successful person in my life.	
3. I am doing just as well as other kids of my age.	3. I think I can live an independent life.	
4. When I have a problem, I can come up with lots of ways to solve it.	4. I can think to serve others.	
	5. I can think to live a healthy life.	<i>The child with a disability was facing different environmental barriers due to handicapping conditions. Therefore, the planning of the child to attain goals required different options.</i>
	6. I think I can get admission in regular school with other children.	
	7. I think the only special school can help me in getting a quality education.	
	8. I can think to attend school regularly.	
Pathways	Pathways	
5. I think the things I have done in the past will help me in the future.	9. Education can help me in achieving success in life.	<i>The strategies to come up with the planning to pursue higher education, the child with disability focuses differently.</i>
6. Even when others want to quit, I know that I can find ways to solve the problem.	10. I think to put all my efforts into getting higher education.	
	11. Even with a disability, I will find ways to get a higher	

education.
12. I will even try to get modern education and skills to get a good job placement.

The modifications in the original Hope Scale were further endorsed by the respondents as the reliability in the field test turned out to be .89. that indicates a high level of reliability. By using 12 items Hope Scale data were collected from all respondents (N 361). A confirmatory factor analysis was performed to assess the factorial validity of the Hopes for Inclusion Scale. Principal component with Vermox solution confirmed the two factors. The first factor ‘Agency’ contains eight items whereas another factor ‘Pathways’ consists of four items. In order to draw a balance between the sizes of the components and bring parsimony, the number of items was from the first factor. Since the original hope scale comprised of six items. Finally, six-item Hope Scale for Inclusion emerged containing three items in each component. In this process, the percentage of variance explained was increased from 68.07 to 84.40. A gain of 16.33 in explaining variability was achieved.

Table 5

Factor loadings of Inclusion Hope Scale.

Sr. No	Statements	F1	F2
1	I think I can get admission in school like other children.	.93	
2	I think I can be a successful person in my life.	.85	
3	I can think to attend school regularly.	.82	
4	I think to put all my efforts into getting higher education.		.81
5	Even with a disability, I will find ways to get a higher education.		.93
6	I will even try to get modern education and skills to get a good job placement.		.90

Similarly, the Cronbach Alpha increased from 0.89 to 0.91. A perfect six-item scale to measure hope of children with disabilities for attending school emerged. This new scale was given a new title “Inclusion Hope Scale” with a Cronbach Alpha reliability of 0.91.

Inclusion Hope Scale

Factor 1 (Goals & Agency)

1. I think I can get admission in school like other children.
2. I think I can be a successful person in my life.
3. I can think to attend school regularly.

Factor 2 (Pathways)

1. I think to put all my efforts into getting higher education.
2. Even with a disability, I will find ways to get a higher education.
3. I will even try to get modern education and skills to get a good job placement.

Table 6

Effect of types of disabilities on hopes.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1142.152	5	228.430	9.919	.000
Within Groups	8775.433	355	120.424		
Total	9317.584	360			

An analysis of variance in table 6 showed that the effect of types of disabilities on the hopes of out of school children was significant, $F(5, 355) = 9.919, p = .000$. A Post Hoc Tukey Test indicated that there is a significant difference between the following

pairs (category with high mean is on the left side):

- Hearing Impairment – Intellectually Challenged
- Physically Disabled – Intellectually Challenged
- Hearing Impaired – Multiple Disabilities

Table 7

Differential effect of gender on hopes of children with disabilities.

Variables	Gender	Equ. Of Variance	N	M	SD	t-values	Df	Sig.
Hope	Male	assumed	238	15.54	4.867	.005	359	.293
	Female		138	15.54	5.509			

Independent samples *t*-test was applied to compare the mean scores of female and male children about hopes for inclusion. Table 7 indicated no statistically significant difference in male ($M_{\text{male}} = 15.54, SD = 4.867$) and female ($M_{\text{female}} = 15.54, SD =$

5.509) about hopes to be in schools $t(359) = .005, p = .239$ (two-tailed). Results revealed that hopes for inclusion were not found significantly different on the basis of gender among out of school children.

Table 8

Effect of Father's Qualification on hopes of children with disabilities.

Variables		Sum of Squares	df	Mean Square	F	Sig.
Hope	Between Groups	311.842	6	51.974	2.043	.059
	Within Groups	9005.734	354	25.440		
	Total	9317.584	360			

Table 8 indicated that there was a statistically significant difference at the ($p < .05$) level in the score for the seven qualification groups of fathers $F(6,254) =$

$2.043, p = .059$. These values revealed that with the increase in qualification, hopes for inclusion to be in schools do not increase.

Table 9

Differential effect of locale on hopes of children with disabilities.

Variables	Locale	Equ. of Variance	N	M	SD	t-values	Df	Sig.
Hope	Rural	not assumed	218	14.28	5.30	6.45	350.39	.000*

Urban	143	17.47	4.01
<p>Table 9 indicated statistically significant difference in rural ($M_{\text{rural}}=14.28$, $SD = 5.30$) and urban ($M_{\text{urban}} = 17.47$, $SD = 4.01$) about hopes to be in schools $t(350.39) = 6.46$, $p = .000$ (two-tailed). Results revealed that locale played a significantly different role for the hopes for inclusion in schools among out of school children. As a result, indicated better hopes among those out of school children who were living in urban areas.</p> <p>Conclusions</p> <p>Following conclusions were drawn on the basis of findings of the study. Out of school children with visual impairments, hearing impairment and physical impairment were found with better hopes. Whereas children with intellectually challenged and multiple disabilities were less hopeful for the inclusion in schools. There is no gender disparity among out of school children on the basis of hope. Low education/qualification of parents affects adversely in disability management. Out of school children with disabilities living in rural areas are less hopeful.</p> <p>Discussions and Recommendations</p> <p>This study concludes that hopes of children with disabilities to be in schools were not affected by gender. On the contrary few studies claim that gender inversely affects hopes of children (Sharma, et. al. 2013; Sharma & Das, 2015; Laboni, 2017). These findings indicated that being female with disabilities creates hopelessness. Harsh treatment and negative attitudes of society and service providing agencies are discouraging and hopeless in developing countries (World Vision International,</p>	<p>2015). The lower level of hopes among these children also affects their academic participation. As a study conducted by Lackaye, Margalit, Ziv & Ziman (2006) noted that students with disabilities have lower academic self-efficacy and hope. Research findings of Gilman, Dooley and Florell (2006) also concludes that there is a strong positive correlation between enhanced school participation and children's hope (Kroencke & Denney, 2001; Shorey, Snyder, Yang, & Lewin, 2003). The possible reason of this contradiction between findings of this study and other studies discussed above may be due to the difference in objectives of surveys on the hopes of children. The purpose of present study was to assess the hopes of children with disabilities with regards to hope in joining school whereas other studies were not particularly conducted on this dimension. Rather, they were measuring general hopes of all children. Hope reflects an indication of life. If hope diminishes, life becomes purposeless. So, it is imperative to let the candle of hope sparks in heart and mind. Department of education must create opportunities of hope for all deprived and marginalized children especially those children with disabilities who are hopeless. There is a need to transform the existing schools available at the doorstep into inclusive schools for the provision of equitable quality education for all. A general survey of all children should be conducted by using the hope scale to have baseline data on hopes. The government should focus on rural areas in which out of school children with disabilities are large in</p>		

number. It requires to create ample educational opportunities in both formal and informal schooling. Department of special and general education should provide better opportunities and incentives for children with multiple disabilities and intellectually challenged who are comparatively less hopeful due to their limited functional abilities so that they can participate equally in social activities by enrolling in schools.

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