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Comparative Analysis of Self-Efficacy of Students with Congenital and Acquired Visual Impairment

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Abstract

The research was conducted to examine the comparison between self-efficacy of congenital and acquired visual impairment. The research questions of my study are 1. Was there any difference in self-efficacy levels between 2 groups of the students with congenital and acquired visual impairment? 2. Was there any difference among academic self-efficacy of SVI from grades 6th to 8th on the basis of education sector? 3. Was there any difference in the social self-efficacy of SVI from grades 6th to 8th on the basis of socio-economic status? A sample of 120 visually impaired students (N=120) aged 10-19 (75 males, 62.5%; 45 females, 37.5%) of different government and private sector institutes of Lahore was taken. A self-administered questionnaire was developed to measure the study variable named self-efficacy. The independent sample t-test and ANOVA showed the significant difference between self-efficacy of congenital and acquired visual impairment.The conclusion of this research was there was a significant difference between the self-efficacy of congenital and acquired visual impairment. This research is beneficial for the discipline of special education, educational authorities, instructors/teachers of special students, researchers and professionals, etc.

Keywords: Self-Efficacy, Visual Impairment, Congenital Visual Impairment, Acquired Visual Impairment, Students

Introduction

Self-efficacy refers to our confidence in our personal capabilities, particularly in terms of surmounting obstacles and successfully accomplishing tasks (Akhtar, 2008). It encompasses the assurance one holds in their ability to carry out tasks and attain objectives. Psychologists have observed multiple strategies for enhancing self-efficacy, the elements that constitute it, instances of its deficiency across different contexts, the interplay between self-concept and self-efficacy, as well as behaviours of attribution that impact its augmentation or reduction.

Albert Bandura, former president of the American Psychological Association, introduced the concept of observational learning and highlighted its significance in cognitive theory. He emphasized that individuals' perceptions of their own mastery and self-worth influence their performances and risk-taking behaviours. Bandura coined the term "self-efficacy" to refer to an individual's belief in their ability to effectively perform a specific behaviour.

Self-efficacy is the belief in one's ability to execute strategies necessary for handling specific situations, reflecting a subjective assessment of one's competencies. Research over the past two decades indicates that self-efficacy can predict academic performance, learner motivation, and educational achievement (Bandura, 1977).

Research suggests that visual impairment does not significantly hinder academic achievement and that visually impaired students can effectively navigate educational challenges. Over 20% of students in educational institutions are reported to have low vision or be visually impaired (Klinkkosz, Walddemar, 2012). However, these students tend to exhibit lower feelings of safety and self-confidence compared to their sighted peers. Mental health outcomes for visually impaired students are comparable to those of sighted students, although they may achieve lower academic performance (Bhaati, 2013).

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Teenagers with visual impairments exhibit better psychological adjustment, learning success, and mental task completion, primarily driven by high self-efficacy beliefs. This self-efficacy fosters self-management and achievement of life goals, with positive emotions linked to these outcomes (Barrera M, 2001).

Connections between relationships and self-efficacy center on social self-efficacy. Smith and Betzz (2002) emphasize that sustaining interpersonal relationships relies on an individual's confidence in engaging in social exchanges. Additionally, Wei, Russell, and Zakalikk (2006) note that participating in social interactions helps individuals assess their achievements in those engagements, as highlighted by Bandura (1976).

Numerous skills encompass the realm of social self-efficacy, encompassing actions such as joining social gatherings as a group member, exhibiting boldness in social contexts, displaying agreeable behavior, and both offering and receiving assistance. Nonetheless, individuals possessing strong social self-efficacy often approach social interactions with a sense of anticipated success; yet, if these interactions result in unfavorable outcomes, their social self-efficacy can diminish, as can their level of engagement in social activities (Butler, 2012).

Academic self-efficacy pertains to person's assurance in their talent to successfully complete a particular level of academic task or achieve a specific educational objective (Bandura, 1996; Ecles & Wiggfield, 2000; Ellias & Lomis, 200; Linenbrink & Pintrich, 2002a; Schunnk & Pajjares, 2003).

The foundation of academic self-efficacy is based on the concept of self, referring to an individual's confidence in their ability to complete specific tasks (Bandura, 1977; Ecles & Wigfield, 2002). This confidence may depend on task complexity; some individuals may feel competent with challenging tasks, while others may excel in simpler ones. Additionally, self-efficacy is considered a context-dependent attribute rather than an unchanging trait (Linenbrrink & Pintrrich, 2003).

Academic anticipatory beliefs are divided into two categories. One type is academic outcome expectations, which are the convictions that students hold about how certain actions will lead to particular results (for instance, "If I complete my assignments, my exam scores will improve"). The other type is academic efficacy standards, which refer to a student's convictions concerning their capability to execute the required steps to achieve a specific outcome (such as "I possess the determination to study diligently for this test"). Distinguishing between these two forms of anticipatory concepts is essential because, as Ecles and Wigfield (2002) emphasize, individuals might hold the belief that a particular conduct will yield a certain outcome (outcome expectation), yet might not have confidence in their ability to carry out that behavior (efficacy expectation).

Statement of the Problem

This study aimed to compare the “Self-efficacy” of the students with congenital and acquired visual impairment of grade 6th to 8th at public and private special education schools in Lahore.

Objectives of the Study

The objectives of the research were:

1. To compare the self-efficacy between students with congenital and acquired visual impairment.
2. To compare academic self-efficacy of SVI from grades 6th to 8th on the basis of education sector.
3. To compare social self-efficacy of SVI from grades 6th to 8th on the basis of socio-economic status.
4. To compare student’s self-efficacy with level of visual impairment (Low Vision and Totally Blind).
5. To compare student’s self-efficacy with family system.
6. To compare student’s self-efficacy on the basis of socio-economic status.

Questions of the Study

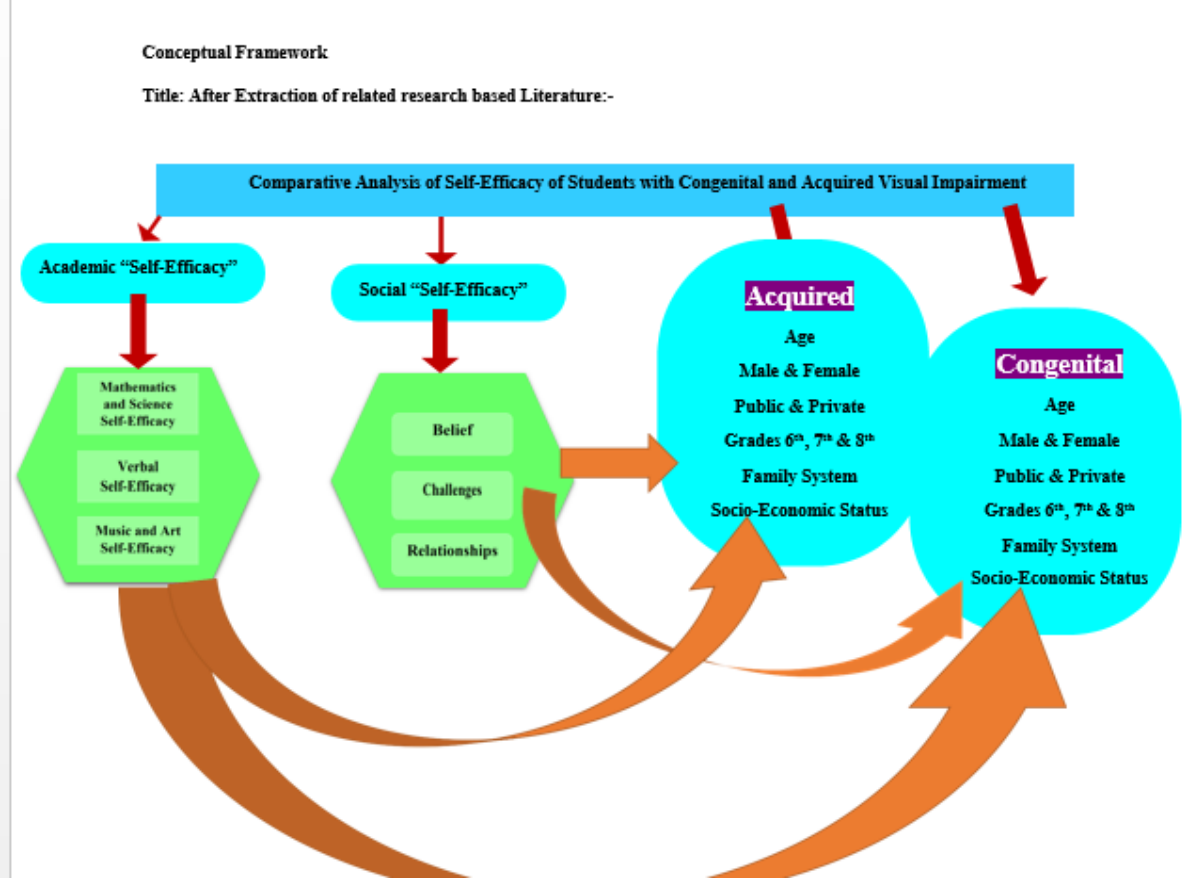
After reviewing the literature following were the questions of the study answered by the current research.

1. Was there any difference of self-efficacy levels between 2 groups of the students with congenital and acquired visual impairment?
2. Was there any difference among academic self-efficacy of SVI from grades 6th to 8th on the basis of education sector?

3. Was there any difference among Social self-efficacy of SVI from grades 6th to 8th on the basis of socio-economic status?
4. Was there any difference among student's self-efficacy with level of visual impairment?
5. Was there any difference among student's self-efficacy with family system?
6. Was there any difference among student's self-efficacy on the basis of socio-economic status?

Significance of the Study

The research investigates the differences in "self-efficacy" between students with congenital and acquired visual impairments (SVI), including comparisons based on education levels, social classes, and education sectors. Its findings aim to assist teachers in understanding and enhancing SVI's self-efficacy, benefiting not just educators but also parents and siblings of SVI.



Literature Review

Madux (1998) explored the concept of self-efficacy, emphasizing that it involves beliefs about one's capabilities rather than mere predictions of behavior. Self-efficacy is formed based on personal attributions that explain actions and their outcomes, reflecting evaluations of skills. It is crucial to understand that self-efficacy beliefs are not action plans but rather influence intentions regarding likely behaviors.

Self-efficacy isn't a fixed personality trait; rather, it represents a collection of beliefs about effectively integrating skills and capabilities in specific situations and contexts to attain desired outcomes. Although measures of "general" self-efficacy have been formulated and are commonly employed in research (e.g., Chen, Gully, & Eden, 2001; Sherer et al., 1983; Tipton & Worthington, 1985), they have shown to be less potent than more precise self-efficacy assessments in foreseeing individuals' behaviors in particular circumstances. (Bandura, 1997; Maddux, 1995).

Self-efficacy holds noteworthy importance in the realm of education as it exerts influence over students' decisions and behaviors (Pajares, 2002). According to Sharma and Nasa (2014), academic self-efficacy entails the belief that one can perform academic tasks at the desired level. Ayiku (2005) defines academic self-efficacy as a construct wherein a student's intellectual performance relies on cognitive skill development and their perceived self-efficacy.

Bandura's theory of self-efficacy (1977) highlights academic self-efficacy as an individual's belief in their ability to execute actions for problem solving and task completion (Eccles & Wigfield,

2002). This belief varies with task complexity, with some individuals thriving in challenging situations while others perform better in simpler tasks. Self-efficacy is recognized as a situational trait, differing across subjects, leading to a multidimensional hierarchy. Unlike self-esteem and self-concept, it is specifically task-oriented (Linenbrink & Pintrich, 2003; Linenbrink & Pintrich, 2004).

Academic expectations can be categorized into two types: outcome expectations, which involve a student's belief that specific actions will lead to desired results (e.g., improved grades from homework completion), and efficacy expectations, which reflect a student's confidence in their ability to perform the actions necessary to achieve those outcomes (e.g., diligent studying). Understanding these distinctions is essential, as one can anticipate an outcome without having the confidence to enact the behavior that leads to it (Eccles & Wigfield, 2002).

Social self-efficacy refers to an individual's confidence in their ability to successfully accomplish tasks (Bandura, 1997). Research has identified four key factors that influence social self-efficacy: mastery experiences, learning through observation or imitation, emotional stimulation, and social support and influence.

Individuals with high self-efficacy, as described by Bandura (2001), actively engage in the learning process, use adaptable strategies, remain motivated, and persevere through challenges, in contrast to those with low self-efficacy who may avoid tasks. Self-efficacy, primarily defined as one's belief in their ability to perform tasks in specific contexts (Bandura, 1986), is connected to both competence and the perceived value of actions (Clagget and Goodhue, 2012). It plays a vital role in learning new skills and applying them practically, being influenced by proficiency, required effort, and encountered obstacles. Social self-efficacy significantly affects the ability to engage socially (Kotaman, 2009).

Social self-efficacy frequently intersects with relationships, as highlighted by Smith and Betz (2000), as it involves the confidence one has in their ability to navigate essential social interactions.

Various theories explain parental engagement, such as Grolnick and Slowiczek's Multidimensional Model, Hoover-Dempsey and Sandler, and Epstein's models, which suggest its influence on parenting styles. Baumrind (1967) highlights limitations in these models, proposing a typological approach that emphasizes interactions in parenting. Effective parenting, according to Baumrind, includes responsiveness to children's needs and emotional demands. Fan and Zhang (2014) further argue that an authoritative parenting style—both demanding and responsive—leads to the best outcomes in self-esteem, psychological well-being, and academic performance for students.

The relationship between parental engagement and academic success is evidenced by two studies: one by Haraa and Burkke (1999) showing improved academic performance in a Chicago primary school due to parental participation, and another by Avvisati et al. (2010) emphasizing the connection through a literature review. Additionally, Schunk and Miller (2003) argue that families are essential in developing children's self-confidence, with parents significantly influencing their self-efficacy through ongoing interaction. The family's role is crucial in shaping adolescents' perceptions of their abilities from an early age (Schunk & Mece, 2007).

Over two decades ago, RAND researchers conducted the inaugural study on teacher self-efficacy, investigating whether instructors believed they could influence the reinforcement of their behaviors (Armour et al., 1976). Since then, research on teacher self-efficacy has evolved, revealing that self-efficacy can impact teacher effectiveness through various avenues. Notably, high self-efficacy beliefs can influence the likelihood of teachers implementing professional development skills in the classroom (Eden & Kinnar, 1991). Teachers with elevated teaching self- efficacy are more inclined to experiment with novel learning materials, explore improved teaching strategies, and venture into alternative educational methods (Allinder, 1994).

Methodology

Research Design

The research design were geared to provide relevant study information. The study followed the quantitative research paradigm. This research was descriptive in its nature. Hence, the data was gathered through the "survey method" utilizing a questionnaire to collect information from the participants. The study's population comprised students with visual impairments attending special schools in Lahore. In the study purposive sampling technique was used and a sample of one hundred and twenty students was elicited from the grade level of sixth to eighth class.

Research Locate

The study was being carried out in Lahore Punjab district of Pakistan. Lahore has good quality of education. There are a number of public and private institutions for the betterment of special needs persons. The researcher conducted this research study in Lahore.

Population of the Study

All SVIs who are enrolled from grades 6^{th} till 8^{th} in public and private schools for SVIs are considered as population of the current research study.

Sample

A sample of 120 visually impaired students (75 males, 45 females) was selected from different institutes of Lahore. To analyze and interpret the gathered data and ascertain the comparative analysis of student self-efficacy between congenital and acquired visual impairment, the collected data was subjected to analysis using SPSS version 23.

Demographic Information Sheet

It consisted of gender, age, sector, grade, and category of visual impairment, level of visual impairment, family system and socio-economic system.

Instrument of the Study

The researcher created a self-administered questionnaire designed to assess the self- efficacy of students who have congenital and acquired visual impairments. The questionnaire employed a 5-point Likert scale, ranging from "Very Confident=1" to "Not confident=5." This scale encompassed a total of 33 items, divided into categories such as Social and Verbal self- efficacy, Academic self-efficacy, Mathematical and Science self-efficacy, and Music Art self- efficacy, among others.

Procedure

In conducting a research study titled "Comparative Analysis of Self-Efficacy of Students with Congenital and Acquired Visual Impairment," the procedure entails a systematic approach to investigating and comparing the self-efficacy levels of these two distinct groups of students in grades 6th to 8th who had congenital and acquired visual impairments. Firstly, an extensive review of the existing literature on self-efficacy among individuals with visual impairments was conducted. This review aimed to identify gaps in the current knowledge and highlight the significance of comparing self-efficacy in students with congenital and acquired visual impairments.

Descriptive research design with quantitative approach was planned. Purposive sampling strategy was established. This strategy ensured representation from both congenital and acquired visual impairment groups. Informed consent was taken from the participants and confidentiality was maintained. Participants had the right to withdraw from the study when they want.

Data was collected through a self-administered questionnaire. Questionnaire contained different domains of self-efficacy like social, academic, music and mathematics etc. The reliability of the questionnaire was 0.736, which was assessed through reliability analysis. After collecting data different statistical analysis were applied for getting results of the present research study. The results indicated the significant differences among self-efficacy of students with congenital and acquired visual impairment.

Data Collection

In the data collection procedure the researcher made a list of institutes located in Lahore. After the list appointment was taken from institutes for collecting data. At the said time researcher went to institutes with a permission letter from department of university. In permission letter the purpose of the visit in institute was described and permission was granted to conduct study. After showing the permission letter and giving said information the researcher filled the questionnaire by visually impaired students. The researcher personally visited the institutes for data collection. The respondents asked different questions about study to describe the knowledge and purpose of the study. There was also a use of Likert Type scale for collecting the data for getting more and more responds of questionnaire. On the whole it was tired but informative task and part of study. The return rate was 100 %.

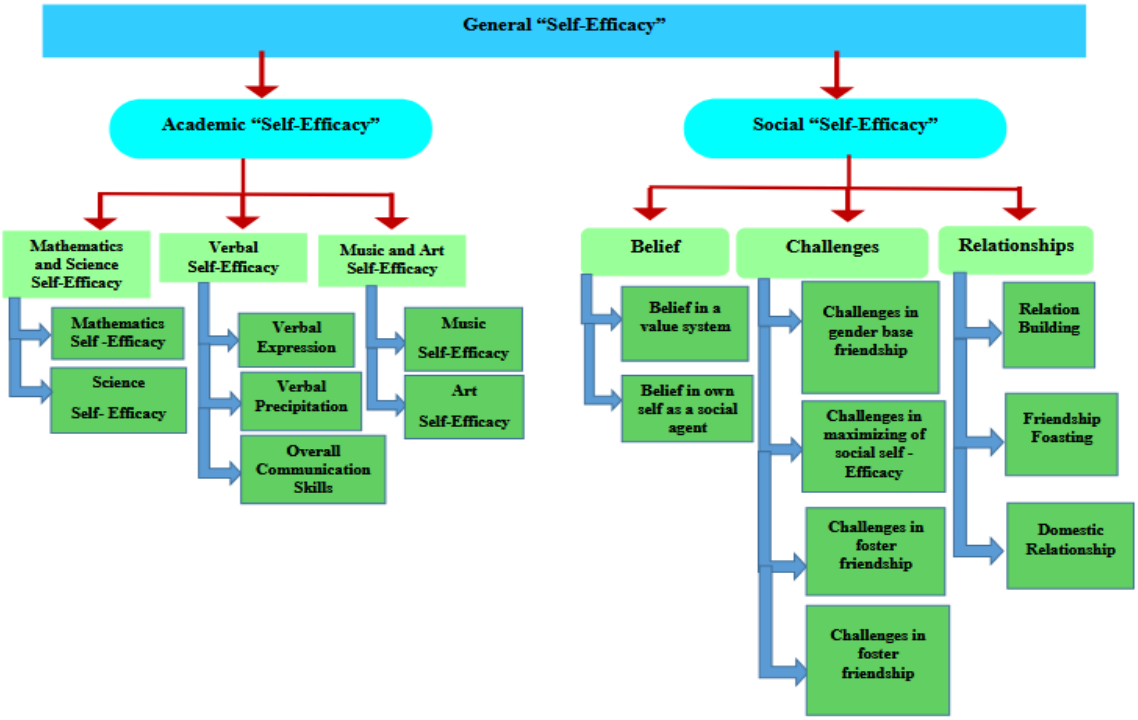
Limitations of the Study

The population of the SVI was very limited in the special education schools so the researcher had not used the random sampling technique and sample was selected through purposive sampling.

Delimitations of the study

Study was delimited to the students of grade 6th to 8th with visual impairment of different private and public special schools in Lahore.

1.9 Conceptual Framework



Results

Table 4.1

Demographic Information of Participants

Variables	*F*	*%*	*M (SD)*
Gender			1.38 (0.48)
Male	75	62.5	
Female	45	37.5	
Age			
10	12	10.0	
11	14	11.7	
12	22	18.3	
13	11	9.2	
14	20	16.7	
15	17	14.2	
16	12	10.0	
17	3	2.5	
18	8	6.7	
19	1	0.8	
Sector		1.49 (0.50)	
Public	61	50.8	
Private	59	49.2	
Grade		2.00 (0.71)	
6^{th}	30	25.0	
7^{th}	60	50.0	
8^{th}	30	25.0	
Category of Visual Impairment		1.32 (0.46)	
Congenital	82	68.3	
Acquired	38	31.7	
Level of Visual Impairment		1.51 (0.50)	
Low Vision	59	49.2	
Totally Blind	61	50.8	
Family System		1.62 (0.48)	
Joint	46	38.3	

Nuclear	74	61.7
Socio-Economic Status		1.88 (0.45)
Upper	20	16.7
Middle	94	78.3
Lower	6	5.0

Note: *f*= Frequency, *%*= Percentage, *M*= Mean, *SD*= Standard deviation.

Table 4.1 displays the demographic information of the participants: Among the respondents, 75 participants (62.5%) were male, and 45 participants (37.5%) were female. (10.0%) participants were of 10 years age, (11.7%) participants were of 11 years age, (18.3%) participants were of 12 years age, (9.2%) participants were of 13 years age, (16.7%) participants were of 14 years age, (14.2%) participants were of 15 years age, (10.0%)participants were of 16 years age, (2.5%) participants were of 17 years age, (6.7%) participants were of 18 years age and (0.8%) participants were of 19 years age. (50.8%) students were from public sector and (49.2%) students were from private sector. 25.0% students were from 6th grade, 50.0% students were from 7th grade and 25.0% students were from 8th grade. 68.3% students were found with congenital visual impairment and 31.7% students were found with acquired visual impairment. In this study 49.2% students were found with low vision and 50.8% students were totally blind. 38.3% students belonged to joint family and 61.7% student's belonged to joint family. 16.7% students were from Upper class, 78.3% students were from middle class and 5.0% students were from lower class.

Table 4.2

Comparing self-efficacy of students with congenital and acquired visual impairment. (Independent Sample t-test)

COVI	*N*	*M*	*df*	*t*	*Sig*
Congenital	82	54.57	118	-2.306	.001
Acquired	38	61.81			

**P < .05 Level of Significance*

The above mentioned figures in table illustrates a significant level of difference (*t*= -2.306, *P* =.001<.05) between the self-efficacy of students with congenital and acquired visual impairment.

Table 4.3

Compare academic self-efficacy of SVI from grades 6th to 8th on the basis of education sector. (Univariate ANOVA)

Source	*Type III of Squares*	*Sum df*	*Mean Square*	*F*	*Sig.*
Intercept	157770.326	1	157770.326	1417.085	.000
Sector	2393.879	1	2393.879	21.502	.000
Grade	272.543	2	136.271	1.224	.298
Sector * Grade	1995.523	2	997.761	8.962	.000

*P < .05 Level of Significance

The above mentioned figures in table illustrates a significant level of difference (*F*= 1417.085, *P*=.000<.05) between the academic self-efficacy of students with grades on the basis of education sector.

Table 4.4

Compare social self-efficacy of SVI from grades 6th to 8th on the basis of socio-economic status. (Univariate ANOVA)

Source	*Type III Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Intercept	11681.758	1	11681.758	321.314	.000
Grade	47.666	2	23.833	.656	.521
SES	39.898	2	19.949	.549	.579
Grade * SES	213.752	3	71.251	1.960	.124

*P < .05 Level of Significance

The above mentioned figures in table illustrates a significant level of difference (*F*= 321.314, *P*=.000<.05) between the social self-efficacy of students with grades on the basis of socialinteraction.

Table 4.5

Comparing student's self-efficacy with level of visual impairment

	SS	*df*	*MS*	*F*	*P*
Between	1167.620	1	1167.620	4.531	.035

groups					
Within groups	30410.246	118	257.714		
Total	31577.867	119			

*P < .05 Level of Significance

Table illustrates that there is significant difference between means of student's self-efficacy(*F*=4.531, *P*=.035) on the bases of level of visual impairment.

Table 4.6

Comparing student's self-efficacy with family system. (One-way ANOVA)

	SS	*df*	*MS*	*F*	*P*
Between groups	660.370	1	660.370	2.520	.115
Within groups	30917.497	118	262.013		
Total	31577.867	119			

*P < .05 Level of Significance

Table illustrates that there is no significant difference between means of student's self-efficacy (*F*=2.520, *P*=.115) on the bases of family system.

Table 4.7

Comparing student's self-efficacy with socio-economic status. (One-way ANOVA)

	SS	*df*	*MS*	*F*	*P*
Between Groups	1215.459	2	607.730	2.342	.101
Within groups	30362.407	117	259.508		
Total	31577.867	119			

*P < .05 Level of Significance

Table illustrates that there is no significant difference between means of student's self-efficacy (*F*=2.342, *P*=.101) on the bases of socio-economic status

Discussion

The study indicates that individuals with congenital visual impairment exhibit high self-efficacy due to effective training and support from parents and teachers, resulting in greater confidence in their abilities. In contrast, those with acquired visual impairment, often due to late-life accidents, demonstrate lower self-efficacy and face challenges in adjustment. The findings align with existing literature, highlighting that visually impaired teenagers who possess strong self-efficacy beliefs perform better academically and psychologically, leading to improved self-management and life goal achievement, as well as positive emotional outcomes (Barrera M, 2000).

The study reveals that self-efficacy of students from different grades depends on socio-economic status. It indicates that students from different social classes have different levels of self-efficacy. Results are supported by literature. Social support is important in the adjustment and accomplishment of visually impaired people. However, it is not always available to everyone. Teenagers with visual impairments generally possess fewer friendships and engage in fewer social interactions with their peers compared to those with normal vision. These visually impaired adolescents often encounter emotions of isolation and encounter challenges in forming close friendships (Huurre T M, 1999). Another study found that some visually impaired persons reported receiving social assistance from close friends at the same time (Kef S.2002).

Other findings indicated that the majority of young people with vision impairment were satisfied with the help they received from their family. According to certain research, teenagers with disability may receive insufficient social support; their relatives may overprotect them, be unaware of their condition, and intentionally or subconsciously disregard the existing problem. (Anderson E, 2001).

The research shows that students' self-efficacy is unaffected by family structure. Newborns do not possess self-efficacy views; however, foundational beliefs begin to develop in the first three to four years. Flammer's (1996) study outlines this progression, detailing stages such as grasping basic patterns of interactions, recognizing causal relationships, and understanding personal impacts. Children learn to differentiate between effort and ability by the end of their first decade, transitioning

from a simplistic view of capability to an understanding of effort, personal skills, and task complexity, ultimately realizing the relationship between effort and ability in achieving goals.

Conclusion

This research study compared self-efficacy among students with congenital and acquired visual impairments, revealing valuable insights into their psychological well-being. Students with congenital visual impairments showed higher self-efficacy in daily living skills due to lifelong adaptation, while those with acquired impairments displayed resilience and adaptation over time. The study highlights the importance of tailored interventions, self-perception, and early support. Educational environments, family support, and resources influence self-efficacy, emphasizing the need for schools, educators, and parents to foster self-efficacy. The research contributes to understanding self-efficacy among students with visual impairments, stressing the need for approaches recognizing unique challenges and strengths. By promoting self-belief and competence, we can empower them to overcome obstacles and lead fulfilling lives, contributing to a more inclusive society.

Recommendations/Suggestions of the Research

The suggestions for the future researchers include:

1- Educational institutions should tailor support services to address the unique needs of students with congenital and acquired visual impairments. Recognize that the two groups may require different types of assistance and accommodations.

2- Focus on early intervention and rehabilitation programs for students with acquired visual impairments. Providing timely resources and training can help them adapt and develop self-efficacy more effectively.

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