Webology (ISSN: 1735-188X)
Volume 18, Number 5, 2021

Promoting Resiliency Skills Among Students With Poor Health Conditions At Secondary School Level

Dr. Syeda Samina Tahira[1] , Dr. Maria Sohaib Qureshi[2] , Ms. Saba Iqbal[3] , Abdul Basit[4] , Dr. Muhammad Irfan Arif[5]

[1]Dean, Faculty of Arts and Social Sciences Govt. College Women University, Faisalabad, Pakistan.

[2]Assistant Professor, Institute of Special Education University of the Punjab, Lahore, Pakistan.

[3]Lecturer, Govt. College Women University, Faisalabad, Pakistan.

[4]Ph.D Scholar, Institute of Special Education University of Punjab, Lahore, Pakistan.

[5]Lecturer, University of Education, Lahore, Pakistan.

Abstract

It is a commonly observed that a number of students are facing some sever types of health issues like chronic illness due to typhoid fever, pulmonary diseases like chest infection, asthma, tuberculosis, neurological diseases like migraine and some disabilities like hearing impairment, mental retardation, physical disabilities like cerebral palsy, visual impairments etc. These health issues effect their academics in a negative manner. However, despite having these health hazards some students perform very well in their academics. Here the question arises, what enables them to cope up these poor health conditions and perform well. One simple answer is Resilience. Resilience is the capacity of an individual to adapt to unpleasant circumstances as well as an ability to bounce back from trauma or nervousness and act in a typical way. If the students are resilient enough, they surely perform well despite their poor health conditions. This work aimed at fostering resilience among students with health issues through catering their creative skills, internal locus of control, confidence, self-

adequacy, independence, sense of having a life's motive, hopefulness, and a good teacher student relationship. Seventy-Six (*N*=76) 9th and 10thgrade students with poor health conditions and low resiliency skills from a public secondary school were identified by using two scales such as Student Health Questionnaire (SHQ) and Resilience Assessment Scale (RAS) respectively. In order to achieve the required motive of this research, a pre and post-test control group was designed as the basic experimental plan. One of the researchers played as an instructor to build up the resiliency skills among the students of the control group of study. The treatment lasted for three months. Findings from pre-test and post-test unveils that the intervention was prominently promoting the resilience of students with health issues and low resiliency skills in overall and by each selected resiliency skill.

Keywords: Students with poor health conditions, resilience, promotion of resiliency skills

Introduction

By and large, Failures in schools happen because of presence of explicit genuine elements causing mental difficulties and poor scholarly performance of students. It for the most part incorporates presence of hazard predecessor circumstance making weaknesses in a person's environmental elements that are probably going to prompt behavioural and medical issues (Webster, Liu, Karimullina, Amlot and Rubin, 2019). Research uncovers a huge connection between students' scholarly accomplishment and their wellbeing status. Mirza & Arif, (2018) argues that any kid who can't perform well in his studies and has health issues, low financial status (SES), low degree of confidence or low self-efficacy is at risk of developing other challenges as well. Research on grown-up populaces has shown that mental and physical conditions contrarily influence work execution (Dewa& Lin, 2000). In addition, limited scope epidemiological examinations have found that physical and emotional well-being issues in youth and adolescence reduces scholarly working.

Medical issues like visual and oral medical issues, asthma, hunger, corpulence, chronic pressure, hyperactivity, negligence in eating and actual idleness are related with low educational performance and hazard taking conduct like hostility and savagery, unhealthy (Matingwina, 2018). Taking into account that medical conditions impact the general exhibition of students, it is a requirement to take a look at different health determinants and what they mean for the students. Distinguishing health factors that sway the performance of students is fundamental on account of the connection among wellbeing and scholarly performance. Table 1 indicates various types of health issues students encounter at secondary school level.

Table 1: Health issues of students at secondary school level

Sr. No	Chronic Illness	Neurological Issues	Psychological Issues	Special Disabilities	Life Threatening Issues
1.	Typhoid Fever	Spinal Cord Injuries	Low Self Esteem	Hearing Impairment	Brain Tumor
2.	Tuberculosis	Head Injuries	Low Self Efficacy	Visual Impairment	Cancer
3.	Stomach Disorders	Migraines,	Disruptive Behavior	Physically Handicap	Heart Attacks
4.	Throat Infection, Tonsils	Headache Disorders	Optimism/ Purpose in Life	Mental Retardation	Kidney Failure
5.	Obesity	Poor Consciousness	Poor Emotional Intelligence	Slow Learners	Diabetes

Resilience is competence of a person to overcome an unsuitable and anxious situation (Garland et al., 2010). It aims to stay intact in adverse situations.

Research depicting defensive variables shows that elements like a kid's confidence, self-assurance, self-viability, interior locus of control, independence, humor and idealism, alongside a child's positive relationship with instructor, a trustworthy companion, and top notch provision of love and care in early childhood, frequently assist in reducing unsafe adverse results identified with hazard factors that are available in that child and climate (Tahira, Latif & Arif, 2015). Connection amongst resilience and scholarly success is reported in research studies. Scales (2006) indicated that resilient students perform great in their scholastics. Walker and Cheney (2005) had comparable discoveries in their review. Hanson, Austin, and Lee (2004) recognized learners having more elevated levels of versatility, acquired higher academic grades when contrasted with others.

There is a meaning of specific context of interventions along with resilience defensive factors. Role of a guardian in this process is undeniable. In case of typical development or even intervention plans, child's family leaves greater influence on building resilience in the child. School, home and social environment leave its impact on children with disabilities (Basit, Qureshi, Arif, 2021; Luthar and Cicchetti, 2000). Certain school projects help in building resilience by promoting attributes such as sympathy, enthusiastic guideline, confidence, hopefulness, self-viability, critical thinking abilities and problem-solving skills.

Resilience study can be valuable in furnishing the specialists and strategy producers with fundamental data. With research on weakness, such exploration can illuminate and direct anticipation and intercession endeavors in people at risk of academic failure (Masten, 2012).

Exploration on mediations to promote resilience is acquiring significance as proof builds from essential examination and exploratory information that resilience can be shaped, improved and modified by employing appropriate intercession techniques (Masten, 2012). Such examination has set up that versatility and compliance can be instructed to the learners who own the ability or those who significantly come up short on these abilities. Once perceived, these self-defensive attributes can be fortified over the long haul (Arif, 2017). Just like child's parents or caregivers, teachers can also ensure favorable circumstances that may pave the way to resiliency for those who may lack it if extra efforts are not placed in (Henderson, 2003).

This review pointed toward cultivating the resilience of students with bad health. The study likewise expected to distinguish inward and outer defensive elements impacting resilience as idle autonomous variable. The defensive components were incorporated to get a handle on the image of students' resilience. To incorporate resilience among those who are in greater need of it, preparation of module is fostered for educators to assist students with chronic frailty by cultivating resilience in a protective school system.

Objectives

Following objectives were established for the purpose of the study:

- To identify students with poor health conditions at secondary school level.
- To measure level of resilience among learner with poor health conditions at secondary school level.
- To prepare an intervention manual for students with poor health conditions at secondary school level to improve resiliency among them.
- To conduct an experiment using the intervention manual to foster resiliency skills among students with poor health conditions at secondary school level for the purpose of establishing its effectiveness.

Hypotheses

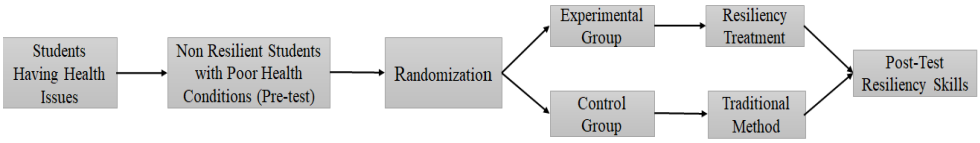
- There is huge distinction among the general resilience mean increase scores of non-versatile students with weak physical conditions who receive intervention than those who did not receive it.
- There is a critical contrast between the mean addition scores of non-resilient students with weak physical conditions gone through intercession training and those not getting it independently on different

factor of resilience for example inventiveness, confidence, self-adequacy, interior locus of control, critical thinking abilities, independence/freedom, comical inclination, stress copping abilities, feeling of direction throughout everyday life and educator students' relationship.

Conceptual Framework of the Study

This study investigated the factors adding to and restraining from improvement of resilience among students with chronic weakness. The independent variable with the end goal of this review was the defensive component controlled through resilience cultivating module, comprised of protective factors like creativity, internal locus of control, self-idea, confidence, self-adequacy, enthusiastic versatility, independence, feeling of direction throughout everyday life, idealism/cheerfulness, a sense of humor, and relationship of teachers and students. The strength abilities of the students were the subordinate variable.

Figure1. Conceptual Framework of the Study



Method and Procedure

Sample for this study comprised ninth and tenth grade students from a secondary school of Lahore. All students were took part in the study were fourteen to sixteen years old. Sample was selected in two phases. First step was to find out students with poor health through administration of Health Questionnaire. Once the target group of 120 students with poor health conditions was identified, researchers then used a scale developed for this study known as Resilience Assessment Scale (RAS) on them to further identify those who were non-resilient. Out of the group of 120, seventy six were found to meet both the conditions of poor health and no resilience. Characteristics and further details of sample are shown in Table 2.

Table 2 Sample Characteristics

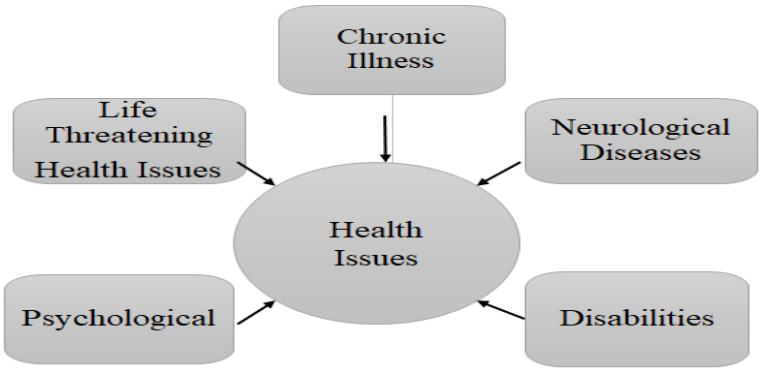
Sr.No	Phase Title	Instruments Used	Population	Students Identified	
1	Health Identification Phase	Health Questionnaire		Poor Health	Good Health

			267 Students	120	147
2	Resilience Measuring Phase	Resilience Assessment Scale (RAS)	120Students with Poor Health	Resilient 44	Non-lient 76
3	Establishing of Experimental and control Groups	Total Non-Resilient At-Risk Students 76	Control Group 38	Experimental Group 38	

Measure

For identification of students with poor health conditions, Student's Health Questionnaire (SHQ) developed by the researchers was used. The SHQ comprised of statements regarding the health issues of the students. A nominal scale with YES/NO response was used to identify health issues among the students. The reliability index for the SHQ was found as .78.

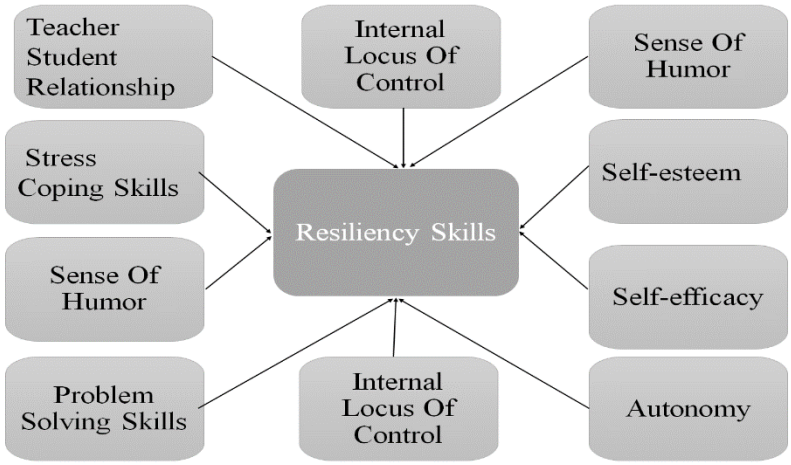
Fig 2 shows the Indicators of Health issues included in the SHQ.



From among the accessible resilience scales to evaluate defensive elements adding to the resilience of in danger students, the scientists adjusted it though the two scales for resilience that most appropriate functional meaning of a learner with resilience for example Resilience Attitude and Skill Profile (RASP) developed by Hurtes, while the other is Conor-Davidson Resilience Scale which were used with their permission. The analyst fostered final version named as Resilience Assessment Scale (RAS) that included forty assertions in regards to ten significant defensive elements adding to resilience for example efficacy, innovativeness,

problem solving, self-esteem, internal locus of control, stress management, autonomy, optimism about everyday life and future endeavor, pupil-tutor relationship. The level of students' understanding was measured on a five point Likert scale (Ordinal Scale). The respondents scored at least 1 to a limit of 5. Students scoring 3, the middle, or above were considered as strong and those scoring beneath it were marked as non- resilient students with chronic weakness. The reliability index for RAS was found s 0.82.

Fig 3 shows the resiliency skills measured and promoted in this study.



Procedure

An experimental group of 38 students with chronic weakness from the non resilient group was set up. These students with chronic weakness were instructed under normal circumstances with typical ones. An analysts partook in investigation autonomously as resilience educator and went through an hour a day with students with chronic frailty. The researchers created modules to be utilized by an instructor based on comprehension of the idea of resilience and its characteristics. The educator prepared the students in light of the fact that based on broad investigation of resilience. Doing it directly gave proofs of its functionality as well as worth. The researchers attempted to convey these abilities to the most ideal level. It likewise assisted in recognizing escape clauses and shortcomings in the preparation of improvement. The test led to help resilience abilities of students. The module contained a few exercises to encourage defensive components adding to the versatility of the understudies. The treatment proceeded for a long time. The information was examined by applying mean score and t-test.

Results

Table 3 Means Scores of Non-Resilient Students on Pre and Post-Test (N=76)

Sr. No	Protective Factor	No of Items	Mean Scores of Control Group		Mean Scores of Experimental Group	
			Pretest	Posttest	Pretest	Posttest
1	Creativity	4	2.75	2.89	2.12	3.74
2	Self Esteem	4	2.68	2.75	2.25	3.32
3	Self-Efficacy	4	2.46	2.88	2.50	3.50
4	Internal Locus of Control	4	2.65	2.50	2.55	3.25
5	Problem Solving Skills	4	2.90	2.55	2.32	3.20
6	Autonomy/ Independence	4	2.96	2.64	2.05	3.32
7	Sense of Humor	4	2.25	2.72	2.75	3.50
8	Stress Coping mechanism	4	2.75	2.62	2.65	3.56
9	Sense of Purpose in Life	4	2.96	2.45	2.28	3.22
10	Pupil Tutor Relationship	4	2.25	2.58	2.50	3.25
Overall Mean Score on Resilience Scale		**40**	**2.66**	**2.66**	**2.40**	**3.38**

Table 3 indicates results of non-resilient students with poor health in the control and experimental groups of the study. It shows item wise mean score and overall scores obtained on the scale.

Table4 Difference between Mean Scores of Non-Resilient Students with poor health who received intervention and those who did not receive it

Group	*N*	*M*	*SD*	*t*(74)	*P*
Control	38	2.66	0.67	4.41	.001
Experimental	38	3.38	0.75		

Table 4 shows that there was a significant difference between the mean scores of controls and experimental groups on overall resilience. The value of $t_{74=}4.41$, p=.001was significant at α=.05. Therefore the hypothesis was accepted indicating a significant difference between the scores of those who received intervention and those who did not receive it. The students who went through the treatment performed better than those without any intervention.

Table 5 Difference between the Mean Scores of Non-Resilient Students with poor health in the Experimental (n=38) and Control (n=38) Groups on Selected Factors of Resilience

	Control (*n*=38)		Experimental (*n*=38)			
Protective Factor	***M***	***SD***	***M***	***SD***	***t*(74)**	***P***
Creativity	2.89	0.65	3.74	0.68	5.57	.001
Self Esteem	2.75	0.55	3.32	0.65	4.39	.001
Self Efficacy	2.88	0.55	3.50	0.58	4.78	.001
Internal Locus of Control	2.50	0.60	3.25	0.69	5.05	.001
Problem Solving Skills	2.55	0.66	3.20	0.70	4.16	.001
Autonomy/Independence	2.64	0.75	3.32	0.75	3.95	.001
Sense of humor	2.72	0.67	3.50	0.69	4.99	.001
Stress Coping Mechanism	2.62	0.70	3.56	0.67	5.98	.001
Sense of Purpose in Life	2.45	0.78	3.22	0.74	4.41	.001
Pupil Tutor Relationship	2.58	0.69	3.25	0.64	4.38	.001

****p*=.001.

Table 5 shows huge distinction in the scores of both the groups on each item components of resilience. The subsequent speculation was likewise acknowledged past α=.05. The understudies of test bunch scored higher than the understudies of control bunch on every one of the ten elements.

It was discovered that greater part of the understudies was non-resilient. The pre-test and post-test examination displayed that understudies gone through intercession training had altogether higher mean scores than the people who didn't get the preparation on RAS in general and independently on every one of the ten defensive elements of resilience for example inventiveness, confidence, self-viability, inner locus of control, critical thinking abilities, independence, good faith, awareness of what's actually funny, stress adapting abilities and educator understudies relationship. The leftover was, subsequently, viable in cultivating scholastic resilience among understudies inferring that resilience can be encouraged among non-tough understudies with health frailty.

Discussion

On the appraisal of resilience of understudies with chronic frailty, it was tracked down that a portion of the understudies with health weakness had significant degree of resilience notwithstanding of having wellbeing hazard precursors. These understudies were marked as resilient

understudies. The truth was likewise investigated by Mirza and Arif, (2018) that a few understudies get the ability to endure paying little mind to chance elements like physical frailty and stress in their lives. The review uncovered that the instructor could advance the resilience abilities among in danger understudies by giving them a defensive system targeting creating defensive elements contributing towards the resilience of understudies.

In this examination, explicit defensive elements were cultivated to foster resilience abilities among understudies with physical weakness. It was construed that the improvement of these defensive elements contributed towards the development of understudies' resilience. Tahira, Latif &Arif (2015), likewise examined about the significance of defensive elements for understudies and said that defensive elements can direct the impacts of physically weak predecessors of understudies. Exploration depicting the job of defensive components has shown that such factors as a kid's self-assurance, confidence, self-viability, inner locus of control, funny bone, independence and good faith, a youngster's warm and open relationship with an instructor, a positive companion bunch gathering, or top notch early childhood love and protection by their parents and caregivers, regularly relieve hurtful or adverse results identified with wellbeing hazard factors in and around that kid (Mirza&Arif, 2018).

Researcher's job as a resilience instructor, as an aide, as a guide and as a facilitator was ended up being gainful for the effective development of resilience abilities among students. researcher in such capacity fosters a solid relationship with understudies and work efficiently in advancing required abilities with the help of certain persuasive and moving attitude. Pianta and Walsh (2014) have also affirmed these connections. They additionally explained that such ties are essential for developing the desired skills. It is exceptionally difficult for understudies to acquire resilience abilities in troublesome conditions without strong grown-ups to give direction, backing, and acknowledgment (Pianta and Walsh, 2014). The topic of strong grown-up was affirmed by this study as well, that a resilience preparing instructor was just a single steady grown-up for non-tough in danger understudies all through the investigation who assumed a fundamental part in cultivating resilient mentality among understudies.

Flexibility can be developed at any point if the instructors give plenty of opportunities to the learners in order to utilize their energy or invest in their capacities (Henderson and Milstein, 2003). The review uncovered that intervention concentrating on certain critical points, including providing explanations of actions, involving students in broadened responses, empowering learners' victories, and accentuating on the learners' learning measures, resulted in facilitating resilience.

Participants who received intervention outperformed those who did not receive it and reported to have positive learning climate and higher resilience learning. Albeit the benchmark group didn't get the resilience training for the purpose of getting true impact of the training, yet instructors of that institution were provided with the resilience module as well as with the training to set up any leftover learners of the institute including the benchmark gathering of the audit on resilience capacities and energize resilience among all learners of the institute.

Similar setup is recommended for institutions who plan to increase resilience among their students based on comparable or similar intervention. The instructors should keep on creating techniques to connect all students in a significant learning measure that forms youthful personalities into fruitful and achieved residents as the aftereffects of the review unveils that resilience encouraging exercises assume an imperative part in the improvement of learners' resilience (Schlechty, 2002).

References

Arif, I. (2017). Effectiveness of an intervention program in fostering academic resilience of students at risk of failure at secondary school level. Bulletin of Education and Research, 39(1), 251-264.

Basit, A., Qureshi, M.S. & Arif, I. (2021). Need assessment of an interventional package for development of fine motor skills of children with cerebral palsy. Palarch's Journal Of Archaeology Of Egypt/Egyptology, 18 (9), 1483-1499.

Dewa, C.S., & Lin, E. (2000). Chronic physical illness, psychiatric disorder and disability in the workplace. Social Science & Medicine,51, 41–50.

Field,T., Diego, M., & Sanders, C.E. (2001) Exercise is positively related to adolescents' relationships and academics. Adolescence,36,105-110.

Hanson,T.L., &Austin,G.(2003).Student health risks, resilience, and academic performance in California: year 2 report, longitudinal analyses. Los Alamitos, CA: West Ed.

Henderson,N., & Milstein, M.M. (2003). Resiliency in schools: Making it happen for students and educators. California: Corwin Press.

Luthar,S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. Development and Psychopathology, 12, 857-885.

Masten, A. S. (2012). Risk and resilience in development. In P. D. Zelazo (Ed.), Oxford handbook of developmental psychology. New York: Oxford University

Matingwina, T. (2018). Health, Academic Achievement and School-Based

Interventions. London: Intech Open: Health and Academic Achievement, 143.

Mirza, M. S., & Arif, M. I. (2018). Fostering Academic Resilience of Students at Risk of Failure at Secondary School Level. Journal of Behavioural Sciences, 28(1).

Pianta, R., & Walsh, D. (2014). High-risk children in schools: Constructing sustaining relationships. New York: Rout ledge.

Scales, P.C. (2006). The role of developmental assetsin predicting academic achievement: A longitudinal study. Journal of Adolescence,29(5), 692-708.

Schlechty, P. C. (2002). Working on the work (1st ed.). San Francisco: Jossey-Bass.

Tahira, S. S., Latif, M. I., &Arif, M. I. (2015). Role of resilience as a facilitator in higher education. Journal of Educational Research, 18 (2), 75.

Webster, R. K., Liu, R., Karimullina, K., Hall, I., Amlot, R., & Rubin, G. J. (2019). A systematic review of infectious illness presenteeism: prevalence, reasons and risk factors. BMC public health, 19(1), 1-13.