

Full Length Research Paper

Physically challenged students, support systems and coping strategies: A case study of University of Nigeria, Nsukka

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Physical disability of any form usually places the individual at some form of disadvantage in our Nigerian society. However the extent to which a disability affects an individual maybe determined by the coping strategies he/she adopts in activities of daily living and also the institutional support available to him/her. The study sought to find out coping strategies and institutional support systems available to physically challenged undergraduates in University of Nigeria, Nsukka. Ninety-two undergraduates who are physically challenged were used for the study. Questionnaire and focus group discussion were used in data collection. Findings show that roommates, friends and relations were being relied upon by the respondents for their activities of daily living. Also, apart for members of their families, there are insufficient institutional support mechanisms available to them. The study also made recommendations on how to better the lot of undergraduates who are physically challenged.

Keywords: Institutional support, coping, physically challenged, activities of daily living.

INTRODUCTION

A disability is a measurable impairment or limitation that interferes with a person's ability, for example, to see, walk, lift, hear or learn. It may be referred to as a condition that substantially limits one from more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying. Disability, impairment and handicap have been used interchangeably but they do not have the same meaning completely, although they are interconnected. According to Crisp (2002) a person who has a physical or intellectual problem is said to be impaired e.g. a person who has short-sightedness has a vision impairment. In a situation whereby the person's impairment means that he is unable to function in the same way as most people in that particular area, then he is considered disabled. For example a person who has glaucoma does not have a full field of vision as most people and therefore has a visual disability. Then, if the person's disability means that he cannot have access to the same things as the majority of people, he is considered handicapped. For example a blind person who does not have access to assistive devices such as the cane, glasses, guide dog and so on is said to be visually handicapped.

Attempts have also been made to distinguish between physical disability and the word handicap. According to

Crisp (2002) physical disability is not a synonym for disability handicap. Rather handicap is a disadvantage that occurs as a result of a disability or impairment. It refers to the external circumstances, which place people with disabilities at a disadvantage in relation to their peers and the norms of society. Handicaps include physical barriers such as inaccessible entrances to buildings, barriers to education, employment opportunities and negative public attitudes. The degree of disadvantage or the extent of the handicap is often dependent on the adaptations made by both the individual and society (Department of Physical Medicine and Rehabilitation, 2000). Therefore, the extent to which a disability handicaps an individual varies greatly.

Frequently, however, the individuals' abilities are restricted further by these handicaps. Studies have shown that a handicap is a function of the relationship between the individual and the social and physical environment (Imrie, 1997). Some people with severe physical disabilities must rely on assistive devices that take advantage of their specific abilities and on their ability to use assistive devices with standard products. Commonly used assistive devices include mobility aids (e.g. crutches, wheelchairs), manipulation aids (e.g. prosthetics, orthotics), communication aids (e.g. single

switch based artificial voice), and computer/device interface (e.g. eye gaze-operated keyboard).

Also, the ability to cope with disability varies from one individual to another and also on the area in which the individual encounters the difficulty. For example, a person who uses a wheelchair would be much less "handicapped" in a building that is wheelchair accessible than in one that is not. In other words the use of aids such as glasses, hearing aids, wheelchairs, ramps e.t.c prevents the disabled person from being handicapped in certain areas. Physical disability can also mean being unable to undertake the same range of activities as other people. This includes people with mobility disabilities, (people who have some degree of difficulty in walking) people who have difficulty using their hands or arms and people with restricted growth not putting aside those who are blind or partially sighted and those who do not have the ability to hear clearly. These people may have been born with disability or may develop it. Physical disabilities may result from permanent injuries to the brain, spinal cord, eyes and other parts of the body which is as a result of motor accidents, wars, natural disasters and diseases such as polio.

Physical disability is a common experience of everyday life. It often causes a person to use special equipment like wheelchair, cane or prosthetic limb. Persons with physical disabilities may have difficult with movement or self-care, but are otherwise just like anyone else. It is important to note that disability prevents somebody from being able to do something that other people of his age and the community does because of the body deficiency. Disabilities or impairment often require individuals to find non-traditional methods to perform certain activities and to achieve certain goals.

Disability restricts easy accessibility to the facilities within the environment and this constituted the major or real problem facing disabled people. It can lead to frustration in some cases, which adversely degenerate to an individual not being able to actualize his aspirations (Crisp, 2002). Many physically challenged people encounter problems in going about their activities of daily living (ADL). Some of them who are students in higher institutions are not left out. One the biggest problem is their inability to access such important places as lecture halls, cafeteria, hostels and other places of need within the school compound. Most often the school environment is not designed to be accessible to students whose needs are not the same as that of ordinary students. Coupled with this also is the issue of lack of necessary and relevant equipment or other types of support services like textbooks in Braille, homemaker services, sign language interpreters, counsellors and so on. When these are lacking, the physically challenge student may not be able to benefit fully from the school system. There may also be feelings of loss of value in society and decrease in self worth which also result in the disabled person perceiving

himself/herself as a burden to the society. This consequently creates the sense of isolation among the individual.

Generally in situations where a person with disability is not able to cope, negative perception that people have about disabled persons may manifest. This can result in stereotyping, derogatory labelling, and depersonalization. Inability to cope may also lead to the portrayal of people with disability as helpless, mindless, suffering and deserves sympathy and alms. Interest in the processes by which people cope with various forms of disability or illness is one of the emerging areas of study in recent years (Stewart and Knight, 1991; Halmhuber and Paris, 1993; Andersson and Hägnebo, 2003; Jemtå et al., 2007). Some of these studies have focused on various techniques and strategies that have been adopted by various classes of individuals in coping with all manner of life problems and disabilities (Babar et al., 2004; Elzubeir et al., 2010). In the same vein, some studies seem to suggest that the coping strategy that will be adopted by an individual is determined by a number of factors such as age, gender, type of disability and so on. For instance studies have tried to demonstrate gender differences across a broad spectrum of situations such as student coping strategies (Arthur, 1998; Rijavec and Brdar, 1997). Findings suggest that girls are more likely to use social support (Siu and Watkins, 1997) but report more daily stress and depression (Amponsah, 2010, Curle and Williams, 1996; Groer, Thomas and Shoffer, 1992). Females report greater use of coping via social relationships and emotional venting (Hastings, Anderson and Kelley, 1996; Matuszek, Nelson and Quick, 1995), here defined as an increased awareness of one's emotional distress and a concomitant tendency to discharge those feelings. However, females report more problems-focused on self whereas males use more direct action (Porter and Stone, 1995; Ptacek, Smith and Dodge, 1994). It may be too simplistic to suggest that while boys play sport, girls turn to others (Frydenberg and Lewis, 1993), however this is supported by Plancheral and Bolognini (1995) who found that boys turn to humour, or hobbies such as sport. Gender differences in coping could be interpreted as evidence for gender role socialisation of emotions (Hoffner, 1995). Ptacek, Smith and Zanas (1992) found more problem-focused coping in men and more support-seeking and emotion focused responses in women. Women, then, tend to put more energy into their friendships and value them more (Ogus, Greenglass and Burke, 1990). In a study with people with hearing impairment Hallberg (1999) found that significant differences exist between male and female respondents in the way they cope with their hearing impairment.

There is no universally accepted conceptualization of coping strategies; however, several researchers have endorsed three key dimensions of coping (Ayers et al., 1996; Connor - Smith et al., 2000): (a) efforts aimed

at gaining control over the stressful situation or over one's emotions, often referred to as *active coping*; (b) efforts aimed to distract from the stressful situation through positive thoughts and positive activities, commonly termed *distraction coping*; (c) efforts aimed at avoiding or disengaging from the stressful situation or one's emotional experience, typically defined as *avoidant coping*.

Carver and co-workers (1989) distinguish between two types of coping. The first, termed *problem-focused coping*, is aimed at problem solving or doing something to alter the source of the stress. The second, termed *emotion-focused coping*, is aimed at reducing or managing the emotional distress that is associated with (or cued by) the situation. Although, most stressors elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be done, whereas emotion-focused coping tends to predominate when people feel that the stressor is something that must be endured.

Folkman and Lazarus (1980, 1985) and a host of other social researchers have developed various coping strategies and measures in order to determine how people cope with various life events but little information is available regarding the types of coping strategies used by disabled persons, or whether specific methods of coping are associated with reduced levels of disability or pain.

Research questions

In the present study we are going to focus on various coping strategies being adopted by disabled students in a Nigerian university. The study will also find out support systems that are available to physically challenged students in University of Nigeria, Nsukka. To this end we are going to find answers to the following questions:

1. What coping strategies do physically challenged students adopt in order to achieve their academic pursuit in University of Nigeria, Nsukka?
2. What are the institutional support systems that are available to physically challenged students in University of Nigeria, Nsukka?

MATERIAL AND METHODS

Sample

The sample for the study consists of 92 undergraduates who are physically challenged from various faculties in the University of Nigeria, Nsukka. They consist of 52 males and 40 females. Their age range is 18-38 years ($M=27.6$, $SD=4.62$). As expected among undergraduate students, only about 21% of them are married. All the respondents are in four year programmes and can be found in all the four levels. About 60.9% of them are visually impaired while

39.1% have other forms of disability such as paralysis and hearing impairment.

Instrument

The questionnaire and focus group discussion were the two instruments used for the study. The first part of the questionnaire contains demographic characteristics of the respondents while the second part is made up of questions on available social support system and strategies they have adopted to cope with activities of daily living (ADL) and academic work in the university. The focus group discussion guide was made up of series of questions that focus on how they cope with various academic activities and also activities of daily living. Two sets of focus group discussion were organized. One session was for male and another for female respondents.

Procedure

All undergraduates who are physically challenged in the University of Nigeria, Nsukka make up the population for the study. Every member of the population was used for the study. Based on the information we got from the Students Affairs department of the University, there are 98 physically challenged students in UNN. However, only 92 questionnaires were returned and these were used for the analysis. The quantitative analysis was done using percentages and Chi-square. While percentages were used as the main descriptive statistics, Chi-square was used to test the relationship between the dependent and the independent variables

RESULTS

Coping strategies being adopted by physically challenged undergraduates in University of Nigeria, Nsukka

Table 1 presents the bi-variate relationship between how respondents cope with some activities of daily living and a set of explanatory variables. Four activities of daily living were considered. They are: going to lectures, fetching water, washing clothes and going to the market. The coping strategies being considered here were by way of who assists them with these activities. These strategies include; use of friends/roommates, use of relations (siblings, cousins, nieces, nephew, children e.t.c.) and relying on oneself to cope with activities of daily living. These strategies were arrived at after categorising all the strategies that were enumerated by the respondents.

Result from the table shows that respondents make use of roommates, friends and relations in carrying out some of their activities of daily living. Male respondents (64.7%) are more likely to rely on friends for some of their activities of daily living (ADL) than females who appear to rely more on their relations (51.3%). This however is not statistically significant. Marital status and age do not seem to have effect on coping strategies used by respondents in their ADL. This is because both variables

Table 1. Percentage distribution of respondents' characteristics by coping strategies being used by the respondents in their Activities of Daily Living (ADL)

Coping Strategies being used by the respondents in ADL					
	Roommates /Friends	Relations	Myself	χ^2 - value	p-value
Sex					
Male	22 (64.7)	19 (48.7)	11 (57.9)	1.908	.385
Female	12 (35.3)	20 (51.3)	8 (42.1)		
Marital Status					
Single	28 (82.4)	33 (84.6)	11 (57.9)	5.892	.053*
Married	6 (17.6)	6 (15.4)	8 (42.1)		
Age					
18-25yrs	17 (50.0)	10 (25.6)	7 (36.8)	4.626	.099
26+	17 (50.0)	29 (74.4)	12 (63.2)		
Level of Study					
Level 100 and 200	22 (64.7)	23 (59.0)	7 (36.8)	4.016	.134
Level 300 and 400	12 (35.3)	16 (41.0)	12 (63.2)		
Type of Disability					
Blindness	23 (67.6)	21 (53.8)	12 (63.2)	1.505	.471
Others	11 (32.4)	18 (46.2)	7 (36.8)		

variables do not seem to determine the type of coping strategies a respondent will use.

The table also shows that first (100 level) and second (200 level) year physically challenged undergraduates appear to rely more on their roommates/friends (64.7%) in their ADL while those in third (300 level) and fourth (400 level) years rely more on themselves (63.2%) for their ADL. This however is not statistically significant ($p < .134$). As could be expected, more visually impaired respondents (67.6%) rely on their roommates/friends for their ADL unlike other physically challenged students. These other physically challenged students include; hearing impaired, paraplegics, and amputees.

Institutional support available to physically challenged undergraduates in University of Nigeria, Nsukka

Table 2 presents some of the institutional supports available to the respondents by their demographic characteristics. These institutional supports include that given by the government, the University of Nigeria administration and student social workers. A look at

Table 2 shows that male students have benefited more from the services of social work students (60.6%) and University authority (60.3%) while the females have benefited more from government (51.7%). Also there appears to be no relationship between age of respondents, marital status and level of study and the degree of institutional support they have enjoyed. Respondents with visual impairment appear to enjoy the services of social workers more than others (72.7%).

Qualitative results

During the focus group discussions we tried to find out from the respondents who usually help them in their ADL. Majority were of the view that they depend on the relations, friends, course-mates and roommates. Some of them especially the visually impaired came from their homes with relations who help them with some of these ADL. Generally what stood out from the discussion is that there are insufficient institutional mechanisms/facilities put in place for the physically challenged in University of Nigeria, Nsukka. They rather depend on the good will of fellow students in order to get by.

Table 2. Distribution of respondents' characteristics by institutional support being provided

Variables	Institutional Support Being Provided for the Respondents								
	Government (%)		p-value	School Authority (%)		p-value	Social work Students (%)		p-value
	Yes	No		Yes	No		Yes	No	
Sex									
Male	48.3	60.3	.196	60.3	54.7	.381	60.6	46.2	.153
Female	51.7	39.7		39.7	45.3		39.4	53.8	
Marital Status									
Single	62.1	37.9	.013*	71.4	81.3	.217	75.8	84.6	.264
Married	85.7	14.3		28.6	18.8		24.2	15.4	
Age									
18-25yrs	37.9	36.5	.537	50.0	31.3	.070	36.4	38.5	.517
26+	62.1	63.5		50.0	68.7		63.6	61.5	
Level of Study									
Level 100 and 200	48.3	60.3		60.7	54.7		54.5	61.5	
Level 300 and 400	51.7	39.7		39.3	45.3		45.5	38.5	
			.196			.381			.355
Type of Disability									
Blindness	58.6	61.9		67.9	57.8		72.7	30.8	
Others	41.4	38.1		32.1	42.2		27.3	69.2	
			.470			.251			.000*

*Significant

Many of the discussants also revealed that it is members of their family that cater for them. However it was discovered that social work students on field placements usually help out physically challenged students in some of their ADL. The group that benefit more are the visually impaired. Sometimes these social work students read out their notes for them and help them in getting materials for their research work from the internet.

There appears not to be sufficient institutionalised support system for the physically challenged in the university. One of the discussant who moves about with the aid of a wheel chair complained that movement is usually quite difficult because of lack of sidewalks and elevators. It was also revealed during the discussion that there is a support group for the physically challenged in Christ Church Chapel, University of Nigeria, Nsukka. Many of the discussants said that they are invited for special Sunday church services after which they will be given gifts and lavishly entertained. The discussants also suggested the need to have a special hostel equipped with the necessary facilities for all the physically challenged students in the university. This they say will make their academic pursuits easier.

DISCUSSION

Findings show that respondents rely on their friends, roommates, relations and themselves to carry out such activities of daily living like going to lectures, fetching water, washing clothes and going to the market. During the focus group discussion we learnt that there is insufficient institutional mechanism whatsoever to help them cope with ADL. This should not be so in a university environment, where future policy makers are trained. There should be a unit in the students' affairs department that will help of physically challenged students in the performance of their ADL. This unit should be under the supervision of social work department. This will help them to cope better with their academic pursuits.

During the focus group discussion, we learnt that social work students on field practice are usually assigned to physically challenged students. However the social work students render only such services as counselling and dictating notes for blind students. So the social work students do not really help them with ADL. There may be need for the university to provide physically challenged students with their own hostel that will be equipped with requisite facilities. There may be need also to organise

social work students better so that their services may become more effective and this can be achieved if social workers are employed in the students affairs department.

Findings from the study show that there is insufficient institutional support available for physically challenged students in the University of Nigeria, Nsukka. Many of them are being sponsored in school by their families only. Only very few of them are enjoying any form of scholarship. The university administration does not appear to have sufficient institutionalised support system. Rather according to the discussants during the focus group, only the Vice Chancellor out of his own goodwill gives them support. For instance, the Vice Chancellor some years ago provided them with motorbikes after commercial motorbikes were banned on campus. There is therefore need for the government, university authority and Non-Governmental Organisation to provide some form of institutionalised support for the physically challenged. These could be by way of scholarships, grants, walking/reading/hearing aids, and jobs when they eventually graduate. All these will go a long way towards making physically challenged people have a sense of belongingness like other members of the society.

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