

MEASURING SOCIAL EMOTIONAL ADJUSTMENT OF HEARING IMPAIRED CHILDREN

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Abstract

This research aimed to measure social emotional adjustment of hearing impaired children from both primary and elementary levels in Bahawalpur Division. Social Emotional Assessment Inventory (SEAI) was used to collect data from teachers of randomly selected 256 hearing impaired children studying at primary and elementary levels. Descriptive statistics and t-test were applied to analyse the data. The findings revealed moderate level of social emotional adjustment among hearing impaired students. As a whole, there was no significant difference in social emotional adjustment of primary and elementary level children and in boys and girls. However, significant difference was observed in sub-scale “emotional adjustment” about male and female hearing impaired students.

Key Words: Hearing impairment, Social adjustment, Emotional adjustment, Self-Image

Introduction

Adjustment is the major influential indication of psychological well-being. Adjustment is considered to be effective for all domains of life, including human emotional, social, educational and occupational (Hamidi & Hosseinib, 2010). From psychological point of view, adjustment is the process by means of which the individual attempts to maintain a level of psychological and physiological stability (Keilmann et al., 2007). Adjustment is the key to maintain one's

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psychological well-being. Social adjustment is the ability of an individual to adjust with his social life, which may be achieved by modifying the self or the surroundings (Pourafkari, 2001). Social adjustment is interlinked with emotional adjustment. Emotional adjustment is the harmonization between thoughts, emotions, feelings and behaviors and in this way individual performs healthier in every field of life (Omranian et al., 2015). According to Hamidi and Hosseinib (2010), emotional adjustment is focused on making relationship with others in an understanding and controlling way. It is significant to point out that social adjustment, effective communication and emotional dealing are skills that should be acquired. An individual effort and its quality are necessary to learn it.

In the cutting edge society, youngsters need to confront different circumstances which are generally related to unbearable outcomes on the social-emotional and scholarly achievement. Numerous researches showed that an ideal social-emotional adjustability diminishes the maladjustment of individual especially in negative relationship and cause to increase the commitment in public and private matters (Zins, Weissberg et al., 2004). Furthermore, Abe and Izard (1999), state that socio-emotional abilities always follow a relatively stable pattern from preschool years to adolescence.

Social adjustment is the key factor that meaningfully affects the personality development of both hearing and hearing impaired children (Tomada et al., 2005). It is more significant in the context of the hearing impaired children who possess the less communication skills, low language abilities and more emotional problems (McElwain & Valling, 2005). Language development process in children who are hearing impaired or hard of hearing is often delayed but early identification and early intervention help to promote (Yoshinaga-Itano, 2003). According to Dash (2000), hearing impairment considered a damage or deflection in hearing mechanism. Consequences of hearing impairment called hearing disability or loss of hearing. Audiologist may categorize hearing

impaired individuals as mild, moderate, severe and profound depend on the nature or range of disability. The nature of impairment and the degree of hearing loss labeled a person as a hearing impaired or hard of hearing (Mohanraj & Selvaraj, 2013).

Depending on the degree of hearing loss, the hearing impaired subjects are classified into two groups such as the hearing impaired, and the hard of hearing. The total inability to hear is called hearing impairedness. The hearing impaired are those who, even with the best auditory training, cannot learn to understand speech mainly through hearing. The hard of hearing subjects have some residual degree of hearing and can be benefited through amplification. Moreover, hearing impairedness is defined as a state which is divided into five hierarchical ways depending on the degree of hearing loss in the normal ear. Koester(1995) describes that a licensed audiologist has the authority to determine the level of hearing loss and categorized as follows: mild (25-40 dB); moderate (41-55 dB); moderate-severe (56-70); severe (71-90 dB); and profound (91dB).

According to Amusa et al. (2013), hearing impairment may occur since birth or it may be acquired at any age in life. Thus, the age factor is crucial for the onset of the hearing loss. The hearing impairment can be classified as congenitally hearing impaired and adventitiously hearing impaired. The congenitally hearing impaired child is one who is born with impaired hearing. Such a child has not heard any sound or speech. The adventitiously hearing impaired child is one who is born with normal hearing. He has acquired speech, but later lost hearing ability due to infection, disease or some damage to the hearing mechanism (Bronfenbrenner, 2000). The effects of hearing loss are not easy to identify. Hearing impairment leads to generalized learning difficulties and difficulties in specific areas. Hearing impairment affects language development, social, emotional and educational development of children. In case of severe sensor neural loss, early social interactions

between the parent and the children are disrupting. These early stages are crucial to later language development (Reddy et al., 2005).

While language development is vital in learning to communicate, more and more research has been dedicated to exploring the effects of social emotional development on communication and function in hearing impaired or hard of hearing children as well. Social emotional competency is highly related to language development. As language develops, social emotional skills are promoted because children have the ability to describe emotions and discuss ways to self-regulate or solve problems (Herndon et al., 2013). When a person has communicative disability, it not only influences his own personality but also affects family members and colleagues. Researches prove that isolation, lack of sociability, poor quality of occupational work and a feeling of exclusion cause of hearing impairment, leading to stress, frustration and inability to cope to socio-emotional adjustment (Arlinger, 2003).

Due to hearing impairment, children have feelings of inferiority and isolation. Hearing impaired children withdraw from the situation in which they have to interact with hearing children. For social adjustment and coping with disabilities, there is need to maintain a positive peer relations as a basic pillar for children's overall socio-emotional development and its expression in different situations (Parker & Gottman, 1989). Social adjustment is interlinked with emotional adjustment in both hearing children as well as in hearing impaired children. Positive social and peer group relationships are significantly effective for dealing with social emotional and adjustment problems while having a hearing impairment, and contribute to adjustment in everyday life activities and feelings of satisfaction (Flook, Repetti & Ullman, 2005; Overton & Rausch, 2002; Brissette, Scheier & Carver, 2002; Ladd, Kochenderfer & Coleman, 1996).

Hearing impaired children face many problems in social interaction due to their low communication competencies and interaction skills, level of

mainstreaming and age (Batten, Oakes & Alexander, 2013). According to Gifford-Smith and Brownell(2003), in the middle of childhood, acceptance from peers or friends considered a construct relevant to social status. The different developmental stages in children help in formation of different components of social interaction (Mikami, 2010). Normally, social skills and abilities are learnt in early years of schooling since early childhood interactional practices predicts one's future socialization and relationships with others positively (Lsenge, Dekovic & Meeus, 2002). According Sarafino(2002), young children for adjustment use emotional encountering methods for adjustability but when they become adult, they adopt cognitive methods.

According to Rieffe(2011), many special students lack the skills to negotiate positive relationships in school. Moreover Antia et al. (2011) made a comparison of special students with normal children and concluded that students with special needs were involved more often in behavior problems that may disrupt their relationships with friends and teachers (Hindley, 2005). Ultimately, children with poorer language skills are more vulnerable to behavior problems (Domitrovich, Cortes & Greenberg, 2007).

Hearing impaired children are susceptible to having more social emotional adjustment problems in their personalities as compared to normal children. Socio-emotional and behavioral problems among hearing impaired children often related with poor parental emotional status and high level of hearing impairment (Watson, 1990). According to Panda (1997), hearing impaired subjects feel inferior, helpless, have poor self-concept, temper tantrums, are submissive, have poor gross motor coordination, delayed hand preference, hyperactivity, short attention span, emotional inability, slightly low IQ than normal persons, poor language and communication skills. They experience difficulty in understanding abstract concepts and have difficulties in vocational adjustments. Still, Coyner (1993) emphasizes the importance of acceptance of hearing impaired student is a significant indicator of

academic achievement in mainstream program of special children. If the hearing impaired children are deprived from family, peer group and social support, they develop poor self-concept and prone to negativity and social maladjustment (Kluwin, Stinson & Collarosi, 2002).

Similar results have been reported in Pakistan that hearing impairment children have emotional disturbances as compared to hearing children. Due to deafness these children have low academic achievement in school as well as show immaturity in decision making (Roohi & Bano, 1994). They show rigidity, aggressiveness and do not trust others especially hearing peer (Waheed, 2007), and establish poor self-esteem (Hussain, 2003). According to Wahid and Ashfaq (2000), only 20% hearing impaired children have flexibility in their personality to understand and value the feelings and suggestions of others people. In Pakistan majority of these students enrolled in special settings have severe and profound levels of hearing loss because the children with mild and moderate hearing loss prefer to get education in mainstream or out of the special education setting (Farooq, 2003).

There is a sound relationship between language development and children personal and social development. However, there is still much to be learned about how language, emotional, and behavioral skills work together in young children who are hearing impaired or hard of hearing to support or impede their early school success and social relationships (Raver & Knitze, 2002). The deafness is considered an influential factor on one's social-emotional development (Sardar & Kadir, 2012). According to Moeller (2007) and Fellingner et al. (2009), hearing impaired children are more prone to poor psychosocial development because communication barriers make social and emotional learning too difficult for them. In Pakistan, very few researchers have put light on the social emotional adjustment of deaf children. The current study is an attempt to measure social emotional adjustment of hearing impaired children at primary and elementary levels in Bahawalpur Division.

Objectives of the Study

The key objectives of the study were as follows:

To measure social emotional adjustment of hearing impaired children.

To compare social emotional adjustment of hearing impaired boys and girls.

To compare social emotional adjustment of hearing impaired students studying at primary and elementary levels.

Research Methodology

This study was delimited to special education schools/centres located in Bahawalpur Division. The population of the present study were all teachers and hearing impaired students enrolled in these institutions. From 16 special education centres /schools of Bahawalpur Division, 256 hearing impaired students of both primary (grade 3 and 4) and elementary (grade 6,7 and 8) levels were taken randomly. Boys and girls ratio was 2: 1 in all the related classes except class 6 in which almost equal number of male and female students were present. From each class (except class 6) according to roll numbers first and last hearing impaired boy and in the same way only first hearing impaired girl was included in the study. From grade 6, two boys and two girls were selected on the same pattern.

Meadow-Kendall Social-Emotional Assessment Inventory (SEAI) was used for data collection from available one teacher from each class (N=80). These 80 teachers were asked to provide information about social emotional adjustment of 256 hearing impaired children of their respective classes. SEAI consisted of 59 items having three subscales; social adjustment, emotional adjustment and self-image. Inter-item reliabilities of the three sub-scales (Cronbach alpha) reported by Meadow et al. (1983) were .96 for Social Adjustment, .94 for Self Image, and .91 for Emotional Adjustment (Meadow, Karchmer, Petersen & Rudner, 1980). Data was analyzed by using descriptive statistics i.e. frequencies, mean and standard deviation. For comparing responses on demographic

variables such as gender and grade level, t-test of independent variables was used. Statistical significance for t-test was determined at 0.05 level.

Sample's Characteristics

The age range of hearing impaired students was from 7-17 years. There was variation in reasons of hearing impairment, socio-economic status and birth type of respondents. These respondents were taken from both elementary and primary levels. Out of 256 students' participants, it was found that majority parents had first cousin marriage (82.0 %). Majority of students had profound level of hearing impairment (80.8%), belonged to urban areas (53.3%), and had a family history of impairment(72.0 %).Sixty seven percent were male students and 33% were female children. Fifty nine percent children were studying in elementary classes, whereas 41% were enrolled at primary level.

Results and Discussion

Special teachers were asked to rate the social emotional adjustment of hearing impaired children. After discussion with experts, following mean score range was used as criteria for measuring social emotional adjustment: a) 1.00 to 2.33 = low, b) 2.34 to 3.66 = moderate, c) 3.76 to 5.00 = high.

Table 1: Social emotional adjustment among hearing impaired children

Sub-scales	Mean	S.D.
Social Adjustment	3.10	.334
Emotional Adjustment	3.01	.456
Self-Image	3.22	.305
Total Social Emotional Adjustment	3.13	.301

Table 1 shows the summary of overall social emotional adjustment of hearing impaired children. Mean score (3.13) indicates that overall social emotional adjustment of hearing impaired students falls in the range of moderate level. The same level of adjustment was also noted for all the three sub-scales. Students were given highest rating from their teachers for social image (M = 3.22) followed by social adjustment (M = 3.10)

and emotional adjustment ($M = 3.01$). Similar results were reported by Mohanraj and Selvaraj (2013) who conducted study in Tamil Nadu India. They identified the medium level of social and personal adjustment, anxiety, frustration and anti-social behaviors among the hearing impaired children. Due to special education schooling, teachers help to make hearing impaired children socially and emotionally stable in their daily lives. Parents' and peers group's cooperation also enables hearing impaired children to attain normal social adjustment (Schloss, 1991).

Several studies report that hearing impaired students demonstrate high rate of emotional and behavioral problems (Sinott & Jones, 2005). When hearing impaired children are studied in their daily lives, they exhibit rigidity, impulsivity and poor self-control (Kirk et al., 2003; Moores, 2001). On the other hand, Akram and Hameed (2014) carried out a research study in Pakistan and observed that deafness may not be considered the only cause of poor performance and adjustment of students with hearing impairment. Other factors such as parents' awareness, peers and teachers' support also affect the social emotional adjustment of hearing impaired students. In society hearing impaired people face stigmas from community, which causes social emotional instability and uncertainty in their personality (Bat-Chava, 1993; Crowe, 2003).

Table 2: Comparison of social adjustment of hearing impaired boys and girls

Sub-scales	Gender	Mean	S.D.	t-value	p-value
Social Adjustment	Boys	3.08	.347	0.097	0.136
	Girls	3.16	.304		
Emotional Adjustment	Boys	2.95	.483	0.007	0.032*
	Girls	3.12	.371		
Self-Image	Boys	3.18	.306	0.002	0.706
	Girls	3.30	.287		
Total Social Emotional Adjustment	Boys	3.09	.308	0.004	0.242
	Girls	3.21	.271		

*Significant at 0.05 level

Table 2 shows the summary of t-test statistics about social emotional adjustment of hearing impaired boys and girls. The p-value ($p = 0.136$, $t = .004$) is insignificant for overall social emotional adjustment scale. It means that there was no significant difference in social emotional adjustment of hearing impaired male and female students. For social adjustment and self-image, p-values were greater than 0.05 level of significance. It is therefore inferred that hearing impaired boys and girls had similarity in social adjustment and self-image. As p-value (0.032) is less than 0.05 level of significance, there was significant difference in boys' and girls' emotional adjustment. The hearing impaired girls ($M = 3.12$) were more emotionally adjusted as compared to boys ($M = 2.95$). Niakan (2002) also found that there was no significant difference between hearing impaired male and female students' social and general adjustment but in emotional adjustment there existed a significant difference. Sharma (2005) reported more social instability in male students in school and social setting in comparison to female students. Boys showed more aggressiveness and negative behaviors as compared to girls at every stage of life (Nelson, Martella, & Marchand-Martella, 2002).

Conclusion and Implications

This study measured the social emotional adjustment of hearing impaired children from special teachers in special education institutions in Bahawalpur Division. It was found that hearing impaired students have moderate level of social emotional adjustment due to hearing impairedness. Sarita, Sonia and Sudesh (2015) observe that children who have good adjustment ability, get more benefit from school. The present study found similarities in social adjustment and self image of hearing impaired boys and girls. But on emotional adjustment, girls were relatively more stable as compared to boys. Moreover children with hearing impairment at both primary and elementary levels demonstrated similarity in social emotional adjustment.

The current study has its own limitations. For instance, it measured deaf students' social emotional adjustment indirectly through their teachers' observation. Nevertheless, this empirical study has added to the existing literature on hearing impaired young students, especially in Pakistani context. It is important to understand that deafness in hearing impaired children is not the only cause of social-emotional mal-adjustment but numerous social factors also play imperative role in it. So the utmost need is to create awareness among stakeholders to deal effectively with these social factors that may help improve social-emotional adjustability of deaf children. There is existence of communication gap between hearing impaired children and their families (Akram & Hameed, 2014). Sign language might be an effective way to communicate with these children to understand their personalities; but unfortunately family, community and teachers do not give required attention to this aspect. According to Weiss (2013), sign language is the basic right of hearing impaired individual. With reference to hearing impaired children, use of sign language may fill the communication gap and may lead to healthier and more satisfied lives.

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