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Self-Efficacy and Peer-Acceptance among Adolescents with Hearing Impairment in Port Harcourt Metropolis

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Abstract

The study looked at peer acceptance and self-efficacy among teens with hearing impairments in the Port Harcourt Metropolis. The study used a correlational research strategy. The study was guided by 4 objectives, which were turned into 4 research questions and 4 null hypotheses. The population of these study comprises of 86 local youths with hearing problems. The study's sample consisted of 86 teens with hearing impairments obtained through purposive selection. The study's data was collected using two tools designed by the researcher. These tools were known as the Peer Acceptance Scale (PAS) and the General Self-Efficacy Scale (GSES). The tools were evaluated by measurement and evaluation professionals from Ignatius Ajuru University of Education. The study was subjected to reliability test using Cronbach alpha to assess the instrument's dependability. The reliability coefficients for the Peer Acceptance Scale (PAS) and the General Self-Efficacy Scale (GSES) were 0.86 and 0.89, respectively. To answer the study questions and test the null hypotheses, the Pearson Product Moment Correlation Method was used at a 0.05 level of significance. The findings revealed a substantial association between peer acceptability and self-efficacy among adolescents with hearing impairments, depending on parental education and gender. The study's findings led to a number of recommendations, including the following: special educators should emphasize that a disability does not imply incapacity; guidance and counseling should be established and made available in special or exclusive schools; and adolescents with hearing impairments should be encouraged to interact with their peers.

Keywords: Self-Efficacy, Peer-Acceptance, Adolescents, Hearing, Impairment.

Introduction

The condition of hearing loss poses a challenge to individuals on this exceptionality in terms of acceptability and the way they perceive themselves. Pre-lingual deaf people, who lost their hearing before learning to speak, are more different from post-lingual deaf people in many ways from the hearing world. Unlike hearing people, the former cannot naturally learn to speak. The latter, on the other hand, can use speech for social and educational purposes after developing speech prior to developing hearing loss. When a person develops hearing loss, it has some bearing on how well they learn in school (Mba, 2019). According to Williams (2019), children's social participation is influenced by the age at which deafness occurs. Kids who start to lose their hearing after they turn 12 usually stick with their hearing friends instead of joining the group of deaf adults. But kids who begin to lose their hearing when they are between 3 and 12 years old often finish special school programs for deaf children and can grow up to be helpful and confident members of the deaf community. This posits that individuals who acquire hearing loss at adolescence upwards may find themselves marginalized following their inability to join deaf community and their presence in midst of hearing friends who may show little or no interest about their hearing impairment. Foster (2018) found that deaf and hard of hearing employees often experienced difficulty in social interactions, information on net working opportunities and obtaining information through informal networks.

However, peer acceptance plays a significant role in adolescents' emotional health by boosting their sense of value and self-worth. Teenagers look for friends who will relate to them, who have similar beliefs and ideals, who they can confide in, and who will stick by them. The truth is that being different is typically not valued during adolescence, despite the fact that students are generally taught not to discriminate because someone is different (Coyner, 2016). Teenagers look to their peers to determine what is "normal," and for many, surviving during this time is achieved by fitting in and adhering to social norms. According to Coyner (2016), the biggest predictor of academic achievement in a mainstream program for hard of hearing and deaf children is acceptance by hearing classmates. This highlights the significance of a strong social foundation as a fundamental basis for academic success. Teenagers' social behavior has a significant impact on whether they are accepted or rejected by their peers and is crucial to the formation of friendships (Schectz, 2021).

Peer acceptance is a crucial component of social interaction and interpersonal relationships. According to studies, kids who acquire good social skills tend to have higher self-esteem and be more eager to engage with their surroundings as they get older. According to Razny (2019), social interaction opportunities may be crucial for the future of a young child with a disability in addition to improving development in the early years. Peer acceptance is a major factor in developing the skill of full interaction. This may have an impact on future educational opportunities and is necessary throughout life.

The belief or confidence that one can successfully carry out a behavior required to produce an outcome is known as self-efficacy. The more self-efficacious a person is, the more confident they are that they can carry out the behavior required to obtain a specific outcome (Felekech, 2020). This suggests that an individual's level of self-efficacy can be used to assess how well they can carry out the behavior necessary to produce an outcome on interpersonal relationships. People tend to stay away from situations that they think are beyond their capabilities and engage in activities that they feel they can do without hesitation (Razny, 2019). Self-efficacy to a great extent determines peer acceptance. This is even more obvious among adolescents with hearing impairment. This implies that, hearing impairment is not a barrier for possessing high level of self-efficacy which will in turn enhance peer-acceptance.

Statement of Problem

Generally, individuals with disabilities, those with hearing impairment in particular have very negative opinions about themselves, some often perceive themselves as different from their counterparts who are without disabilities. These alongside other factors such as discrimination by peers and statutory preferences by the society, affect their self-efficacy and general conception and perception of self. Consequently, it is difficult to develop good personality that could enhance their self reliance and actualization. Furthermore, the peculiar nature of the period of adolescent has a way of contributing to the bulk of problem of adolescents with hearing impairment. This period no doubt is characterized by changes and crisis biologically, emotionally and socially, such crisis include problem-relating with people (mostly in situations where they lack peer acceptance), failure in accepting themselves as individuals with hearing impairment. This leads to awful feeling of inferiority, lack of self confidence and the attitude of becoming withdrawn and utterly dependent which necessarily militate against their ability to make friends easily.

The poor academic achievement among individuals with hearing impairment may be due to poor self-efficacy as well as poor peer acceptance. It is worthy of note to state categorically that low of self-efficacy is likely to shy away from interpersonal relationship and this may affect also their peer acceptance. This study therefore examined the relationship between self-efficacy and peer acceptance among adolescents with hearing impairment in segregated schools in Port Harcourt Metropolis.

Objectives of the Study

The study specifically aimed to accomplish the following:

- i) Assess male adolescents with hearing impairments' levels of self-efficacy and peer acceptance.
- ii) Assess peer acceptance and self-efficacy in female adolescents with hearing impairment.
- iii) Assess peer acceptance and self-efficacy in adolescents with hearing impairments from educated households.
- iv) Assess peer acceptance and self-efficacy in adolescents with hearing impairments from families with low levels of education.

Research Questions

The study was guided by some questions to help understand the topic better.

1. How much does peer acceptance among male adolescents with hearing impairments in Port Harcourt Metropolis correlate with self-efficacy?
2. How much does peer acceptance among female adolescents with hearing impairments in Port Harcourt Metropolis correlate with self-efficacy?
3. How much does peer acceptance of hearing-impaired adolescents from educated families in Port Harcourt Metropolis depend on their sense of self-efficacy?
4. How much does peer acceptance of hearing-impaired adolescents from illiterate families in Port Harcourt Metropolis depend on their sense of self-efficacy?

Hypotheses

The following null hypotheses were evaluated with a 0.05 threshold of significance.

1. Among male adolescents with hearing impairments in Port Harcourt Metropolis, there is no discernible correlation between peer acceptance and self-efficacy.
2. Among female adolescents with hearing impairments in Port Harcourt Metropolis, there is no discernible correlation between peer acceptance and self-efficacy.
3. Among female adolescents with hearing impairments from educated families in Port Harcourt Metropolis, there is no discernible correlation between peer acceptance and self-efficacy.
4. Among female adolescents with hearing impairments from uneducated families in Port Harcourt Metropolis, there is no discernible correlation between peer acceptance and self-efficacy.

Methods

This study was conducted using a correlational research approach. The study included 86 hearing-impaired pupils from Port Harcourt Metropolis. The population was drawn from the Handmaid Special School, Exceptional Diamond School Woji, Special School for the Handicapped Creek Road, and Child School Corpus Christi Kaduna Street in Port Harcourt. Experts checked the questions to make sure they made sense and were good for what they wanted to find out. They also tested how reliable or consistent the questionnaires were. The GSES got a high reliability score of 0.89, and the PAS got a score of 0.86, which means the questionnaires are trustable. The study looked at 86 students, and they picked these students carefully to make sure they were the right ones to learn about. The students answered two special questionnaires the researchers made themselves. One questionnaire was called the "General Self-Efficacy Scale" (GSES), and it had 21 questions. The other was called the "Peer Acceptance Scale" (PAS), and it had 15 questions. The researcher paid a preliminary visit to the schools selected beforehand in order to solicit permission and mutual cooperation of the schools and institutions authorities, management, staff (teaching and non-teaching), those with hearing impairment in particular who were the respondents that was used for this study. The researcher provided succinct information and guidance as to how the respondents filled the items of the questionnaire for them to supply appropriate information/data as applicable to each of them as much as possible. The study questions were answered, and the null hypotheses were assessed at the 0.05 level of significance by Pearson Product Moment Correlation.

Results

Hypothesis One: There is no significant relationship between self-efficacy and peer-acceptance among male adolescents with hearing impairment.

Table 1: Relationship between self-efficacy and peer acceptance among male adolescents with hearing impairment

Correlations.

		Self -efficacy among male adolescents with hearing impairment	Peer-acceptance among male adolescents with hearing impairment	Decision
Self -efficacy among male adolescents with hearing impairment	Pearson Correlation	1	.583**	
	Sig. (2-tailed)		.000	
	N	34	34	Accepted
Peer-acceptance among male adolescents with hearing impairment	Pearson Correlation	.583**	1	
	Sig. (2-tailed)	.000		
	N	34	34	

**. Correlation is significant at the 0.05 level (2-tailed).

Table 1 shows that among male adolescents with hearing impairment, self-efficacy and peer acceptance had a 0.58 correlation coefficient. According to this correlation coefficient, among male adolescents with hearing impairments in Port Harcourt Metropolis, peer acceptance and self-efficacy had a moderately positive relationship. Furthermore, among male adolescents with hearing impairment, the correlation coefficient (0.58) between self-efficacy and peer acceptance was significant at the 0.05 level of significance, according to the data in Table 1. Thus, the null hypothesis was disproved and the alternative hypothesis was approved. The hypothesis's conclusion was that among male adolescents with hearing impairments in Port Harcourt Metropolis, peer acceptance and self-efficacy are significantly correlated.

Hypothesis 2: Among female adolescents with hearing impairment, peer acceptance and self-efficacy do not significantly correlate.

Table 2: Relationship between self-efficacy and peer acceptance among female adolescents with hearing impairment Correlations.

		Self -efficacy among female adolescents with hearing impairment	Peer-acceptance among female adolescents with hearing impairment	Decision
Self -efficacy among female adolescents with hearing impairment	Pearson Correlation	1	.551**	
	Sig. (2-tailed)		.000	Accepted
	N	48	48	
Peer-acceptance among female adolescents with hearing impairment	Pearson Correlation	.551**	1	
	Sig. (2-tailed)	.000		
	N	48	48	

**. Correlation is significant at the 0.05 level (2-tailed).

They also tested how reliable or consistent the questionnaires were. The GSES got a high reliability score of 0.89, and the PAS got a score of 0.86, which means the questionnaires are trustable. The study looked at 86 students, and they picked these students carefully to make sure they were the right ones to learn about. The students answered two special questionnaires the researchers made themselves. One questionnaire was called the "General Self-Efficacy Scale" (GSES), and it had 21 questions. The other was called the "Peer Acceptance Scale" (PAS), and it had 15 questions.

Hypothesis Three: There is no significant relationship between self-efficacy and peer-acceptance among adolescents with hearing impairment from educated families.

Table 3: Relationship between self-efficacy and peer acceptance among adolescents from educated families Correlations

		Self -efficacy among adolescents with hearing impairment from educated family	Peer-acceptance among adolescents with hearing impairment from educated family	Decision
Self -efficacy among adolescents with hearing impairment from educated family	Pearson Correlation	1	.573**	
	Sig. (2-tailed)		.000	
	N	18	18	
Peer-acceptance among adolescents with hearing impairment from educated family	Pearson Correlation	.573**	1	Accepted
	Sig. (2-tailed)	.000		
	N	18	18	

**. Correlation is significant at the 0.05 level (2-tailed).

Table 3's data shows a correlation coefficient of 0.57, among adolescents with hearing impairments from educated families, between peer acceptance and self-efficacy. According to this correlation coefficient, among adolescents with hearing impairments from educated families in Port Harcourt Metropolis, peer acceptance and self-efficacy had a positive but moderate relationship. The table shows that there is a pretty strong connection between how confident teenagers with hearing difficulties feel about themselves and how much their friends like them. This was especially true for teenagers whose families are well-educated. Scientists checked and found that this

connection is real and not just by chance. So, they proved that there is a real link between feeling confident and being accepted by friends for these teenagers. The hypothesis stated that self-efficacy and peer acceptance were significantly correlated among adolescents with hearing impairments from educated families in Port Harcourt Metropolis.

Hypothesis Four: There is no significant link between self-efficacy and peer acceptability among teenagers with hearing impairment from uneducated households.

Table 4: Relationship between self-efficacy and peer acceptance among adolescents from uneducated families Correlations.

		Self-efficacy among adolescents with hearing impairment from uneducated family		Peer-acceptance among adolescents with hearing impairment from uneducated family	among	Decision
				with	with	
				adolescents	adolescents	
Self-efficacy among adolescents with hearing impairment from uneducated family	Pearson Correlation	1		.514**		
	Sig. (2-tailed)			.000		
	N	64		64		
Peer-acceptance among adolescents with hearing impairment from uneducated family	Pearson Correlation		.514**	1		Accepted
	Sig. (2-tailed)		.000			
	N	64		64		

**. Correlation is significant at the 0.05 level (2-tailed).

Table 4 shows a correlation coefficient of 0.51, which measures the relationship between self-efficacy and peer acceptance, among hearing-impaired adolescents from uneducated families in Port Harcourt Metropolis. According to this correlation coefficient, self-efficacy and peer acceptance were positively but moderately correlated among adolescents with hearing impairments from uneducated families in Port Harcourt Metropolis. Furthermore, the correlation coefficient (0.51) between peer acceptance and self-efficacy was significant at the 0.05 level of significance among adolescents from uneducated families, according to Table 4 data. The null hypothesis was disproven, and the alternative hypothesis was accepted. The hypothesis proposed that there was a strong relationship between peer acceptance and self-efficacy among teenagers with hearing impairments from uneducated homes in Port Harcourt Metropolis.

Discussion

According to Hypothesis One, among male adolescents with hearing impairments in Port Harcourt Metropolis, peer acceptance and self-efficacy had a positive, moderate relationship. According to this research, male adolescents with hearing impairments in Port Harcourt Metropolis who scored extremely high on self-efficacy also scored highly on peer acceptance. At the 0.05 level of significance, the correlation coefficient between peer acceptance and self-efficacy among male adolescents with hearing impairment in Port Harcourt Metropolis was determined to be statistically significant. This result supported Parker and Asher's (2016) finding that among male adolescents with hearing impairment, peer acceptance and self-efficacy were significantly correlated.

The second hypothesis found that among female adolescents with hearing impairments in Port Harcourt Metropolis, peer acceptance and self-efficacy had a moderately positive relationship. According to this research, female adolescents with hearing impairments in Port Harcourt Metropolis who scored highly on self-efficacy also scored highly on peer acceptance, and vice versa. The relationship between self-efficacy and peer acceptability among female adolescents with hearing impairment in Port Harcourt Metropolis was statistically significant at the 0.05 level. This result supported the findings of Buhs and Ladd (2017), who showed a substantial link between self-efficacy and peer acceptability among female adolescents with hearing impairment.

Hypothesis Three studies found that self-efficacy and peer acceptability were positively but marginally associated among hearing-impaired teenagers from educated homes in the Port Harcourt Metropolis. The results demonstrated that hearing-impaired adolescents from well-educated families in Port Harcourt Metropolis who scored highly on self-efficacy also scored highly on peer acceptance, and vice versa. The relationship between self-efficacy and peer acceptability among teenagers with hearing impairment from educated homes was statistically significant at the 0.05 level. This result corroborated the findings of Roessler et al. (2018), who

discovered that among adolescents with hearing impairments from educated families, self-efficacy and peer acceptance were significantly correlated.

This study looked at teenagers in Port Harcourt who have hearing difficulties and come from families that didn't go to school. It found that when these teenagers believe they can do things well (that's called self-efficacy), they are also more accepted and liked by their friends. So, if a teen feels confident and capable, they are more likely to be accepted by their classmates, and if they are accepted, they tend to feel more confident too. The study showed that this connection is real and important. It also agrees with another study from before, which found that kids from families who didn't go to school and who are accepted by friends tend to believe more in themselves.

Conclusion

Self-efficacy whether from educated or uneducated parents, low or high socio-economic background and peers are crucial for the adolescents with hearing impairment. Also, peer-acceptance is very necessary for the adolescents with hearing impairment to maintain cordial relationship with others. Based on the results of the study, the researcher concluded that self-efficacy and peer-acceptance has significant relationship.

Recommendations

1. Guidance and counselling should be introduced and made functional in special or exclusive schools.
2. Special educators should create awareness that disability is not inability. This will enable members of the society improved on their acceptance.
3. Interaction between adolescent with hearing impairment and their normal counterparts should be encouraged. This will improve the self-efficacy and peer-acceptance of adolescents with hearing impairment.
4. Poor attitude towards adolescents with hearing impairment should be discouraged.

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