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# The Components of Successfully Adapting Child with Health Limitations

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**Abstract**

The article presents the results of an experimental research aimed to study the main components of successfully adapting child with health limitations. Analysis of psychological and pedagogical literature allowed defining the core concept of the study—"successfully adapting child with health limitations"—as a child, who is capable of full development of his personal, physical and psychological potentials in the surrounding environment. In this article we describe the structure of successfully adapting child with health limitations. It is presented by the following components: personality (which includes such qualities as confidence, adequate self-esteem, and emotional well-being), academic (simple concepts of oneself and the surrounding world, mathematic concepts, simple bases of grammar) and vital (overall academic, communicational, social and everyday skills). Considering these components, we constructed and developed a procedure for an ascertaining study, aimed to describe the level of development of each of the components. The research was conducted in the Center of Prolonged Day, which was created in Mordovian State Pedagogical Institute named after M.E. Evseviev (MordSPI). In order to define the level of development of each component of successfully adapting child (high, medium, low or undeveloped levels) we defined the criteria and characteristics of the assessment and chose the study methods, which included psychological methods, questionnaire and practically oriented tasks. The developed procedure allowed conducting an ascertaining experiment; the results are presented in this article. Analysis of the obtained results shows that the majority of participants have low levels of the development of the components described above. This leads to the necessity of constructing and performing correctional and developmental work, which should allow gradual integration of these children in the society of normally developing peers.

**Keywords**

Adaptation; Successfully adapting child with health limitations; Procedure and results of ascertaining experiment

**Introduction**

Educating and upbringing the children with health limitations is one of the top-priority problems. In Russia there is a tendency of including the people from the aforementioned category in the society under the condition of their full participation in all areas of social life and activity. The analysis of statutory and regulative documents (National educational initiative "New School" ("Novaya Shkola"); Russian president's decree "On National strategy of actions upon children's interests in 2012-2017 years"; Federal law "On education on Russian Federation" (from 29 December 2012 # 273-Ф3), etc.) [1] indicates that the priorities concerning people with health limitations are changing in the modern world. Each person, regardless of their health condition and existence of physical or mental deficit, has equal opportunities of obtaining an education.

Analysis of Russian [2-8 etc.] and international [9-20] studies allows to define a tendency of inclusion and adaptation of people with health limitations in the society of healthy peers upon the condition of their full and equal participation in all areas of social life.

One of the priorities is to create the conditions for joint education of normally developing children and children with health limitations, i.e. integrative education. This situation calls for discussion of the fact that children with health limitations are required to successfully adapt among normally developing peers. In our study adaptation is defined as a process of active adjustment to the new system of social conditions, new relationships, requirements, types of activity, life schedule, etc. [21]. One of the mechanisms of adaptation realization is the success. We define a "successfully adapting child with health limitations" by comparing a number of concepts, which create the following contexts: firstly, "adaptation" and "successful adaptation of a child with health limitations." This concept in general is defined as "...the child, who is capable of complete development of his personal, physical intellectual and

other potentials in the society" [22]. The structural model of successfully adapting child with health limitations, which we developed, consists of the following components: personal (which includes such qualities as confidence, adequate self-esteem and emotional well-being, which presents in the child's attitude towards going to the children's educational institution, to the educational activity and to oneself); academic (simple concepts of oneself and the surrounding world, mathematic concepts, simple bases of grammar, which provide the child with health limitations the ability to integrate in the social and cultural environment) and vital (overall academic, communicational, social and everyday skills) [23].

In this article we will show the methods and results of the study on successful adaptation of the child with health limitations during ascertaining study, conducted in 2011-2012 academic year in the Center of prolonged day, based in MordSPI.

**Methods**

The aim of ascertaining experiment is to study the characteristics of children's with health limitations adaptation. In order to reach this aim we defined the following tasks: to validate the procedure of studying and accessing the development of the successfully adapting child's with health limitations components; to develop diagnostic instruments and to define the initial levels of "personal," "academic" and "vital" components of successfully adapting child from the aforementioned

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category; to summarize and structuralize the obtained results. The method of ascertaining experiment consisted of three blocks of the tasks. Each part was designed to study one of the main structural components of successfully adapting child with health limitations.

In order to study the personality component (studying the self-esteem of children with health limitations; defining their anxiety and emotional well-being levels) we selected the following methods. For the first part of this task we used the “Ladder” (“Lesenka”) test (N.V. Nizhegorodtseva) [24]; for the second part of the task we used the anxiety test (Temml, Dorca, Amen) [24]; for the third part we conducted the test of “Emotional well-being of the child in kindergarten” (adaptive method of E.V. Kucherova) [25]. There are the following indicators of the developed personality readiness: developed emotional well-being, adequate self-esteem and low anxiety level [26].

In order to assess the level of academic component development we defined the criteria, which included the development of simple concepts of oneself and the surrounding world, mathematic concept and simple bases of grammar. The markers of academic component development are the unity, completeness, depth, structure and mindfulness of the knowledge use, which provide the development of child’s with health limitations readiness to study the surrounding world and to integrate in different types of activity. The assessment is conducted individually with a questionnaire. For example, simple concepts of oneself and others were tested with the questions like “What’s your name?,” “Who do you live with?,” “What does the nature include?,” etc. The following questions were used to assess the development of simple mathematic concepts: “Which floor do you live on?,” “Which road is longer/shorter/wider/more narrow?,” etc.; and to assess grammar bases we asked: “Who lives in the house?,” “Name the described objects,” etc. [26].

To assess the development of the vital component the following skills were selected: general educational skills (the ability to plan and organize one’s own educational activity, to perceive information, to conduct cognitive operations, evaluate them and analyze the results of one’s own actions); communicational skills (the ability to organize efficient interaction with other people: to listen, empathize, “present oneself” in the communication, evaluate oneself and others, work in a team); social and everyday skills (the ability to construct the activity result (analysis and creation of orientation basis of action), to plan the expected activity, to act upon a plan, as well as to evaluate one’s own activity results). The assessment of the vital component was individual and consisted of practically oriented activity of the children. For example, general educational skills were studied with such tasks, as “Find a pair,” “Who is extra,” etc. To study social and everyday skills we proposed the following tasks: “Wash your hands before lunch,” “Clean the table,” etc.; to study communicational skills—“Introduce yourself to your peer from another group during your joint lesson,” “Congratulate your friend on a holiday,” etc. [27].

Considering the constructed procedure, we conducted a study with 30 children with health limitations (this group included children with speech, hearing and sight deficits and mental retardation), who studied in the conditions of Center of prolonged day in MordSPI in Saransk. The children were nominally divided into two groups—control (CG) and experimental (EG) groups. We further present the results of ascertaining experiment.

## Results and Discussion

Analysis of the results of the personality component assessment revealed, that all children are differentiated into four groups: children

with high, medium, low or undeveloped levels of personality component; we also revealed certain qualitative differences in personality component development.

First group (high level of personality component of successfully adapting child with health limitations) consists of the most efficient students, who were able to complete the tasks successfully. Children with health limitations have well-developed qualities of all groups, which create the basis of the component: stable emotional well-being, adequate self-esteem, low anxiety level. Second group (medium level of personality component) consists of the children, who were able to partly complete the tasks. These children present neutral emotional state, high self-esteem, medium anxiety level. Third group (low level of personality component) consists of students, who had the most difficulties. These children with health limitations have low development levels of all groups of qualities from this component: negative emotional state, low self-esteem, high anxiety level. Fourth group (undeveloped personality component) consists of children with health limitations, who have relatively undeveloped qualities of all groups. The result of personality component development in successfully adapted child with health limitations is presented on Figure 1.

The results of the study also revealed certain qualitative differences in the development of personal component. Children with health limitations, who attend the Center of prolonged day, show: 1) negative emotional well-being, which may occur during the sensation of failure in one of the activities, during child’s dissatisfaction with the way other people, especially teacher and peers, are treating him; 2) low self-esteem, which demonstrates low self-confidence, the development of inferiority complex, rejection of action; 3) high anxiety level, which means deficient emotional adaptation to the certain life situations. Children with low self-esteem have significantly higher anxiety levels in comparison with children with adequate self-esteem. Thus, the combination of the obtained results reveals that the majority of students with health limitations have low level of personality component [26].

Upon analysis of the academic component assessment results all children were also divided in four groups with high, medium, low or undeveloped levels; he participants also showed qualitative differences in the development of academic component qualities.

First group (high level of academic component) includes the most intact children, who can understand the activity essence and possess simple concepts, which are necessary for different types of activity. Children with this level understood the task and the speech, addressed to

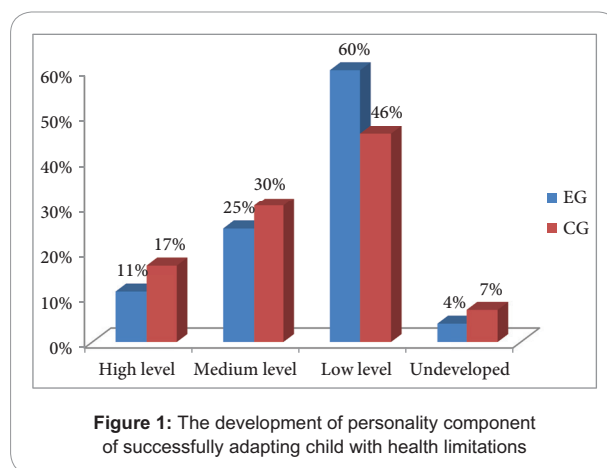


Figure 1: The development of personality component of successfully adapting child with health limitations

them, navigated in the condition of the question set; they demonstrated general knowledge of the question subject; they presented 3 or more full and complex answers, which contained correct, full, precise, structured and sequentially presented information. Second group (medium level of academic component) consists of relatively intact children, who partly completed the task, possess the simple concepts, but have trouble with the ways of presenting them. The children with health limitations from this level accepted the task, understood the speech, directed to them, navigated in the task conditions; they gave 2 answers, which did not contain full information on the subject, they reflected only the main content, the answers were inaccurate, misplaced, had missing points and lacked structure and sequential presentation of information. Third group (low level of academic component) consists of children, who had the most difficulties. These children accepted the task, but did not understand the speech, directed to them, and were not able to navigate in the task conditions; they gave 1 answer, which did not have the unity, complexity, precision, structure and sequential presentation of information; the answers were merely a list of some facts, unrelated to the given task. Fourth group (undeveloped academic component) is the children, who did not give any answers or refused to do the tasks. The results of academic component development in children with health limitations are presented in Figure 2.

Analysis of the results of academic component study allows concluding, that the participants were most successful in questions that addressed the development of simple concepts about oneself and the surrounding world, while the questions about mathematic concepts and basic grammar caused difficulties. Thus, the obtained results in general demonstrate that the majority of children with health limitations have low level of academic component [28].

Analysis of the vital component assessment results demonstrates that all children with health limitations are divided into four groups with high, medium, low or undeveloped levels. High level of vital component is related to the fact, that children with health limitations understood the task and chose the most rational and optimal way of obtaining the desired result, understood its essence, defined the sequence of the task solution stages and held on to that sequence, created their own algorithm of the activity, were able to organize their working space, defined the significant and less relevant information, used mental tools (analysis and synthesis, classification, generalization, etc.). They finished their work until the logical conclusion, applied obtained knowledge to the practical activity, drew conclusions and adequately evaluated the results of their activity. They also demonstrated the ability to listen and empathize, to speak correctly and clearly, to

greet and direct their speech, etc., along with the ability to control their own behavior during communication, evaluate themselves and others. They mastered non-verbal means of communication and were able to work in a team. Children of the medium level had a positive attitude towards the activity, but had difficulties in finding the most optimal and rational way to get the result, in holding the right sequence of solution stages and in constructing algorithms. They were able to transfer their knowledge to the practical activity, performed some actions with errors and could adequately evaluate the results of their activity. The children of medium level could listen and empathize, but did not always do that. They could speak correctly and clearly, greet other people, etc., however, used these expressions only after an adult or other child reminded them. They spoke calmly but sometimes interrupted the person speaking and did not always remember the rules of polite conversation. During the activity they sometimes got distracted; their relationships with other children are selective and calm. Children of the low level produced the actions but had under-developed skills to complete any of them. While doing the task, the children understood the educational problem but failed to choose the most rational and optimal way of solving it, they did not follow the sequence of actions or create their own algorithm of activity. They did not organize their work space, did not use any cognitive tools, made severe mistakes in single operations; they partly transferred their knowledge to the practical activity, which contained mistakes, they also could not evaluate the results of their activity. Children of the low level could not listen or empathize; they could barely speak correctly and clearly or express greetings, etc. They did not pay attention to the adult, did not react properly to a call for assistance. During cooperative activity they were easily distracted and bothered the others; their relationships with other children are often negative and selective. Children with health limitations of the undeveloped level were able to conduct the activity necessary for successful life sustaining, but could not transfer their knowledge to the practical tasks. This level lacks the completion of the educational tasks, it does not have cognitive or operational tools or abilities to listen and empathize. Children did not have any relationships with their peers in the study group, they could not control their behavior during communication, could not evaluate themselves or others. The results of vital component development in children with health limitations are presented in Figure 3.

The results of vital component study show certain qualitative differences in the level of development of the parts of this component. Analysis of the results of vital component study in children with health limitations allows concluding that the children were the most successful in tasks on social and everyday skills, as well as communicational abilities.

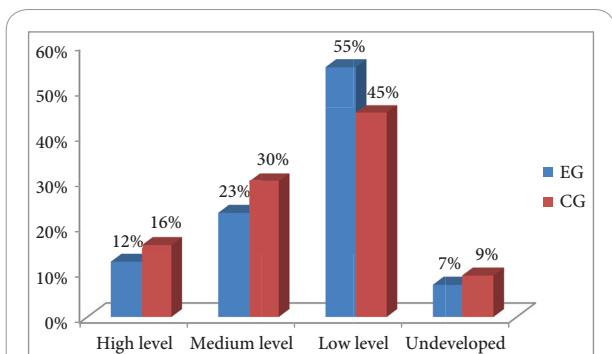


Figure 2: The development of academic component of successfully adapting child with health limitations

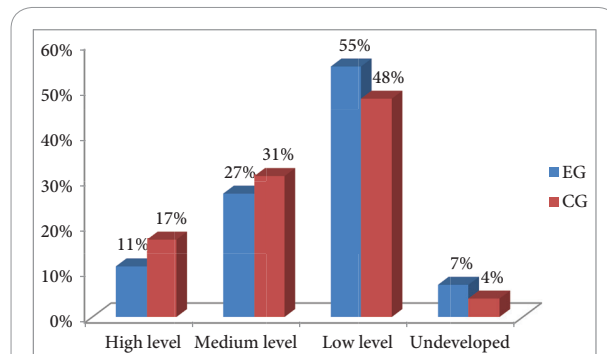


Figure 3: The development of vital component of successfully adapting child with health limitations

The tasks on general educational skills caused severe difficulties. Thus, general analysis of obtained results demonstrates that the majority of children with health limitations have low level of vital components [28].

According to the general results of the study, the initial level of the children from experimental (EG) and control (CG) groups is approximately the same. The comparison of successful adaptation components of both groups is described below. Personality component for the children from EG is on the high (10%), medium (26%), low (54%) and undeveloped (10%) levels and for the CG—on the high (12%), medium (24%), low (53%) and undeveloped (11%) levels. Academic component for the children from EG is on the high (10%), medium (21%), low (52%) and undeveloped (17%) levels and for the CG it is in the high (14%), medium (19%), low (49%) and undeveloped (18%) levels. Vital component is developed slightly lower both in EG and CG: in EG it is on the high (6%), medium (24%), low (57%) and undeveloped (13%) levels and for CG it is on the high (8%), medium (25%), low (56%) and undeveloped (11%) levels.

The results also suggest that personality structure of the child with health limitations has various hierarchy of personality, academic and vital components, which can have high, medium or low level of development in various combinations, as well as one of the components can be undeveloped at all. Analysis of the results revealed that 1 person from the experimental group has high development level of all components; 1 child has high development level of two components and medium development level of one component; 4 children have medium development level of all components; 7 subjects have low development level of all components and 2 children have no developed components.

Analysis of the results of the control group provides the following characteristics of components development levels: 1 subject has high development level of all components; 2 subjects have medium development level of all components; 8 subjects have low development level of all components and 4 subjects have no developed components.

The results described above demonstrate the need to create organized activities with the children that would allow them to prepare for an independent life in the society and to successfully adapt among healthy people. All of this is possible through the development of the successful adaptation components of children with health limitations. In the conditions of educational integration it is highly important to provide the connection between the obtained knowledge and real life, because without this connection the successful adaptation in the world is impossible.

## Conclusion

Analysis of the study revealed that the problem of children with health limitations adaptation is highly significant in the modern society. We defined the concept of “successfully adapting child” as a child, who is fully capable of the development of his personality, physical and intellectual potentials in the surrounding social environment. We described the structure of successfully adapting child with health limitations, which consists of personality, academic and vital components. In order to assess development levels of these components we selected the criteria and markers, which allowed to define four levels of development (high, medium, low or undeveloped levels) of each component. By general and structured analysis it is possible to conclude that the majority of children with health limitations have low development levels of all of the components described above.

## References

1. Federalnyi Zakon ot 29 dekabrya 2012 #273-Ф3 “Ob obrazovanii v Rossiyskoy Federatsii.” Retrieved from <http://edugid.ru/zakon-ob-obrazovanii-v-rf>.

- Zaytsev DV (2003) *Sotsialnaya integratsiya detey-invalidov v sovremennoy Rossii*. Saratov: Nauchnaya kniga, 203 p.
- Malofeev NN, Nikolskaya OS, Kukushkina OI (2010) *Trebovaniya k strukture osnovnykh obrazovatelnykh programm*. Almanakh Instituta Korrektsionnoy Pedagogiki RAO 14.
- Konopleva AN, Leeschinskaya TL (2003) *Obrazovatel'naya integratsiya i social'naya adaptatsiya lits s ogranichennymi vozmozhnostyami*. Minsk: Natsionalnyi institut obrazovaniya, 131 p.
- Nazarova NM (2000) *Spetsial'naya pedagogika*. Moscow: Akademiya, 519 p.
- Shipitsyna LM, Kazakova EI, eds. (2000) *Kompleksnoe soprovozhdenie i korrektsiya razvitiya detey-sirot: Sotsialno-emotsionalnye problem*. SPb.: Piter, 256 p.
- Arhipova SV, Sergeeva OS (2015) Features of the information and communication technology application by the subjects of special education. *International Education Studies* 8(6). doi:<http://dx.doi.org/10.5539/ies.v8n6p162>
- Ryabova NV, Parfyonova TA (2015) Study of personal and social adjustment ability of the disabled pupils. *International Education Studies* 8(5). doi:<http://dx.doi.org/10.5539/ies.v8n5p213>
- Biklen D (2000) Constructing inclusion: lessons from critical, disability narratives. *International Journal of Inclusive Education* 4: 337-353.
- Carrington S, Robinson R (2006) Inclusive school community: why is it so complex? *International Journal of Inclusive Education* 10: 323-334.
- Corbett J (1999) Inclusive education and school culture. *International Journal of Inclusive Education* 3: 53-61.
- Eldar E, Talmor R, Wolf-Zukerman T (2010) Success and difficulties in the individual inclusion of children with autism spectrum disorder in the eyes of their coordinators. *International Journal of Inclusive Education* 14(1): 97-114.
- Kearney A, Kane R (2006) Inclusive education policy in New Zealand: reality or ruse? *International Journal of Inclusive Education* 10: 201-219.
- Kraayenoord C (2007) Revisiting the key lessons learned from inclusive education: continuing the research agenda. *International Journal of Disability, Development and Education* 54(2): 145-149.
- Poon-McBrayer KF (2004) To integrate or not to integrate: systemic dilemmas in Hong Kong. *The Journal of Special Education* 37: 249-256.
- Rogers C (2013) Inclusive education and intellectual disability: a sociological engagement with Martha Nussbaum. *International Journal of Inclusive Education* 17(9): 988-1002.
- Thomas G, Vaughan M (2004) *Inclusive Education Readings and Reflections*. Berkshire: Open University Press.
- Wolff J (2009) Disability among equals. In: Brownlee K, Cureton A, eds. *Disability and Disadvantage*. New York: Oxford University Press, 112-136.
- Zalizan MJ, Manisah MA (2014) Inclusive education in Malaysia: policy and practice. *International Journal of Inclusive Education* 18(10): 991-1003. <http://dx.doi.org/10.1080/13603116.2012.693398>.
- Vlachou A (2004) Education and inclusive policy-making: implications for research and practice. *International Journal of Inclusive Education* 8: 3-21.
- Ezhovkina EV, Ryabova NV (2012) K probleme pedagogicheskogo soprovozhdeniya aadaptatsii detey s ogranichennymi vozmozhnostyami zdorovya. *Rossiyskiy nauchnyy zhurnal* 5(30): 84-89.
- Ezhovkina EV, Ryabova NV (2015) Psychological and pedagogic support of children with health limitations. *International Education Studies* 8(4). doi:[10.5539/ies.v8n4p60](http://dx.doi.org/10.5539/ies.v8n4p60)
- Ezhovkina EV (2013) Diagnostika sformirovannosti akademicheskogo komponenta uspešno adaptiruyushegosya rebenka s ogranichennymi vozmozhnostyami zdorovya. *Rossiyskiy nauchnyy zhurnal* 6(37): 227-232.
- Denisova ND (2014) Diagnostika emotsionalno-lichnostnogo razvitiya doshkolnikov 3-7 let. Volgograd: Uchitel, 202 p.
- Ezhovkina EV (2014) Osobennosti lichnostnogo komponenta uspešno adaptiruyushegosya rebenka s ogranichennymi vozmozhnostyami zdorovya. *Gumanitarnye nauki i obrazovanie* 4(20): 25-31.
- Dermanova IB (2002) Diagnostika emotsionalno-nravstvennogo razvitiya. SPb.: Rech, 176 p.

27. Ezhovkina EV (2013) Osobennosti zhiznennogo komponenta uspešno adaptiruyuschegosya rebenka s ogranichennymi vozmozhnostyami zdorovya. Rossiyskiy nauchnyy zhurnal 6(37): 220-226.
28. Ezhovkina EV (2013) Teoreticheskie osnovy sozdaniya modeli uspešno adaptiruyuschegosya rebenka s ogranichennymi vozmozhnostyami zdorovya v sovremennom sotsiume. Rossiyskiy nauchnyy zhurnal 1(32): 239-244.

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