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Social Self-Concept of Students with Hearing Impairment in Bassa, Plateau State

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ABSTRACT

Students with hearing impairment face a lot of challenges which could hamper the development of a positive self-concept. This study was therefore undertaken to assess the social self-concept of students with hearing impairment in an inclusive school setting in Bassa L.G.A. Both qualitative and quantitative techniques were used to collect the data. The sample for the study consisted of 84 students (both male and female). Two research questions guided the study. The analysis of data revealed that the social self-concept among students with hearing impairment was positive despite their hearing disability. The situation in the school shows that the students are surrounded by many students with hearing impairment than those without impairment. It was therefore, easier to communicate with each other, and make social comparisons among themselves. Based on the findings, it was recommended that Students with hearing impairment should be supported and shown more care especially in their developmental years so that they can be able to develop a positive image of themselves. They should also be provided with early educational intervention to help them develop their language and communication skills.

Keywords: Bassa LGA, Hearing impairment, Self-concept, Social self-concept.

ABSTRAIT

Les élèves ayant une déficience auditive font face à de nombreux défis qui pourraient entraver le développement d'un concept de soi positif. Cette étude a donc été entreprise pour évaluer le concept de soi social des élèves malentendants dans un cadre scolaire inclusif à Bassa L.G.A. Des techniques tant qualitatives que quantitatives ont été utilisées pour collecter les données. L'échantillon de l'étude était composé de 84 étudiants (hommes et femmes). Deux questions de recherche ont guidé l'étude. L'analyse des données a révélé que le concept de soi social chez les élèves ayant une déficience auditive était positif malgré leur déficience auditive. La situation à l'école montre que les élèves sont entourés de nombreux élèves ayant une déficience auditive plus que ceux sans déficience. Il était donc plus facile de communiquer entre eux et de faire des comparaisons sociales entre eux. Sur la base des résultats, il a été recommandé que les étudiants ayant une déficience auditive soient soutenus et montrés plus de soin, en particulier dans leurs années de développement, afin qu'ils



puissent développer une image positive d'eux-mêmes. Ils devraient également bénéficier d'une intervention éducative précoce pour les aider à développer leurs compétences linguistiques et de communication.

Mots clés: Bassa LGA, Déficience auditive, Concept de soi, Concept de soi social.

INTRODUCTION

Every individual has a sense of self, developed through social relationships, social interaction and social perceptions. Self-concept defines the perception that individuals have of themselves regarding the different aspects of their personalities and who they are (Harter, 1999). Hearing impairment refers to a generic term describing any condition that reduces the hearing acuity of an individual and makes it difficult or impossible for the person to perceive and interpret auditory sounds (Lere, Ozegya & Iroegbu, 2014). Deafness is a condition whereby the sense of hearing is non-functional and auditory sound cannot be perceived at all, with or without the use of hearing aids or amplification devices (Lere, Ozegya & Iroegbu, 2014). Hard-Of-Hearing is used to describe an individual who has mild-to-moderate hearing loss who may communicate through sign language, spoken language, or both, and can benefit from hearing aids and amplification devices (WHO, 2019). Social self-concept is an individual's view of himself/herself in relation to his/her association with significant others (Ugodulunwa, 1994). It is how an individual feels about social interactions, and the perception he/she has about friendships and relating with significant others. Physical self-concept is an individual's perception of him/herself in areas of physical appearance and ability (Garn, in press). Ugodulunwa (1994) defined it as an individual's view of himself/herself in relation to his/her personality.

A key aspect of development in general and the development of a positive self-concept specifically for every child, whether Deaf or Hard-of-hearing or normal hearing, is the ability to interact socially. Social interactions and friendships in childhood are associated with a wide range of factors related to psychological wellbeing and can be considered protective factors against life stressors and developmental challenges, such as those faced by Deaf or Hard-of-hearing children (Batten, Oakes & Alexander, 2014). Having also positive peer relationships with normal hearing children and other Deaf or hard-of-hearing children is associated with increased self-concept, emotion regulation and positive attitudes towards school and other children or individuals (Tomada, cited in Batten et al., 2014). However, peer rejection is related to the reverse. Studies have found that isolated children display more internalizing problems, such as depression, anxiety, and low self-concept (Strauss et al., cited in Batten et al., 2014). Peer friendships could therefore provide Deaf or Hard-of-hearing children with opportunities to develop specific social, emotional, and cognitive skills, alongside increasing overall wellbeing and self-confidence (Batten et al., 2014), and also self-concept. Peer relationships offer children opportunities to practice key competencies related to interpersonal interactions, such as helping, sharing, and negotiating with others. This research is important because it provides information on the social self-concept of students with hearing impairment, which will help the society to understand them better by relating and interacting in more beneficial ways at home, school, and society at large.



STATEMENT OF RESEARCH PROBLEM

According to the World Health Organization (WHO, 2019), around 466 million people worldwide (over 5% of the world population) have disabling hearing loss. Children who have hearing impairment whether congenitally or adventitiously acquired exist all around the world. Various studies have shown that cases of hearing impairment are more prevalent in low-income regions, especially in Sub-Sahara Africa (which includes Nigeria) and in South-east Asian than in other regions of the world (Stevens, Flaxman, Brunskill, Mascarenhas, Mathers, & Finucane, 2013). In Nigeria, there is no reliable data indicating the total number of Deaf or Hard-of-Hearing people or the number of school-aged Deaf or Hard-of-hearing children. According to Treat (2016), about 23.7% of Nigerians (both school-aged children and adults) have hearing impairment (total deafness, hearing loss, or other hearing related problems). In most cases, these Deaf or hard-of -hearing individuals are stigmatized and marginalized even by their caregivers and immediate family relations (Nweze, 2013). This has a negative effect on the general development of the child and specifically on his or her self-concept (Olaku & Bage-John, 2020).

The factors that affect students with hearing impairment have been identified as poor parental communication skills, inadequate maternal bonding, and feelings of mistrust due to a sense of inequality and negative attitudes towards individuals with disabilities. Other factors include social isolation, and rejection by family members and society in general among others (Hintemair, cited in Mulat, Savoleinen, Lehtomaki, & Kuorelahti, 2016). Children with normal hearing have also been discovered to have varying attitudes towards Deaf or Hard-of-hearing children. If the attitude is negative toward them, it triggers frustration, misinterpretation, communication breakdowns, fear, and lack of familiarity (Stinson, cited in Batten et al., 2014). Such negative attitude also affects the way they see themselves and their feelings as well. These in turn affects the development of self-concept.

An interesting fact about human behavior is that whether the self-concept is good or bad, if the treatment a person receives is consistent with his self-concept, that concept is fortified. Unquestionably, parents and other individuals especially the peers of the Deaf or hard-of-hearing child can have a great deal to do with that child's self-concept. Persons who are Deaf or Hard-of-hearing generally believe that the hearing world harbours negative thoughts and feelings towards them. Dugan (2003) has it that, low self-concept in the Deaf or Hard-of-hearing child is as a result of the perception or belief that people have negative thoughts and feelings against them, which in fact does not exist. Self-concept is directly and clearly affected by disability generally and particularly it affects the Deaf or Hard-of-hearing individuals which will manifest as social, cognitive, and developmental constraints imposed on them (Rushdie, 2007).

Body image is a crucial component of the self and refers to perceived physical appearance. The considerable social, cognitive, and physical changes young people experience during adolescence and the emphasis the society places on appearance have contributed to a heightened awareness of physical appearance-related concerns among adolescents (Chang et al., 2017) that have transcended gender and cultural boundaries. Similar to hearing children, Deaf or Hard-of-hearing children primarily develop the self through meaningful contact with adults, such as parents and teachers, and peers in the public domain, such as classmates (Harter, 1999). Because communication problems may hinder



them from developing a strong social network outside of their family (Calderon & Greenberg, 2003), developing a sense of self is particularly complicated for Deaf or Hard-of-hearing children.

As children grow up and develop, they interact and socialize with other children, their parents and the general society, which is a key factor in the development of a positive self-concept. Positive self-concept is associated with higher levels of positive adjustment and lower levels of internalizing problems which is common among children with hearing impairment due to their inability to communicate successfully with the hearing world. Due to this lack of communication, Deaf or Hard-of-hearing children are unable to relate to their hearing peers adequately and may lack the feeling of belongingness. How do Deaf or hard-of-hearing children feel about relating with others especially their normal hearing peers and the hearing world in general?

Research Questions

The study responds to the following questions:

- i. How do students with hearing impairment feel about their social self-concept (physical appearance)?
- ii. Is there any difference between the self-concept of male and female students with hearing impairment?

Research Objectives

Generally, this study investigates the social domain of hearing impairment. Specifically:

- i. How do students with hearing impairment feel about their social self-concept and / or physical appearance?
- ii. Is there any difference between the self-concept of male and female students with hearing impairment.

Research Hypotheses

Two hypotheses were proposed to guide this study. They are all stated in both null and alternative forms.

H₀: There is no significant difference between the total self-concept scores of male and female students with hearing impairment.

-H₀: There is no significant relationship between self-concept of students with hearing impairment and their social self-concept.

LITERATURE REVIEW

Self-Concept and Hearing Loss

Self-concept is defined as the perception that an individual has about himself or herself regarding the different aspects of his or her personality and who he or she is (Huang, 2011). Over the years different researchers have shown interest in studying the self-concept of deaf or hard-of-hearing children. This is because self-concept is a dimension of psychological development in humans in which there is interaction between the socio-affective, cognitive,



communicative, and linguistic aspects (Meknonnen et al., 2016). In this context, Rushdie (2007), opines that self-concept is one of the concepts affected directly and adversely by disability in general, and hearing disability particularly among deaf or hard-of-hearing children.

Self-concept is often used interchangeably by many people with the terms self-esteem and self-perception. However, according to Huitt (2004), self-esteem refers to the affective or emotional aspect of oneself, i.e. how one feels about or values himself or herself and. It also refers to particular measures about the components of self-concept. On the other hand, Purkey cited in Meknonnen et al. (2015), referred to self-concept as the cognitive thinking aspect of the self, which is a composition of the totality of a complex, organized, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about his or her personal existence and where he or she belongs in the society. According to Marsh & Martin (2011), the development of self-concept is related to the feedback children receive from their parents/caregivers, peers, teachers, and other significant individuals around them that may exert influence at some point in their lives. Such feedbacks may occur as verbal responses, actions, or changes on contingencies which helps children to formulate perceptions about their successes and failures. These perceptions overtime become internalized and form the foundation for the child's self-concept (Marsh & Martin, 2011).

The self-concept of a child is influenced or affected by various factors which will either foster or deter the successful development of the child's self-concept. In deaf or hard-of-hearing children, certain factors which may have adverse effects on the self-concept of these children have been identified by Hintermair (2008). These include poor parental communication skills (in cases of deaf or hard-of-hearing children born to hearing parents), inadequate maternal bonding, feelings of mistrust to a sense of inequality and negative attitudes towards persons with disability in general, poor acquisition of sign language skills, lack of a strong cultural identity, and rejection by family members or peers and the society in general. Similarly, Brice & Strauss (2016), opined that early language exposure is a major contributor to a child's life of which deaf or hard-of-hearing children cannot do as effortlessly because of their hearing problem. Furthermore, many deaf or hard-of-hearing children are unable to benefit from exposure to spoken language, leaving them at a disadvantage in the early stages of development (Napoli, Niparko & Mellon, 2015), which is important for the formation of self-concept. Failure of these deaf or hard-of-hearing children to make use of language and thereby communicate often denies them the ability to learn and understand others (Schlesinger & Acree, 1984), and this results to difficulty in internalizing appropriate behaviour models, learning self-regulation strategies, and understanding social norms (Calderon & Greenberg, 2011), which are all crucial to how a person sees and appraises him/herself.

It has been established that the development of self-concept starts from infancy, when the child is exposed to language and to social interactions in the environment. Mekonnen et al. (2016), stated that the development of self-concept is a continuous process with the ongoing assimilation of new ideas and the rejection of old ones, although self-concept is likely to become more stable during adulthood. Edwards and Crocker (2008), opined that the development of self-concept is based on the accumulation of experiences and the individual's interpretation of them from infancy onward. In this context, language plays a central role in



its formation. On the contrary, it has been established that deaf or hard-of-hearing children are deficient in their ability to understand and use vocabulary related to emotions (Knoors & Marschak, 2014), therefore, this is likely to have an adverse impact on the development of their self-concept unlike hearing children who have little to no problems with language acquisition and use. According to Mekonnen et al. (2015), the ability to communicate and make our needs and wants known, and to interact with the society in which we find ourselves is an essential part of life, and this communication is facilitated by an acceptable language. Thus, Knoors and Marschak (2014), opined that language development among children is a complex process that is foundational to their communication skills, future academic success, cognitive development, and regulating behaviour and emotions later in life. For children to develop normally and discover the world, language is a basic requirement (Gazi, 2016). However, deaf or hard-of-hearing children are not completely or adequately exposed to language until they have passed the critical period (Marschark et al., 2006).

Beebe, Beebe and Redmond (2002) defined self-concept as a core set of behaviours, attitudes, beliefs, and values. They outlined five basic elements that develop self-concept. The first is interaction with individuals. Individuals learn who they are by having their self-reflected back to them through another person. Our sense of who we are is a consequence of our relationship with others. During the early years of children's lives, parents are the key individuals who reflect who they are, the dominant voices of credibility and authority. As these children grow and become less dependent on their parents or caregivers, peers and friends become highly influential in shaping their attitudes, beliefs, and values. The second important element in the development of self-concept is associations with groups of peers. Peer pressure exerts great force in shaping attitudes and beliefs of behaviors of children. The third element in self-concept development is found in the roles a child assumes. Example of some of these roles is: father, aunt, sister, uncle, manager, male, female, etc. These roles imply certain expectations of behaviours. The fourth element of self-concept development is found in a child's self-labels. It is a fact that our self-concept is deeply affected by others, but we still exercise individual choices. The labels a child uses to describe his/her attitudes, beliefs, values, and actions play a vital role in shaping the self-concept of that individual (Beebe et al., 2002). The fifth and last element is personality which is defined by Lefton (2000), as consisting of a set of enduring internal predispositions and behavioural characteristics that describe how you react to your environment. Beebe et al., (2002) further explained that an understanding of the forces that shape your personality is central to increasing your awareness of your self-concept and how you relate to others.

Studies such as that of Schlesinger cited in Mekonnen et al. (2016), show that deaf or hard-of-hearing children had more negative self-concepts when they were compared with their hearing counterparts. On the other hand, some other studies have shown that no significant differences exist between the self-concept of deaf or hard-of-hearing children when compared with their hearing counterparts (Cates, cited in Mekonnen et al., 2016). This suggests that deaf or hard-of-hearing children develop normally like their hearing peers regardless of their disability, and they also develop positive self-concepts

In a study carried out by Crowe (2003), it was established that deaf or hard-of-hearing children who had deaf or hard-of-hearing parents showed better self-concept than those deaf or hard-of-hearing children who had hearing parents. Mekonnen et al. (2016), suggested that



this was because deaf or hard-of-hearing parents act as positive role models to their deaf or hard-of-hearing children, and also share the same identity, culture, language, and also similar challenges with these children. However, most of these deaf or hard-of-hearing children (about 90 – 95%) are born to hearing parents who often do not know how to manage or parent these children, and therefore face numerous unforeseen challenges raising them in a world where majority of the population is that of hearing people (Mekonnen et al., 2016). This may have adverse effects on the self-concept of these deaf or hard-of-hearing children because they may experience difficulty coping in the hearing world. Marscahrk, Lang and Albertini (2016), reported that the interactions of mother and care givers with their children are very significant in the language development of these children, which is necessary in the development of their self-concept.

Social Self-Concept

The ability to communicate intricately relates to the self-concept of a child. Stinson and Kluwin (2003), reported that successful communication allows for active participation in social environments, which likely aids in shaping social relationships outside of the home e.g. with peers, thus reinforcing the self-esteem of a child. Leigh (2009) stated that the positive association between spoken language communication and self-concept in children who are deaf or hard-of-hearing does not depend on whether they use cochlear implants or hearing aids, but rather, good communication skills promote higher social competence and increased self-concept.

An interesting line of study for Deaf or Hard-of-hearing children is investigating the obstacles that hearing peers create in communication for these Deaf or Hard-of-hearing children (Lederberg & Everhart, 2000). It is a fact that the construction of self-concept depends on the process of socialization, beginning from the family and then with peers. Therefore, the way that the Deaf or Hard-of-hearing child positively integrates his or her hearing disability and its implications into his/her self-concept largely depends on the quality of the communication the child has with his/her social environment and the dominant social representation of the deafness of the child in his/her immediate environment and the social structure to which the child belongs (Silvester, Ramspott & Pareto, 2016). Dugan (2003), opined that Deaf or Hard-of-hearing children may have low self-concept because of the beliefs that other people have negative thoughts and feelings against them due to their disability, which is in fact non-existent. Gazi (2016) stated that “the extent of personal communication has great effect on different aspects of life including cognitive, emotional, educational, language development, literacy, and general academic ability” (Gazi, 2016, p.2).

Positively, social students enjoy higher academic performance, more than psychological health (Gregory, 1998). Therefore, Marschark et al (2006), stated that the important fact is not the ability to speak, but the ability to communicate through language, whatever its form, from an early stage which among the Deaf or Hard-of-hearing children is obstructed because of their hearing disability. Similarly, Mekonnen et al. (2016), makes it clear that there is a strong support for a relationship between early parent-child communications, attachment related behaviours, and later social ability. Therefore, Van-Gent, Goedhart, Hindley & Treffers (2007), stated that those children with stable and secure



attachments early in life tend to be more socially competent during the school years than children with less secure attachments.

Parent-child interaction or communication is usually limited among Deaf or Hard-of-hearing children because the vast majority of them (90 – 95%) have hearing parents who cannot communicate with them (Mitchell & Karcher, 2004). Studies like that of Knoors and Marschark (2014) have shown that Deaf or Hard-of-hearing children who have better language skills are more likely than children with poorer language skills to play with hearing children, to play with more than one child at a time, to interact with teachers, and to use language during play. According to Mekonnen et al. (2016), parent-child communication plays a central role in social growth, as it does in other domains of development, but Deaf or Hard-of-hearing have many challenges to reach this goal. Gaining feelings of trust, confidence, pride in friendship, affection, and humour are all part of a child's social and emotional development (Mekonnen et al., 2016).

Some researches such as Meadow & Dyssegaard (1983), have indicated that Deaf or Hard-of-hearing children may encounter certain difficulties with mastering social and emotional development. The underlying causes of such social and emotional development could be linked to the fact that Deaf or Hard-of-hearing children have difficulties communicating, and also the potential language delays they may encounter (Eisenberg, 2007).

According to Hartup cited by Batten, Oakes and Alexander (2013), social interactions offer children opportunities to practice key competencies related to interpersonal interactions, such as helping, sharing, and negotiating with others. Furthermore, developing friendship is a developmental goal for children (Buysse, Goldman & Skinner, 2002), and it is an important factor for later adjustment and life satisfaction (Overton & Rausch, 2002). Therefore, social interactions could provide Deaf or Hard-of-hearing children with opportunities to develop their social, emotional, and cognitive skills, and also increase their overall wellbeing and self-concept. On the other hand, lack of social interactions which may be as a result of rejection by peers or the absence of friendships could lead to increased psychosocial and academic difficulties for Deaf or Hard-of-hearing children (Batten et al., 2013).

Alongside the communication and psychological difficulties that Deaf or Hard-of-hearing children may be faced with, Walters and Knoors (2007), reported that their social behaviour has been found to be more withdrawn and less collaborative than that of their hearing peers. Walters and Knoors further indicated that Deaf or Hard-of-hearing children unlike their hearing peers do not have many close friendships. This may be as a result of lack of interest to socialize or low self-confidence among these children.

THEORETICAL FRAMEWORK

The Humanistic Theory of Personality

The humanistic personality theory by Carl Rogers (1959), emphasizes the importance of the self-actualizing tendency in forming a self-concept. The humanistic theory of personality focuses on individual choices and does not hold that biology is deterministic. The theory emphasizes free will and self-determination, with each individual becoming the best person they can become. Rogers stressed that the human person is an active, creative, experiencing being who lives in the present and subjectively responds to current perceptions, relationships



and encounters. Rogers coined the term “actualizing tendency,” which refers to a person’s basic instinct to succeed at his or her highest possible capacity.

According to Rogers, everyone exists in a constantly changing world of experiences that they are at the center of. A person reacts to changes in their phenomenal field, which includes external objects and people as well as internal thoughts and emotions. Rogers believed that people are inherently good and creative. They become destructive only when a poor self-concept or external constraints override the valuing process. Central to the humanistic personality theory is the notion of self or self-concept. Rogers defined self-concept as the organized, consistent set of perceptions and beliefs about oneself.

According to the humanistic personality theory, the self is influenced by the experiences a person has in their life, and interpretations of those experiences. According to Marsh and Martin (2011), the self-concept of children is influenced by the experience they go through and the feedbacks they receive from their parents, peers and significant others in the society. Similarly, Edwards and Crocker (2008), stated that self-concept is developed as a result of accumulation of experiences from childhood. Rogers outlined two primary sources that influence the self-concept of an individual as, childhood experiences and evaluation by others. According to the humanistic personality theory, we want to feel experience and believe in ways which are consistent with our self-image and which reflects what we would like to be like our ideal-self. The closer the self-image and ideal-self of a child are to each other, the more congruent or consistent the child is and the higher the child’s sense of self-worth.

According to the humanistic personality theory, an individual who has high self-worth, that is, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappiness at times, and is open with people. On the other hand, a person with low self-worth may avoid challenges in life, not accepting that life can be painful or unhappy at times, and will be defensive and guarded with other people. Deaf or hard of hearing children may suffer low self-worth because of some factors that affect them and can lead to poor self-concept development such as, feelings of mistrust, poor communication skills, negative attitudes of people towards persons with disabilities, and negative body image (Hintermair, 2008; Schlesinger, 2000). Dugan (2003) also opined that Deaf or Hard-of-hearing children may have low self-concept because of the beliefs that their peers have negative thoughts and feelings about them due to their disability, which may not be so. Rogers believed that feelings of self-worth developed in early childhood and were formed from the interaction of the child with the mother and father. Deaf or Hard-of-hearing children suffer from poor parent-child interaction, i.e. poor parental communication skills (Hintermair, 2008; Schlesinger, 2000).

The humanistic personality theory believes that one needs to be regarded positively by others, feel valued, respected, treated with affection and loved in order to attain self-actualization. This will lead to the development of a positive self-concept. It also implies that the social, physical, and psychological perception of self affects self-evaluation and abilities.

Social Comparison Theory

Social comparison theory was propounded by a psychologist, Leon Festinger (1954). The theory suggests that people have an innate drive to evaluate themselves, often in comparison



to others. People make all kinds of judgments about themselves, and one of the key ways that this judgment is made is through social comparison, or analyzing the self in relation to others. Festinger believed that individuals engage in this comparison process as a way of establishing a benchmark by which they make accurate evaluations of themselves which will then influence their self-concepts. Deaf or Hard-of-hearing children live in a world where majority of the population are hearing people. They may compare themselves to their hearing peers in order to make judgments about their abilities and performances. The result of this judgments or appraisals may influence their self-concept development either positively or negatively. According to Marsh (1990), this comparison could be based on the internal/external frames or the Big Fish Little Pond Effect (BFLPE). For example, a child may compare his academic performance with that of his hearing peers in the class. If the child outperforms his peers, he may then develop a high level of self-confidence and self-concept, but, if his peers outperform him he may lose confidence in himself and that may affect his self-concept formation.

Festinger (1954) further outlined two kinds of social comparisons, viz: upward social comparison, and down ward social comparison. Upward social comparison occurs when an individual compares himself or herself with those whom he or she believes are better than him or her. These upwards comparisons often focus on the desire for an individual to improve his or her current level of ability. Sometimes we compare ourselves to someone better off and look for ways that we can also achieve similar results. In terms of downward social comparison, one compares himself or herself to others who are better off. Such downward comparisons are often centered on making one feels better about his or her abilities.

Perkins cited in Phillips and Beal (2009), opined that because children naturally compare themselves to others, they feel discomfort and/or embarrassment if they perceive that the way they view themselves is different from the perception of others about them. According to Marsh et al. (2000), a child who attends a school where the other students are average may find his or her self-concept threatened when he or she moves to a school where the other students perform above average. Furthermore, Klansek-Kyllo et al. cited in Lu et al. (2014), is of the opinion that Deaf or Hard-of-hearing children may think of themselves as inferior to their hearing peers in their physical abilities.

METHODOLOGY

This study made use of the mixed method research design. Hearing impaired students from all the classes in school for the Deaf, Bassa Local Government Area of Plateau State constituted the population for the study. Primary data consisted of questionnaire as well as In-depth interview. One (1) female research assistant served as a sign language interpreter for the purpose of data collection. Class teachers of the school also assisted in the process of data collection. The sample for the study consisted of 84 students (both male and female). The sample was selected from all the classes in the selected school. It consisted of only students who have cases of hearing impairment. This was ascertained by the class teachers. Only students with hearing impairment who do not use amplification devices (such as cochlear implants or hearing aids) participated in the research.

In order to ensure equal representation of sample, the population of the student was stratified. JSS1 represented one strata, JSS2 represented another strata, and so on. From the



stratified population, the students with hearing impairment were randomly selected from each class (JSS1 to SS3). In total, eighty four (84) students, comprising of 14 students from each class from JSS1 to SS3 were selected for the study. Six students, one from each strata (class) was interviewed.

Questionnaires served as the survey instrument. It gave coverage and ensured confidentiality. It contained close-ended questions with options. The questionnaire was structured into two sections: the first section collected the socio-demographic data of students with hearing impairment, and the other sections collected data on the academic self-concept of students with hearing impairment. The questions were presented in printed form and administered by the researchers. The questionnaire underwent validation before it was administered. The objective for choosing the questionnaire as an instrument for collection of the data was to obtain adequate, reliable and valid information on the subject of the research. Where the respondents did not understand, more explanation was given to them using sign language by the trained assistant selected to help in the research. Data retrieved through questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS).

RESULTS

Physical Self-Concept Among students with Hearing Impairment

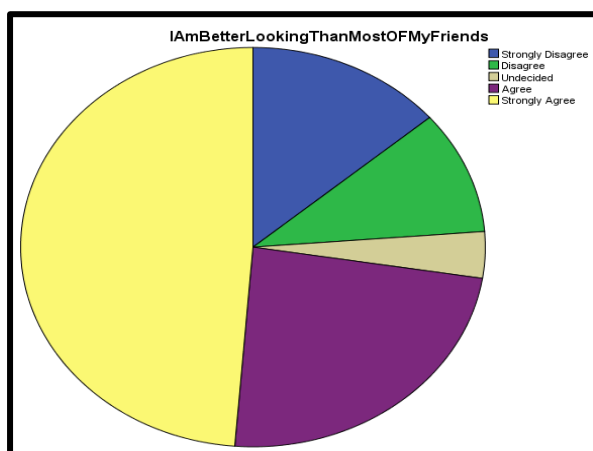
This section focuses on the interpretation of data related to the variable, 'Physical self-concept among students with hearing impairment.' The variables treated in this section include: I am better looking than most of my friends; I like my body the way it is; I wish I could change part of my body; I love to always participate in sports and physical activities; and lastly, I always take good care of my body. In response to the variable 'I wish I could change some parts of my body,' a reverse score method was used such that strongly disagree= 5 points; Disagree= 4 points; Undecided= 3 points; Agree= 2 points; and, strongly agree= 1 point.

Data from the students' responses to the question, 'I am better looking than most of my friends,' reveals that: 13.8% (11) of the students strongly disagree; 10.8 (8) of the students disagree; 3.8% (3) are undecided; 23.8% (19) agree; while, 48.8% (39) strongly agree. More information on this that was generated through IDI are as follows:

I don't think I can call myself beautiful because I am not the only beautiful person. I think many of my friends are more beautiful than I am. But I like myself like this. (IDI with a female student conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau state).

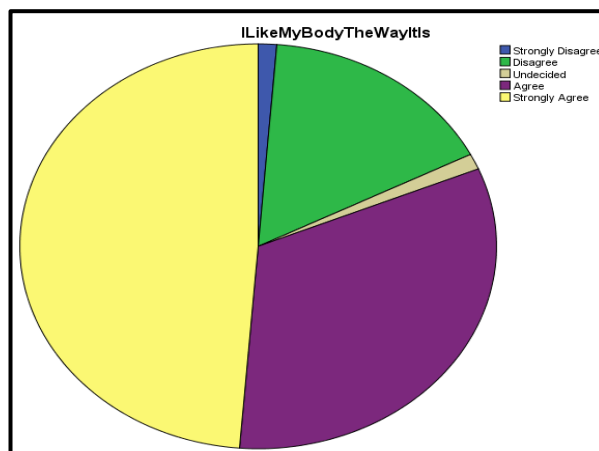
Similarly, another student said:

I feel I am handsome. I am sure of that because it is God that created me. I don't wish to change any part of my body, but I don't think I am more handsome than all of my friends. Some of them are more handsome than me and I am more handsome than some of them. (IDI with a male student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).



Mean = 3.84
 Std Dev = 1.471
 N = 80

Fig. 1: Physical Self-Concept among students with hearing impairment



Mean = 4.11
 Std Dev = 1.125
 N = 80

Fig 2: Physical self-concept among students with Hearing Impairment

On the other hand, another student said:

I don't think I am beautiful because I have rashes on my face, but if the rashes are removed then I think I will be beautiful. (IDI with a male student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

Furthermore, another student said:

I don't think I am very beautiful even though I believe am more beautiful than some people and some others are more beautiful than me. I don't want God to change anything in my body since he is the one that created me. I am happy with the way I look and the way God created me. (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

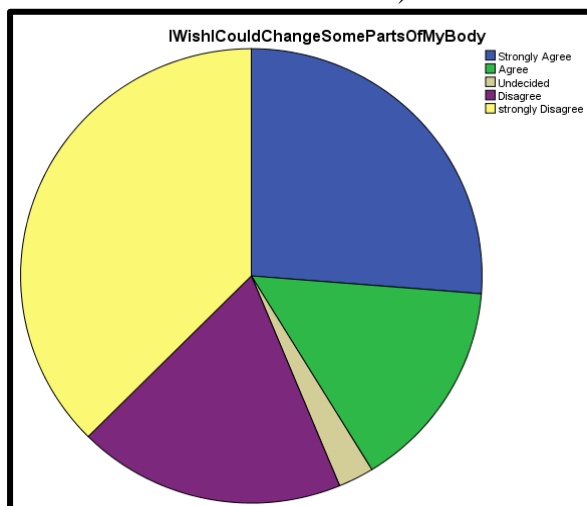
Furthermore, 1.3% (1) of the students Strongly disagree that they like their body the way it is; 16.3% (13) of the students disagree; 1.3% (1) is undecided; 32.5% (26) agree; while, 48.8% (39) strongly agree. The information gotten through the IDI sheds more light on this as follows:

I am not angry about my deafness because I believe that the same God who made other children able to hear made me deaf (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

On the statement, 'I wish I could change some parts of my body,' 26.3% (21) strongly agree to this statement; 15.0% (12) agree; 2.5% (2) are undecided; 25.0% (20) disagree; and, 37.5% (30) strongly disagree. More light is thrown on this by the information gotten through the IDI as follows:

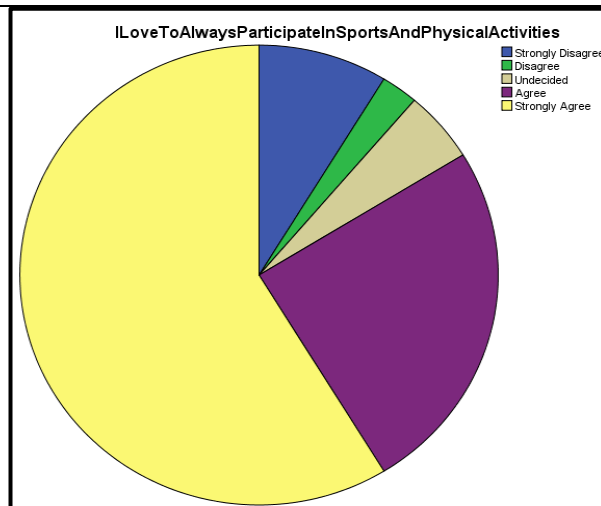


I feel very ok about my hearing impairment. I don't want any part of my body to be change because I feel that is how God made me. (IDI with a male student conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).



Mean = 3.26
Std Dev.= 1.689
N = 80

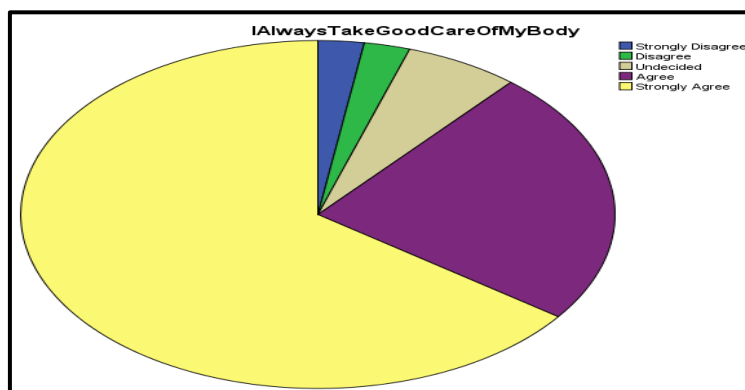
Figure 3: Physical Self-Concept among Students with Hearing Impairment



Mean = 4.22
Std Dev. = 1.22
N = 80

Figure 4: Physical Self-Concept among Students with Hearing Impairment

Furthermore, 8.8% (7) of the students strongly disagree that they love to participate in sports and physical activities; 2.5% (2) disagree; 5.0% (4) are undecided; 25.0% (20) agree; 58.8% (47) strongly agree. The fact that majority of the respondents [25.0% (20) agree and 58.8% (47) strongly agree] love to participate in sports and physical activities explains that their physical self-concept is not affected by their impairment.



Mean = 4.46
Std. Dev. = .913
N = 80

Figure 5: Physical Self-Concept among Students with Hearing Impairment



Lastly, 2.5% (2) of the students strongly disagree that they take care of their body; 2.5% (2) disagree; 6.3% (5) are undecided; 23.8% (19) agree; while, 65.0% (52) strongly agree. This underscores the fact that majority of the respondents [23.8% (19) agree and 65.0% (52) strongly agree] care about their health (physical, mental and social wellbeing) by taking care of their bodies, despite their impairment.

More insight to this variable was gotten through IDI as follows:

Both of my parents can hear. I can communicate with my parents, and I enjoy doing so. I teach them how to sign even though they laugh at me when I want to teach them. They say they want me to speak. I don't feel bad when they laugh at me. I watch them and keep quiet, I don't get angry with them. (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau state).

Another student said:

I was born Deaf, but both of my parents can hear. I use local sign language to communicate with them whenever I want to tell them anything. I learnt sign language from school here (IDI with a male student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau state).

More insight to this variable was gotten through IDI as follows:

I love to play with other children in school who are deaf but I do not like to play with hearing children because they can't understand me and I can't understand them. Sometimes I feel other children don't like me because I am deaf (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

Also, another student stated:

I am happy to be around other children in school because we are all deaf. If they were hearing children I would not have been happy to be with them because I learnt that it is better to be around people who are the same with me (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

An interviewee had this to say:

I think having friends is good because when I have friends and I make any mistake my friends can call me and advise me and when I don't know how to do something my friends can also teach me (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

More information on this variable was gotten through IDI as follows:

I have many friends. My friends are many because it is very good for me. When they have problems, they discuss with me and I help them, when I also have any problem I discuss with them and they help me (IDI with a male student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).



Also, another student reported:

I have friends at home that are not Deaf. I communicate with some of them by teaching them how to sign. I don't have many friends because I don't like too many friends, and I don't want to have bad friends, but I love to play with other children (IDI with a male student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

In addition, another student reported:

I always play with my friends in school and I am happy to be around them because we are deaf and we can understand ourselves. I am also happy when I am around children who can hear but I am happier when I am around other Deaf children (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau state).

More insight to this was gotten from the IDI as follow:

I love to play with other children in school who are deaf but I do not like to play with hearing children because they can't understand me and I can't understand them. Sometimes I feel other children don't like me because I am deaf (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau State).

Another student reported thus:

I had a friend in primary school before I became deaf, but when I became deaf she did not want to be my friend again, so I asked her why she did not want to be my friend again and she said it was because I was deaf. So, I became unhappy because the illness that got me deaf can happen to anybody, and now she hates me (IDI with a female student, conducted on the 11th of November, 2019 in school for the Deaf, Bassa LGA of Plateau state).

Difference between the self-concept of male and female students with hearing impairment

Hypothesis one: There is no significant difference between the total self-concept scores of male and female Students with Hearing Impairment.

Hypothesis one tested for the difference between male and female students self-concept. The summary of the finding is shown in tables 1 and 2

Table 1: Group Statistics for Total Self-Concept of Male and Female Students

| | Gender of students | N | Mean | Std. Deviation | Std. Error mean |
|-----|--------------------|----|---------|----------------|-----------------|
| sum | Male | 41 | 62.4146 | 5.53162 | .86389 |
| | Female | 39 | 61.4615 | 6.23592 | .99855 |



Table 2: Independent Samples Test for total self-concept between male and female students

| f | Sig. (2-tailed) | Mean difference | Std. error difference | 95% Confidence Interval of the Difference | |
|-----|-----------------|-----------------|-----------------------|---|------------------|
| | | | | Lower | Upper |
| 724 | 8 | .471 | .95310 | 1.31640 | -1.66765 3.57384 |

The difference in the means of the total self-concept of the male and female students is tested using a two-tailed test. From table 1 above, the calculated value (t value) is .724, while the probability value (*p* value) is .471. In interpreting this independent sample t-test, the *p* value (.471) is important for determining whether to reject or fail to reject the null hypothesis. Rejection of the null hypothesis invariably means accepting the alternative hypothesis. If the *p* value is greater than .05 (the alpha value), then it is considered statistically not significant, therefore the null hypothesis is accepted which means that there is no difference between the means. On the other hand, if the *p* value is less than the alpha value (.05), then the null hypothesis is rejected which means that there is a difference between the means. From the table above: *p* = .47, *ns*, therefore, the null hypothesis is not rejected. It can be deduced therefore that the total self-concept of male students with hearing impairment in School for the Deaf, Bassa, LGA, and Plateau State is not significantly different from that of their female counterparts.

Hypothesis two: There is no significant relationship between the physical self-concept of Students with Hearing Impairment and their social self-concept.

A bivariate correlation was used to test the relationship between the physical self-concept of Students with Hearing Impairment and their social self-concept. The summary of the finding is in table 3.

Table 3: Computation of Pearson's, *r* for relationship between the physical self-concept and social self-concept of students with hearing impairment, N =80

| Variables | | Physical self-concept | Social self-concept |
|-----------------------|---------------------|-----------------------|---------------------|
| Physical self-concept | Pearson correlation | 1 | .056 |
| | Sig. (2-tailed) | | .625 |
| | | 80 | 80 |
| Social self-concept | Pearson correlation | .056 | 1 |
| | Sig. (2-tailed) | .625 | |
| | N | 80 | 80 |

The Pearson's correlation coefficient is used to test statistical association or relationship between two or more variables. In this case, the Pearson's correlation coefficient is used to test if there is any relationship between the physical self-concept and the social self-concept of students with hearing impairment. A positive correlation coefficient means that an increase in one variable causes an increase in the other variable. On the other hand, a



negative correlation means that an increase in one variable causes a decrease in the other variable. From table 3 above, Pearson correlation coefficient of .056, indicates a weak positive correlation, with the probability value, $p = .625$ (2-tailed test), which indicates a none significant relationship. In this context, the null hypothesis is rejected. This means that there is a significant relationship between the physical self-concept and social self-concept of students with hearing impairment.

DISCUSSION OF FINDINGS

Physical appearance among Students with Hearing Impairment

Findings from the study revealed that regardless of the negative perceptions of the society about disability in general and Deafness specifically, these students with hearing impairment are confident about their physical appearances. Deafness is not a physical disability that can be seen with the eyes like some other disabilities such as physical impairment, spinal bifida, etc., it can only be noticed in a child from the way that child behaves or when one is informed beforehand about the child's hearing disability. This may lead people to believe that due to this, impaired children may not have problems with their physical appearances. From the findings, a higher percentage of these children were satisfied with their physical appearances, and as such didn't wish for any change in their body. As a matter of fact, they believe they are perfect the way they are. Some of them even claim they were made the way they are by God and therefore do not require any change to their body, which indicates a high level of physical self-concept. A high level of satisfaction in physical looks and appearance is evident among these children. More than 32% of the students with hearing impairment were satisfied with their bodies the way it is.

Taking proper care of one's body is another way to show confident about one's physical appearance other than mere confession of satisfaction. A child who is not satisfied with his or her physical looks may not consider it important to take care of his or her body. Findings from the study revealed that students with hearing impairment were not only satisfied with the way they look, but were also keen on taking care of their bodies so as to look pleasant and attractive.

Finding with reference to research question two revealed that the difference between the self-concept of male and female students with hearing impairment. This result also supports findings from earlier studies that investigated self-concept of students with hearing impairment (Mekonnen et al., 2016; van Gent et al., 2012; van Gorp et al., 2001). High self-concept scores was associated with schooling with other Deaf or Hard-of-hearing children with whom they could communicate with easily and make comparisons.

CONCLUSION

Students with hearing impairment hold a high self-esteem of themselves regardless of their condition. Suffice to say that, those of them who have identified with the Deaf culture exhibit high self-concept in various domains of self-concept studied. Also, there is no significant difference between the total self-concept scores of male and female students with hearing impairment. In addition, there is significant relationship between the physical and social self-concept of students with hearing impairment.



RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made:

1. Students with hearing impairment and other forms of disabilities generally should be supported more and shown more care especially in their developmental years in other for them to be able to develop a positive image of themselves. Students with hearing impairment who have been identified should be provided with early educational intervention in order to help them develop their language and communication skills.
2. More conducive inclusive educational settings with provisions for both hearing and hearing impaired students should be provided and Self-concept enhancement intervention programs should be created to help improve their self-concept in educational settings.

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