

Managing Some Psychosocial Problems Affecting the Learning of Nigerian Schoolchildren with Hearing Impairment

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Abstract: Children with hearing impairment are always a heterogeneous group. Each child is very unique on account of onset, nature and severity of his hearing disability. He is also very peculiar as a result of his developmental experiences. Therefore, as a schoolchild he would present some psychosocial disorders which would to some extent count against his school learning. This study therefore, highlighted some psychosocial problems which the Nigerian child with hearing impaired contends with in his school learning. The problems are classified as common and specific. Common since such problems equally apply to all children, disability notwithstanding. Specific because such problems are often consequent on the prevailing hearing disability of the same child. This study therefore presented some identification and remediation procedures premised on Edward Ezewu's Clinical Sociological Model of Social Therapy which could be applied to managing common psychosocial problems and Abiola Ademokoya's Hearingloss-Induced Behaviour Disorder Therapy for managing specific psychosocial problems. How school teachers, therapists, counselors and other service providers working with schoolchildren having hearing disability can administer these management interventions were also discussed.

Key words: Managing, psychosocial problems, learning, nigerian schoolchildren, hearing impairment

INTRODUCTION

The Nigerian schoolchild with hearing impairment is very likely to present more psychosocial disorders in the school than his normally-hearing counterpart would (Olawale, 2000). This is because coupled with some common disorders any child can come to school with, the child with hearing disability will in addition exhibit other behaviour disorders which primarily result from his hearing impairment. Such disorders are regarded as attendant consequences of his hearing impairment (Mba, 1991). More than often, the apparently disparity in the school performance of the hearing schoolchildren and those with hearing impairment could be a product of some psychosocial defects which the child with hearing impairment child contends with in the school than the usually presumed intellectual deficits (Ademokoya, 1995, a). The child with hearing impairment usually journeys through a crisis ridden growth from childhood to adulthood (Mba, 1995, a). His disability usually predisposes him to either outright rejection or subtle denials by parents, family members or the community at large (Ademokoya, 2000).

Heward (2000) has noted that more than often, hearing-impairment potentially influences a child's behaviour in a very negative trend. The same child suffers

from both inherent (self-centred) and interpersonal (relating with others) malfunctioning (Meadow-Orlans, 1995) His disability would greatly reduce his ability for facilitating normal physical growth and sensory development (Williams and Austen, 2000). For instance, he has been to some extent deprived of the ability to acquire language and information through his sense of hearing. These are just a few of some inherent problems of the child with hearing impairment.

On the other hand, the same child experiences bias, rejection or denials from the hearing people surrounding him at home and in the community. As an exceptional person, he is considered as an awfully unusual and he is so treated (Telford and Sawrey, 1977) He is often stigmatized and denied participation in most of privileges enjoyed by his other community members. Maltreatments from the hearing people could incite him to become very incarcerating against the hearing persons. This is usually the case in many African societies where persons with disabilities are often subjected to various forms of dehumanization (Adima, 1988). Again, these are some interpersonal problems of the child with hearing impairment.

At adolescence, the youth with hearing impairment again faces some compounded problems within and outside the home. Atimes, if the home accepts

Table 1: Some common psychosocial problems among school children (Ezewu, 1987)

Types of social problem	Social context (s) Causing or reinforcing social problems	Human/Material factors involved
1. Absence from the school	The home, the school and the community.	Parents, teachers, school mates, peers-group and community values.
2. Coming late to the school	The home and the community	Parents, distance from school, means of going to and from the school.
3. Leaving school before the closing time	Home, school peer group, community etc.	Parents, teachers, peer group, the child community values etc.
4. Dropping out of the school	Home, school peer group, community etc.	Parents, teachers, community values, peer group, family members, the child.
5. Cheating in the classroom	The home, the school and peer group	Parents, teachers, peer group and family members.
6. Sleeping in the classroom	The home and the school	Parents, teachers, kitchen staff etc.
7. Inability to get along well with mates and teachers	The home, teachers, peer group the school.	Parent, teachers, peer group, classmates etc
8. Fighting in the classroom	The home, school, community, peer group etc.	Parents, teachers, peer groups community values, community members.
9. Stealing/extortion in the classroom	The home, the community and the peer group etc.	Parents, community values, peer group members etc.

and tolerates him, the community may not (Onwachekwa, 1995). He is more likely to experience various forms of adolescence-related problems far much more than encountered by his hearing counterparts. He could suffer peer rejection and some difficulty while attempting to develop some necessary social skills required for getting on well with other in his community. The fact that he is language handicapped does not only predispose him to restricted opportunities for socializing, it also deprives him the satisfaction of expressing his feelings with self satisfaction (Mba, 1995 b).

The extent to which the person with hearing impairment can successfully confront his intra and interpersonal problems could be determined by a number of factors (Yeats, 2000). They include the severity of his hearing disability, presence or not of additional disability beside the hearing loss, what sort of support he receives from the home and community and his fortitude or resignation to forge on in life no matter what obstacles he encounters (Marschark and Clark, 1998).

What consequences then if a child owing to his disability experiences unpleasant childhood and adolescence? Such a child is very likely to develop some maladaptive behaviours. He might likely exhibit more unwholesome attitudes in the classroom than his hearing peers who may have not have experienced similarly unpleasant growth as he did (Nuernberger, 1973).

The Nigerian Schoolchild with hearing impairment:

Classroom is a place where learning takes place, where insights are stumbled upon and skills are acquired (Willcock, 1989). However, classroom is also a place where pupils sit, listen, wait and raise their hands. A place where friends and foes are made. It is a center of interpersonal relationships and learning. A place for face to face social unit in which learners are expected to know themselves intimately (Ezewu, 1987). So a classroom is meant for both learning and social activities. Pupils in

addition to learning do manifest some disruptive behaviours or social maladjustment which could be consequent on factors within and outside the learning environment (Westwood, 1997).

Measures are therefore made to curtail undesirable problems in the classroom so as to maximize learning inputs and outputs. Establishing necessary classroom rules are indeed very essentials for the smooth running of teaching and learning activities (Akinboye, 1996).

For a child with hearing impairment, he is very likely to exhibit two types of psychosocial problems in the classroom (Ademokoya, 1995, b). The first type involves problems which all children (disability notwithstanding) usually manifest in the classroom (Ezewu, 1987). The second are problems which result from the child's hearing impairment and reactions to this disability. These problems are classified and presented as follows:

Common psychosocial problems of the schoolchild with hearing impairment:

Common psychosocial problems among schoolchildren with hearing impairment are what schoolchildren regardless of their conditions often manifest in the school. Ezewu (1987) listed such problems as: Absenteeism: Coming late to school: Leaving school before the closing time: Dropping out of the school: Cheating in the class: Sleeping in the class Inability to get along well with mates and Teachers: Fighting in the class and: Stealing or extortion. Consequently the listed problems are usually caused by human/material factors. Again, such problems could be reinforced within certain social contexts.

Below are the types, contexts and causes of such psychosocial problems in schoolchildren (Table 1).

The table presents some problems which Nigerian schoolchildren often manifest as a result of some prevailing social defects in their societies. While it is true that social contexts, human and material elements play some significant roles in initiating or sustaining the listed

Table 2: Peculiar psychosocial problems among the Nigerian school children with hearing impairment

Cause	Types of psychosocial disorders peculiar with schoolchildren having hearing disability	Common social factors reinforcing the psychosocial disorders
Hearing impairment	<ul style="list-style-type: none"> •Hyperactivity •Aggressiveness •Indifference •Mistrust •Low self-concept •Low achievement motivation. 	<p>1) Home</p> <ul style="list-style-type: none"> a) unaccepting b) ignorant of the nature of hearing disability c) ignorant of how to react to the detection or occurrence of hearing loss <p>2) School</p> <ul style="list-style-type: none"> a. outright rejection b. partial rejection characterized by exclusions from the mainstreams of school activities. c. lowered expectations characterized by devalued teaching <p>3) Community</p> <ul style="list-style-type: none"> a) hostile to the child and his parents b) ostracise the child c) not willing to join in rehabilitating the child

problems, it must be stressed too that for the child with hearing impairment, the frequencies or severity of these problems are very likely to be aggravated by his hearing disability. In other word, the occurrences of these problems are likely to be more rampant among children with hearing impairment than among their hearing counterparts. For instance, the usual begging practice noted among children with hearing impairment (Mba, 1995; Ademokoya, 1995, b) could make them to absent themselves from the school or leave the school earlier than their hearing mates. More than often, school children with hearing impairment are found on majors street begging while they suppose to be in the school.

Specific psychosocial problems of schoolchildren with hearing impairment:

There are also peculiar psychosocial problems among children with hearing impairment. Such problems include: Depression: Withdrawal tendencies and: Isolation (Heward, 2000). Others are: Aggressiveness: Indifference: Mistrust and (iv) low self-esteem (Onwuchekwa, 1995). The major cause of these problems is the hearing disability. However, hearing disability is of two-fold-congenital or acquired (Ademokoya, 2005). Congenital hearing disability if occurred before birth and acquired if sustained after birth. Each of these two types may cause different psychosocial defects. Again, it could be very difficult to identify which type of hearing loss accounts for specific psychosocial disorders observed in a particular child (Bakare, 1988).

Table 2 shows the pattern of types and causes of peculiar psychosocial problems among children with hearing impairment:

It would be noted from the above that the major factor responsible for peculiar psychosocial defects among the Nigerian schoolchildren with hearing impairment is the hearing disability. However, three major agencies of learning and socialization-the home, school and community could vitally reinforce these problems in

various Nigerian societies. An unaccepting home for instance coupled with a very discriminating school and a hostile community would end up in compounding both common and specific psychosocial problem of the schoolchild with hearing impairment (Adima, 1988).

Aggressiveness by the schoolchildren with hearing impairment is characterized by exhibiting nonverbal signs or actions similar to verbal actions such as shouting, bullying or fighting (Heward, 2000). Indifference is a common behaviour among schoolchildren with hearing impairment usually demonstrated by apathy to the predicaments of other school mates (Mba, 1995, b). Mistrust is usually developed from the perceived maltreatments which persons with hearing impairment are often subjected to by hearing persons (Onwuchekwa, 1995). Low self concept is a product of self pity attached to the hearing disabilities. This often leads to a weak motivation for achieving in school (Ademokoya, 1995, a).

The learning factor: It is a proven reality and indeed a recurrent one that schoolchildren with hearing impairment usually perform poorer than their hearing counterparts in the school (Differancesca, 1975 and Oyebola, 2004). The reason commonly adduced for this is that the children with hearing impairment are usually less endowed intellectually compared to their hearing counterparts. However, some recent developments have begun to reflect that this could be very untrue. As Bird and Kitson (2000) put it, improved understanding and some encouraging support shown to persons with hearing impairment in the recent times have been resulting in narrowing some established gaps between them and their normally hearing counterparts. An accepted, loved and properly tutored the child with hearing impairment is very likely to compete favourably with his hearing peers in school learning. This is indicative of the fact that both common and specific psychosocial problems

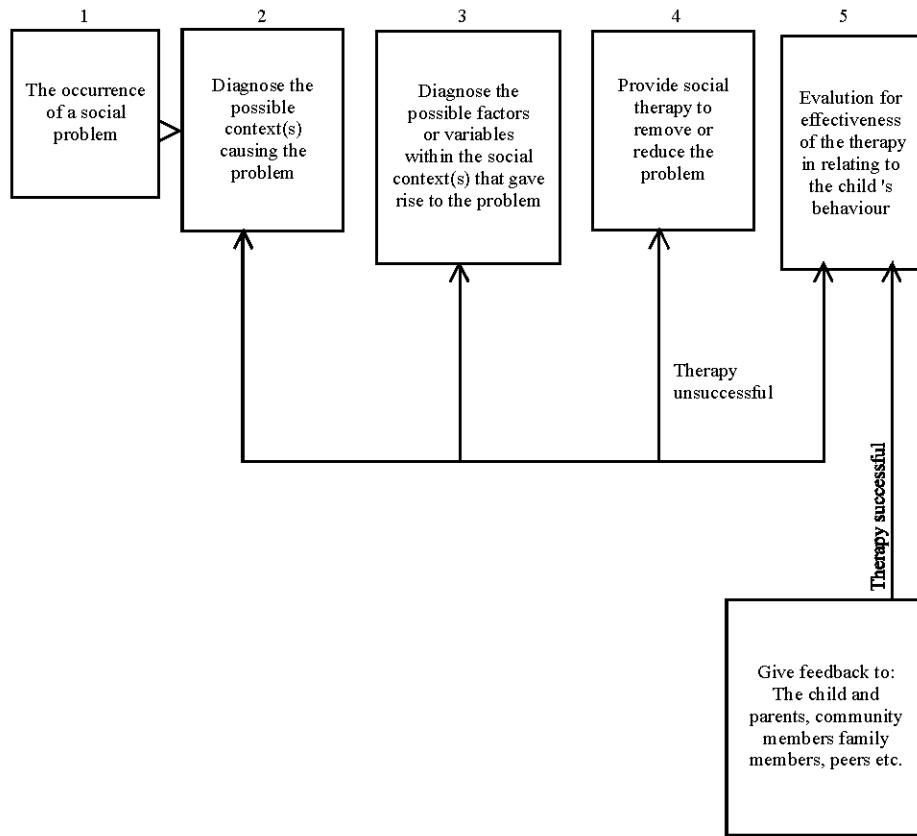


Fig. 1: Intervention procedures for managing common psychosocial problems among school children (Ezewu, 1987)

encountered by children with hearing impairment in the past might have significantly responsible for their poor learning inputs and outputs.

Intervention programmes for managing psychosocial problems of the schoolchildren with hearing impairment:

Management of common psychosocial problems among schoolchildren with hearing impairment in Nigeria would among other things require the application of the clinical sociological model of social therapy as proposed by Ezewu (1987). This model is illustrated as follows (Fig 1).

The diagram indicates that applied interventions for managing common psychosocial problems with the Nigerian schoolchild with hearing impairment begin by identifying some psychosocial problems in the same child. Such problems must present severity and frequencies capable of negatively interfering with his learning in the school/social settings. It must be noted that the child's learning is not only limited to school subjects, his cognitive, affective and psychomotive aspects of learning whenever and wherever applicable in learning are also involved (Ezewu, 1987).

Similarly, some social context(s) which initiate(s) or reinforce (s) the problems must be identified.

Consequently the recommendation of an appropriate intervention would follow. Such intervention must include giving adequate consideration to the nature of identified psychosocial disorder, the contexts or materials which account for the problems must also be sufficiently considered.

There may not be a preferred therapeutic approach to correct a particular psychosocial problem. What indeed is important is that whoever administers interventions should essentially apply his discretions in the choice of therapy which would be very relevant to specific children and their problems. Of course, the therapist would need to involve the home, the school and the community elements in his entire therapeutic programme. Furthermore, the therapist would need to constantly review his strategies to ascertain their appropriateness and results. His review would determine whether an approach should be continued or discontinued.

Specific interventions for the psychosocial problems of the Nigerian schoolchildren with hearing impairment:

Managing specific psychosocial problems of the Nigeria child with hearing impairment actually begins with the diagnosing and remediating the common psychosocial

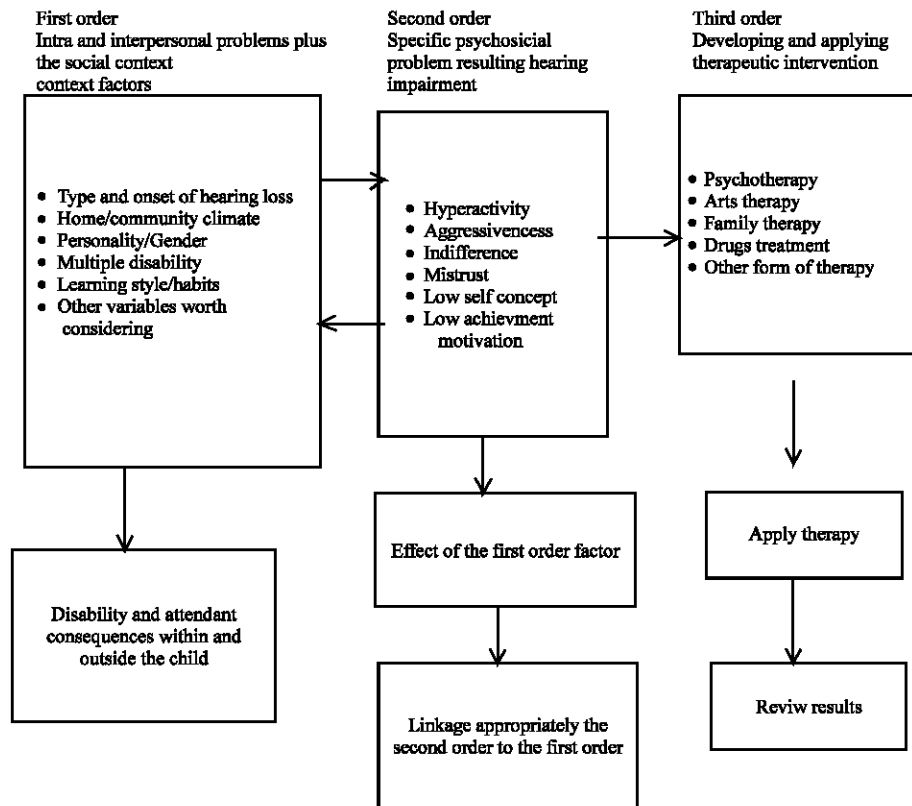


Fig. 2: Orders in the management of specific psychosocial problems of school children with hearing impairment

problems. In other word, intervention would require applying some of the procedures earlier discussed for managing common problems in addition to specific intervention which are essentially focusing on curbing some problems attending to the child's hearing disability. Such intervention would involve going through the following three-order procedures (Fig. 2).

Concerned service providers should carefully consider the following intervention procedures:

Management procedures for first order: Therapist should endeavour to highlight the following:

- Understand the type of hearing impairment involved as well as its degree, onset and other relevant factors. The more severe a hearing disability is the more profound the attending psychosocial problem would be.
- Know the home and community climate of the child. This includes the reactions of parents and siblings to the child. Similarly, determining the attitude of the community members to the child is also important.

- Determine the personality and the gender of the child.
- Ascertain the presence or otherwise of other disability than hearing impairment in the child and
- Identify the learning style and studying habit of the child.

There could be other important factors to consider beside the listed. This will depend on the skills of the concerned therapists or service provider as well as the severity with which the problem presents itself.

Management procedures for second order: The second order management procedures involve the identification and analysis of the presented psychosocial order. Again, the presented problems could be any of those as specific psychosocial disorders. What matters most is that whatever problem that is identified must be sequel to the hearing disability or any other disability present in the child.

Management procedures for third order: This order involves the application of the appropriate therapy to

remediate the presented psychosocial problems. Therapy is administered only where the first and second orders have been sufficiently established and reviewed to determine the cause, nature, frequencies and effects of the presented psychosocial disorders. Necessary treatment could be: Psychotherapy: Family therapy: Arts therapy: Behaviour modification or: Drug treatments. Again, the discretion and of the therapist will be greatly utilized in determining what form of therapy to engage. There is no hard and fast rule to be followed. Experiences of the concerned therapist will to a large extent determine what course of action to evolve.

CONCLUSION

It is very important to stop restricting possible causes of poor school performance of the Nigerian schoolchildren with hearing impairment to his hearing disability alone. There could be (and indeed will be) some behavioural problems accounting for the child's school learning deficits. Such problems could primarily premise itself on his hearing disability or result from his development defects. Efforts should therefore be focused on such psychosocial disorders of the hearing impairment which must be adequately addressed if the child is to experience some success in his school learning. It is hoped that this study therefore will sensitize more research interests (theoretically or empirically) in examining the nature and effects of some additional problems of the Nigerian schoolchildren with hearing disability.

REFERENCES

- Ademokoya, J.A., 1995, a. Effects of direct and indirect instructional strategies on reasoning skills of some hearing-impaired students. Unpublished Ph.D Thesis. University of Ibadan.
- Ademokoya, J.A., 1995, b. Aetiologies and control of begging behaviour among Nigerian disabled youths. *Nig. J. Clin. Counselling Psychol.*, 1: 76-82.
- Ademokoya, J.A., 2000. From mainstreaming to UBE: Public attitude towards disabled persons remains a serious concern. *Nig. J. Soc. Work Edu.*, 4: 84-91.
- Ademokoya, J.A., 2005. Audiology: Hearing loss, Communication Disorders and Audiological Interventions. In: J. Onwuchekwa (Ed.), *A Comprehensive Textbook of Special Education*, Ibadan: Agbo Areo., pp: 19-28.
- Adima, E.E., 1988. Handicapping the handicapped in Nigeria: will the paradox end? *J. Special Edu.*, 4: 51-60.
- Akinboye, J.O., 1996. Discipline and Classroom Control for Quality Primary Education. In: A.O. Ajayi and J.A. Akinunmiju (Eds.), *Personnel Capacity Building in Delivery, Inspection and Supervision of Primary Education*. Department of Educational Management: University of Ibadan.
- Bakare, C.A., 1988. Audiological Assessment of the Nigerian Child. In: C.O. Abosi (Ed.), *Development of Special Education in Nigeria*. Ibadan: Fountains Books., pp: 22-32.
- Bird, J. and N. Kitson, 2000. Drug Treatments. In: P. Hindley and N. Kitson (Eds.), *Mental health and deafness*. London: Whurr Publishers, pp: 400-413.
- Differancesca, S., 1975. Developing Thinking Skills in Career Education In: A.I. Neglins and G.F. Austing (Eds.), *Deafness and Adolescence*. *Volta Review*, 80: 352-392.
- Ezewu, E.E., 1987. Therapeutic Methods of Clinical Sociology in the School System. In: E. E. Ezewu (Ed.), *Social Psychological Factors of Human Learning in School*. Onitsha: Leadway Book. pp: 163-179.
- Heward, W.L., 2000. *Exceptional children: An introduction to special education*. New Jersey: Prentices Hall.
- Marschark, M. and M.D. Clark, 1998. *Psychological perspectives on deafness*. Mahwah: N. Grbaum.
- Mba, P.O., 1991. *Elements of Special Education*. Ibadan: Codat.
- Mba P.O., 1995, a *Social integration: A New Approach to the Deaf*. In: J.A. Ademokoya and T. Ajobiewe (Eds.), *30 Selected Papers of Dr. P. O. Mba*. Ibadan: Codat.
- Mba, P.O., 1995, b. *Fundamentals of special education and vocational rehabilitation*. Ibadan: Codat.
- Meadow-Orlans, K.P., 1995. Parenting with a Sensory or Physical Disability. In: M.H. Bornstein (Ed.), *Handbook of parenting*. Hillsdale: Lawrence Erlbaum, pp: 57-84.
- Nuernberger, J., 1973. The Role of the Psychologist: Evaluating Potential for Integration. In: W.h. Norhcott (Ed.), *The Hearing-impaired Child in a Regular Classroom: Preschool, Elementary and Secondary Years*. Washington, D.C: The Alexander Graham Bell Association for the Deaf, pp: 65-70.
- Olawale, S.G., 2000. *Counselling Exceptional Children*. Ibadan: HMS Publications.
- Onwuchekwa, J.N., 1995. *Classroom management in special education*. A monograph, University of Ibadan.

- Oyebola, M., 2004. Impact assessment of the role of the society and government on vocational and educational achievements of disabled Nigerians. *Ibadan J. Special Edu.*, 1: 29-32.
- Telford, W. and T. Sawrey, 1977. *The Exceptional Individual*. Boston: Houghton Mifflin.
- Westwood, P., 1997. *Commonsense methods for children with special needs*. London: Routledge.
- Willcock, J., 1989. Monitoring teachers in the classroom. In: I. Craig (Ed.), *Primary headship in the 1990s*. Essex: Longman, pp: 135-148.
- Williams, C. and S. Austen, 2000. Deafness and intellectual impairment: Double jeopardy? In: P. Hindley and N. Kitson (Eds.), *Mental health and deafness* London: Whurr Publishers.
- Yeats, S., 2000. Audiological assessment of people with specific disabilities. In: P. Hindley and N. Kitson (Eds.), *Mental health and deafness*. London: Whurr Publishers, pp: 25-41.