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Effect of Socio Economic Status on Resilience among Orthopedically Challenged and Non-Challenged Adolescents

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ABSTRACT

Orthopedic impairment constitute as one of the most common and prevalent physical impairment in the human being. Orthopedic disability often leads to physical, emotional, social, and financial and adjustment problems. Adolescence is a period of great stress and storm than any other period of life. If the person is adolescent and orthopedically challenged too, the problems become more complex. Socio Economic Status (SES) of people with disabilities and non-disabilities affect their lives in significant ways. Resilience is the capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity"*(*The International Resilience Project, 2005).

The present study was planned to compare high-low SES groups of orthopedically challenged and non-challenged adolescents on resilience. The study was conducted on 120 challenged(60 high SES,60 low SES) and 120 non-challenged adolescents (60 high SES,60 low SES),aged 13-18 years. The sample was purposively selected from the different district of U.P. The obtained data was analysed using ANOVA and POST-HOC tests. A significant difference was found in four groups on resilience and all its dimensions namely sense of mastery, relatedness and emotional reactivity.

Keywords- Orthopedically challenged, Resilience, Adolescence, Socio-Economic Status

INTRODUCTION

Resilience is the ability to bounce back after encountering hardship, adversity or reversals in life, i.e. to retain emotional wellbeing in both the short term and long term. Children who can think and behave in a resilient manner are less likely to engage in harmful alternatives to coping, such as substance abuse, self-harm, and anti-social behavior. Using a positive psychology model, we can also say that children who have the skills to be resilient have happier more fulfilling livings and have greater emotional well-being. Although most scholars and members of the

general public have an intuitive understanding of resilience, ambiguities in definition, measurement, and application contribute to scientific criticism regarding the usefulness of resilience as a theoretical construct (**Kaplan 1999;**). Resilience has been defined as a dynamic process of maintaining positive adaptation and effective coping strategies in the face of adversity (**Luthar et. al. 2000).**

*'Resilience refers to a class of phenomena characterized by good outcomes in spite of series threats to adaptation or development'.***(Masten 2001)**

Resilience is best understood as a process. It is often mistakenly assumed to be a trait of the individual, an idea more typically referred to as "resiliency". Most research now shows that resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. These processes can be individual coping strategies, or may be helped along by good families, schools, communities, and social policies that make resilience more likely to occur. In this sense "resilience" occurs when there are cumulative "protective factors". These factors are likely to play a more and more important role the greater the individual's exposure to cumulative "risk factors". The phrase "risk and resilience"' in this area of study is quite common.

A review of the resilience research demonstrates that resilience has been defined by different researchers as virtually all internal and external variables or transactional and moderating or mediating variables capable of affecting a youth's life adaptation. The only focusing concept appears to be the search for positive protective factors or processes (as opposed to negative risk factors) that are predictive of successful life adaptation in high-risk children. In most longitudinal studies focusing on determining resilience factors or processes, the concept of resilience is operationalized as the positive end of a distribution of outcomes in samples of high-risk children (**Egeland, Carlson, and Sroufe, 1993) .**

Research has provided the following set of risk and protective factors-

Risk Factors	Protective Factors
Poverty	Adequate resources
Premature Birth	Healthy Birth
Difficult Temperament	Easy Temperament
Insecure Attachment	Secure Attachment
Inconsistent, Harsh Parenting	Warm, Supportive Parents
Conflict between parents, Divorce, Single Parenting	Family harmony & Cohesion
School failure	School success

Peer rejection/ Isolation	Peer popularity and support
Violent Neighborhood	Supportive Neighborhood; Supportive Adult
Racial Discrimination	Absence of Discrimination
Lack of education/ Employment opportunities	Humor, High Self-esteem and Internal Locus of Control
Child Abuse & Neglect	Intelligence

Socio Economic Status

According to psychological dictionary socio-economic status means-The position of a person or group on the socio economic scale that is determined by a combination of economic and factors. It is commonly known as SES. Socio Economic status is evaluated as a combination of factors including income, level of education, and occupation. It is a way of looking at how individuals or families fit into society using economic and social measures that have been shown to impact individuals' health and well- being.

Socio-economic status and health are closely related, SES can often have profound effects on a person's health due to differences in ability to access health care as well as dietary and other lifestyle choices that are associated with both finance and education.

The disparity in people's income and standard of living across the globe astonishing. On one hand there are poorest regions of the world, living in desperate conditions, and the consequences this has for life chances. On the other hand there are some rich regions of the world having good quality of life. Traditionally, the poverty of a person has been understood in reference to income and Gross National Product. Increasingly, poverty has come to be understood in reference not only to income, but also to Human Rights and development.

Researches shows that income inequality affects the life that people are able to lead, defining poverty not just in terms of economic resources, but instead in terms of 'human capabilities", where, for example, people living in poverty may not have the ability or freedom to make social and political demands with regards to things like education and health. Thus, poverty should be seen as "deprivation of basic capabilities" rather than just low income **.**

Prilleltensky (2003) understands poverty in terms of the lack of power that an Individual or groups of people have in benefiting from vital entitlements.

Methodology

- **Objective**

To study the impact of socio-economic status on Resilience and its dimensions among Orthopedically Challenged and Non-Challenged Adolescents.

- **Hypothesis**

Orthopedically challenged and non- challenged adolescents of high socio- economic status will be higher on resilience and its dimensions as compared to adolescents of low socio-economic status.

- **Research Design :** 2X2 Factorial Design

- **Sample size**: The sample of the present research is comprised of two hundred forty adolescents. In which 120 were orthopedically challenged and 120 were non-challenged adolescents. The distribution of sample in terms of socio economic status was as under:

- 120 Orthopedically challenged adolescents

60 Low socio economic status (LO)

60 High socio economic status (HO)

-120 Non-challenged adolescents

60 Low socio economic status (LN)

60 High socio economic status (HN)

- **Tools-**

Socio-Economic Status Scale is developed by Kalia and Sahu,2012.

Resiliency scale for children and adolescents scale is developed by Sandra, Prince and Embury ,2008.

Results and Interpretation

Table 1- Showing Analysis Of Variance of high/low SES Orthopedically Challenged and Non-Challenged Adolescents on Resilience and its dimensions-

		df	F-Ratio	Sig.
Optimism	Between Groups	3	16.811	.000
	Within Groups	236		
	Total	239		
Self efficacy	Between Groups	3	13.628	.000
	Within Groups	236		
	Total	239		
Adaptability	Between Groups	3	6.599	.000
	Within Groups	236		
	Total	239		
Total	Between Groups	3	17.228	.000

	Within Groups	236		
	Total	239		
Trust	Between Groups	3	10.823	.000
	Within Groups	236		
	Total	239		
Support	Between Groups	3	10.811	.000
	Within Groups	236		
	Total	239		
Comfort	Between Groups	3	13.804	.000
	Within Groups	236		
	Total	239		
Tolerance	Between Groups	3	7.438	.000
	Within Groups	236		
	Total	239		
Total	Between Groups	3	13.913	.000
	Within Groups	236		
	Total	239		
Sensitivity	Between Groups	3	19.406	.000
	Within Groups	236		
	Total	239		
Reactivity	Between Groups	3	10.387	.000
	Within Groups	236		
	Total	239		
Impairment	Between Groups	3	5.415	.001
	Within Groups	236		
	Total	239		
Total	Between Groups	3	11.860	.000
	Within Groups	236		
	Total	239		

Above table depicts ANOVA values of resilience and its dimensions. There are three dimension of resilience i.e. sense of mastery, sense of relatedness and emotional reactivity including subscales. The F-ratio for sense of mastery

i.e. optimism (F=16.81, p<.00); self-efficacy (F=13.63, p<.00); adaptability (F=6.60,p<.00) and the overall sense of mastery (F=17.23,p<.00) have been found to be significant. In the overall sense of relatedness (F=13.91, p<.00) and its three subscales i.e. trust (F=10.82, p<.00); support(F=10.81,p<.00); comfort (F=13.80,p<.00); and tolerance (F=7.44,p<.00) a similar trend has been found. The F-ratio of overall emotional reactivity (F=11.86.p<.00) and its subscales like sensitivity (F=19.41,p<.00); recovery(F=10. 39,p<.00); Impairment (F=5.42,p<.00) has been found to be significant.

Above ANOVA results reveal that there is a significant difference between the groups but it doesn't show that which group is higher and which one is lower, for which the post-hoc test has been calculated. There are 4 groups has been made i.e **HO** (high socio economic group of orthopedically challenged, **HN** (high socio economic group of Non challenged), **LO (**Low socio economic group of orthopedically challenged, **LN** (Low socio economic group of Non challenged).

Non-Challenged Adolescents of High SES (HN)

After analyzing ANOVA and post hoc test results ,this can be stated that non-challenged adolescents of High socio-economic status (HN) are higher on total sense of mastery (resilience) and its subscales i.e. optimism, self- efficacy and adaptability and Sense of relatedness and its subscales i.e. trust , support, comfort, and tolerance, the HN group is also higher than orthopedically challenged adolescents of high (HO) and low SES (LO).

Orthopedically Challenged Adolescents of High SES (HO)

HO is higher than HN group in one dimension of resilience i.e. emotional reactivity (total) and its three subscales i.e. sensitivity, recovery and impairment. This implies that disability hampers the ability of adolescents to be able to manage their emotionally aroused states. They are lower in sense of mastery and relatedness (resilience) when compared with non-challenged adolescents of high SES(HN).

Non-Challenged Adolescents of Low SES (LN)

The LN group is higher on overall sense of mastery (resilience) and trust (resilience) than orthopedically challenged adolescents of low SES (LO). Moreover, this non-challenged group (LN) is higher on overall emotional reactivity, recovery, and impairment than non- challenged group of high SES (HN) and higher on recovery than orthopedically challenged adolescents of high SES (HO).

Orthopedically Challenged Adolescents of Low SES (LO)

Orthopedically challenged adolescents of low SES (LO) are higher on self-awareness, motivating oneself (EI), total emotional reactivity and sensitivity subscale than non-challenged group of low SES (LN) .This group is also higher on emotional reactivity total and its subscales i.e. sensitivity, recovery, impairment than non- challenged group of high SES (HN).

Findings of the present research are in line with the explanatory theory of Social Causation suggests that people of lower SES develop poor physical and mental health as a result of the material and environmental conditions of

living in poverty. This theory stresses poverty as the cause for poor physical and mental health. According to **Cockerhan 2011,** Social causation theory suggests that emotional distress is caused by material deprivation, adversity and stress. There are many factor associated with poverty, such as a sense of insecurity and hopelessness, social upheaval, change and violence which cause significant stress for individuals resulting in mental health problems **(Patel and Cleinman 2003).**

References-

- *Cocherhan, W.C(2011) The Sociology of mental disorders 8th edition: Boston, MA: Pearson education.*
- *Egeland B,Carlson E,Sroufe LA,(1993) Resilience as process. Development and Psychopathology 1993:5:517-528*
- *Kaplan H.B (1999) Toward an understanding of Resilience: A critical review of definitions and models. In glantz MD ,Jhonson JR. Editors: plenum Newyork pp17-83*
- *Luthar S.S Cicchetti, & Becker B (2000) The construct of resilience: A critical evaluation and guidelines for future work. Child development 71 pp 543-562.*
- *Masten, A.S (2001) Ordinary magic: Resilience processes in development. American Psychologist pp 227-238.*
- *Patel V, Klieman A. (2003) Poverty and common mental disorders in developing countries.Bulletin of the W.H.O,81 pp 609-615.*
- *Prilleltensky, I (2003) Poverty and Power: Wellness and suffering in collective, relational and personal domains. In S.Carr& T.sloan eds. Psychology and poverty pp 19-44.*