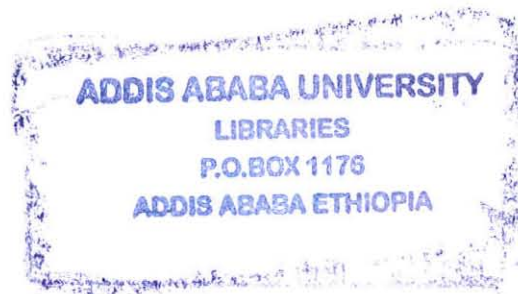


Addis Ababa University
School of Graduate Studies

**Assessment of Self-Esteem and Academic Achievement of
Students with Hearing Impairment**

(The cases of T/Haymanot and Victory School for the Deaf)

By
KASSAHUN ZEWDIE



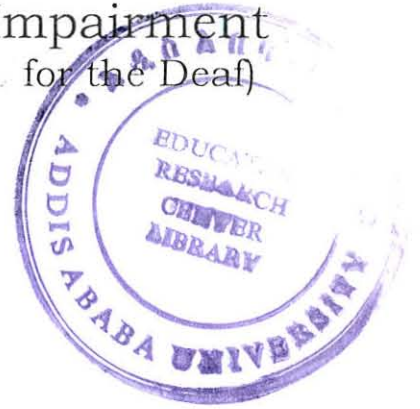
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A Thesis submitted to the School of Graduate Studies of Addis Ababa
University in partial fulfillment of the requirements for the Degree of
Masters of Art in Special Needs Education.

July, 2007
Addis Ababa.

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Acknowledgement

I would like to express my deepest and heartfelt thanks to my advisors Dr. Kumar for his constructive comments, continuous follow up, and guidance which I selfishly exploited for myself right from the beginning of the study until its completion. Without his continuous guidance and follow up, the completion of this thesis work would have not been possible.

I am grateful to Dr. Silesh Zeleke for his generous statistical advice that contributes directly to this research problem.

I am thankful to T/Haymanot primary school and Victory school for the Deaf special teachers, school principles, and students who fill the questionnaire on time. Without their cooperative access to the data would have been difficult or impossible.

I am also thankful to the school of graduate studies of Addis Ababa University for financial support.

Last but not least my special thanks go to my friends' Wagaw Mekonnen ,Maru Chekol, Mekonnen Geremew, Yiresaw Zewdie, Biadglgne Ayele and his wife W/ro Wobalem Kebede, my brother Chuchu Demisse, Alemayehu Zewdie, Lieut. Co/Tizazu Wondmeineh, Meaza Etaa and Kitaw Tafesse who encouraged me to complete this thesis on time despite my sorrow due to the loss of my loved Mother W/ro Banchamelak Endalamaw on June 14,2007. she always remains in my heart for teaching me hard work and to be willing to accept the facts of life.

Abstract

The salient feature of this study is to examine the self esteem and Academic Achievement of students with hearing impairment in two schools. Fifty six elementary school students with hearing impairment from grade four up to eight were included in the study. Schools are located in Addis Ababa and Debre Markos (i.e. Victory School for the Deaf and Tekele Haymanot Primary School) respectively.

The pilot study was conducted on 30 SWHI in Addis Ababa at Menilik II Special class for the deaf. Their mean age was 15.2 with SD of 2.3. Similarly on the main study the mean age of Victory School for the Deaf was 15.77 and the mean age of Tekele Haymanot Primary School SWHI was 16.57 with SD of 2.81 and 3.26 respectively.

The reliability coefficient obtained on the pilot study was 0.68 Cronbach alpha.

The AA of SWHI was obtained from school records. And the self esteem scores were obtained using SE inventories.

S'WHI, SE and AA mean score suggest that there is a positive SE among SWHI and better AA result in general. It was also found that there is no correlation among SE, AA and SES.

Gender and age difference in SE and AA of SWHI also found that, there is statistical significant difference in AA between male and female SWHI. However, there is no SE difference between male and female SWHI. Regarding age difference in SE and AA of younger and older SWHI, there is no statistical significant difference between these two groups. However, the mean score of younger (10-16 years) was better than older (17 -24 years) age groups.

In addition to this outcome, participants' background information was included in the study.

CHAPTER ONE

Introduction

1.1 Background of the study

Children with different disabilities are vulnerable to develop low self-esteem due to a wide range of reasons. Specifically, children with hearing impairment are greatly affected because of their limited language development.

The problem arises mainly from the inability to communicate with others by using the usual speaking and listening methods of communications. The human language development has a direct impact upon the individual's day-to-day life. Having a hearing impairment can affect almost every aspect of life. As a result one's self-esteem is built in his/her ability to communicate with him/herself and/or with others in the larger community or society.

Self-esteem is the key factor in a number of human phenomenon of crucial consequence. So central is self-esteem to these human concerns that each of them can be defined in terms of self-esteem. Depression, the emotional illness that afflicts all of us at times, lightly and shortly as "the blues" or crippling as chronic melancholic, is, in essence, a condition of low self-esteem. Anxiety, the curse of our modern age casting a pall over the lives of countless millions, is apprehension of impending loss of self-esteem (Cobb 2001).

Every individual has a sense of self that develops through one's life. Having high self-esteem is that life is all about. It is the basis for good personality and effective social functioning. One cannot love others unless he/she first loves him/herself. A high self-esteem enables the individual to win friends and influence people. High self-esteem is mental health,

happiness, and is the main spring that states every child for success or failures as a human being (Campbell, 1984).

Each person is a unique individual with different interests, values and experiences. The acquisition of a disability does not change this uniqueness, nor does the disability become the sole characteristic that identifies the individual (Robertson and Brown, 1992). Taking this into account, children with hearing impairment develop their own self-esteem. Because they interact, participate, learn, and receive information in their near environment. Understanding S'WHI self-esteem helps educators, teachers and family members to act accordingly.

According to the most recent data published in (2001) by the WHO, 250 million people in the world have disabling hearing impairment (Moderate or worse hearing impairment in the better ear), two third of these people live in developing countries (Deaf Africa, 2004).

It is envisaged that the combination of poverty, ignorance, war, famine, and drought with the absence of adequate preventive and rehabilitation services could produce high prevalence of disability in Ethiopia (UN, 2003/4).

According to the national population and housing census which has been conducted in 1994, from the total population of 53 million, it was revealed that 991, 916 (i.e. 1.85%) were persons with disabilities. On the other hand, international reports by WHO estimate that disabled persons accounts for (10 %) of any given National age cohort. Based on this estimate the total number of disabled persons in Ethiopia reaches about 5 million. Of these more than 2.5 million of the Ethiopian population are disabled. From the total of 991, 916 disabled persons 190,220 (19%) are hearing impaired (UN, 2003-4).

In the history of special need education, teaching children with hearing impairment is one of the earliest education; Pedro Poncede Leon began it in Spain around 1578. In the same way deaf children were among the first groups of handicapped individuals to receive special education in the United States. The American Asylum for the Education of the Deaf and Dumb opened in Hartfore Connective, in 1817 (Hewared and Orlansky, 1988;Taylor,1995).

In Ethiopia deaf education began in 1970s in Mekanisa School for the deaf. Since then, according to statistical report of Ministry of Education (1997), there are seven residential special schools, eight day special schools, and forty-two special classes (MOE, 1997). The reason for stagnation in growth of special schools in Ethiopia for the last fort years, which in most cases, were initiated by missionaries, can mainly be attributed to financial constraints as well as attitudinal factors (Tirrusew, 1999).

Since then, children with hearing impairment began their education in these schools though the number of students who can join secondary and tertiary level is insignificant.

In the past, studies concerned about hearing impairment were conducted in different regions and school environments in Ethiopia focusing on communication challenges of hearing impairment, provision, and inclusive education were discussed in the research topics. The child self- esteem greatly affects his/her academic achievement, interaction with his/her peers and participation in the community or society at large.

It is commonly held that placing children with disabilities in special schools leads to their segregation from the r non- disabled counterparts hat in turn can isolate them from day to day experience with other children. While placing, those in regular schools will help them to achieve

their maximum potential in a more favorable educational and social environment. For children without hearing impairment they can learn the existence of disability and how to help or mutually benefited from a similar environment. The idea of inclusion is an ongoing process of learning about self and others.

Inclusive education is a way of providing deaf students with what they cannot gain from their environmental experiences. Educational and social development in life cannot be fully achieved without effective language and communication skills. Therefore, inclusive education is designed first, to build speech and language skills. It helps students with hearing impairment master new skills, encourages them to develop a healthy and positive self- concept. Secondly, regular schools, provide a more motivating learning environment and a wider modified curriculum. Students with hearing impairment will learn to find way of coping in a normal situation very early and as a result their ability to cope in the hearing world will be greater (Tesfaye, 2004)

For successful inclusive education of deaf education, teachers and the hearing students as well as other staff members' attitude are seen as a decisive factor. It has been based on the assumption that teachers are willing to admit SWHI in to regular classroom (Tirussew, 1999).

To develop positive self - esteem the school, family, peer groups, and at large the society plays great role for the SWHI.

1.2. Statement of the Problem

The human child acquires information and gain knowledge around his/her environment through hearing. Since hearing impairment tends to isolate the individual, SWHI are likely to face, a number of psychological problems (like, low self- esteem) and low academic achievement. These challenges create problem upon the child.

Most educators consider inclusive education to be ethically and morally sound for students with hearing impairment, though there are a number of obstacles interfered with its widespread implementation. For example, teachers have often found it difficult to adapt traditional methods of educational assessment to meet the needs and concerns of individual students with disabilities.

In Ethiopia there are two settings in which children with hearing impairment are enrolled. Mainstream schools where both hearing impaired and non-hearing impaired are treated in the same school and classroom. The other is separate schools for the deaf. As SWHI are enrolled in a separate schools or inclusive schools, it creates its own positive or negative self- esteem and their achievement is closely related to their self- esteem they develop in the school settings.

Taking this in to account there is a need to conduct studies in schools to identify student's self- esteem and academic achievement of students with hearing impairment.

1. How does the self- esteem of students with hearing impairment looks like?
2. Is there a correlation among SE, AA and SES of SWHI?
3. What seem the SE and AA of SWHI?
4. Is there gender difference in SE and AA (between boys and girls) SWHI?
5. What are the necessary interventions to develop positive self- esteem among SWHI?

1.3. Objective of the study

The study try's to asses the self esteem and academic achievement of SWHI.

1.3.1. Specific objectives

- Assessing the SE and AA of SWHI in general.
- To identify whether there exists a relationship among SE V AA, SE V SES, and AA V SES.
- To investigate whether SE and AA vary across boys and girls (SWHI).
- To investigate whether there is age (younger and older students SWHI) differences in SE and AA among SWHI.
- To suggest possible ways of increasing SE and A.A among SWHI.

1.4 Significance of the study

Since the study focused on the self- esteem and academic achievements of children with hearing impairment, it leads the researcher to examine students' self- esteem using self esteem inventory tests and document analysis. The reason that the study is attempted to focus on the SE of SWHI, which includes the past experience, the present day to day life, and the future of the student can be assessed. Therefore, the results of the study are expected to:

1. Contribute for the understanding and development of positive self-esteem among children with hearing impairment.
2. Provide basic information for the concerned bodies, such as teachers, parents and (SWC HI).
3. Serve as a stepping- stone for further research in special needs education.

1.5. Delimitation

For practical reason, only two schools (one primary school from Addis Ababa and the other from D/Markos, Eastern Gojjam) with special units were purposely selected as a study site. Limited number of participants (56) SWHI were included in the study. Therefore, a better picture would have been obtained if more schools and participants had been included in the study.

1.6. Operational Definition

- Academic achievement refers the first semester average results of students with hearing impairment
- Self- esteem refers to how much a person likes, accepts and respects himself overall as a person. It is awareness of goods possessed by self.
- -Socio economic status refers to parents' educational level, income and house indices.
- Students with hearing impairment refer both hard of hearing and deaf students who are continued their education from grade 4 up to grade 8.
- Gender refers male or female SWHI.

CHAPTER TWO

Review of Literature

2.1 The nature of Hearing impairment

Deafness has been defined as a sensory deficiency that prevents a person from receiving the stimulus of sounds in all or most its forms (Kartz, Mathis and Merrill, 1978; cited in Heward and Orlansky, 1988). Wolt and Rowling (1986); cited in Heward et al., (1988) defined deafness as a condition in which perceivable sound including speech have no meaning for ordinary life purposes. A deaf person is not able to use his/her hearing ability to understand speech, though some sounds may be perceived. Even with a hearing aid the hearing loss is too great to allow a deaf person to understand speech through the ears alone.

Quigley and Paul (1986) maintain that the term deaf should be applied only to those persons who process language by eye rather than by ear. Broadly speaking hearing impairment can be classified into two groups.

2.1.1. Hard of Hearing

A hard of hearing person has a significant hearing loss that makes some special adaptation necessary. However, as Berg (1986) pointed out, it is possible for a hard of hearing child to respond to speech and other auditory stimuli. Communicatively, the hard of hearing child is more like the normal hearing child than like the deaf child because both use audition (hearing) rather than vision as the primary mode for speech and language development.

2.1.2. The Deaf

Those who are deaf or profoundly hard of hearing have a hearing disability so severe that they have little useful hearing even if they use hearing aids. Although almost all persons who are deaf perceive some sound they cannot use hearing as their primary way to gain information (Smith and Luckasson, 1995).

Although the degree of hearing loss is important the age when the hearing loss occurs is also important. Individuals who become deaf before they learn to speak and understand language are referred to as pre lingual deaf. They either are born deaf or lost their hearing as infants. It is important to consider whether a hearing loss is congenital (Present at birth) or adventitious (acquired later in life).

A child who loss his or her hearing ability from birth is unable to hear the speech of other people and not be able to learn speech and language spontaneously, as do children with normal hearing. A child who acquires a hearing impairment after speech and language are well established will need help in adjusting to the hearing loss and in maintaining the ability to speak clearly (Heward and Orlansky, 1988).

From this stand point, the educational program of pre lingual deaf children usually focuses on the acquisition of language and communication, whereas that of post lingual deaf children usually emphasize the mainterance of intelligible speech and appropriate language patterns.

2.1.3. Types of Hearing Impairment

There are two types of hearing impairments in general, Conductive and sensor neural. Each of this has their own characteristics and properties of curability.

Conductive hearing losses are due to blockage or damage to the outer or middle ear that prevents sound waves from traveling to the inner ear. A conductive hearing loss has a mild or moderate disability (Boone, 1987).

Sensory neural hearing loss occurs when there is damage to the inner ear or the auditory nerve and usually can not be improved medically or surgically. It is less common in young children than the conductive type (Smith and Lukasson, 1995). A sensory neural loss affects the frequency, Intelligibility, and clarity of the sounds the person hears. This type of hearing loss is not as amenable as a conductive hearing loss to correct by the use of a hearing aid, because the problem is related to nerve damages.

In addition to these two specific types of hearing impairment, a child may have a mixed hearing loss including both conductive and sensory neural impairments. As a result the hearing impairment can be unilateral (present in one ear only) or bilateral (present in both ears). Most children in special programs for the hearing impaired have bilateral losses although the degree of impairment may not be the same in both ears.

2.1.4. Cause of Hearing Impairment

Hearing impairment can result from illness or injury, such as sustained loud noise, disease, birth complication and/or heredity. These causes can be included in two major categories, genetic and environmental each accounts for about 50 % of causes (Kirk, Gallagher and Anastasia, 1993).

The genetic causes are due to disorders inherited from one or both of the parents. More than 200 different types of genetic deafness have been identified and can be inherited from either a hearing parent or a non hearing (Kirk et al., 1993). It has been estimated that between 11 % and 60 % of all causes of sensory neural hearing impairments have a genetic cause (Moore, 1987; Trybus, 1985).

Genetic causes of hearing impairments are congenital and sensory neural. Most children whose hearing losses are inherited are less likely to have multiple disabilities (Taylor, 1995). In some cases, genetic counseling and prenatal testing might provide important information to the family.

Another cause of hearing losses are associated with environmental such as maternal rubella a German measles virus that has its own devastating effect on an unborn child during the first 3 months of pregnancy. It accounts for approximately 27 % of all the known causes of this type of hearing loss (Trybus, 1985). Before and after birth maternal viruses or infections can also cause sensor neural hearing loss. Prenatal drug intake can also lead to a childhood hearing impairment. Complications during birth also have a causative effect.

2.2 Language Characteristics of Children with hearing Impairment

Language acquisition is one of the central points in education and social interaction in any environment. As the child develops a hearing problem in his/her early or later in life, the language ability of that child is in problem. The noteworthy language characteristics of children with hearing impairments experience a lag in vocabulary skills when compared with hearing students of comparable age (Hamilton and Owrid, 1974 ; Cited in Taylor (1995). In addition to this, children who are deaf show a more noticeable lag in vocabulary than do children who are hard of hearing.

This lag in vocabulary development appears worsen as the child with a hearing impairment grows older (Davis, 1974; cited in Taylor, 1995). And often produces tremendous difficulty around the 4th and 5th grade, when considerable academic vocabulary comes into play (Ross et al., 1992).

Another main problem in language development is that children with hearing impairment often have problems with abstractions because they are frequently taught in one-word-one meaning way. According to Brown (1984), children who are hard of hearing appear to experience developmental delay in systematic and morphological development when compared to children without hearing impairment of the same age. He reported a 5.5 years delay on average.

In a natural and normal process of language development, Children have a special ability to learn their first language. Chomsky ,1967; cited in Horris (1986. p.33) Claims about the extent to which language is preprogrammed, and therefore is acquired as the result of maturational rather than learning. The view held by Chomsky and his followers was that human beings have an inborn capacity for acquiring language and learn to talk as naturally as they learn to walk. This assumption does not work for children who are congenitally deaf and even for post lingual deaf.

Studies have begun to look at the unique language learning environments created by deaf families for their young deaf infants. Deaf mothers of deaf infants are much more likely to turn into what the child is seeing and to use tactics such as gesturing, pointing, showing, signing. When the child looking at them, 'or breaking into the child's line of gaze to' capture and direct attention (Alec and Valerie, 1993).

Deaf people are very sensitive to touch and use a range of touches to transmit their moods, to convey information and to signal particular intentions. Consequently deaf adults use touch much more frequently than hearing parents, to gain the attention of young children .How adults

touch children is very important. Deaf people avoid touching their children on the head or back, or from behind and rarely turn a child by the chin to command attention, ensuring that the child is able to see the adult and is not therefore startled (Alec and Valerie 1993).

Another important way of social communication method they mentioned is eye contact. Eye contact is fundamental to basic interactions with all children with hearing impairment. Deaf adults spend a lot of time in establishing eye contact with their infants.

2.2.1. Communication Characteristics

Language is essential for human interaction. In communication process people can communicate by means of verbal language, nonverbal language (or gesture) written and or sign language. Persons with hearing impairment communicate by means of aural, sign or the combination (or total language.)

The development of communication skills is the primary emphasis of educational program for children with hearing impairment though there has been considerable controversy concerning the most effective and efficient methods of communication (Heward and Orlansky, 1988).

2.2.2. The Manual Method

Manual communication is generally used by the adult deaf population and has been called the mother tongue. Finger – spelling or manual alphabet is another form of manual communication. In finger – spelling various finger positions represent individual letters of the alphabet that are used to spell out words (Geurheart et al., 1988).

2.2.3. Oral Communication

The oral aural method of communication makes the use of oral and auditory training and speech reading. This method encourages the use of residual hearing while the presentation of material emphasizes the student's visual and auditory attention. The oral method emphasizes speech reading and oral speech as a primary means of communication.

2.2.4. Total Communication.

Total communication combines the manual and oral –aural methods according to the abilities, interests and needs of the students with hearing impairment. This method enables to teach the student to become skillful in speech reading and oral speech (Moore, 1996).

2.2.5. Debates on Communication Methods of (CWHI)

Which method of communication is important and effective for children with hearing impairment has been raised since the beginning of deaf education. The fundamental concerns, the extent to which deaf children should express themselves through speech reading and/or residual hearing. Some educators insist that a purely oral method is best for helping deaf students to develop speech and language related skills. Auralists often discourage the use of sign language and gestures.

On the other hand, other educators believed that sign language, gestures, cues, finger spelling, and other manual means used along with speech are a more natural way of communication, and enable them to express themselves more fully and to understand other people (Heword and Orlansky, 1988).

The crucial debate were initiated and fueled between Eduard Gallaudet and Alexander Graham Bell. Bell proposed legislation that would prevent two adults who were deaf from marrying, ban the use of manual

communication, and prohibit those who were deaf from becoming teachers of students who were also deaf.

Gallaudet strongly opposed those positions in his writings and public debates. As a result his position was supported by congress, and he received an appropriation to establish a teacher preparation program that emphasized both the oral and manual approach to education of these students (Smith and Luckasson, 1995).

2.3. Social and psychological characteristics of children with hearing impairment.

Hearing loss can influence a child's behavior and social emotional development. The extent to which a child with hearing impairment successfully interacts with family members, friends, and people in the community depends largely on the attitude of others, and the child's ability to communicate in some mutually acceptable way.

Research findings reveal that deaf children of deaf parents are thought to have higher levels of social maturity, adjustment to deafness, and behavioral self - control than do deaf children of hearing parents, largely because of the early use of manual communication between parents and child that is usually found in home with deaf parents. According to Schlesinger (1985), most deaf parents welcome their deaf children and are not rendered powerless or helpless by them. On the other hand, feeling of depression, withdrawal, and isolation are frequently expressed by hearing impaired persons, particularly those who experience adventitious loss of hearing (Meadow Orlans, 1985).

The available information, specifically on the psychological and sociological variables associated with hearing impairment is little. Including in this area is the consideration of self - concept and social

adjustment, which have been reported to be lower in the population of people with hearing impairments (Loeb and Sarigiane, 1986; cited in Heward et al,1988). It also appears as if overall adjustment of younger children with hearing impairments to more "normalized " environments (that is general education school programs and hearing peer groups) is not without problems and that socio metric ratings of students with and without hearing impairment have been reported to be quite similar (Hagborg 1987).

Although the psychological and sociological problems of elementary aged children with hearing impairments may not be considered too severe, the same cannot be said about older students with hearing impairments. According to Holcomb, Coryell, and Rosenfield (1992), the actual impact of integration on the personal and social development of children who are deaf is unclear.

Psychological development in the normal population depends heavily on communication. Social interaction by definition is communication of ideas between two or more people. In the hearing population language is by far the most common way of interaction and messages move among people. Because of heavy dependency on language it is no wonder that many investigators have found the hearing impaired to have psychological characteristics different from those of people who have normal hearing ability (Hallahan and Kufamn, 1982).

In the same way, social interaction of a child with hearing impairment depends on how well others in his or her environment accept the disability. Moores (1987), indicated that as with other impairments it is not the hearing impairment itself but how individuals in the child's environment, particularly parents, respond and that determine whether the child will show psychosocial problems.

2.4. The Nature of Self- Esteem

Self- esteem is one of the topics that frequently raised in the field of psychology since the known philosopher and psychologist William James has coined in 1890. Self- esteem is one's mental perception of his /her qualities, not physical features. It involves both self relevant beliefs such as "I am competent /incompetent", "I am liked /disliked", and associated with self – relevant emotions. It also finds expression in behavior such as assertiveness / timorousness, confidence, caution. In addition, self – esteem can be construed as an enduring personality characteristic (trait self- esteem) or as temporary psychological condition (state self – esteem). Self –esteem can be specific to a particular dimension such as I believe. For instance I am a good person and feel proud of my self in general.

In psychology, self – esteem or self worth includes a person's subjective appraisal of himself or herself as intrinsically positive or negative to some degree (Britanica Concise,2004). Self-esteem is a sense of personal worth and ability that is fundamental to an individual's identity. Family relationships during childhood are believed to play a crucial role in its development. Parents may foster self –esteem by expressing affection and support for the child as well as by helping the child set realistic goals for achievement instead of imposing unreachably high standards.

Karen Horner (Britanica Concise,2004) asserted that low self – esteem leads to the development of a personality that excessively craves approval and affection and exhibits an extreme desire for personal achievement. According to Alfred Adler's theory of personality, low self esteem leads people to strive to overcome their perceived inferiorities and to develop strengths or talents in compensation.

There are three major types of definitions of self –esteem, each of which has generated its own tradition of research findings and practical

applications. The original definition which was given by William Jams (Britanica Concise,2004) presents self – esteem as a ratio that is found by dividing one’s successes in areas of life that are important to a given individual by the failures in them or “success/pretensions”.

Rosenberg and other social leaning theorists (Britanica Concise,2004), defined self – esteem in terms of a stable sense of personal worth or worthiness that can be measured by self report testing.

The third definition given by Bran den’s description (1969); cited in Britanica concise (2004) stated that self –esteem includes the following primary properties.

- It is a basic human need i.e. it makes an essential contribution to the life process. It is indispensable to normal and healthy self development, and has a value for survival
- Self – esteem is an automatic and inevitable consequence of the sum of an individual’s choices in using their consequences of the sum of an individual’ choices in using their conscious ness.
- Self – esteem is experienced as a part of or background to, all of individual’s thought, feelings and actions (Britannica concise, 2004).

In general self esteem can be defined and considered an important component of emotional health, self esteem encompasses both self confidence and self – acceptance. It is the way individuals perceive themselves and their self – value (Teen Health center,2004).

2.4.1. Self – esteem and the Human Motive.

- Some observers of the human science maintain that only one motive is necessary to explain all behavior. Adler (Britannica concise, 2004), offers the drive for superiority (a self – esteem motive) is a single motivating force (Britanica Concuisse, 2004).

We want to be noticed, accepted, praised, loved and admired, respected held, in high esteem. Numerous observers of the human science conclude that the self esteem motive is the cause and explanation of human behavior. This is because our lives seem to be ruled by our desire for approval from others.

Researchers David Franks and Joseph Maralla (Campbell, 1984), see social approval as one of the factors administering to self – esteem. Self – esteem is conceptualized here as a function of two processes.

- The reflected appraisals of significant others in one's social environment in the form of social approval and
- The individual's feelings of efficacy and competence.

This means that self esteem depends upon our social role, and our inner newsreel that always packed with facts, it is rarely a nature documentary. The desire for self –esteem is the more basic wellspring from which the desire for social esteem flows.

According to Coppersmith's cited in (Campbell, 1984), description contrasting the high self – esteem boys with low self-esteem boys that youngsters with a high degree of self esteem are active, expressive individuals who tend to be successful bathe academically and socially (Campbell, 1984). When self-esteem was raised, there was an elevation in happiness, security, affection, energy availability, alertness, clear mindedness singleness-of- purpose, lack of restraint and spontaneity. When self-esteem was lowered, there was an elevation in unhappiness, anger, threat, sluggishness', withdrawal, disorganization conflict; feelings of restraint are common features.

The summary of several studies concludes that individuals with high self-esteem are assertive, trusting, competent, autonomous achieving

them as special, they will develop positive self-esteem. ↓ Those who feel unloved find it more difficult to develop a sense of self-worth. By middle childhood, friendships have assumed a pivotal role in a child's life. At this age, social acceptance by a child's peer group plays a major role in developing and maintaining self esteem (Britannica concise, 2004).

The physical and emotional challenges take place in adolescence especially early adolescence, present new challenges to a child's self esteem. Body image is a major component in teenager's self esteem. Teenagers who have high self-esteem like the way they look and accept themselves the way they are.

In general peer acceptance relationships are important to children's social and emotional development and to their development of self-esteem. It provides a wide range of learning and development opportunities for children (Britannica concise, 2004).

2.4.4. Factors that Influence Self-Esteem

There are several factors that influence the development of self esteem. Such factors include age, gender, Socio economic status, body image (especially in adolescent) contribute a lot. Our self-esteem is also very dependent on factors within our environment. It is formed as a result of our years of experience especially the early one's (Campbell, 1984).

Researchers (Teen health center, 2004), in self-esteem issues lists three additional factors that strongly correlate with self-esteem.

- a) **Internal locus of control:** this factor is defined by one's sense of internal causality and orientation towards personal responsibility. The more internal our locus of control the more we feel like our destiny is in our own hands.

- b) **Sense of Belonging and Acceptance:** This reflects how much one feels wanted and a part of the group and how much one likes and accepts themselves as they are. The more one feels accepted and acceptable, the more one is able to express oneself, act authentically and be fully present to one's own, accepting messages from VIPS (including self – talk) practicing a positive approach and attitude experiencing emotional safety, and the ability to separate our performance from who we are (Teen Health center, 2004).
- c) **Sense of competence:** This factor relates to one's self efficacy or how 'good at things' one thinks. Our unconscious is getting continuous data related to our relative level of competence. When an individual interpret his or her experience as a progress and /or success he/she becomes more confident and more inclined to take risks in the future Ibid.

As a result of these factors' contribution, children with low self –esteem have a difficult time dealing with problems, are overly self critical, and can become passive, withdrawn, and depressed. They may hesitate to try new things, may speak negatively about themselves, are easily frustrated, and often see temporary problems as permanent condition. They are pessimistic about themselves and their life in general (Britannica Concise, 2004).

2.4.4.1 Characteristics of low SE

A teenager with low self-esteem will show

- Demean his/her own talents
- Feels that other do not value him
- feel power less
- Be easily influenced by other
- Express a narrow range of emotions
- Avoid situations that provoke anxiety

- Became defensive and easily frustrated
- blame others for their own weakness

Low SE has been correlated with low life satisfaction, loneliness, anxiety, resentment, irritability and depression.

2.4.4.2 Characteristics of High SE

- Act independently
- Assume responsibility
- Be proud of accomplishment
- Feel Capable of influencing
- Approach new challenges with enthusiasm
- Exhibit a broad range of emotion
- Tolerate frustration.

(Teen Health center, 2004).

2.4.5. Self –Esteem of Students with Hearing Impairment

Self –esteem is a principle component of mental health .It is also important to understand both the factors that contribute to the self – esteem of individuals with hearing impairment and ways to improve self esteem. Bat- Chave (1993) cited in Mesfin (2006) mentioned three factors are major contributors to develop the self – esteem of deaf persons. These are the hearing status of the child, the family environment, and school environments are important.

Studies reviewed by Bat- Chave (1993) comparing the self –esteem of deaf people with hearing people revealed that lower self esteem among deaf people. However, the way that test instructions were communicated could affect the results in some of the studies. For instance, in a study conducted by Dates (1991), the self – esteem of hearing and deaf students

were comparable when an individual is fluent in sign language administered the instrument measuring self-esteem to the students,

Brooks and Ellis (1982) suggested that the reason for lower self-esteem can be found in society's negative labeling of deaf individuals. Beck (1988) obtained a similar finding when compared the self-esteem of deaf, hard of hearing, and hearing adolescent. The highest self-esteem was found among the hearing adolescent followed by the hard of hearing adolescent. The lowest self-esteem was found among the deaf adolescents. He observed that language was the principal contributory factor to self-esteem.

2.4.6 Family and Self-Esteem of Students with Hearing Impairment

Self-esteem has its origin in connection with the child with hearing impairment and his or her parents. Accepting love, caring and proper support can be expressed in multiple ways. Although the hearing parents can be just as effective as the deaf parents, it appears as if deaf children with deaf parents are more likely to have higher self-esteem than deaf children of hearing parents and deaf children whose hearing parents use sign language are more likely to have higher self-esteem than deaf children whose parents use oral only as a communication means (Bat-Chave, 1993; cited in Mesfin, 2006).

Yachink (1986); Cited in Mesfin (2006) found that among college students those who have deaf parents had higher self-esteem than those with hearing parents. He suggested one reason might be that the deaf individual with deaf parents has greater access to social relationships within the deaf community outside of the school setting, and this ease of the social activity may positively affect self-perception.

In some communities of deaf people they do not consider their hearing impairment as a problem. According to Jankowski (1997) cited in Smart (2001), deaf culture does not view deafness as disability. In this case, the self esteem of children in such community does not greatly differ because their culture accepts the disability as it is.

2.4.7. School and self Esteem of Students with Hearing Impairment

When researchers have examined the influence of schooling on self esteem, they have typically taken into account two factors; type of school and communication. Change in school environment, such as residential to public or vice versa, can adversely affect self – esteem for a period. However, one setting has not been found to be superior to another in enhancing self –esteem (Bat – Chaue, 1993; cited in Mesfin, 2006).

Many professionals such as Taylor, (1995), believe that children who are deaf require the same type of educational settings as their hearing peers or students who are hard of hearing. They state that students who are deaf should receive in the same complement of service possibilities as do all special education in the least restrictive environment for students without disabilities. These professionals feel that, because students who are deaf can not normally use their auditory channel for communication to receive education in the mainstreamed environment, they should be taught complex adaptive skills, which can include speech reading (or lip reading), and oral communication skills (Taylor, 1995).

Holcomb et al.(1992) suggested that if students who are deaf are considered for inclusion in mainstream setting the following three issues are critical.

- ❖ The interpersonal relationships with hearing peers must be directly encouraged.
- ❖ There must be a balance the potential educational benefits and the need for personal and social growth.
- ❖ Evaluations tools must be devised and used that effectively measure the quality of the general education classroom experience.

The type of school may not affect self- esteem in a direct way but self-esteem surely affects school achievement. Kocle and Convey (1982), found that self esteem has a significant predictor of academic achievement among deaf adolescents who are attending school.

2.5. Attitude of Teachers, Students with and without Hearing Impairment towards Inclusive Education.

Teaching children with hearing impairment in regular education depends heavily on the attitudes and the actions of the regular teacher and the school team (Millward and Dyson, 1995). They further noted that, although organization, financing, regulations, teacher training and so on can all play their own part to facilitate inclusive education, the placement of students with special needs in regular settings will remain problematic unless teachers actively support the effective inclusive school practice.

Sharing the same view, Schulze et al. (1991) also affirmed that teacher's attitudes have been identified as being crucial to the success of any mainstreaming program. They further described that teacher's attitudes not only set the tone for the relationship between teachers and handicapped students, but they also substantially influence the attitudes of non handicapped classmates.

Moreover, it is noted that the attitudes and knowledge of teachers concerning children with hearing impairments are highly influential in determine the social, intellectual and emotional adjustment of these children (Tibebu, 1999).

Full integration among handicapped and non handicapped students usually does not occur spontaneously. In mainstreamed classes it requires structuring experiences systematically to create favorable conditions under which students can work or enjoy leisure activities together (Schole, Turnbull and Carpenter, 1991).

It is suggested that inclusive education experience will be more effective and enable handicapped children in the school socially accepted them (Tirussew, 2000). Recent evidence suggests that, particularly attitudes of children with hearing impaired towards regular class students seem to be very limited. A research conducted by Jones, 1985; cited by (Bench, 1992) indicated that the attempt of children with hearing impairment at social interaction are rejected by their potential hearing peers. Another observer has also noted that a consistent theme in the literature is that handicapped students are frequently rejected and alienated in regular class setting partly by their "normal" peers (Schulze , et al., 1991).

In some conditions, possibly, there can be negative reactions on the part of SWHI in the social instruction, which may predispose SWHI develop negative attitude towards inclusive education. In addition the social status of the hearing- impaired children in regular classroom has been studied on several occasions Elser (1959); cited in Horen (1985) found that the hearing children apply mainly negative attitudes to the hard of hearing and deaf children A study conducted in British revealed that the deaf youngsters complained of being teased by their hearing peers (Cole and Edelman 1991). This condition can cause to develop a negative self esteem among children with hearing impairment.

Moore (1989) suggested that the best method to change any advance attitudes towards the deaf is to create the possibilities of structured contacts between the hearing and the deaf

2.6. Academic Characteristics of Children with Hearing Impairment

Most research that has compared the academic performance of students with and without hearing impairment found that students with hearing impairments perform considerably below their chronological peers (Davis, Shepard, Stelmachowicz and Gorge. 1981; Kaley and Reed, 1986; cited in Tayler, 1995). In most cases, the deficits reflect the amount of language that may be involved in the academic area. For example, Trybus (1985) found that both reading and automatic performances were deficient in students with hearing impairments. Reading skill levels tended to be more depressed than arithmetic skill levels. However and the differences were greater as the students grew older.

* Similarly, difference in overall skill levels apparently increases as the degree of hearing loss becomes greater (Kaley and Reed, 1986). This is especially true in the areas of vocabulary and reading comprehension. As a rule, the majority of past research studies indicate an average performance lag of 2 years. The reasons for such academic difficulties vary, but most research points to two interactive theories or possibilities.

- ∠ a) The first is that students with hearing impairment (especially deaf students) have some type of cognitive deficit, which itself, contributes to problems in language development and academic performance.
- b) The second is the inverse of the first; that is, because of the language deficits of students with hearing impairments. Their academic abilities are somewhat diminished. Most research

indicates that the second possibility is more accurate and most often involves specific deficits in the language related areas of reading and writing.

According to Moores (1996), for conditions appear to be most closely related to the academic success of hearing impaired students

1. The severity of the hearing impairment the greater the hearing loss, the more likely the child is to experience difficulty in learning language and academic skills.
2. The age at the onset of the hearing loss. A child who is hearing impaired from birth or who loses his hearing before acquiring speech and language is at a greater disadvantage than a child with a post lingual hearing impairment.
3. The socioeconomic status of the family. A hearing impaired child whose parents is affluent and college educated is more likely to achieve academic success than a child from a low income, less-educated family.
4. The hearing status of parents. A deaf child with deaf parents is considered to have better chances for academic success than a deaf child with normally hearing parents- particularly if the deaf parents are highly educated.

Academic achievement levels of students who are deaf are substantially lower than those of their peers without disabilities (Trybus and Karchmer 1977 cited in Smith and Luckasson, 1995). In a 1983 study (Karchmer, 1984) only 25 percent of the adolescents academic achievements scores greater than fifth graders. These students' achievement in mathematics seem to be much better than their reading abilities; although the majority are not as proficient as their peers without disabilities, about 10 % can perform mathematical calculations at grade level. However, Karchmer

notified that once beyond the age of 15, few of these students continued to make academic progress.

Professionals identify two major educational goals for children with hearing impairments (Moore, 1987). These are:

1. To reduce the achievement gap between students without disabilities and students who are deaf and
2. To develop the speech and language skills of these individuals' potential, these goals are often in competition with each other.

In general hearing impaired and deaf students do not perform as well on Achievement Tests. Only 5 % of graduates from educational programs for the deaf attain a tenth grade education; 41% achieve a seventh or eighth grade level education, and 30% are functionally illiterate (Cohen, Swerdlik and Smith, 1992).

In general results obtained from recent investigation in the areas of cognitive and deafness supported that hearing-impaired individuals have normal intellectual capacities although performance difficult may sometimes appear (Moore, 1996; 169). Thus referring to the research outcomes it is possible to say that some difficulties may appear in some activity areas not due to deafness itself but due to inappropriate instruction and strategies and procedures that are employed in the course of actions (Moore 1996).

CHAPTER THREE

3. METHODOLOGY

In this study there are two sites. Group one include students who are enrolled in deaf school (Victory School for the Deaf) and the other include SWHI who continued their education in mainstream setting (T/Haymanot Primary School). Since, the study aimed at assessing the self-esteem and academic achievement of SWHI quantitative research method is employed to carry out the study.

3.1. Population and Sampling Design.

The population of this study was SWHI and the actual sample included in the study was selected from two schools. Participants who were included in the study were 56 (21 from T/Haymanot and the majority 35 were from Victory School for the Deaf. SWHI grade level was considered as a criterion and available sampling technique from grade 4 up to 6 were participated in Victory Primary School for the Deaf. Whereas in T/Haymanot Primary School SWHI from grade 4 up to 8 were participated based on the above criteria.

3.1.1. Background of the Schools.

T/Haymanot primary schools teach SWHI since 1990. It is found in Amhara region, Eastern Gojjam Administrative zone, and the number of SWHI who enrolled at present is 35. From grade one up to grade four SWHI learn in separate classroom (self contained manner). After they complete grade four, they will continue their education in mainstream classroom with other SWOHI. The school gives a one year prerequisite time before SWHI began their formal education (or enter grade one). On

the other hand, Victory School for the Deaf teaches from grade 1 up to 6 grade level. It is found in Addis Ababa Yeka sub city. The financial support is given by an international NGO (Missionary for charity Brothers). The school has begun teaching SWHI since 2002. It has well organized staff member. All teacher know sign language well and the administration, the school principal and the vice principle have hearing impairment. They run each and every tasks of the school. The school also has a two year prerequisite program for new comers before they began their formal education.

3.2. Tools

The instrument used to collect data from participants was questionnaire. This questionnaire has three parts. Background information contains 23 items; parent's socioeconomic background contains nine items. Specifically SES has three different parts. Such as, Academic status which contain from one up to 7 alternatives, income and occupation were presented from item 15 – 20, and finally housing include three items (from 21-23) adapted from Efrem (1999) and Solomon (2005), with minor changes. The third section, self- esteem inventories contain 18 items adapted from Resenberge (1986) and coppersmith (1967); cited in Efrem (1999). Of these 18 items, item 3, 5, 8, and 14 are stated negatively. Scoring for these items was for SA, A, UD, DA and SDA 1,2,3,4 and 5 respectively.

The questionnaire has a total of 41 items (See Appendix A) which was developed in English and then translated in to Amharic by 2 language experts (have B.A Degree in Ethiopian language). SES items were also given for economists having (B.A Degree) in the area. Finally the SE inventory items were given for 3 special needs experts (at Ph.D) level.

The questionnaire was completed by 56 SWHI (i.e. 31 female and 25 male students). More specially, the questionnaire was completed by 35 SWHI (i.e. 25 female and 10 male) in victory school for the Deaf. A total of 21 SWHI (i.e. 10 female and 11 male) completed this questionnaire in T/Haymanot Primary School.

3.2.1. Reliability and Validity

In the previous study, Crombach alpha reliability of 0.692 and 0.762 were obtained. Rosenberge (1986) Obtained 0.82 Crombach alpha reliability coefficient was found. Another study confirmed that coefficient of reliability of Rosenberg SE scale in one previous study Bachman and O'malley (1977); cited in Efrem (1999) has been reported reliability index of Crombach alpha 0.79. Regarding culture free SE inventories Mitchell (1985) reported it has test retest reliability of renegeing from 0.79 to 0.92.

As it was mentioned on the above section (3.1 tools), the inventory was also given senior special needs educators at (ph. D) level participated in judging items. They gave short descriptions about the components of SE inventories to help SWHI have more clear ideas on the items.

Based on this supportive suggestion, item one was replaced by directly related to the hearing impairment item. Other minor changes such as item eight nine and fourteen were done after the pilot study was conducted.

In addition wrongly repeated items and unclear items were deleted after a pilot study. The reliability obtained in the pilot study was 0.68 for 30 Menilik II special class students.

3.3. Procedure of Data Collection and Administration.

As it was mentioned earlier, the pilot study was conducted in Menilik II Special Class SWHI. In the main study, participants were first given orientation by their sign language teachers in each school. The purpose of the study and how to complete the questionnaire were described well, for teacher by the researcher. Then the first two sections (background information from 1-14 and parents' SES) from 15-23 were given for SWHI for 24 hours (they were oriented to bring on the next day). On the next day, SE inventory items (a total of 18 items of these 5 item were negatively stated), were administrated in one session in a room prepared for this purpose. This questionnaire administration and collection was first conducted in T/Haymanot Primary Pchool SWHI. And the second was conducted in Victory School for the Deaf.

3.4. Analysis of Data

As it was mentioned earlier on the methodology section, a quantitative method was employed. The collected data was analyzed using SPSS Version 12. The mean of SE, AA and SES were assessed whether there is correlation among these variables. Demographic variables such as, gender, and age difference in SE and AA were treated using t tests. Whether statistical significant were exerted or not between these variables.

CHAPTER FOUR

4. RESULTS

The results of the present study are presented in three sections. First, results obtained using descriptive statistics are presented. These descriptive values are intended to show the general picture of the participants. Second, the correlations among variables (SE, SES and AA) are displayed. Third, t -tests and there results are presented. For example, the difference between two schools of SE and AA of SWHI, gender difference in SE and AA, age difference in SE are treated using t tests.

Table 1 School Name, Location and Sex Distribution

School Name	Location	Sex				Mean age	SD
		M	F	T	%		
Tekle Haymanot primary school	Region 3 Eastern Gojjam Debre Markos	11	10	21	37.5	16.57	3.26
Victory primary school for the Deaf	Addis Ababa Yeka sub city	14	21	35	62.5	15.77	2.87

Table 1 reveals that two schools, one from Region three, Eastern Gojjam, Debermarkos and the second one was from Addis Ababa Found in Yeka sub city were included in the study. The total numbers of participants in the study were 56. From these 21 (37.5%) of students were from T/Haymanot primary school and the majority, 35 (62.5%) of the students were from Victory Primary School for the deaf. The mean age of T/Haymanot primary school were 16.57 and the mean age of victory primary school were 15.77. In general, more girls 31 (55.3%) than boys 25 (44.6%) were participated in the study.

Table 2 Participants' Grade level

School name	Grade level									
T/Haymanot primary school	4		5		6		7		8	
	M	F	M	F	M	F	M	F	M	F
	3	4	3	2	-	1	2	1	3	2
Victory primary school for the Deaf	4	8	4	7	6	6	-	-	-	-

Table 2 displays participants' grade level in each school. Based on this fact, 19 (33.9%) of students were grade four, 16(28.5%) were grade five, 13 (23.2%) were grade 6. T/Haymanot Primary School teaches children with hearing impairment up to grade eight with other non hearing impaired students inclusively. On the other hand victory primary school for the deaf teaches children with hearing impairment up to grade six levels.

Table 3 Causes and onset of Hearing Impairment

Item	Options	No	%
Causes of hearing loss	Heredity	1	1.78
	Disease	20	35.71
	Accident	4	7.14
	Unknown	31	55.35
Time or (onset) of hearing loss	Between 1-3 years	32	57.14
	Between 2-4 years	7	12.5
	Between 7-9	3	5.35
	Unknown	14	25

Table 3 reveals that causes of hearing loss and onset of hearing loss. The majority of the participants' causes of hearing loss were unknown 31 (55.3%). Disease was the second cause of hearing loss which accounts 20 (35.7%). Accident and heredity contributes 4 (7.1%) and (1.7%) respectively.

Item 3 on table 3 also reveals that the highest onset of hearing loss as it is reported by participants were during the age between 1-3 years 32 (57.1%). The second onsets of hearing loss were unknown 14 (25%). This indicates that participants did not know when the problem of hearing loss was occurred .The third and fourth onset of hearing loss were between 4-6 years 7 (12.9%) and between the age 7-9 were 3 (5.3%).

Table 4 Early support and degree of hearing loss.

Item	Options	No	%
Efforts to treat your hearing loss at the early stage	Local treatment	2	3.57
	Medical treatment	22	39.28
	Spiritual	19	33.92
	No effort	13	23.21
Degree of your hearing problem	Profound	22	39.28
	Severe	16	28.57
	Moderate	12	21.42
	mild	6	10.71

Table 4 included two items; efforts to treat the child hearing problem during the early period and degree of the hearing loss are presented. According to the participants report, the majority of the participants 22 (39.2%) received medical treatment during their early period of hearing problem. And another 19 (33.9%) have got spiritual treatment such as holly water. About 13 (23.2%) did not receive any treatment or no efforts

were made to treat their hearing problem. Only two participants (3.5%) have received local treatment.

Item 6 on table 4 also showed that the degree of hearing loss. According to the participants report 22 (39.2%) were profoundly loss their hearing ability, 16 (28.5%) were severe, 12 (21.4%) were moderately, and the remaining 6 (10.7%) were mildly loss their hearing ability.

Table 5 SWHI Living with, Family size, and Birth order of Participants.

Item	Options	No	%
With whom are you ling now	With my both parents	20	35.71
	With my mother	12	21.42
	With my father	3	5.35
	With my Grind	6	10.71
	With other persons	15	26.78
Your family size	Two	6	10.71
	Three	2	3.57
	Four	11	19.64
	Fife and above	37	66.07
What was your birth order	1 st	14	25
	2 nd	14	25
	3 rd	11	19
	4 th	17	30

Tables 5 include three items response. For Example, on item 5 students living with both parents were 20 (35%). The numbers of students with hearing impairment who live wi h others such as with their sisters, aunt’s uncle or in the institutions we e 15 (26.78%). Students living with their single parents that is with their mother’s or fathers’ were 12 (21.4%), and 3 (5.3%) respectively.

On item 7, tables 5, family sizes of the participants were indicated. Thirty seven (66%) of the participants were living in a large family (5 or above family members). The remaining 11 (19.6%), 6 (10.7%) and 2 (3.5%) were living in four, two, or three family size respectively. The birth orders of students with hearing impairment were included on item 8, table 5, 17 (30.3%) of the participants of the study have had fourth or above birth order in their family. Both first and second birth order participants were 14 (25%) in each group. Another 11 (19.6%) participants have third birth order as they reported in the background information.

Table 6.The Presence of Person with Hearing Impairment and Knowledge of Sign Language

Item	Option			
	Yes		No	
Is there any person with hearing impairment in your family?	No	%	No	%
	21	37.50	35	62.5
Do you know sign language	55	98.2	1	1.78

Table 6 reveals two item responses of participants. On item nine participates reported that there is another person with hearing impairment in their family 21 (35.5%) the remaining 35 (62.5%) reported that no other person with hearing problem in their family.

On item 11, 55 (98.2%) of the participants know and use sign language in their day to day communication.

Table 7 Encouragements from parents and teachers.

Item	Option	No	%
I receive encouragement from my parents to continue my education	Always	36	64.28
	Sometimes	8	14.28
	rarely	8	14.28
	Never	4	7.14
I receive encouragement from my teachers to continue my education	Always	43	76.78
	Sometimes	5	8.92
	rarely	5	8.92
	Never	3	5.35

Table 7 includes two items. It shows whether participations have received encouragement from their parents and teachers. Thirty six (64.2%) of students reported that they always received encouragement from their parents. Another 8 (14.28%) participates reported that they received encouragement rarely or sometimes. Only 4(7.1%) did not receive any encouragement from their parents to continue their education. In the same way on item 14, Students with hearing impairment have always received encouragement from their teachers were 43 (76.7%). Another 5 (8.9%) have received encouragements either rarely or sometimes from their teachers. Three students reported that they did not receive any encouragements from their teachers.

Table 8 parent's occupation

Occupation	Mothers'		Father's	
	N	%	N	%
House wives	28	50	-	-
Farmers	7	12	9	16
Merchants	3	5.35	8	14
Gov or NGO Employee	7	12.5	9	16.07
Others	8	16	13	23.2
Total	53	95.35	39	69.2

Table 8 indicates that parents' occupation. The majority of mothers' occupations as it is revealed on table 8 were house wife's 28 (50%). Has no any specific job outside of their house. The second occupation was more diversified in its nature. According to the report of participates' of the study, their parents were working in private small scale cottages, or daily laborers in different working environments were accounted 21 (39.2%) of both parents. The third occupations were farming and civil servant (Gov and NOG employee). Each occupation accounts 16 (28%) of both parents. Parent's who are merchants accounts 11 (19.35%) for both mothers and fathers. The number of fathers and mothers in the study does not much with the participants' number. This is because 17 fathers and three mothers are not alive according to the participants report.

Table 9 Variables mean, SD, maximum, and minimum values of measures used in the study

Variables	N	$\bar{X}$	SD	Obtained value		possible value	
				Max	Min	Max	Min
SE	56	72	7.9	86	49	90	18
SES	56	10.2	2.82	17	5.5	20	5
A.A	56	69.06	14.27	96.3	45	100	0

On table 9 it is indicated that participates' score on SE, SES and AA. For example, the mean score of SE of participants was 72 and SD was 7.9. In a similar way, the mean score of AA for these 56 participants were 69.06. This score does not indicate any grade level. Rather it shows the average score of all participants. The SES of the participants' mean score was 10.2 and its SD was 2.87 the maximum value obtained was 17 and the minimum was 5.5.

Table 10 Data and Results of t-tests of SE

Variable	N	$\bar{X}$	S.D	t	df	Sig 2 tailed
SE	56	72.00	7.9	16.951	55	0.000*

* Significant at 0.05 level

Table 10 indicates that the SE of SWHI is statistically significant above the expected mean.

Table 11 Data and Results of t-test of AA

Variable	N	$\bar{X}$	S.D	t	df	Sig 2 tailed
AA	56	69.06	14.27	9.904	55	0.000*

* Significant at 0.05 level

Table 11 revealed that the AA of SWHI is statically significant above the mean score at alpha 0.05.

Table 12 Data and Results of t tests between Male and Female Students' WHI on Self-Esteem

Variable	Sex	N	$\bar{X}$	S.D	t	df	Sig 2 tailed
SE	Male	25	71.8	7.44	0.093	54	0.926
	Female	31	72.00	8.00			

** Not significant at 0.05 level

Table 12 reveals the SE of Male and Female SWHI almost have similar mean with very little SD. As a result there is no significant difference on SE between Male and Female SWHI.

Table 13 Data and Results of t tests between Male and Female Students' WHI on Academic Achievement

Gender	N	$\bar{X}$	SD	t	df	Sig 2 tailed
Male	25	74.094	15.436	2.451*	54	0.017
Female	31	65.007	12.315			

* Significant at 0.05 level

Table 13 displays Male SWHI are better in their AA than female SWHI. The mean score of boys was greater than that of girls (74.094 and 65.007) respectively. This mean difference was significant at alpha 0.05.

Table 14 Data and Results of t-tests between Younger and older Students' WHI on Self-Esteem

Age Group	N	mean	SD	t	df	Sig (2 tailed)
10-16	31	71.903	8.58	0.008	54	0.994
17-24	25	71.920	7.15			

** Not significant at 0.05 level

Table 14 indicates age difference in SE of SWHI in two different age groups. It was similar with a mean of 71.96 and 71.92 between younger and older students respectively. The t values was also insignificant at alpha 0.05 level.

Table -15 Data and Results of t-tests between Younger and older Students' WHI on Academic Achievement

Age Group	N	$\bar{X}$	SD	t	df	Sig (2 tailed)
10-16	31	71.248	12.67	1.27	54	0.20 **
17-24	25	66.356	16.15			

** Not significant at 0.05 level.

The above table displays age difference in AA of SWHI. It reveals the mean different with the minimum SD of younger students at alpha 0.05 levels.

Table 16. Correlation Results between/among SE, AA, and SES.

Variables	Person Correlation Coefficient	Correlation coefficient
SEVAA	0.111	0
SEVSES	0.069	0
AAVSES	0.073	0

Table 16 displays the correlation among SE.AA and SES. All of them have produced a zero correlation among themselves. There is no a leaner relationship among these three variables.

CHAPTER FIVE

5. Discussion

The purpose of the present study was to assess the SE and AA of SWHI. Specific objectives of this study were also to investigate whether SE and AA vary across boys and girls (SWHI) and if there is any difference between young and older SWHI finally the general SE and AA of SWHI are treated whether statistical difference or not exist in all these variables using t testes.

The overall analysis of this study suggest that there is no correlation among SE, AA, and SES (0 correlation, has no any linear relationship among these variables). Specifically; the correlation between AA and SES was an ^{un} expected. This inconsistent result of the present study with previous studies may be due to difference in the nature of the sample engaged in the study,

Another reason for lack of consistency between the present study and other studies may be due to the difference in the instruments used to measure SES. In the present study, 3 indices of SES were combined to gather to obtain one index of SES. There are of course differences in instruments used to measure SES in other studies and the present study. For instance, Efrem (1999 in a local study included parenting style and House furniture. It is this difference that is supposed to cause different results. In the same way, data from students' report may also be susceptible to response sets that have eluded the possible difference in self - esteem outcome with other previous studies.

In many literature such as, (Moores,1996; Heward and Orlansky,1988), suggested that the economic status of the family whose parents are

affluent and college education are more likely to have academic success than a child from a low income, less educated family.

Another possible reason for zero correlation among these three variables may arise from wrong information given on parents' socioeconomic items. Such as, expecting external support may contribute for this outcome. Still the other possible reason may be the SE inventory items were not related with academic self esteem. Bachman and O' Malley (1977) cited in Efrem (1999), based on a sample of 1,600 young men from high school found that educational success is positively correlated with SE. But at the same time there are many studies which were reported a limited or no correlation between AA and SE (Pottebaum, 1986; Markuana, Bubin and Kingsbury, 1981; Watkin and Austilla, 1980). A study reported by Efrem (1999) on 260 high school students found a positive correlation between SE and AA. Since there is no correlation between or among these variables, they are treated independently as it is presented on the analysis section.

In general, SWHI have a positive self esteem with the mean score of 71.91 which is higher than the expected mean 54. A measure of variability, SD, is relatively low 7.91 among SWHI. Bat -Chave (1993) as cited in Mesfin (2006) comparing the self worth of deaf people with hearing people revealed that lower self esteem was found among deaf people. Brooks and Ellis (1982) suggested that the reason for lower self- esteem can be found in society's negative labeling of deaf individuals, in the same way. Beck (1988) obtained a similar finding when compared the SE of deaf, hard of hearing, and hearing adolescence. The lowest SE was found among the deaf adolescence. He observed that language was the principle contributing factor of SE.

The above studies revealed that SWHI have low SE. However, the present study is not consistent with the previous one. In this present study similar participants (SWHI) were considered.

In the same way, the total mean score of AA of participants was 69.06 with the highest range (51.3) and 14.40 SD. This implies that there is a high difference in AA score among SWHI.

Most research that has compared the academic performance of students with and without hearing impairment found that students with hearing impairments perform considerably below their chronological peers (Davis, Shepard, Stelmachowicz and Gorge, 1981; Kaley and Reed, 1986; cited in Taylor, 1995). The above idea suggests that SWHI have a general low AA, which is inconsistent with the present study. However, there is high variation with the highest range 51.3.

Other demographic variables such as, age and gender difference suggest relatively different outcomes.

As Moores (1996. p. 178) noted it an important factor that should be underlined while taking into account the social and emotional state of the hearing impaired, it is suggested that in many causes, deaf/hearing impaired persons have faced rejections and hostility from their families and age peers. As a result their sense of worth has been affected by evil sayings due to unclear speech patterns. They also faced social and economic discriminations which in return will have a negative consequence on their personality adjustment.

A research done by Elser (1959); cited in Horne (1985. p. 65) indicated that SWHI were not accepted by their hearing classmates. It is noted that "the degree to which an individual is accepted by his/ her peers and teachers during his/her early years at school is of special importance for it

will have a significant consequence on the child subsequent adjustment” (Tibebu, 1999.p 50).

According to Turnbull and Carpenter (1991, p.425) “Integrating among handicapped and non handicapped students usually does not occur spontaneously in mainstreamed classes.” Moreover, it is believed that social integration could be facilitated when due attention is given to develop positive attitudes towards SWD and to establish a class atmosphere that allows open and honest communication, success and respect Ibid. P. 433. As Abebe (2000) indicated as a whole, SHWI appear to show a relatively strong negative attitude towards integration being followed by regular teachers.

Gender difference in SE and AA was the second demographic variable treated on Table 10 and 11. As it is indicated in this table, gender difference in AA was observed statistically significant variation. Male SWHI were better than female SWHI with the mean score of 74.094 and 65.007 respectively. On the other hand boys and girls have almost a similar mean score of SE, 71.8, and 72.00 respectively. This implies sex difference in SE was not observed.

Regarding gender difference, (MOE 1997) it is well known in the larger society, male students are better in their AA than female students. A simple observation especially, in developing countries like Ethiopia, the number of boys and girls who enrolled and become successes in high school and college or university is not comparable. This gender difference in AA is the reflection of the larger educational outcome (Afawrk Dalela 2006)

What seem the age difference of SWHI in their SE and AA was the third important question treated in the analysis of this study? As it was indicated in table12 and 13 the age difference in these younger (10-16)

and older (17-24) SWHI was not statistically significant at alpha 0.05 two tailed test. However, the mean of AA of younger SWHI was better than that of older SWHI (71.248 and 66.356) respectively.

Regarding S'WHI age related issue; in general older adolescence have less SE than younger adolescence Efrem (1999). This might be the cause of the above outcome. Regarding S'WHI related issues, in general older adolescence have less SE than younger adolescence Efrem (1999). This might be the cause for the above outcome.

The other reason might be possible variation for the lower AA of older students might be related to the students' entry in schooling. This is especially true for T/Haymanot SWHI. Because their mean age was 16.59 with the higher SD of 3.26, and the range was also observed 14 years in this school. Though the above analysis was treated regardless of their school settings, students who participate in T/Haymanot primary school students contribute a lot than Victory students. As a result they might less interest in their day to day school activities. Age difference in the classroom situation might also create its own effect. Equal treatment (if there is between younger and older student in the same classroom) it creates its own consequence on their academic achievement.

CHAPTER SIX

Summary, Conclusion and Recommendation

6.1. SUMMARY

The purpose of the present study was to assess the SE and AA of SWHI. These variables were chosen for the present study because previous researchers have tried to give insight on communication and educational challenges of SWHI, attitudes of teachers and students towards inclusive education, social and academic condition of integrated SWHI and the like.

To achieve the purpose of the present study, four basic questions were posed. To assess or investigate the SE and AA of SWHI who are learning in two elementary school settings (Victory and T/Haymanot). The researcher used quantitative methods of research to analysis the collected data.

The study was conducted in Addis Ababa, Yeka sub city and D/Markos, Eastern Gojjam. The population and the sample members who participate in the study were SWHI. A total sample of 56 (31 female and 25 male) students was included in the study. Student's grade level was considered as a selection criteria. Based on this criterion, students from grade four up to grade eight were included using available sampling technique.

As it was indicated on the second paragraph, the method used to analyses the collected data, a quantitative method of research was employed.

Especially, the analyses, correlation among SE, AA, SES, and other demographic variables such as, gender and age difference in SE and AA done using SPSS version 12. In addition to this t -tests and correlation, measures of central tendency specifically mean scores of SE and AA were treated in each variable using the above version Percentage results were also presented whenever it is necessary on the study.

The instrument used to collect data was questionnaire. It has three different parts (see Appendix 1).

6.2. Conclusion

Education is a fundamental human right and one of the main factors that reduces poverty and improve socio economic conditions in a given society or country. Without education these improvements are untouchable. To ensure these improvements, all citizens including the disabled have to get proper education. As it was presented in the previous four chapters, SWHI are one of SWD. Their SE and AA were assessed as it was presented. Hearing loss limits a person's ability to enjoy in many forms of entertainment, discussion with peers, family members, and teachers and even with a passer – by, for simple common dialogues. It also limits access to classroom information that is normally available through personal communications.

To address the problems of disabled children in general and SWHI in particular, it requires the commitments of parents, community, teachers, administrators, governmental and non governmental (NGO) organization (NGOs).

Therefore, the main focus of this research objective was to assess the SE and AA of SWHI. From the findings of this study, it could be concluded as follows.

- In general SWHI have a positive SE and better AA regardless of their grade, sex and age differences.
- The mean scores of SE and AA of SWHI are statistically significant at alpha 0.05, 2 tailed t- test and df of 55. When these mane scores are compared to their expected mean.

- As it was indicated on the analysis, there is no correlation among SE, AA and SES.
- The demography variable such as gender and age difference in SE and AA of SWHI exerted difference out comes.

Another finding, sex difference in SE and AA between male and female students suggested that male students are better in their AA than female SWHI. This difference is statistically significant at alpha 0.05 2 tailed t test and df of 54. However, there is no SE variation between male and female SWHI (see table 11 and 12).

The final finding, on age difference in SE and AA SWHI revealed that there is no statistical significant difference in SE and AA between these age groups (i.e. 10-16 and 17-24). However, there is a mean difference in AA in favor of younger SWHI.

Other demographic variables, for instance, the majority of participants loss their hearing ability during their toddler hood. This is very critical time for the child language development, and other motor activities. Similarity, the causes of hearing impairment according to participants' report 32 (57.14%) was disease for their hearing loss.

The birth order of SWHI was also asked on the questionnaire. Based on the participants' report about 14 (25%) of SWHI have had first or second birth order. The remaining 50% were two diversified. Family size of SWHI was also asked on table 5, item 8. Thirty seven (66.07%) of participants are living with in 5 or more family members. SWHI who are living with both parents were only 20 (35.71%). The remaining 36 (64.28%) were living either with their single parents, or with their elder sisters and brothers or with other persons without blood relationship.

Finally, SWHI were asked if there was any person with hearing impairment in their family. For these question participants responded No

was 35 (62.5%) About 21 (37.5%) of respondents confirmed that there is at list one person in their family with hearing impairment.

6.3. Recommendation

Research has repeatedly found that the quality and quantity of what students hear has a major impact on what they learn. Deafness could have enormous effects on the individual's holistic development. Children may have slow language development in all linguistic experiences, less success educationally, problem of adjustment socially, and other environmental restrictions (SNESCO, 1984). Such delayed and slow development can influence a deaf child's ability to develop communication skills. Such as listening, speaking, signing and writing. The extent to these difficulties in language arts depends on the student's degree of HI, and age of loss (Gearheart et al., 1992).

In Ethiopia according to educational and training policy of (1994), disadvantage groups will receive special support in education. In order to address special needs education program for SWD including educational program for SWHI, it requires the cooperative effort of parents, community members, teachers, school principals, government agencies, NGO, and charity organizations should act accordingly on SWHI education.

- As it was mentioned earlier that SWHI have a positive SE with a little variation among them selves. As a result, teachers, peer groups, and family members have to create more proper communication such as using sign language or total communication when ever it is necessary.
- SWHI have to begin their formal education just like other typical children at age of seven.
- Sign language has to be given for family members, teachers and peer groups of SWOHI. In order to maintain positive SE.

- Special support should be developed to improve SWHI reading and writing skills. This is because the remaining language skills in formal teaching and learning process are these two higher skills.
- In addition to the above language teaching skill; there has to be uniform prerequisite teaching schedule for beginners of SWHI before they begin their formal classroom teaching learning process.
- To reduce the birth rate of SWHI, primary health at grass root level for pregnant mothers and vaccinations for infants must be given. This is because the majority of participants lose their hearing ability during their critical age (1-3 years). The other reasons to say this was that SWHI reported about 28 (50%) have had first or second birth order. This might be related to birth complication of young mothers. In the same way older mothers who give birth might be the cause for their children with hearing impairment. Due to the above reasons, primary health care for mothers must be given using media and other teaching methods.

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APPENDIX A

Addis Ababa University
School of Graduate Studies
Department psychology
Field of study special needs education
Questionnaire for students with hearing impairment

Topic: Assessment of self esteem and Academic Achievement of children with Hearing Impairment.

This Questionnaire is designed to be responded by children with hearing impairment. The main objective of these questionnaires is to assess the self- esteem and academic achievement of these children. It is believed that your participation in giving full information on this questionnaire is highly crucial for the successful completion of this research. Your responses would strictly be kept confidential and would be used only for research purpose.

Thank you for your cooperation

Direction: Read the following items and fill with the appropriate information in the blank spaces provided and select the correct response from the given alternative by underling the corresponding number.

A. Background Information

1. School _____ Sex _____ Age _____ Grade _____
Zone _____ Woreda _____ Region _____

2. Causes of your hearing loss (if you know).

1). Heredity

2). Disease

3). Accident

4). Not known

3. How do you describe your degree of hearing loss?

1). Profound

2). Severe

14. I receive encouragement from my teachers to continue my education.

A) Rarely B) Sometimes C) Always D) Never at all.

Parents' occupation, income, and living condition.

15. Father's occupation

1). Farmer 2). Merchant 3). Civil servant (worker) 4). Other(specify)_____

16. Mother's occupation

1. Farmer 2. Merchant
3. Civil servant 4. House wife 5. Other (specify).

17. If your parents are farmers, the average total crop production in quintal is

1. Less than 5 quintal 2. 5-10 quintal
3. 11-14 quintal 4. 15 and above

18. The average monthly income of your parents' in birr?

1) Less than 200 2) 200-499 3) 500- 799
4) 800-999 5) 1000 and above

Your Mother's income in birr _____ Your Father's income in birr _____

19. Father's Educational status.

1). Can not read and write 5). Grade 9-11
2). Can read and write 6). Grade 12 and above
3). Grade one to four 7). College or university graduate

4). Grade 5-8

20. Mother's Educational status.

1). Can not read and write 5). Grade 9-11

2). Can read and write

6). Grade 12 and above

3). Grade one to four

7). College or university

graduate

4). Grade 5-8

21. Your family home made of

A) grass and mud plastered.

B) Corrugated Iron and mud plastered.

C) Made of stone bulicate and hard materials.

22. How many rooms do you have in your house including the kitchen?

A). 2

B) .3

C). 4

D). 4 and above

23. Is your house

A) Rental..

B) Private.

Self esteem Inventory

The following are list of statements dealing with your general feelings about yourself. If you strongly agree circle SA, if you agree with the statement circle A, if you are undecided circle UD, if you Disagree, Circle D, and if you strongly disagree, circle SD.

No	Items	Strongly agree	Agree	Undecided	Disagree	Strongly Disagree
1	Though I have hearing impairment, I am proud myself.					
2	I feel that I have a number of good qualities.					
3	All in all, I am inclined to feel that I am a failure.					
4	I am able to things equally well as most other people					
5	I feel I do not have qualities much to be proud of.					
6	I take a positive attitude towards myself.					
7	On the whole, I am satisfied with myself					
8	I feel I should have more respect for myself.					
9	I feel I am a good person.					
10	I feel I am important person.					
11	I accept myself the way I am right now.					

12	I like myself for what I am.					
13	I am as happy as most boys and girls.					
14	I do not compare myself with other people.					
15	I am worthy of love and respect. I get from others.					
16	I know what I am and I do not put myself down.					
17	I always tell myself the truth about what I am feeling.					
18	I stand up for or myself					

Source: Rosenberg (1986)

And Coppersmith (1967); cited in Efrim (1999)

አዲስ አበባ የንብርሲቲ
የድህረ ምረቃ ትምህርት መርሃግብር

በሳይኮሎጂ ትምህርት ክፍል
(የልዩ ፍላጎት ትምህርት ዘርፍ)

መስማት ለተሳናቸው ተማሪዎች የተዘጋጀ መጠይቅ፡፡

ይህ መጠይቅ የተዘጋጀው መስማት የተሳናቸው ተማሪዎች እንዲሞሉት ሲሆን አላማው ተማሪዎች ስለራሳቸው ያላቸውን ግምት ለመመዘንና የትምህርት አቀባበላቸው (ውጤታቸውን) ለመገምገም ታስቦ ነው፡፡ የሚገኘው መረጃ የጥናቱን ውጤት በአግባቡ ለማሳየት እንዲችል ተማሪዎች የተጠየቁትን በታማኝነት በመመለስ እንዲተባበሩ በአክብሮት ስጠይቅ የምትሰጡ መረጃ ለማንኛውም ሶስተኛ ሰው የማይተላለፍ መሆኑን በማረጋገጥ ነው፡፡

ለትብብራችሁ ከልብ አመሰግናለሁ፡፡

መመሪያ፡- ከዚህ በታች የቀረቡትን ጥያቄዎች በማንበብ በተሰጡት ክፍት ቦታዎች ተገቢውን መልስ በአጭሩ በመስጠት ወይም ከተሰጡት አማራጮች መልሶች አንዱን ብቻ በመምረጥ አስምሩበት፡፡

1. ት/ቤት _____ ያታ _____ እድሜ _____ የክፍል ደረጃ _____
ከተማ _____ ቀበሌ _____
2. የመስማት ችግር በአንቺ(ት)ላይ የደረሰው በምን ምክንያት ነው? ወይም ትገምታለህ
 1. በዘር የሚተላለፍ 2. በህመም 3. በአደጋ 4. የችግሩን ምንጭ አላውቅም
3. መስማት የተሳነሸ(ህ) መች ነበር? ጊዜውን የምታስታውስ ከሆነ
 1. ከ 1-3 ዓመት ባለሁበት የልጅነት ጊዜ
 2. ከ 4-6 ዓመት ባለሁበት የልጅነት ጊዜ
 3. ከ 7-9 ዓመት ባለሁበት የልጅነት ጊዜ
 4. መ ች እንደደረሰብኝ አላውቅም፡፡

4. በመጀመሪያዎቹ የችግሩ ወቅት ቤተሰብህ ከህመሙ እንድትድን ያደረገልህ/ሽ/ ጥረት

ምን ነበር?

1. ባህላዊ ህክምና 2. በዘመናዊ ህክምና የታገዘ ጥረት 3. ፀበል 4. ምንም ጥረት አልተደረገልኝ።

5. አሁን ከማን ጋር ትኖራለህ /ሽ/?

1. ከሁለቱም ወላጆቼ 2. ከእናቴ ጋር ብቻ 3. ከአባቴ ጋር ብቻ
4. ከአያቴ ጋር 5. ወይም ከሌላ ከሆነ ቢገለፅ _____

6. የመስማት ችግርህ ደረጃ ምን ያህል ነው ብለህ ትገምታለህ?

1. እጅግ በጣም ከፍተኛ 2. ከፍተኛ 3. መጠነኛ 4. በጣም ዝቅተኛ (ችግሩ በመጠኑ ብቻ ያለብኝ)

7. አሁን አብራችሁ የምትኖሩት የቤተሰብ አባላት ምን ያህል ናቸው?

1. ሁለት 2. ሦስት 3. አራት 4. ከአምስት እና በላይ

8. እንተ/ቺ/ ለቤተሰብህ /ሽ/ ስንተኛ ልጅ ነህ/ሽ/

1. የመጀመሪያ 2. 2ኛ ልጅ 3. ሦስተኛ ልጅ 4. ____ ልጅ /ቢገለፅ/

9. ከቤተሰብ አባሎች ውስጥ መስማት የተሳነው ሌላ ሰው አለ?

1. አዎ 2. የለም

10. መልስህ/ሽ/ አይደለም ከሆነ ሌላው የቤተሰብ አባልና መስማት የተሳነው ማን ነው?

1. ወንድሜ 2. እህቴ 3. እናቴ 4. አባቴ 5. ሌላ ከሆነ ግለጽ _____

11. በምልክት ቋንቋ መግባባት ትችላህ?

1. አዎ 2. አላውቅም

12. በምልክት ቋንቋ መግባባት ችሎታህ/ሽ/ ምን ያህል ነው?

1. እጅግ በጣም ጥሩ 2. በጣም ጥሩ 3. ጥሩ 4. አጥጋቢ

13. ትምህርቴን እንድቀጥል ከቤተሰብ የማገኘው አበረታች ድጋፍ

1. በጣም በጥቂቱ 2. አልፎ አልፎ 3. ሁልጊዜ 4. ምንም ጊዜ አበረታተውኝ አያውቁም

14. ትምህርቴን እንድቀጥል ከመምህራን የማገኘው አበረታች ድጋፍ

1. በጣም በጥቂቱ 2. አልፎ አልፎ 3. ሁልጊዜ 4. ምንም ጊዜ አበረታተውኝ አያውቁም

II የቤተሰብ ሥራን ገቢንና የአኗኗር ሁኔታ የሚመለከት መጠይቅ

15. የአባትህ/ሽ/ ሥራ

የእናትህ /ሽ/ ሥራ

3. ከብለኰትና ከድንጋይ ወጤቶች ከሲሚንቶ

22. መኖሪያ ቤታችሁ ምን ያህል ክፍሎች አሉት? የማብሰያ ቤቱን ጨምሮ

1) 2

2) 3

3) 4

4) ከ 4 በላይ

23 የመኖሪያ ቤታችሁ

1. የኪራይ ቤት ነው

2. የራሳችሁ ቤት ነው

APPENDIX B
Raw Data

	Sex	age	grade	SE	SES	AA
1	F	9	5	63	7	46.44
2	F	10	5	49	10.5	72
3	F	9	4	65	10.5	85.8
4	F	9	4	61	8	68.8
5	F	10	8	76	10.5	55.8
6	F	9	4	59	12	69
7	F	9	6	64	10.5	62
8	F	10	7	66	6	50.4
9	F	10	8	76	9	53.6
10	F	10	4	69	7	70
11	F	10	4	72	13	81
12	F	9	4	83	17	67.5
13	F	10	4	65	15	57
14	F	9	4	81	9	87
15	F	10	4	75	17.5	45
16	F	10	4	76	11	49
17	F	9	4	64	13	84
18	F	10	4	70	7	53
19	F	9	5	81	12	60.6
20	F	9	5	66	10.5	72
21	F	10	5	70	6	59
22	F	9	5	75	11	80
23	F	9	5	85	5.5	63
24	F	9	5	81	12	49
25	F	10	5	75	10	56.4
26	F	9	6	74	12.5	70.6
27	F	10	6	86	6	82.9
28	F	10	6	75	9	64.1
29	F	10	6	76	10	63.4
30	F	9	6	75	7	78.9
31	F	9	6	79	11.5	58
32	M	9	4	65	11	88.8
33	M	9	5	59	12.5	71.55
34	M	10	8	67	11.5	55.22
35	M	9	7	56	8	55.1
36	M	10	4	73	7	85.6
37	M	10	5	62	7	48

		እጅግ በጣም እስማማለሁ	እስማማለሁ	መወሰን አልችልም	አልስማማም	እጅግ በጣም አልስማማም
12	አሁን የምገኝበትን ማንነቴን እወደዋለሁ ::					
13	እንደ አብዛኛው ውንድና ሴት ልጆች ደስተኛ ነኝ ብዬ አስባለሁ::					
14	እራሴን ከሌሎች ሰዎች ጋር አላወዳድርም::					
14	እኔ ጠቃሚ ተወዳጅና ክብር ያለኝ ሰው ነኝ::					
15	ለራሴ ታማኝና እራሴን ዝቅ አድርጌ (አሳንሼ) አላይም::					
16	በአጠቃላይ በእራሴ ማንነት ደስተኛ ነኝ::					
17	ሁል ጊዜ ስለራሴ የሚሰማኝን ትክክለኛ ስሜት ለዕራሴ እነግረዋለሁ::					
18	በእራሴ እተማመናለሁ::					

38	M	10	4	75	11.5	92.4
39	M	9	5	67	13	50.1
40	M	9	8	63	12.5	57
41	M	10	7	72	9	58.2
42	M	10	8	77	12	51
43	M	10	4	80	12	80
44	M	9	4	80	14	79.5
45	M	9	4	68	8	93.5
46	M	9	4	76	9	70
47	M	9	5	71	8	81.3
48	M	9	5	80	9	76.3
49	M	9	5	83	17	73.2
50	M	9	5	82	10.5	67
51	M	9	6	69	6	74
52	M	10	6	78	8	96.3
53	M	10	6	73	7	92.7
54	M	9	6	78	8	74.4
55	M	10	6	65	14	86.9
56	M	9	6	76	10.5	94.3

Declaration

I, the under signed declare that this is my original work and has not been presented for a degree in any other university and that all source of materials used for this thesis duly acknowledged.

Name KASSAHUN ZEWADE

Signature Kast

Date July 10, 2007

This thesis has been submitted for examination with my approval as university Advisor

D.R. Sreevlsa Kumar

Signature SKS

Date July, 2007