RELATIONSHIP BETWEEN PERCEIVED LACK OF SOCIAL SUPPORT AND SELF-ESTEEM AMONG ADOLESCENTS WITH HEARING IMPAIRMENT: A CASE STUDY OF TREESIDE SECONDARY SCHOOL

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DECLARATION

This research project is my original work and has not been presented for a degree in any other university for any other award.

Signature :……. Date :……...

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C50/37160/2016

Declaration by supervisor

This research project has been submitted for examination with my approval as the University supervisor.

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DEDICATION

I dedicate this research project to my lovely wife, Dr. Elizabeth Mwamburi, for her unwavering financial, emotional and spiritual support that was the sole motivation towards completion of this rigorous journey. This work is also dedicated to my two lovely daughters, Abigael and Alexa, for their indirect motivation. Lastly, to my deceased mother who instilled in me the spirit of hard work and resilience; may her soul rest in eternal peace.

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ABBREVIATIONS AND ACRONYMS

USA : United States of America

WHO : World Health Organization

KSL : Kenya Sign Language

ISEL : Interpersonal Self Evaluation List

RRT : Relational Regulation Theory

PWD : People with Disability

OPERATIONAL DEFINITION OF TERMS

Social Support: A process in which students with hearing impairment interact with peers, teachers, parents and significant others either through perception, physical or psychological resources.

Self Esteem: This will refer to the perception of a student with hearing impairment which can be high or low.

Adolescents: Students with hearing impairment.

Hearing Impairment: Condition in which a student who is incapable of hearing and has to use signs as a way of communicating with others.

Secondary School: Institution of learning after the primary school for learners with hearing impairment.

ABSTRACT

Adolescents with hearing impairments are often believed to experience low self-esteem due to multiple factors. Perceived lack of social support is one predictor of low self-esteem among these adolescents. This study aimed to explore the relationship between perceived lack of social support and the self-esteem of adolescents with hearing impairment in Treeside Secondary School in Nairobi County, Kenya. Specifically, it sought to determine the association between perceived lack of social support and self-esteem among this demographic. The research was guided by the following objectives: to assess the level of self-esteem among these adolescents; to investigate the relationship between appraisal, emotional, and companionship support from family and the self-esteem of adolescents with hearing impairment; to explore the link between informational/tangible support from close friends, significant others, and teachers, and the self-esteem of these adolescents; and to examine the association between perceived belonging and esteem support from peers, life coaches, and therapists, and the self-esteem of adolescents with hearing impairment. The study employed a correlational research design to establish connections between variables and was conducted in Nairobi City, involving a purposive sample of 62 participants. Two theories underpinned the study: the plasticity Hypothesis of Self-Esteem and Relational Regulation Theory. The Rosenberg Scale for Self-Esteem and the Interpersonal Self-Evaluation List (ISEL) were utilized to collect data. SPSS version 21 was used for data analysis, and the relationship between variables was determined using the Pearson product-moment correlation coefficient. Results revealed that adolescents with hearing impairment had an average self-esteem score of 16.56, calculated based on Rosenberg's self-esteem scale. Moreover, perceived appraisal support, belonging support, and tangible support significantly predicted low self-esteem among these adolescents. The study found a correlation between low self-esteem and perceived social support. Policymakers should formulate policies for individuals with hearing impairment and other disabilities that foster appraisal support, belonging support, and tangible support.

CHAPTER ONE

1.1 Introduction

This section encompasses the study background, problem statement, and study objectives. It outlines the research questions, research hypotheses, and justification for the study. Additionally, it addresses the study's significance, scope, and limitations.

1.2 Background of the study

Self-esteem plays a crucial role in an individual's psychological well-being. Among adolescents with hearing impairment, low self-esteem, referred to as negative self-worth, is widely acknowledged as a significant psychological challenge (Mousavi, Movallali, & Nare, 2017). Researchers cite several contributing factors to low self-esteem in this demographic, including perceived social support, limited access to communication, communication skill limitations (Mousavi, Movallali, & Nare, 2017), biases, and stereotyped attitudes toward deafness (Kingery, Erdley, & Marshall, 2011), fewer quality friendships, and less mature social skills (Rich, Levinger, Werner, & Adelman, 2013), temperament, and behavior (Loy et al., 2010), and social acceptance and behavior (Mousavi, Movallali, & Nare, 2017).

Some researchers perceive self-esteem as a multidimensional concept encompassing various specific domains related to different aspects of life, such as perceived social support, parental attention, physical appearance, and peer acceptance, in addition to 'global self-esteem' (Leigh et al., 2009; Harter, 2006). For instance, Leigh et al. (2009) conducted a study within the US context, highlighting varying self-esteem levels

across these different domains during adolescence a transitional phase marked by significant behavioral and emotional changes. They note a shift from parental influence to increased importance placed on judgments by classmates and close friends, particularly regarding physical appearance. At this stage, adolescents with hearing impairment may face an increased risk of low self-esteem in specific domains rather than across all domains, as supported by studies within similar contexts (e.g., USA). These studies link difficulties in self-esteem among these adolescents to challenges like limited access to the sound-dominated world, communication problems, and delays in language and speech development (Polat, 2003; Senicar & Grum, 2011).

Other researchers propose that adolescents with hearing impairment struggle to learn self-regulation strategies, misinterpret social norms, and find it challenging to internalize appropriate behavior models, leading to self-esteem issues. They argue that impaired individuals' limited access to communication during their developmental years impedes their understanding of others (Warner-Czyz, Loy, & Evans, 2015; Poudel, Gurung, & Khanal, 2020). Manfredi (2013) suggests that these adolescents might perceive themselves as inadequate due to feeling isolated from the language shared by their hearing peers, influenced by various factors like the degree of hearing loss, potential co-morbid disorders, and differences in communication modalities and needs, among others.

Several studies identify perceived social support operationalized as tangible and informational support from teachers, emotional support from peers, family, therapists, and significant others as a significant contributor to low self-esteem among adolescents with hearing impairment (Ko, Wang, & Xu, 2013; Theunissen et al.,

2014; Warner-Czyz et al., 2015). For instance, a large retrospective multicentre study in the US found that adolescents with hearing impairment, especially those in special schools for the deaf, had lower self-esteem levels than their peers in mainstream schools, even after accounting for intelligence and language development (Theunissen et al., 2014). Similarly, a study by Warner-Czyz et al. (2015) observed that emotional, tangible, esteem, and information support from friends, family, and significant others predicted low self-esteem in children with hearing loss, emphasizing the role of social-emotional skills developed through these relationships. They highlighted that the number and quality of friendships affect social acceptance, with low-quality friendships or isolation leading to increased loneliness and poor social adjustment, alongside low self-esteem.

In a descriptive study on self-esteem and perceived social support among Turkish adolescents with hearing impairment, Ikiz and Savi (2010) noted significant differences in perceived social support levels but found no significant difference in self-esteem levels among these adolescents. However, they identified a positive association between self-esteem levels and social support, emphasizing the importance of social values like friendliness, cooperation, kindness, and consideration. Ikiz and Cakar (2010) argue that adolescents, including those with hearing impairment, lacking these virtues tend to develop low self-esteem, particularly concerning gender.

At a regional level, a correlational study by Lukong and Fobellah (2022) involving Cameroonian adolescents with hearing impairment found social support to predict low self-esteem, particularly in instances of inadequate esteem and emotional support from families and close friends. Similarly, in the Ugandan context, Kiwanuka (2009)

observed significantly lower self-esteem among high school deaf adolescents compared to their hearing counterparts, linking it to perceived maternal bonding rather than social support. Awori et al. (2006) corroborated these findings among Kenyan hearing-impaired adolescents, associating low self-esteem with poor academic performance but not directly with perceived social support. Studies within the Nigerian (Jaiyeola & Adeyemo, 2018) and local Kenyan (Hinga, 2015) contexts confirmed low self-esteem among adolescents with hearing impairment but did not delve into its association with perceived social support.

While some global studies confirm low self-esteem and suggest perceived social support as a predictor among adolescents with hearing impairment, others present varied findings. For instance, some studies indicate that social support predicts low self-esteem only in adolescent girls with hearing impairment (Warner-Czyz et al., 2015), while in others, specific forms of support, like emotional and companionship support from families, predict low self-esteem (Lukong & Fobellah, 2022). Some studies propose that variables other than perceived social support influence low self-esteem in these adolescents. Therefore, a gap exists in the literature, primarily due to studies predominantly conducted in American and European contexts which limit generalizability to the Kenyan context.

Recognizing this research gap, the present study investigates the “relationship between perceived social support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya."

1.3 Statement of the problem

Adequate self-esteem is crucial for the psychosocial functioning of adolescents with hearing impairment as it contributes to the confidence necessary for this group to succeed and adapt in mainstream settings. However, previous studies consistently show that adolescents with hearing impairment often report low self-esteem (Mousavi, Movallali, & Nare, 2017; Leigh et al., 2009; Polat, 2003; Senicar & Grum, 2011; Theunissen et al., 2014). This low self-esteem, as noted by Theunissen et al. (2014) and others (Baumeister et al., 2003; Orth, Robins, & Roberts, 2008), can significantly impact various aspects of their lives, such as academic success, friendships, coping mechanisms for stressful events, and may potentially predict peer rejection, delinquency, aggression, and psychopathology.

Studies investigating predictors of low self-esteem among adolescents with hearing impairment have identified several contributing factors, including limited access to communication, limited communication skills, biases and stereotypes related to their deafness, fewer quality friendships, less mature social skills, temperament and behaviour, and social acceptance issues. While some studies highlight perceived social support as a potential key predictor of low self-esteem among this population, these studies have often been descriptive rather than correlational, assuming without testing an association between perceived social support and low self-esteem. A few correlational studies conducted in American and European contexts have produced conflicting results, with some suggesting that among adolescents with hearing impairment, social support only predicts low self-esteem in girls and not boys. Notably, no clear relationship between perceived social support and low self-esteem has been documented within the Kenyan context.

1.4 Objectives of the Study

i. To assess the level of self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya
ii. To determine the association between perceived belonging support and self-esteem support from peers, life coaches, and therapists toward adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya
iii. To examine the relationship between perceived emotional support provided by family and self-esteem among adolescents with hearing impairment in a Treeside Secondary School in Nairobi City, Kenya
iv. To determine the relationship between perceived tangible information support from close friends, significant others, and teachers and self-esteem associated with adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya

1.5 Research Questions

i. What is the level of self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya?
ii. What is the relationship between self-esteem and perceived social support among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya?

1.6 Hypotheses

H_A1 There is no significant relationship between perceived belonging support from and self-esteem among adolescents with hearing impairment Treeside Secondary School in Nairobi City, Kenya

H_A2 There is no significant relationship between perceived emotional support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya

H_A3 There is no significant relationship between perceived tangible information support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya

1.7 Justification and Significance

This study has the potential to assist policymakers and psychologists in developing psychoeducational programs aimed at adolescents with hearing impairment, their teachers, peers, and families. These programs could raise awareness about the impact of perceived social support on self-worth and self-esteem. Additionally, the findings from this study may offer insights into the relationship between perceived social support and self-esteem. Educators and counsellors can utilize these findings to help adolescents with low self-esteem develop coping mechanisms to enhance their self-worth and mitigate other issues, such as peer bullying.

Considering the escalating concern about poor self-esteem among adolescents with hearing impairment, the findings of this study could be instrumental in shaping policies for mental health professionals, specifically social workers and education

counsellors, to empower their clients with strategies to boost self-esteem. Consequently, the Ministries of Education and the Ministry of Health might leverage these findings to create policies encouraging increased social support for adolescents in schools, aiming to strengthen their self-worth and self-esteem."

1.8 Scope and Limitations

This study focused on adolescents with hearing impairment in selected Nairobi County, Kenya schools. Therefore, its scope encompasses Nairobi City, Kenya, specifically represented by a chosen school for the deaf in the city-Treeside Secondary School-, serving as the study's population. The study's focus was limited to perceived social support, operationalized as emotional/companionship support from the families of adolescents with hearing impairment, tangible/informational support from close friends, significant others, and teachers provided to adolescents with hearing impairment, as well as perceived esteem support from peers, life coaches, and therapists directed towards these adolescents. The study spanned two months, commencing from February through March of 2023.

This study's key limitation was that it only focused on schools with hearing impairment in Nairobi County, Kenya, which unintentionally led to data being collected from a single school that met the criteria for having adolescents with hearing impairment. Collecting data from a single school presented the risk of incomplete data coverage, failure to fully represent the complexity of the phenomenon under study, and limited representation, which could affect the generalizability and validity of the study's results. This shortcoming was overcome using a large sample size.

1.9 Assumptions of the Study

This study carried the following assumptions;

i. Adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya have low self-esteem
ii. There is a relationship between perceived belonging support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi, Kenya
iii. There exists a relationship between perceived emotional support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi, Kenya
iv. There is a relationship between perceived appraisal support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi, Kenya
v. There is a relationship between perceived tangible information support and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi, Kenya

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section explores research on the "relationship between perceived social support and self-esteem among adolescents with hearing impairment at selected secondary school in Nairobi County, Kenya." First, a presentation of the theoretical framework that informs this study is provided, and subsequently, the chapter presents a review of literature under the following sub-headings: level of self-esteem of adolescents with hearing impairment, level of emotional support of adolescents with hearing impairment, tangible social support of adolescents with hearing impairment, level of companionship support of adolescents with hearing impairment, summary of the literature review. Finally, a conceptual framework is presented.

2.2 Theoretical Framework

The study was informed by the Plasticity Hypothesis of Self-Esteem and Relational Regulation Theory

2.2.1. Plasticity Hypothesis of Self-Esteem

Founded by Brockner in 1988, the plasticity hypothesis of self-esteem theory posits that low self-efficacy and self-esteem make people more "plastic" or susceptible to certain situational factors such as overload, ambiguity, and conflict (Bharti, Suneja, & Bharti, 2022). The underlying message in this theory is that individuals with low self-

esteem have an increased likelihood of being influenced by environmental factors to develop health problems as a way of responding to stress. Accordingly, in view of the plasticity hypothesis of self-esteem theory, lower self-efficacy or self-esteem in adolescents with hearing impairment may interact with negative situational factors presented by their disabilities to yield malleability in their behaviours or attitudes.

2.2.2 Relational Regulation Theory (RRT)

Developed inductively by Lakey and Orehek (2011), the Relational Regulation Theory (RRT) posits that social support is linked to an individual's well-being. RRT explains how individuals, through shared conversations and activities, regulate/moderate their emotions, actions, and thoughts. RRT further captures the link between mental health and perceived social support

In line with RRT, perceived support is associated with good mental health thought of as emerging from supportive actions that objectively buffer stress. Accounting for key effects between mental health and social support, this explanation has difficulty. In view of relational regulation theory (RRT), the main effects between mental health notably low self-esteem and perceived social support occur when concerned individuals regulate their thought, action, and affect via ordinary and affectively shared activities and consequential conversations, rather than via conversation concerning ways to cope with stress. The regulation is thought as largely relational such that social interactions and types of people who regulate the receivers are in a large part a matter of personal state. Relationships are operationalized numerically in accordance with RRT, enabling the differentiation of recipient personality and relationships. Regarding social support as an emerging approach and intervention for

mental health, specifically low self-esteem, RRT also offers a number of new predictions. As such, in view of RRT, social support is a relational construct and individuals bring about ideas of what is supportive through conversation, contact, shared activities and even relationships.

2.3 Review of Related Literature

The following section presents a review of related studies on the relationship between social support and self-esteem among adolescents with hearing impairment.

2.3.1 Level of Self-Esteem of Adolescents with Hearing Impairment

Different individuals have been found to have differing levels of self-esteem. People with disabilities are not an exception and have distinct levels of self-esteem as well. Nair and Anuradha (2014) carried out research in Bangalore, India, to establish the level of self-esteem among physically and visually impaired late adolescents and the gender differences in self-esteem among them. The study used a qualitative comparative research design where a purposive sample of 120 participants was selected and data collected using structured questionnaire. The results of the analysis demonstrated that there were notable distinctions between the physically and visually handicapped in terms of their levels of self-esteem, with the visually impaired having a greater degree of self-esteem than the physically disabled. In addition, the study did not find any gender differences in self-esteem of the physically impaired and visually impaired late adolescents. No age differences were found in self-esteem of the physically impaired and visually impaired late adolescents. As opposed to the current study, which focused on adolescents with hearing impairment between the ages of 13 and 18, this study used a cohort of physically and visually challenged late adolescents.

Jemta, Fugl-Meyer, Oberg and Dahl (2018) conducted another study to determine the impact of self-esteem on children and adolescents with mobility impairment. The study used a cross-sectional survey design and a population of 138 children and adolescents who were sampled purposively. The data was collected using semi-structured interviews which included disability assessment checklist and self-esteem inventory. The findings indicated that majority of the respondents had a high level of dimension specific and global self-esteem which largely influenced their psychological well-being. The study targeted mobility impaired children and adolescents as opposed to the current study which targets adolescents with hearing impairment.

A study carried out in Nigeria by Jaiyeola and Adeyemo (2018) assessed the quality of life of deaf students and those with mild hearing impairments in Ibadan metropolis. A purposive sample of 110 deaf and hard-of-hearing learners was employed in the study, along with a descriptive cross-sectional survey approach. The study employed a Quality-of-Life Questionnaire to gather quantitative data, which was then analyzed using both descriptive and inferential methods. The four characteristics of physical health, psychological health, social interactions, and environment were used to quantify quality of life. The findings showed that 57.8 percent of the students had significant levels of poor psychological health which includes self-esteem. The study however, did not directly measure self-esteem construct as intended in the current study, hence the need to determine the levels of self-esteem among adolescents.

There is a noted scarcity of literature on the level of self-esteem among persons with hearing impairment. Kanus (2014) investigated the variations in self-esteem scores between learners whose parents consume alcohol as opposed to those whose parents

do not in Nandi North District, Kenya. Using a design based on ex-post facto analysis and multi-stage sampling, 407 participants were chosen for the study. Data was collected using a survey questionnaire and analysed using a t-test for independent samples in order to determine the differences between means in order to determine the level of significance. The results indicated that students with alcohol-abusing parents had far lower self-esteem than learners without such problems, suggesting a poorer state of well-being. The study gives significant information on levels of self-esteem of adolescents although it did not utilize a population of persons with disability as intended in the current one.

Hinga (2015) carried out a different investigation on the impact of physical handicap on adolescents' self-esteem in Kiambu County, Kenya. An ex-post facto design was employed in the study, and a sample of 60 participants—30 parents and 30 students—were selected via a simple random selection technique. Data was gathered through surveys, interviews, and focus groups. Descriptive statistics and theme analysis were utilized for analysis. The study found that most adolescents had low self-esteem hence their low self-confidence. While the study indicates that adolescents with hearing impairment have a low self-esteem, it primarily focused on different types of disabilities and not persons with hearing impairment. Furthermore, it utilized descriptive statistics as opposed to the current study which will utilize both descriptive and inferential statistics of correlation analysis.

2.3.2 Level of Emotional Support of Adolescents with Hearing Impairment

Emotional social support is an important aspect of an individual's health and wellness. This is because it scaffolds a person's capacity to develop a positive image of them. Research has been done on how much emotional social support teenagers with hearing loss receive. Through a systematic review and meta-analysis, Stevenson, Pimperton, Worsfold, and Kennedy (2015) evaluated the emotional and behavioural challenges faced by children and teenagers with hearing impairment. The study assessed the studies that had utilized Strength and Difficulties Questionnaire (SDQ) together with those that did not. The results showed that children with hearing impairments and those with normal hearing consistently differed significantly. At 95% of the total, peer issues were found to be a significant factor influencing the emotional and behavioral challenges experienced by children with hearing impairment. The difficulties faced by children with hearing impairment can be attributed to the low level of emotional social support they receive from their peers. This study is informative on the levels of emotional support although it uses metadata from other studies. The current study purposed to find out the relationship between perceived social support and self-esteem among adolescents with hearing impairment in a selected secondary school in Nairobi City, Kenya.

In Joao Pessoa, Brazil, Holanda et al. (2015) aimed to determine the impact of social support networks on the lives of individuals with physical disabilities and how they aided in their access to healthcare and social inclusion. The study employed a cross-sectional approach and a questionnaire to gather information from individuals with disabilities who were at least eighteen years old. Half of the participants pointed out that their major support system was the family (56.7%) which gave 84 % of emotional

support and the rest from outsiders (friends and other community members). Social inclusion was found to be hindered by locomotion and, thus, their social interaction. However, those who were able to interact rated their support from outsiders as higher compared to those who did not. This study focused more on persons with physical disability and not hearing impairment, and it was conducted in a Brazilian context which is different from Kenyan. Thus, a gap exists which the researcher endeavours to fill.

Another study by Bashir, Riaz, Shujaat and Saqib (2014) compared the school social behaviour of students with mild hearing impairment and that of severe hearing impairment in Pakistan. A purposive sample of 110 students was chosen for the study using a cross-sectional survey design. In order to test the hypotheses, data were gathered using the School Social Behaviour Scale and analyzed using independent sample t-tests and one-way ANOVA. The findings indicated significant differences in social competence of mild hearing-impaired students and severe hearing-impaired. In addition, hearing-impaired males performed better on antisocial behaviour tests than did hearing-impaired teenage girls. The study is indicative of the level of social competence which is facilitated by emotional support but it is comparative in nature as opposed to the current study which is correlational in nature.

Jensen, Smith, Bombardier, Yorkston, Miro, and Molton (2015) evaluated the impact on diagnostic groups as well as the link between depression and physical disability and social support. The study utilized a convenience sample of 1416 individuals with multiple sclerosis, spinal cord injury and muscular dystrophy. Collected data was analysed using one-way ANOVA in determining the differences in support for the three conditions. The findings showed that similar levels of social support either from

friends, family, spouses or partners and less social support was accorded to the elderly compared to the young. The study does not give specific level of social support, but it indicates that the participants were supported which includes emotional support. However, the population utilized was different from that of current study which intends to focus on adolescents with hearing impairment.

In Lusaka, Zambia, Hansen, Siame, and Van der Veen (2014) carried out a qualitative exploratory study to look at the obstacles that prevent children with disabilities from participating. The study focused on mothers of children aged between 2 and 21 years diagnosed with cerebral palsy, spinal bifida, cerebral malaria and spinal muscle atrophy and had participated in community-based rehabilitation. The findings indicated that children received support from family members who invited them for celebrations, friends of their children would also play with their children and community and neighbours, with intervention from CBR officers also supported them. Notable was the fact that there was some level of acceptance for the children from various members of the society and so the noted emotional support. This study was however qualitative in nature and it focused on children with other disabilities other than hearing impairment.

The researcher came across few studies conducted in Kenya to determine the level of emotional support of adolescents with hearing impairment. One study by Gona, Newton, Hartley and Bunning (2018) explored on the experiences of persons with disability using a phenomenological model. The study was conducted on a population of 249 community members and individuals with disability who had been selected through convenience sampling. Data was collected using focus group discussions and analysed thematically. The findings indicated that there was support and empathy for

persons with disability at the baseline which increased considerably at the end-line. Empathy is an aspect of emotional support and it increased with intervention; however, it was not part of the study to give the level of emotional social support as the current study. Furthermore, the study was qualitative in nature as opposed to the current study which is quantitative in nature.

2.3.3 Relationship between perceived Tangible Social Support and self-esteem among Adolescents with Hearing Impairment

Tangible support of individuals with disability is instrumental to their wellbeing because they are able to support themselves materially. In a study published in 2018, Hay-McCutcheon, Hyams, Yang, and Parton examined the association between social support and hearing loss in Alabama's rural and urban communities among people who had and did not have hearing loss. The study used a purposive sample of 116 participants, both with and without hearing loss, for its survey design. The Medical Outcomes Study Social Support Survey, the hearing Handicap Inventory for Adults, and the Social Functioning and Role Emotional and Mental Health Scales were used to gather the data. Rank analysis of Covariance was used for analysis. According to the research, adults who live in rural and urban areas have similar life outcomes regardless of the severity of their hearing loss. Poorer tangible support was observed for persons living in rural areas compared to those in urban areas. For adults without hearing loss, there was no significant relationship between residency and tangible support. Despite the striking findings, the study was carried out in America as opposed to the current study which will be conducted in Kenya.

Aslund, Larm, Starrin, and Nilsson (2014) assessed how social support in Sweden acted as a buffer against the financial stress experienced by individuals with psychosomatic symptoms. The study utilized a cross-sectional survey design where 84263 respondents were selected through random sampling. Surveys were used to gather data, and Chi-Square tests were used to analyze it. The findings indicated that 45.3% of the respondents experienced low tangible support. Participants with high financial stress and little social support were 6-7times likely to have low psychological wellbeing and 3-4 times likely to have increased psychosomatic symptoms. The study was indicative of the levels of social support and their effects but the population is not clearly defined as having any form of disability, hence the difference with the current study which focuses on persons with disability.

Opoku et al. (2017) conducted research to look at how family support affects the lives of people with disabilities in Nigeria. A convenience sample of 48 people with disabilities was chosen for the study using a phenomenological design. Interviews were used to gather data, which was then thoughtfully analyzed. The findings showed that the persons with disability were not fully supported by their families especially with food, assistive devices, and education. This study however, does not give the levels of tangible support but points out the challenges related to it. Furthermore, it utilized a qualitative data as opposed to the current study which intends to use quantitative data.

Locally, there are few studies focusing on the level of tangible support for persons with disability. In a survey conducted in 2009 by the National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS), it was found that 4.6% of persons experience disability. Out of this

population, 16% were paid for their work, a third worked in their own or family business and a quarter did not work at all. Very little financial support was received by PWDs: only 15% received old age pension, 6% received disability grants, 4% received insurance and 2% received social security. 39% had dropped out of school due to inability to finance their education especially in Central, Rift Valley and Western regions of Kenya. While this survey focused on the situation of the PWDs, it highlights the level of tangible support in form of financial aid that is received. Furthermore, it focused on all persons with disability, including the persons with hearing impairment. There is therefore a need to find out the level of tangible support received by persons with hearing impairment in the selected regions.

2.3.4 Level of Emotional/Companionship Support of Adolescents with Hearing Impairment

Emotional/companionship support is a key element in promoting the wellbeing of persons with disability. Various studies have been conducted including children with hearing impairment and even their parents. A study conducted in Iran by Ebrahimi, Mohammadi, Shamshiri, Vehvilainen-Julkunen and Mohammadi (2016) explored on the experiences of the mothers and their deaf children. The study utilized a qualitative design in which a sample of 35 participants was selected through purposive sampling. In addition to the mothers experiencing stigma and isolating themselves, the children were also isolated and denied the use of hearing aids while their hearing loss disability loss concealed.

A study was carried out in Mashhad, Iran, by Rehani et al. (2016) to determine the quality of life and perceived social support among adolescents with hearing

impairments. Utilizing a multi-stage random sampling method and cluster analysis, the study examined 83 teenagers with hearing impairment using correlation study design. With the help of the Perceived Social Support Inventory (PSSI) and the Paediatric Quality of Life Inventory (PQLI), data was collected. The data was analysed using descriptive statistics and the chi-squared test to determine the relationship between quality-of-life levels. The findings indicated that half of the adolescents with hearing impairment (HI) had moderate quality of life and a perceived social support of 61.5% from family and 45.8% from friends both of which were rated as weak. It was shown that there was a strong relationship between family members' perceived social support and overall quality of life. This study measured the wellbeing of adolescents relation to social support while the current study aimed to measure self-esteem against social support.

Forouzan et al. (2013) conducted research in Tehran, Iran, to ascertain the perceived level of social support and related factors among individuals with physical disabilities. Through the use of a cross-sectional design and random sampling method, 136 participants were selected for the study. The Norbeck Social Support Questionnaire (NSSQ) was used to collect data, and regression analysis and descriptive statistics were used to analyse it. The findings indicated that age and marital status significantly predicted functional support and structural support respectively. The study highlights the role of marital status and age in fostering social connection, but its focus was individuals with physical disability and not specifically adolescents with hearing impairment.

Oluwagbemiga (2016) examined the impact of social support on the mental well-being of elderly individuals residing in assisted living facilities in Ibadan, Nigeria.

The study utilized a descriptive survey design and purposive sampling in selecting 122 participants from three homes. Data collection was carried out using the Perceived Social Wellbeing Questionnaire, the Psychological Wellbeing Index, and Multidimensional Scale of Perceived Social Support. The collected data was then analyzed using multiple regression and analysis of variance. Results indicated that emotional, financial and companionship support all have significant effect on the psychosocial wellbeing of the elderly. Notably, companionship support had the most substantial impact followed by emotional and financial support in that order. While this study highlights companionship support as the most influential, its focus was on the elderly population. It would be valuable to investigate whether these findings are applicable to adolescents with hearing impairment, providing further insight into the role of social support across different age groups and abilities.

Blessing and Olwagbemiga (2017) conducted a study in Ibadan, Nigeria, to ascertain the efficacy of social support in helping medically ill patients cope with stroke. The study employed purposive sampling to choose a sample of 50 individuals for a descriptive survey research approach. Data was gathered utilizing Multidimensional Scale of Social Support and Stroke Self-efficacy Questionnaire and evaluated through the Pearson product moment correlation coefficient. The results demonstrated that stroke patients' ability to cope with their illness was significantly impacted by their social, emotional, financial, and familial support systems. Multiple regressions revealed that family support had the highest influence on coping followed by financial support, emotional support and companionship support respectively. While the study confirms the place of companionship support in coping with disability as important, it does not measure it against self-esteem but *instead* measures it against coping. The

current study sought to establish the level of companionship support *among* hearing-impaired adolescents and *whether* it significantly influences their esteem.

Sambu (2015) studied the value of the efficacy of social support in fostering resilience among internally displaced people in Kiambaa Village, Uasin Gishu County, Kenya, following the devastating impact of post-election violence. The study utilized a mixed method research design in which both purposive sampling and snowballing were used to select 22 participants. A questionnaire as well as an interview schedule was used to gather the data, and thematic analysis and the Pearson correlation coefficient were used to analyze it. It was shown that there was a significant positive correlation between the participants' social support and resilience. While the study did not demarcate the various forms of social support it identified companionship support from family and friends as important. Furthermore, the current study does not focus on mental disability but on hearing impairment among adolescents.

2.4 Summary of Literature Review

The foregoing literature showed differing levels of self-esteem of adolescents with comparisons between various groups such as the visually impaired and physically impaired. Self-esteem levels have not been measured directly and it is only implied where most studies focus on psychological health or psychological well-being. There was limited literature on the levels of self-esteem among adolescents with hearing impairment and the available focus on children of parents with alcohol abuse. It was thus necessary to carry out the current research to measure the level of self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya.

Levels of emotional social support have been determined in various studies. Despite some using metadata and qualitative data, the levels of emotional support were found to be low. Other studies indicated some level of satisfaction with emotional support from family and friends, however, most studies tended to utilize samples drawn from persons with physical disability rather than hearing impairment. Furthermore, most of the studies were conducted in contexts of other countries and used qualitative data as opposed to the current study which used a quantitative data. Studies carried out in Kenya are qualitative in nature and do not give the level of emotional support, hence the need for the current study.

In Kenya, persons with disability were found to receive poorer tangible social support with those living in rural areas being more affected. Some of these studies were from contexts in other countries and the same is confirmed in Kenya. In addition, qualitative data was collected in most of the studies. Similar findings were confirmed in Kenya, although the population of the study involved different forms of disability, hence, the need to carry out the current study on persons with hearing impairment.

Quite a number of studies were conducted to determine the level of companionship social support. However, it was measured against psychosocial wellbeing or quality of life. Other studies only compared companionship support with other forms of support such as financial support and emotional support. Companionship support was found to be the highest predictor for psychosocial wellbeing of persons with physical disability compared to the others. However, studies in Kenya showed that companionship support was lower than other forms of support although the study was conducted on a sample of persons with mental disability.

2.5 Conceptual Framework

Independent variables

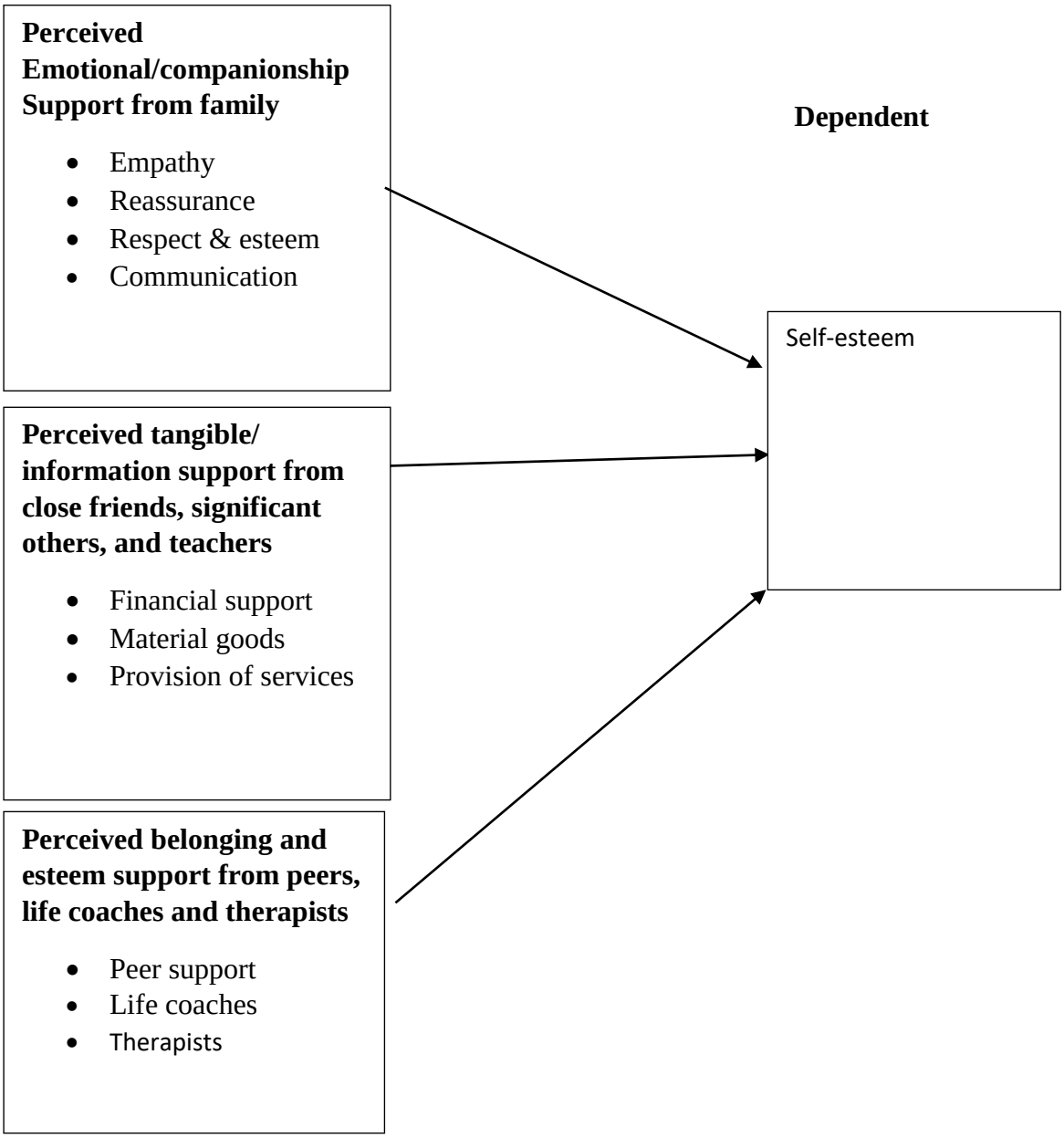

Figure 2.1: Conceptual Framework

Source: Philip Mwangwale (2024)

The conceptual framework in Figure 2.1 illustrates the interactions between variables where independent variable is hypothesized to be related to the dependent variable. The indicators of independent variable were emotional social support, tangible social support and companionship social support. Emotional social support was operationalized in terms of empathy, reassurance, respect and esteem and communication; tangible social support included financial support, material goods and services; and companionship social support is indicated by peers and family support. It was also hypothesized that low social support would lead to low self-esteem.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents: research design, study variables, site of the study, study population, target population, sampling technique and sample size, data collection instrument, validity and reliability of study instruments, data collection procedures, data analysis and presentation, and ethical considerations of the study.

3.2 Research Design

This study employed correlational research based on the procedures outlined by Mugenda and Mugenda (2012). Correlational research aims to determine associations between variables, and in this study, it was used to explore the relationship between perceived social support, as operationalized by the degree of association between two or more variables or sets of data (Mugenda & Mugenda, 2012), and self-esteem. This design is appropriate for examining relationships between multiple variables and predicting outcomes. In the case of this study, it was utilized to investigate the relationship between social support and the self-esteem of adolescents with hearing impairment.

3.3 Study Variables

The variables of the study were as follows: the independent variable is perceived social support, while the dependent variable is self-esteem. The indicators of perceived social support were emotional support, tangible support and companionship support. On the other hand, the indicators of self-esteem are self-image, self-worth, and self-efficacy.

3.4 Site of the Study

The study was undertaken in a purposively selected secondary school for the deaf in Nairobi City County, Kenya. Nairobi County was selected because of its cosmopolitan nature, which was presumed to offer a diverse representation of Kenya's population within the school. According to information from Kenya Institute of Special Education, there was only one such special secondary school in Nairobi City that catered for students with hearing impairment. As noted in a comparative study by Muiruri (2015), 68.6% of the students in this school exhibited low self-esteem. Accordingly, it is important to determine whether social support was a contributing factor.

3.5 Target Population

The target population was the adolescents with hearing impairment. This population was chosen based on their characteristics of age and hearing impairment.

3.6 Sampling Techniques and Sample Size

In order to choose study participants, purposive sampling was used. With purposive sampling, a non-probability sample was selected based on the study's objectives and the target population's characteristics. The school was purposively sampled as there was no other secondary special school for the hearing impaired in Nairobi County. Furthermore, the school was mixed comprising girls and boys. This permitted the collection of data that was representative of adolescents with hearing impairment and could, therefore, be generalized to such a population. Accordingly, the researcher used a total purposive sampling technique to arrive at the sample since the population was of a manageable size. On this account, the researcher in the present study sampled 62 students comprising 33 girls and 29 boys.

3.7 Research Instrument

The study adopted two instruments for collecting data: Rosenberg Scale and Interpersonal Support Evaluation List (ESEL) Scale.

3.7.1. The Rosenberg Scale

The Rosenberg Scale (1965) consisting of 10 items, measures the self-esteem of the respondents. The items are used to measure global self-worth through positive and negative feelings about self (see Appendix A and https://wwnorton.com/college/psych/psychsci/media/rosenberg.htm). The items were answered on a 4-point Likert scale ranging from strongly agree to disagree strongly. Strong self-esteem is indicated by high scores on the test where strongly agree is scored as 4 points and strongly disagree has1 point.

Rosenberg's Self-Esteem Scale was employed to assess the research participants' self-esteem based on statements captured in Table 3. Accordingly, scores on the Rosenberg self-esteem scale were calculated as detailed herein: items 1,2,4,6 and 7 associated with positively phrased statements (e.g., on the whole, I am satisfied with myself) had strongly agree scored as 3 points, agree as 2 points, disagree as 1 point, and strongly disagree as 0 points. Conversely, for items 3, 5, 8, 9, and 10, which were negatively phrased, the responses were reversed, strongly agree scored as 0 points, agree as 1 point, disagree as 2 points, and strongly disagree as 3 points.

Of note is that the version of Rosenberg's Self-Esteem Scale used in this study had a scale of 1-4. Accordingly, the numerical values of study responses ranged from 10 to 40, with the total score divided into three levels: low (10-25), medium (26-29), and high (30-40) (see Appendix C), as reflected in studies by Lima and Souza (2019) and Garcia et al. (2019).

3.7.2 Interpersonal Support Evaluation List (ISEL)

The second instrument was the Interpersonal Support Evaluation List (ISEL) developed by Cohen and Hoberman (1983). The instrument contains 40 items with four sub-scales of tangible support, belonging support, self-esteem support and appraisal support. The impracticality of administering lengthy 40-item questionnaires as revealed in the pilot study and the consideration of the time burden for study participants, led the researcher to adopt the short form of ISEL scale (i.e., ISEL-12). Notably, the ISEL-12-a short form of the ISEL measure has been widely adopted to measure perceived social support.

The total score from the ISEL-12 (or ISEL-SF) tool describes overall perceived social support. It encompasses three sub-scales reflecting perceived availability of Belonging (perceived availability of other people who show concern, empathy, acceptance or interact socially) Social Support (BE), Appraisal (perceived availability of another person for guidance, advice or other issues of personal importance) Social Support (AP), and Tangible (perceived availability of assistance or help, such as financial or material aid) Social Support (TA) (Cohen, Mermelstein, Kamarck, & Hoberman, 1985; Cohen, 2008).

Self-esteem support and appraisal support are considered the same and so the two parts are considered one part. ISEL-12 encompasses 12 items identified from the full scale. The selected items are those with the highest factor loadings consistent with the in each subscale of the original ISEL instrument's subscales (Brookings & Bolton, 1988). The instrument required participants to rate each statement in the item on a four-point scale with four levels ranging between definitely true and definitely false.

The aggregate social support (TOT) index yielded by ISEL-12 ranges from 0-36 where higher scores indicate greater perceived social support. This total score of the ISEL-12 was achieved by summing each item. Also, sub-scales were determined by summing the relevant items. In all, any high score on items indicating a particular form of social support was regarded as a high level of social support and vice versa.

3.8 Validity and Reliability

3.8.1 Validity

Validity of a tool refers to its ability to give genuine results (Mugenda & Mugenda, 2012). The study made use of three forms of validity: namely, face validity, construct validity and content validity. Face validity was undertaken by ensuring the items of the tool reflected the topic of study and the objectives as well as seeking expert opinion. Construct validity was achieved through confirmatory factor analysis of the variables in the study. This involved describing the variability of the observed variables in relation to a smaller number of latent variables, known as factors, and their correlations. Factor analysis assisted in grouping variables with similar characteristics together**.** This also minimized numerous variables by selecting subsets that corresponded to the original variables with the highest correlations to specific factors, aiding in modeling (Atkinson et al., 2011). The degree to which test items accurately reflect the entire domain that an assessment aims to measure is known as content validity. It is based on conclusions drawn from test results across a wide range of items similar to those in the current study (Salkind, 2010).

3.8.2 Reliability

Reliability has been defined as the capacity of a tool to give consistent results. To ensure reliability, the study utilized the test-retest method, which involved administering the test instrument twice and estimating the correlations between scores. The coefficient of stability of the correlation between scores on the first and the second test was calculated to determine the overall reliability of the instrument.

Items with a coefficient that did not approach the threshold of 0.7 were discarded or adjusted accordingly.

The ISEL demonstrates acceptable internal consistency with Cronbach's alpha ranging from: 0.452-0.752) and good test-retest reliability, with intraclass correlation coefficients (ICC): ranging from 0.631-0.847).

3.9 Pilot Study

The researcher undertook a pilot study to assess the relevance and clarity of the data collection tools. A small, representative sample of participants, consisting of six students from a school in a different county but sharing the same characteristics with Treeside Secondary School, was selected. The purpose of this pilot study was to test the appropriateness of the tools and the data collection methods. Based on the feedback from the pilot study, the items in the data-gathering instruments were revised for clarity, relevance, and ease of understanding. This helped ensure that the tools would effectively capture the intended data during the main study.

3.10 Data Collection Procedures

The researcher visited Treeside secondary school for introduction and familiarization purposes. He explained the nature and purpose of the study to the authorities concerned. This visit was handy in enabling the research to gain insight into the schedules of the respective school. During these visits, the researcher presented the study permit along with the introduction letter from the department and permits from NACOSTI to the selected school’s administrators. The researcher then scheduled a meeting and provided training to an interpreter who helped with participant

communication during the data gathering activity. The researcher then met with the participants at the selected school on the designated date, outlining the goals of the study and its potential advantages. In addition, the researcher explained how any foreseeable harm to the respondents was to be mitigated and encouraged them to participate in the study. Next, participants were asked for their consent by requesting them to sign the consent form, wherefore, those who consented were issued with the questionnaire to complete. The researcher made himself available to the students so as to make clarifications where possible. Finally, the researcher collected the duly filled questionnaire after a period of three hours for data analysis.

3.11 Data Analysis and Presentation

The researcher collected quantitative data, which were subjected to quantitative analysis using SPSS version 25. Next, the data was sorted and edited accordingly to eliminate errors or inconsistencies. This ensured objectivity in coding, which simplified data entry, processing and interpretation of the results. This was followed by data analysis with the help of SPSS version 25through descriptive statistics of mean and standard deviation and inferential statistics that involved Pearson product moment coefficient and correlational analysis. Descriptive statistics was utilized because of its capacity to summarize and facilitate interpretation. Pearson product moment correlation coefficient helped assess relationships between variables.

3.12 Ethical Considerations

The researcher obtained authorization from Kenyatta University Graduate School and clearance from Kenyatta University Ethical Review Committee. Furthermore, a

permit was sought from NACOSTI and permission from relevant authorities in the selected institutions.

The researcher required the research participants to give their consent before the study and only those who consented were enrolled, while those who declined were exempted. Participants were guaranteed of confidentiality throughout the study to uphold their autonomy. To maintain their anonymity, the research participants were told not to write their names on the survey. They were also informed that responding to questions would be optional and that they were at liberty to skip those they felt uncomfortable answering. Furthermore, a debriefing session followed the exercise to mitigate any potential harm to participants. Additionally, participants were advised against including their names on the questionnaire to safeguard their anonymity.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents demographic data; number of participants, age and their percentage representation, gender, results in relation to the study objectives, the analysis, and the discussion.

4.2 Data Presentation, Analysis and Findings

4.2.1 Participants' demographics

Table 4.1: Distribution of participants based on age and class

No of Participants			age				
	13-14	15-17	18-19	20-21	22-23	24-25	Percentage per class
Form 1	4	7	5		0	0	25.4%
Form 2	0	4	6	3	0	2	23.81%
Form 3	0	5	6	3		0	22.22%
Form 4	0	0	7	8	2	1	28.57%
Total	4	16	24	14	2	3	63
Percentage Representation	6.349 206	25.396 83	38.09 524	22.22 222	3.174 603	4.761 905	100

As can be inferred from Table 4.1, the majority (63.5%) of participants with hearing impairment in Treeside Secondary School in Nairobi City, Kenya, were aged 15-17 and 18-19, with study participants aged 15-17 and 18-19, comprising 25.4% and 38.1% respectively. Those between 13-14 years were 6.35%, while participants aged 20-21, 22-23, and 24-25 were 22.22%, 3.17%, and 4.76%, respectively. This aligns with data by Ibrahim (2018) findings which the average age of form three and four learners in Kenyan secondary schools is in 18–19-year age bracket. Of these, form four learners with hearing impairment in Treeside Secondary school in Nairobi City County comprised the larger portion (28.57%) of the student population against form one learners (25.4%), form 2 learners (23.81%), and form 3 learners (22.22%). However, while the drop in population from form one through higher class aligns with data provided by the Kenyan Ministry of Education as cited in the study by Lombo (2015), what is startling is that Treeside Secondary School, the number of form four learners was the highest at 18 compared to 16, 15, and 14 for form one, form two, and form three respectively (see table 1). This could suggest that more learners with hearing impairment may have joined Treeside Secondary School from other schools.

Table 4.2: Distribution of participants based on gender

No Participants		Gender	
	Male	female	
Form 1	8	8	form1
Form 2	9	6	form 2
Form 3	7	7	form3
Form 4	8	10	form 4
Total	32	31	63
Percentage Representation	50.79365	49.20635	100

As reflected in Table 4.2, males comprised a slightly higher percentage (50.79%) of the study participants with hearing impairment at Treeside Secondary School in

Nairobi City, Kenya, accounting for 50.79% of the participants compared to 49.21% for females.

4.2.2 Internal Consistency

A degree of interrelatedness among items was calculated to assess an index of internal consistency based on Cronbach's alpha. The results yielded a Cronbach value of 0.83, inferring a high level of interrelatedness among study items. Each original subscale had indices as follows: BE: 0.61, AP: 0.67, and TA: 0.66.

4.2.3 Objective 1: Assessing the Level of Self-esteem among Adolescents with Hearing Impairment in Treeside Secondary School in Nairobi City, Kenya.

As reflected in Table 4.3, learners with hearing impairment in Treeside Secondary School in Nairobi City, Kenya reported an average of 16.56 self-esteem, calculated based on Rosenberg's self-esteem scale. This value falls within the low (10-25) self-esteem global (total) score range, which denotes participants who feel inadequacy, incompetence, and difficulty facing life's challenges (Lima & Souza, 2019).

These results were reinforced by participants' view: overwhelmingly strongly agreeing (34.93%) and agreeing (36.51%) that at times they were no good at because of my hearing impairment; they wish they could have more respect for themselves (strongly agree-36.51% and agree-38.10%), and they were inclined to feel that they were failures (strongly agree-42.86% and agree-44.44%). Participants also agreed (30.12%) or strongly agreed (46.03% the view that they feel they do not have much to be proud of since they are unable to hear and that they feel useless at times for having a hearing disability (agree- 42.86) and strongly agree-33.33%).

Table 4.3: Participants' Responses to positively phrased and negatively phrased responses on Rosenberg's Self-Esteem Scale

Items	**Responses**				**Rosenberg Scores based on responses**			
	strongly disagree	Disagree	Agree	strongly agree	Strongly disagree	Agree	Disagree	Strongly disagree
On the whole, I am satisfied with myself.	17(26.98%)	25(39.68%)	10(15.87%)	11(17.46%)	0	25	20	33
At times I think I am no good at all with my hearing impairment.	10(15.87%)	8(12.7)	23(36.51%	22(34.92%)	30	16	23	0
I feel that I have a number of good qualities even as with hearing inability.	20(31.75%)	18(28.57%)	15(23.81%)	10(15.87%)	0	18	30	30
I am able to do things as well as most other people.	21(33.33%)	22(34.92%)	9(14.29%)	11(17.46%)	0	22	18	33
I feel I do not have much to be proud of since I am unable to hear.	6(9.52%)	9(14.29%)	19(30.12%)	28(44.44%)	18	18	19	0
I certainly feel useless at times for having a hearing disability.	7(11.11%)	8(12.7%)	27(42.86%)	21(33.33%)	21	16	27	0
I feel that I'm a person of worth, at least on an equal plane with others.	19(30.12%	21(33.33%)	13(20.63%)	10(15.87%)	0	21	26	30
I wish I could respect myself more.	7(11.11%)	9(14.29%)	24(38.1%)	23(36.51%)	21	18	24	0
I tend to think of myself as a failure overall.	5(7.94%)	3(4.76%)	28(44.44%)	27(42.86%)	15	6	28	0
I take a positive attitude toward myself.	23(36.51%)	22(34.92%)	8(12.7%)	10(15.87%)	0	22	16	30
					Mean for the score	16.55556		

Perceived social support among adolescents with hearing impairment at selected secondary school in Nairobi City, Kenya

As highlighted herein, perceived social support was operationalized and measured as BE, TA, and AP.

4.1.3 Objective 2: Determining the association between perceived belonging and self-esteem support from peers, life coaches and therapists toward adolescents with hearing impairment and their self-esteem among adolescents with hearing impairment Treeside Secondary School in Nairobi City, Kenya.

As can be inferred from table 4.4, adolescents with hearing impairment experience a BE of 13.875, denotes low perceived BE as it was within the lower limit of the 0-36 ISEL-12 range, and thus low perceived social support.

Table 4.4: Belonging social support (BE) score based on ISEL tool

	Responses					**ISEL Score based on responses**		
	Definitely False	Possibly False	Possibly True	Definitely True	Definitely False	Probably False	Probably False	Definitely True
1. There are many people I can talk to when I am feeling lonely. (BE).	32	15	9	7	0	15	18	21
2. I talk or visit with family or friends frequently. (BE).	29	25	3	6	0	25	6	18
3. I feel as though my group of friends doesn't always include me. (BE).	5	5	18	35	15	10	35	0
4. I'm not usually invited to do stuff with others. (BE).	9	3	25	26	27	6	26	0
					Mean for the scores	13.875		

For the majority of adolescents with hearing impairment in Treeside Secondary School in Nairobi City, Kenya, BE indicated that they felt like there was limited availability of other people who show concern, empathy, acceptance, or interacted socially. As revealed in Figure 4.1, the majority (possibly true-28.57% and definitely true-39.68%) observed that they feel like they are not always included by their group of friends (possibly true-55.56% and definitely true-41.27%) and that they don't often get invited to do stuff with others.

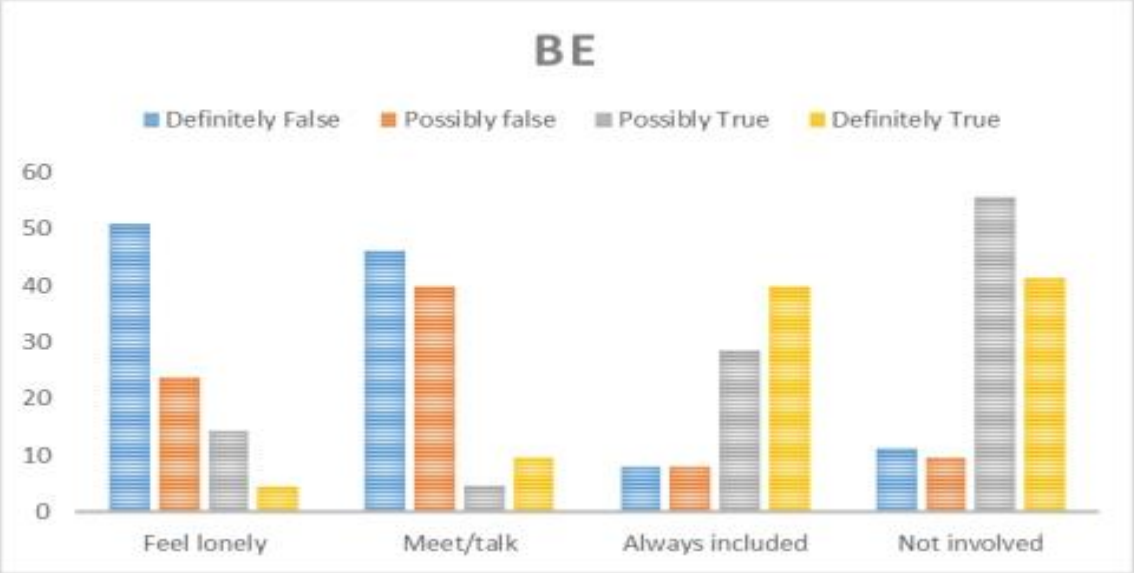

Figure 4.1: BE of adolescents with hearing impairment in Treeside Secondary School in Nairobi County

Correlation between self-esteem and Belonging Support (BE)

As can be noted in Table 5, there is a strong positive correlation between belonging support and self-esteem with r=0.740. In addition, the correlation between BE and self-esteem is statistically significant with P=.000 <0.05). Based on this outcome, the researcher rejected the null hypothesis in favor of the alternative hypothesis that there

is a significant correlation between BE and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City.

Table 4.5: The association between self-esteem and belonging social support

		Self-esteem	BE
Self-esteem	Pearson Correlation	1	.740**
	Sig. (1-tailed)		.000
BE	Pearson Correlation	.740**	1
	Sig. (1-tailed)	.000	

Appraisal Support (AP)

Objective 3: Examining the relationship between perceived emotional support from family and self-esteem toward adolescents with hearing impairment and their self-esteem in Treeside Secondary School in Nairobi City, Kenya

As captured in Table 4.6, adolescents with hearing impairment experience an (AP) of 13.06, indicating low perceived (AP): the value falls within the 0-36 ISEL-12 range, yet it suggests low perceived appraisal support. In view of this finding, adolescents with hearing impairment in Treeside Secondary School in Nairobi County inadequately access other people for guidance, advice, or other issues of personal importance

Table 4.6: Participants' ISEL score for AP

	Responses				**ISEL Score based on responses**			
	Definitely False	Possibly False	Possibly True	Definitely True	Definitely False	Probably False	Probably False	Definitely True
1. Nobody can truly offer me an unbiased assessment of how I'm handling my issues. (AP).	6	8	25	24	18	16	25	0
2. I know someone I can ask for advice on how to handle a personal issue (AP).	27	28	5	3	0	28	10	9
3. To be honest, I have no idea who to turn to for sound financial guidance (AP).	5	7	28	23	15	14	28	0
4. There is at least one person I know whose advice I really trust (AP).	27	30	2	4	0	30	4	12
					Mean for the scores	13.0625		

As further shown in figure 4.2, adolescents with hearing in Treeside Secondary School in Nairobi City, felt (possibly true-46.03% and definitely true-36.51%) that there were really no one they could trust to give them sound financial guidance, and that there really were no one who could give them an unbiased assessment of how to handle their issues (possibly true-39.68% and definitely true-38.10%).

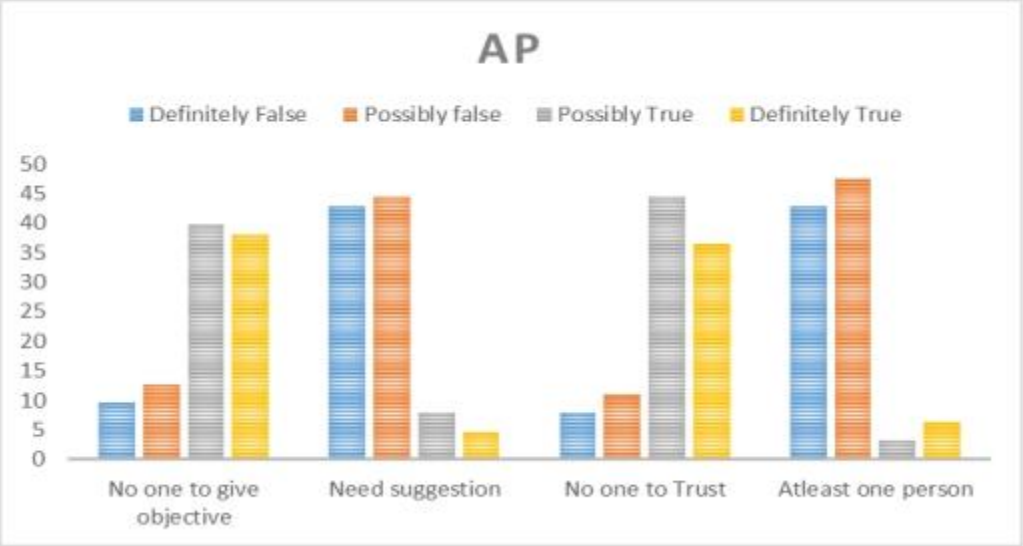

Figure 4.2: perceived appraisal support among adolescents with hearing impairment

Correlation between self-esteem and Appraisal Support (AP)

In this study, the researcher hypothesized that there was no correlation between appraisal support (AP) and self-esteem among adolescents with hearing impairment in Treeside Secondary School in Nairobi City. In view of the results captured in Table 4.7, self-esteem is robustly positively associated with appraisal support with r= .665, and this correlation is significant with p=.000 at p=0.05 since (p=.000 <p=0.05). Using these results as the basis, the null hypothesis was rejected and instead the

alternative hypothesis was accepted that a significant correlation exists between self-esteem and AP.

Table 4.7: Association between self-esteem and appraisal support

		Self-esteem	AP
Self-esteem	Pearson Correlation	1	.665**
	Sig. (1-tailed)		.001
AP	Pearson Correlation	.665**	1
	Sig. (1-tailed)	.001	

Tangible Support (TA)

Objective 4: Determining the relationship between perceived tangible information support from close friends, significant others, and teachers toward adolescents with hearing impairment and their self-esteem in Treeside Secondary School in Nairobi City, Kenya

Results captured in Table 4.8 suggest that adolescents with hearing impairment experience, though slightly, higher tangible support than belonging support and appraisal support of 18.13 compared to AP at 13.06 and BE at 13.88**;** while the value falls within the 0-36 ISEL-12 range, it still indicates low perceived tangible support. Accordingly, this shows that adolescents with hearing impairment in Treeside Secondary School in Nairobi County do not access adequate assistance or help, such as financial or material aid.

Table 4.8: Participants ESEL-12 score for TA

	Responses				ISEL Score based on responses			
	Definitely False	Possibly False	Possibly True	Definitely True	Definitely False	Probably False	Probably False	Definitely True
1. If I were sick and needed someone (family member, friend or acquaintance) to take me to the doctor, I would have difficulty getting someone (TA).	4	7	29	23	12	14	29	0
2. If I were sick, I could easily find someone to help me with my daily chores (TA).	4	9	26	24	0	9	52	72
3. It would be challenging to find someone to watch my apartment or house if I had to leave town for a few weeks (the plants, pets, garden, etc.) (TA).	4	6	26	27	12	12	26	0
4. It would be challenging to find someone willing to lend me their car for a few hours.	6	7	20	30	18	14	20	0
					Mean for the scores	18.125		

For adolescents with hearing impairment in Treeside Secondary School in Nairobi City, it is **[**possibly true (46.03%) and definitely true (36.51%)**]** that if they were sick and needed someone (family member, friend or acquaintance) to take them to the doctor, they would have difficulty getting someone; and that if they had to go out of town for a few weeks, it would be challenging to find someone who would look after their house or apartment (e.g. the plants, pets, garden, with 41.23% reporting possibly true and 42.86% reporting definitely true, as shown in Figure 4).

Figure 4.3: Perceived TA among adolescents with hearing impairment

Correlation between self-esteem and Tangible Asset Support (TA)

In this study, the researcher hypothesized that there is no association between self-esteem and tangible asset (TA) among adolescents with hearing. Results, however, reveal that a statistically significant association exists self-esteem and TA among

adolescents with hearing impairment in selected school in Nairobi County (r=.534, p=0.03, which is <0.05) (table 4.9).

Table 4.9: Association between self-esteem and tangible support

		Self-esteem	TA
Self-esteem	Pearson Correlation	1	.534*
	Sig. (1-tailed)		.003
TA	Pearson Correlation	.534*	1
	Sig. (1-tailed)	.003	

4.3 Discussion

The present study examined the association between perceived social support and self-esteem among adolescents with hearing impairment. Results confirmed that adolescents with hearing impairment in Treeside Secondary School report low self-esteem and that this cohort of adolescents perceived social support on tangible support, appraisal support, and belonging support predict low self-esteem.

These findings are corroborated by some but contradicted by others. For example, results indicating low self-esteem among adolescents with hearing impairment align with prior studies (e.g., Majstad, Heiling, & Svedin, 2016; Brice & Strauss, 2016; Theunissen et al., 2014).

Majstad, Heiling, and Svedin (2016). [Majstad, Heiling, and Svedin (2016) similarly found low self-esteem among adolescents with hearing impairment.

In the study by Majstad, Heiling, and Svedin (2016) undertaken in Sweden, adolescents in special schools for the hard of hearing and those in schools for the deaf reported lower self-image and mental health ratings compared to their peers in mainstream schools. Similarly, Brice, and Strauss (2016) found that low self-esteem and challenges in *identifying* development constitute key factors affecting the psychological adaptation of deaf adolescents in a predominantly hearing world.

However, unlike what was found in this study regarding perceived social support to contributing to low self-esteem, Brice and Strauss (2016) see low self-esteem among deaf adolescents with hearing impairment; Brice, and Strauss (2016) see low self-esteem among deaf adolescents as largely attributed to challenges in navigating the hearing world (i.e., challenges in accessing information and communication problems in their social world). This view is reinforced by Theunissen et al. (2014) who found that adolescents with hearing impairment particularly those attending special education for the deaf, tend to exhibit lower levels of self-esteem than their peers, due to factors like communication and language barriers as well as audiological and educational challenges.

There are various ways through which perceived social support may predict self-esteem of adolescents with hearing impairment in line with the findings of the present study. First, perceived social support, which involves concern, love, sympathy, trust, reassurance, empathy, encouragement, validation of feelings and compassion, may also signify attention by family, teachers, and significant others toward the psychological characteristics of adolescents with hearing impairment, and in their minds, of these cohort of learners, having social support may indicate that they have people they can depend on to meet certain basic needs. In this vein, lack of this could

lower their resilience and accordingly alter their mental health and particularly self-esteem scores as demonstrated in this study and other studies.

Secondly, for adolescents with hearing impairment, perceived social support may be a buffer against psychological conflicts; feelings of guilt, depression, sadness, anxiety, and insecurity, as well as against risks of social isolation (e.g., social barriers, loneliness and limited involvement), which collectively or individually could lead to low self-esteem (Hui, Yuen, & Chen, 2018; Matthews et al., 2016; de Verdier, 2016; Veerman et al., 2019).

Perceived social support can also help adolescents with hearing impairment adapt psychologically to the challenges of both their disabilities and adolescence. As further noted by Veerman et al. (2019), adolescents with disabilities who received adequate social support are better equipped to adapt psychologically to challenges and mitigate issues affecting self-esteem.

Social support is also believed to improve an individual's mood, quality of life, enhance health behaviours, and encourage their participation in social activities, which collectively buffer against low self-esteem. In addition, high perceived social support is known to foster adolescents' participation in and enjoyment of recreational activities, enhance their overall emotional well-being, and increase life satisfaction. In line with the findings of this study as reinforced by Hui, Yuen, and Chen (2018), for adolescents with hearing impairment, emotional support creates the feeling that others care about them, helping them feel comfortable during adversity and this seems to buffer them against low self-esteem. Provision of emotional support also lets adolescents with hearing impairment to believe they are valued by others. The feeling

of being loved, cared for and valued can also help them achieve psychological well-being and better overcome low self-esteem.

In the same vein, appraisal and belonging support may have helped adolescents with hearing impairment to develop a sense of competence and self-esteem as it creates a perception that their friends and family are providing love, affection, empathy, intimacy, trust, care, encouragement, and support. This view reflects the findings by (Eadie et al., 2018) who found positive perceptions of esteem support, tangible support, and belonging support as contributing to better mental health outcomes and buffer self-esteem in stressful situations in various clinical populations, including autist populations others (Moradkhani et al., 2013). For instance, as discovered by Khanna et al. (2014), teenagers with autism interpret the perceived availability of social support as a sign of successful societal integration, which favourably affects their sense of self-worth.

Other arguments in support of the relationship between social support and self-esteem take the form that the lack of perceived social support could affect the socioemotional development of these cohorts of adolescents consequently taking a toll on their self-esteem (Manitsa & Doikou, 2022). As advanced by Manitsa & Doikou, 2022), problems faced by adolescents with hearing impairment and others with disabilities largely depend on the efficacy and strength of coping methods, particularly social support, and a lack of social support or attention may increase their problems, affect their quality of life and ultimately trigger low self-esteem.

De Verdier (2016) asserts that social support fosters reciprocal commitments that help people feel loved, cared for, and respected, especially for young people with

disabilities. Social support theories, however, indicate that connections may not always be viewed as sources of social support unless people believe that they are reliable sources of support for their needs and that they are accessible to them when they need it. Quittner, Cejas, and Hoffman (2015). Hoffman, Quittner, and Cejas (2015) advance that for adolescents with disabilities, including those with hearing impairments, the psychological benefit of perceived social support could be pinned to their choosing effective coping methods, its effects on the mental assessment of pressure factors, and personal skills. It can empower them to seek help, contribute to their social development process, improving self-esteem, and better social life.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

As revealed from this study, adolescents with hearing impairment in Treeside Secondary School in Nairobi City report low self-esteem. As reflected in Table 4.3, learners with hearing impairment reported a self-esteem score averaging 16.56, calculated based on Rosenberg's self-esteem scale. This value falls within the low (10-25) self-esteem global (total) score range, which denotes participants feeling inadequate, incompetence, and difficulty facing life's challenges (Lima & Souza, 2019).

Adolescents with hearing impairment at Treeside Secondary School in Nairobi County experience BE of 13.875, which denotes low perceived BE as it was within the lower limit of the 0-36 ISEL-12 range and therefore indicated low perceived social support.

Adolescents with hearing impairment at Treeside Secondary School in Nairobi City, report an appraisal support (AP) score of 13.06, indicating low perceived appraisal support. This score falls within the 0-36 ISEL-12 range, yet it reflects inadequate appraisal support. In view of this finding, adolescents with hearing impairment at Treeside Secondary School in Nairobi County have limited access to others for guidance, advice or addressing personal concerns.

Table 4.8 suggests that adolescents with hearing impairment in the Treeside Secondary School in Nairobi City, experienced slightly higher tangible support than belonging support and appraisal support of 18.13 against appraisal support (AP) of 13.06 and belonging support (BE) of 13.88, which, while falling within the 0-36 ISEL-12 range, low perceived tangible support. Accordingly, this shows that adolescents with hearing impairment at Treeside Secondary School in Nairobi County do not access adequate assistance or help, such as financial or material aid.

5.2 Conclusion

Perceived social support has a significant and positive correlation with the self-esteem of adolescents with hearing impairment and conferring a mental health advantage to this group. Accordingly, increasing perceived social support (tangible, belonging and appraisal support) among adolescents with hearing impairment can foster increased self-care behaviours, boost their self-esteem and improve their overall mental health outcomes.

5.3 Recommendations

In line with these study findings, the following are the recommendations:

5.3.1 Recommendations from the Study Findings

i. Staff members, family, and peers of adolescent learners with hearing impairment in educational institutions that cater to learners with hearing impairment should jointly participate in pleasant activities to offer social support to these students.

ii. Educators of adolescents with hearing impairment should offer appraisals and complements and develop close social relationships with these students.

iii. Educators of adolescents with hearing impairment should offer guidance and counseling and help them overcome challenges

iv. Educators of learners with hearing impairment should embrace cooperative learning as a way to enable learners to support one another.

5.3.2 Recommendations for Further Studies

i. The study was correlational and focused on adolescents with hearing impairment in Nairobi City, Kenya. Future studies should longitudinally follow through on adolescents with hearing impairment to determine whether poor perceived social support causes low self-esteem.

ii. Further studies can also be carried out among students with other impairments such as visual impairments, and in different locations.

REFERENCES

Aslund, C., Larm, P., Starrin, B. & Nilsson, K.W. (2014). The buffering effect of tangible support on financial stress: influence on psychological wellbeing and psychosomatic symptoms in a large sample of adult general population. *International Journal of Equity and Health, 13*(85), 2-9.

Atkinson, T.M., Rosenfeld, B.D., Sit, L., Mendoza, T.R…Basch, E. (2011). Using confirmatory factor analysis to evaluate construct validity of the Brief Pain Inventory (BPI). *Journal of Pain and Symptom Management, 41*(3), 558-565.

Augestad, L.B., & Elmer, S. (2017). Self-concept and self-esteem among children and young adults with visual impairment: A systematic review. Cogent Psychology, 4(1):

Awori, B.B., Karugu, G.K., Orodho, J., & Mugo, J. (2019). Relationship Between Self-esteem and Academic achievement of Girls with Hearing Impairment in Secondary School for the Deaf in Kenya. Greener Journal of Educational Research, 9(1), 16-26.

Bashir, S., Riaz, M.N., Shujaat, J.M. & Saqib, T. (2014). School social behaviour of hearing-impaired adolescents from public and private schools. *Bulletin of Education and Research, 36*(1), 37-54.

Bharti, M., Suneja, V., & Bharti, M. (2022). Mindfulness as an antidote to conspicuous consumption: The mediating roles of self-esteem, self-concept clarity and normative influence. Personality and Individual Differences,184(2): 111215

Baumeister, R.F., Campbell, J.D., Krueger, J.I., & Vohs K.D. (2003) Does High Self-Esteem Cause Better Performance, Interpersonal Success, Happiness, or Healthier Lifestyles? Psychological science 4: 1–44.

Blessing, M. & Oluwagbemiga, O. (2017). Effectiveness of social support in coping with stroke by medically ill patients in Ibadan. *International Journal of Neurorehabilitation*, *4*(4), 281-288

Brice, P., J., & Strauss, G. (2016). Deaf adolescents in a hearing world: a review of factors affecting psychosocial adaptation. Adolesc Health Med Ther, 21:7:67-76.doi: 10.2147/AHMT.S60261.

Camara, M., Bacigalupe, G., & Padilla, P. (2017). The role of social support in adolescents: are you helping me or stressing me out ? International Journal of Adolescence and Youth, 22(2), 123–136. https://doi.org/10.1080/02673843.2013.875480

Cohen, S., & Hoberman, H. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, *13*, 99-125.

Cole DA, Maxwell SE, Martin JM, Peeke LG, Seroczynski AD, et al. (2001) The development of multiple domains of child and adolescent self-concept: A cohort sequential longitudinal design. Child Development 72: 1723–1746.

Duthey, B. (2013). Update on 2004 Background Paper, BP 6.21 Hearing Loss. Retrieved from http://www.who.int/medicines/areas/priority_medicines/BP6_21Hearing.pdf

De Verdier K. (2016). Inclusion in and out of the classroom: A longitudinal study with visual impairments in inclusive education. British Journal of Visual Impairment, 34(2), 130–140. https://doi.org/10.1177/026461961562542

Eadie, T., Faust, L., Bolts, S., Kapsner-Smith, M., Hunting, P., baylor, C., Futran, N., & Mendez, E. (2018). The role of psychosocial factors on communicative participation in head and neck cancer survivors. Otolaryngology-Head & Neck Surgery. doi: 10.1177/0194599818765718.

Ebrahimmi, H., Mohammadi, E., Shamshiri, M., Vehvilainen-Julkunen, K., & Mohammadi, M.A. (2016). Living in the shadow of shame and stigma: Lived experience of mothers with deaf children. *International Journal of Medical Research & Health Sciences*, *5*(11), 1-8.

Forouzan, A. S., Mahmoodi, A., Shushtari, Z. J., Salimi, Y., Sajjadi, H., & Mahmoodi, Z. (2013). Perceived social support among people with physical disability. *Iranian Red Crescent Medical Journal*, *15*(8), 663.

García J.A., Olmos, F.C., Matheu, M.L., & Carreño, T.P. (2019). Self esteem levels vs global scores on the Rosenberg self-esteem scale. Heliyon; 5(3):e01378. doi:10.1016/j.heliyon.2019.e01378.

Gona, J.K., Newton, C.R., Hartley, S., & Bunning, K. (2018). Persons with disabilities as experts-by experience: using personal narratives to affect community attitudes in Kilifi, Kenya. *BMC International Health and Human Rights*, *18*(18), 1-12.

Hansen, A.M., Siame, M., Van der Veen, J. (2014). A qualitative study: Barriers and support for participation for children with disabilities. *African Journal of Disability, 3* (1), 112.

Harter, S. (2006). Self-processes and developmental psychopathology. In: Cicchietti D, Cohen DJ, Developmental Psychopathology. Hoboken, NJ: Wiley & Sons. pp. 370–418.

Hay-McCutcheon, M., Hyams, A., Yang, X. & Parton, J. (2018). Hearing loss and social support in urban and rural communities. *International Journal of Audiology*, *57*(8), 610-617.

Hintermair, M. (2008). Self-esteem and satisfaction with life of deaf and hard-of-hearing people - a resource-oriented approach to identity work. Journal of Deaf Studies and Deaf Education 13: 278–300

Hinga, R.W. (2015). Influence of physical disability on self-esteem among adolescents in Kiambu County, Kenya. *International Journal of Innovative Research and Development, 4*(11), 191-205.

Hoffman, M. F., Quittner, A. L., and Cejas, I. (2015). Comparisons of social competence in young children with and without hearing loss: a dynamic systems framework. J. Deaf. Stud. Deaf. Educ. 20, 115–124. doi: 10.1093/deafed/enu040

Hui, T., Yuen, M., and Chen, G. (2018). Career adaptability, self-esteem, and social support among Hong Kong university students. Career Dev. Q. 66, 94–106. doi: 10.1002/cdq.12118.

Holanda, C.M., Andrade, F.L., Bezerra, M.A., Nascimento, J.P.,…Ribeiro, K.S. (2015). Support networks and people with physical disabilities: social inclusion and access to health services. *Ciencia & Saude Coletiva, 20*(1), 175-184.

Ikiz, F.E., & Savi, F. (2010). Perceived social support and self-esteem in adolescence. Procedia - Social and Behavioral Sciences 5:2338-2342.

Ibrahim, K. (2018). Influence of School Based Policies on Internal Efficiency in Public Day Secondary Schools in Nyatike Sub County, Kenya. American Journal of Educational Research, 6(3): 161-169

Jaiyeola, M.T. & Adeyemo, A. A. (2018). Quality of life of deaf and hard of hearing students in Ibadan metropolis, Nigeria. *Plos One, 13*(1), e0190130.

Jane Ayiela, O. (2012). Factors affecting kcpe performance of learners with hearing impairments in special schools in selected counties, kenya.

Jemta, L., Fugl-Meyer, K.S., Oberg, K. & Dahl, M. (2018). Self-esteem in children and adolescents with mobility impairment: impact on well-being and coping strategies. *Acta Paediatricia, 98*, 567-572.

Jensen, M.P., Smith, A.E., Bombardier, C.H., Yorkston, K.M., Miro, J. & Molton, I.R. Social support, depression, and physical disability: Age and diagnostic group effects. *Disability Health Journal, 7*(2), 164-172.

Kanus, E. (2014). Differences in self-esteem scores of students whose parents abuse alcohol and those who do not in Kosirai Division, Nandi North District, Kenya. *International Journal of Humanities and Social Science, 4*(5), 278-285.

Khanna, R., Jariwala-Parikh, K., West-Strum, D., & Mahabaleshwarkar, R. (2014). Health-related quality of life and its determinants among adults with autism. Research in Autism Spectrum Disorders, 8 (3) (2); 157-167.

Keilmann, A., Limberger, A., & Mann, W. (2007). Psychological and physical well-being in hearing-impaired children. International Journal of Pediatric Otorhinolaryngology 71: 1747–1752.

Kingery J. N., Erdley C. A., Marshall K. C. (2011). Peer acceptance and friendship as predictors of early adolescents' adjustment across the middle school transition. Merrill-Palmer Quarterly Journal of Developmental Psychology 57: 215–243.

Kiwanuka, M. (2009). Deafness, parental bonding, self-esteem and depression among adolescents. Unpublished masters thesis. Makerere University, Kampala, Uganda.

Kouwenberg M, Rieffe C, Theunissen SCPM, & de Rooij, M. (2012). Peer victimization experienced by Children and Adolescents who are Deaf or Hard of Hearing. PLoS ONE 7

Knowles, O. (2013). Facebooking for social support: An experimental test of Relational Regulation Theory. *Unpublished Masters Thesis*: Utah State University.

Ko, H.-C., Wang, L.-L., & Xu, Y.-T. (2013). Understanding the different types of social support offered by audience to A-list diary-like and informative bloggers. Cyberpsychology, Behavior and Social Networking, 16(3), 194–9.

Lakshmi, N.K. & Anuradha, S. (2014). Self-esteem among physically disabled and visually disabled late adolescents. *International Journal of Technical Research and Applications, 10,* 31-39.

Leigh, I.W., Maxwell-McCaw, D., Bat-Chava, Y., & Christiansen, J.B. (2009). Correlates of psychosocial adjustment in deaf adolescents with and without

cochlear implants: a preliminary investigation. Journal of Deaf Studies and Deaf Education 14: 244–259.

Lima, TJS de., & Souza LEC de. (2019). Rosenberg self-esteem scale: method effect and gender invariance. Psico-USF; 24(3):517-528. doi:10.1590/1413-82712019240309

Lombo, L.S. (2015). Second Chance for School Dropouts in Kenya through Adult Education. Doctoral Study Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Education.Retrieved from https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=2823&context=dissertationsWalden University

Loy B., Warner-Czyz A. D., Tong L., Tobey E. A., Roland P. S. (2010) The children speak: An examination of the quality of life of pediatric cochlear implant users. Otolaryngology, Head and Neck Surgery 142: 247–253.

Lukong, T.E., & Fobellah, A.E. (2022). Social Support Pointers and Social Adjustment of Students with Hearing Impairment in Cameroon. Merit Research Journal of Education and Review (ISSN: 2350-2282), 10(4): 051-068

Majstad, L., Heiling, K., & Svedin, C.G. (2016). Mental Health and Self-Image Among Deaf and Hard of Hearing Children. American Annals of the Deaf, 153(5): 504-516

Matthews, T., Danese, A., Wertz, J., Odgers, C.L., Ambler, A., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness and depression in young adulthood: A behavioural genetic analysis. Social Psychiatry and Psychiatric Epidemiology, 51, 339–348.

Manitsa, I., Doikou, M. (2022). Social support for students with visual impairments in educational institutions: An integrative literature review. British Journal of Visual Impairment 40(1):026461962094188.

Mousavi, Z., Movallali, G., & Nare, N.M. (2017). Adolescents with deafness: a review of self-esteem and its components. Aud Vest Res; 26(3):125-137.

Moradkhani, A., Beckman, L.J., & Tabibian, J.H. (2013). Health-related quality of life in inflammatory bowel disease: psychosocial, clinical, socioeconomic, and demographic predictors. J Crohns Colitis; 7(6):467-73.

Muiruri, K.D (2015). Comparative Study On Self Esteem For Hearing Impaired and Physically Challenged Students in Karen Technical Nairobi.

Mulrow, C. D, Aguilar, C., Endicott, J. E. (1990). Quality-of-life changes and hearing impairment: A randomized trial. Annals of Internal Medicine 113:188-194.

Mugenda, O. M., & Mugenda, A. G.(2003). *Research methods quantitative and qualitative approaches*. Nairobi.

National Coordinating Agency for Population and Development (NCAPD) & Kenya National Bureau of Statistics (KNBS) (November 2008). *Kenya National Survey for Persons with Disabilities: Main Report*.

Oluwagbemiga, O. (2016). Effect of Social Support Systems on the Psychosocial Well-Being of the Elderly in Old People's Homes in Ibadan. *Journal of Gerontology and Geriatric Res*, *5*(343), 2.

Opoku, M.P., Alupo, B.A., Gyamfi, N., Odame, L., Mprah, W.K., Torgbenu, E.L. & Badu, E. (2014). The family and disability in Ghana: Highlighting gaps in achieving social inclusion. *Disability, CBR & Inclusive Development*, *28*(4), 41-59.

Polat, F.(2003). Factors Affecting Psychosocial Adjustment of Deaf Students. Journal of Deaf Studies and Deaf Education 8: 325–339

Poudel, A., Gurung, B., & Khanal, G. (2020). Perceived Social Support and Psychological Wellbeing among Nepalese Adolescents: The Mediating Role of Self-Esteem. BMC Psychology, 8(43),

Reyhani, T., Mohammadpour, V., Aemmi, S. Z., Mazlom, S. R., Nekah, A., & Mohsen, S. (2016). Status of perceived social support and quality of life among hearing-impaired adolescents. *International Journal of Paediatrics*, *4*(2), 1381-1386.

Rich S., Levinger M., Werner S., Adelman C. (2013). Being and adolescent with a cochlear implant in the world of hearing people: Coping in school, in society, and with self-identity. International Journal of Pediatric Otorhinoloaryngology 77: 1337–1344.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Sarason, I. G., Levine, H. M., & Basham, R. B. (1983). Social support questionnaire. Journal of personality and social psychology, 44, 127–139.

Salkind, N.J. (2010). Content Validity. In: *Encyclopaedia of Research Design.* Retrieved: https://methods.sagepub.com/Reference//encyc-of-research-design/n74.xml

Senicar, M., & Grum, D.K. (2011). Self-concept and social support among adolescents with disabilities attending. Hrvaska revija za rehabilitacijska istrazivanja, 48(1): 73-83

Shemesh, R. (2010). Hearing Impairment: Definitions, Assessment and Management.

Stevenson, J., Kreppner, J., Pimperton, H., Worsfold, S. & Kennedy, C. (2015). Emotional and behavioural difficulties in children and adolescents with hearing impairment: a systematic review and meta-analysis. *European Child & Adolescent Psychiatry, 24*(5), 477-496.

Theunissen, S.C., Netten, A.P., Rieffe, C., Briaire, J.J., Soede W, et al. (2014). Self-Esteem in Hearing-Impaired Children: The Influence of Communication, Education, and Audiological Characteristics. PLoS ONE 9(4): e94521. doi:10.1371/journal.pone.009452Characteristics

Theunissen, S.C., Rieffe, C., Netten, A.P., Briaire, J.J., Soede, W., Kouwenberg, M., & Frijns, J.H. (2014). Self-Esteem in Hearing-Impaired Children: The Influence of Communication, Education, and Audiological Characteristics

Veerman, L., Heppe, E., Gold, D., & Kef, S. (2019). Intra- and Interpersonal Factors in Adolescence Predicting Loneliness among Young Adults with Visual Impairments. Journal of Visual Impairment & Blindness, 113(1): 7-18.

Warner-Czyz, A.D., Loy, B.A., & Evans, C. (2015). Self-Esteem in Children and Adolescents With Hearing Loss. https://journals.sagepub.com/doi/full/10.1177/2331216515572615

Warner-Czyz, A.D., Loy, B.A., Evans, C., Wetsel, A., & Tobey, E. (2015). Self-Esteem in Children and Adolescents With Hearing Loss. Trends Hear, 19(3): 19: 2331216515572615.

APPENDICES

Appendix 1: Informed Consent for the Respondents

I am a master's student from Kenyatta University Department of Psychology currently conducting a study on the *Relationship Between Perceived Social Support and Self-esteem among Adolescents with Hearing Impairment in Nairobi City, Kenya.* The information you give is for academic purposes and is part of the requirements for my completion of my master's degree course in counseling psychology. With me are questionnaires I would want you to fill. The questions captured therein may make you feel uncomfortable because they touch on your personal information. I will appreciate if you could respond to all the items but if for any reason you do not feel comfortable responding to any of them, feel free to do so.

Your participation is crucial because your information will help me understand the relationship between social support and self-esteem of hearing-impaired adolescents. Furthermore, your information will not be shared with anyone, and your name will not appear anywhere, either in the questionnaire or in the final report of the results. Thank you.

If you have any questions, you may contact my supervisor Dr. Eunice Mvungu on 0727469436.

I have understood the purpose of the study and I have voluntarily agreed to respond to the items without any coercion. My participation in the study is fully voluntary.

Participant Code……..

Signature……Date…….

I, the undersigned, I have explained to the volunteer in a language they understand, the processes involved in the study, the risks and benefits involved.

Signature……

Appendix 2: Study Instrument

Section A: Demographic Characteristics

1. What is your age? _____ years

2. What is your gender?

Male ( )

Female ( )

3. Do you have both parents?

Yes ( )

No ( )

4. Which form are you?

Form 1 ( )

Form 2 ( )

Form 3 ( )

Form 4 ( )

Section B: Measures for Self Esteem

5. Instructions: Below are statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

Item	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself.			27	17
2. At times I think I am no good at all with my hearing impairment.				
3. I feel that I have a number of good qualities even as with hearing inability.				
4. I am able to do things as well as most other people.				
5. I feel I do not have much to be proud of since I am unable to hear.				
6. I certainly feel useless at times for having a hearing disability.				
7. I feel that I'm a person of worth, at least on an equal plane with others.				
8. I wish I could have more respect for myself.				
9. All in all, I am inclined to feel that I am a failure.				
10. I take a positive attitude toward myself.				

Section C: Social Support Questionnaire

6. **Instructions:** This scale is made up of a list of statements each of which may or may not be true about you. For each statement check “definitely true (1)” if you are sure it is true about you and “probably true (2)” if you think it is true but are not absolutely certain.

Similarly, you should check “definitely false (3)” if you are sure the statement is false and “probably false (4)” is you think it is false but are not absolutely certain.

Item	**1**	**2**	**3**	**4**
1. When I feel lonely, there are several people I can talk to (**BE**).				
2. I often meet or talk with family or friends **(BE**).				
3. I feel like I’m not always included by my circle of friends (**BE**).				
4. I don’t often get invited to do things with others (BE).				
5. There really is no one who can give me an objective view of how I’m handling my problems (**AP**).				
4. When I need suggestions on how to deal with a personal problem, I know someone I can turn to (**AP**).				
5. There really is no one I can trust to give me good financial advice (**AP**).				
6. There is at least one person I know whose advice I really trust (**AP**).				
7. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone (**TA**)				
8. If I were sick, I could easily find someone to help me with my daily chores (**TA**).				
9. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.) (**TA**).				
28. Most of my friends are more successful at making changes in their lives than I am (**SE**).				
32. I am more satisfied with my life than most people are with theirs. (**SE**)				
40. I have a hard time keeping pace with my friends. (**SE**)				

Appendix 3: The global (total) score divided into three levels

Low (10–25): Feelings of incompetence, inadequacy, and difficulty facing life's challenges

Medium (26–29): Fluctuating between feelings of approval and rejection

High (30–40): Self-judgment of value, confidence, and competence

Appendix 4: NACOSTI

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Date of Issue: 17/July/2023

RESEARCH LICENSE

This is to Certify that Mr.. Philip mbogho Mwangwale of Kenyatta University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND SELF-ESTEEM AMONG ADOLESCENTS WITH HEARING IMPAIRMENT AT KASARANI TREESIDE SECONDARY SCHOOL IN NAIROBI CITY, KENYA for the period ending : 17/July/2024.

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Appendix 5: Research Authorization Letter

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GRADUATE SCHOOL

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Our Ref: C50/37160/2016

DATE: 11th May, 2023

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR PHILIP MBOGHO MWANGWALE – REG. NO. C50/37160/2016

I write to introduce **Philip Mbogho Mwangwale** who is a Postgraduate Student of this University. The student is registered for M.A degree programme in the Department of Psychology .

Philip intends to conduct research for a M.A Project Proposal entitled, **"Relationship between Perceived Social Support and Self-Esteem among Adolescents with Hearing Impairment at Kasarani Treeside Secondary School in Nairobi City, Kenya."**

Any assistance given will be highly appreciated.

Yours faithfully,

KENYATTA UNIVERSITY OFFICE OF EXECUTIVE DEAN 25 MAY 2023 GRADUATE SCHOOL NAIROBI

PROF. ELISHIBA KIMANI
EXECUTIVE DEAN, GRADUATE SCHOOL

EM/mo

Appendix 6: Approval For Research Proposal

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

Internal Memo

FROM: Executive Dean, Graduate School

DATE: 11th May, 2023

TO: Philip Mbogho Mwangwale
C/o Psychology Dept.

REF: C50/37160/2016

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

We acknowledge receipt of your revised Research Proposal as per our recommendations raised by the Graduate School Board of 5th April, 2023 entitled "Relationship between Perceived Social Support and Self-Esteem among Adolescents with Hearing Impairment at Kasarani Treeside Secondary School in Nairobi City, Kenya."

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking and Progress Report Forms per semester. The Forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your project before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.

KENYATTA UNIVERSITY
OFFICE OF EXECUTIVE DEAN
25 MAY 2023
GRADUATE SCHOOL
P.O. BOX 43844 - 00100 NAIROBI

ELIJAH MUTUA
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

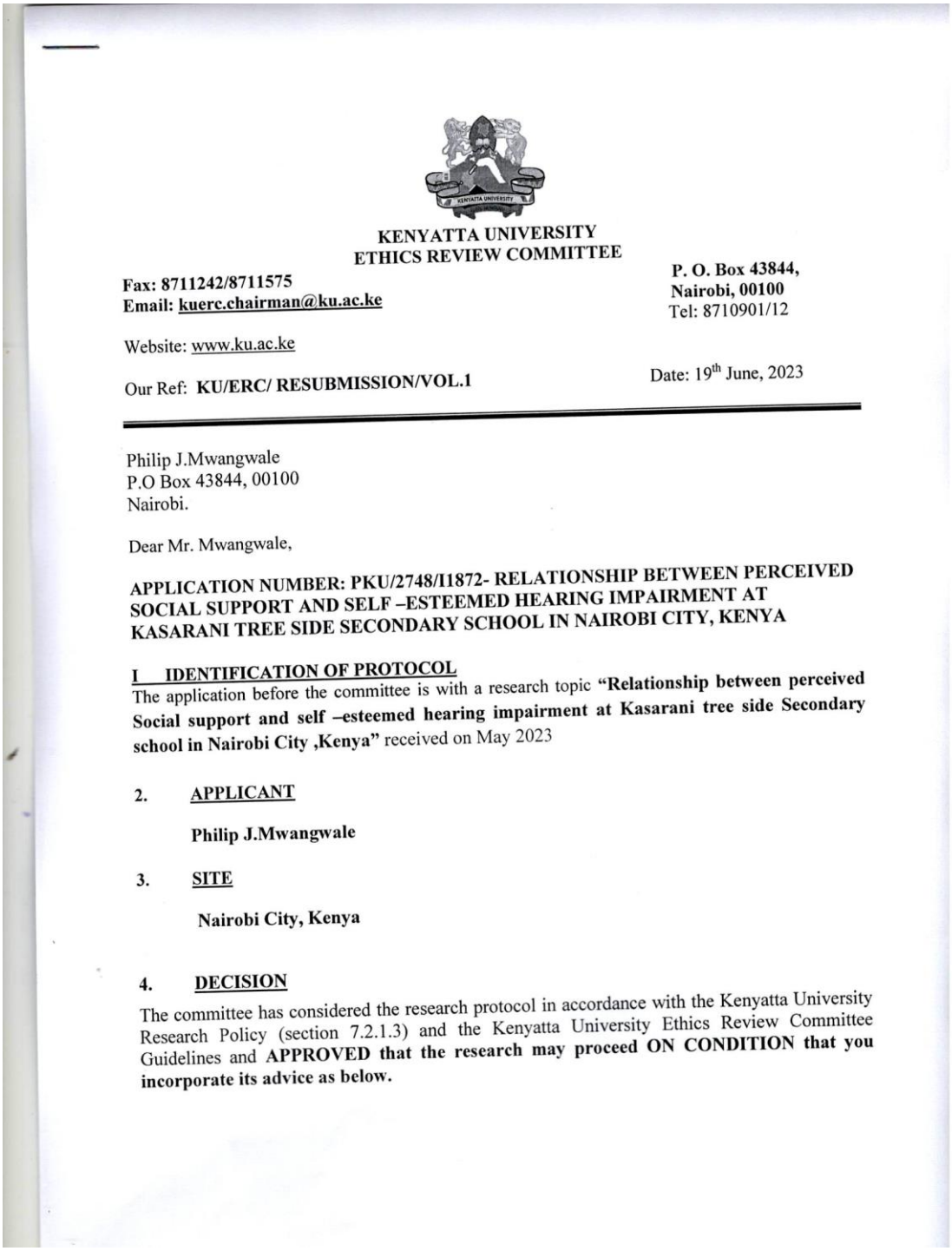
C.c. Chairman, Department of Psychology

Supervisors:

1. Dr. Eunice Mvungu
   C/o Department of Psychology
   Kenyatta University

EM/mo

Appendix 7: Ethics Review Letter



KENYATTA UNIVERSITY
ETHICS REVIEW COMMITTEE

Fax: 8711242/8711575
Email: kuerc.chairman@ku.ac.ke

P. O. Box 43844,
Nairobi, 00100
Tel: 8710901/12

Website: www.ku.ac.ke

Our Ref: **KU/ERC/ RESUBMISSION/VOL.1**

Date: 19th June, 2023

Philip J.Mwangwale
P.O Box 43844, 00100
Nairobi.

Dear Mr. Mwangwale,

APPLICATION NUMBER: PKU/2748/I1872- RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND SELF –ESTEEMED HEARING IMPAIRMENT AT KASARANI TREE SIDE SECONDARY SCHOOL IN NAIROBI CITY, KENYA

I IDENTIFICATION OF PROTOCOL

The application before the committee is with a research topic **"Relationship between perceived Social support and self –esteemed hearing impairment at Kasarani tree side Secondary school in Nairobi City ,Kenya"** received on May 2023

2. **APPLICANT**

Philip J.Mwangwale

3. **SITE**

Nairobi City, Kenya

4. **DECISION**

The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines and **APPROVED that the research may proceed ON CONDITION that you incorporate its advice as below.**

5. **ADVICE/CONDITIONS**

- Objectives do not address the dependent and independent variable
- Conceptual frame work seems to clearly show the dependent and independent variables which should have been captured on the objectives
- Inclusion and exclusion criteria for participants was not well clarified
- Community considerations not stated

The above specific conditions must be fulfilled in writing before an approval can be granted.
The manner of fulfilling these conditions should be outlined and submitted to Kenyatta University Ethical Review Committee.

Write a detailed report to the Chair and show the pages the corrections are in the corrected proposal

When replying, kindly quote the application number above.

If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

PROF.JUDITH KIMIYWE
DIRECTOR - ETHICS REVIEW COMMITTEE

I .....accept the advice given and will fulfill the conditions therein.
Signature..... Dated this day of..... 2022.

Cc: DVC-Research Innovation and Outreach