# INFLUENCE OF DEMOGRAPHIC FACTORS ON SELF-ESTEEM OF HEARING-IMPAIRED ADOLESCENTS

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## **Abstract**

Self-esteem plays a vital role in the emotional and psychological development of adolescents, particularly those with hearing impairments who face additional social and communicative challenges. The study aimed to investigate the impact of demographic factors on the self-esteem levels of hearing-impaired adolescents. The study was descriptive in nature, and a survey method was used to collect data. The study was hearing-impaired adolescents studying in government special education institutions in Faisalabad Division of the Punjab Province. A sample of N=100 hearing-impaired adolescents was selected through a convenience sampling technique. The age range of the children was 13 to 19 years old. The Rosenberg self-esteem scale (1965) was used as a tool of study for the collection of data. The collected data were analysed through Statistical Package for Social Sciences (SPSS) software by using the Independent Sample t-test and One-Way ANOVA. The study found that the living locality of hearing-impaired adolescents influenced their level of selfesteem, but gender, family type, age, and birth order had no influence on the self-esteem level of hearing-impaired adolescents.

**Keywords:** Self-esteem, Hearing-impaired adolescents, Demographic factors, Special education<sup>1</sup>

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## Introduction

Adolescence is a critical developmental stage characterized by identity exploration, social role adjustment, and the establishment of selfworth. Self-esteem, defined as an individual's overall evaluation of selfworth, plays a pivotal role in shaping emotional well-being, resilience, and social functioning (Rosenberg, 1965; Orth & Robins, 2022). Adolescents with hearing impairments experience specific obstacles such as communication barriers, social isolation and stigma, which makes self-esteem even more important (Aggarwal et al., 2024; Leigh et al., 2009). These difficulties may hinder not just social integration but also emotional stability, making the study of self-esteem in this community critical.

Research has found that HI adolescents can demonstrate worse self-esteem in certain dimensions like as perceived social acceptability and parental support, compared to their hearing counterparts, even when global self-esteem levels look equivalent (Ellis & Rothbart, 2001; Sahli et al., 2009). Educational placement is also a factor; adolescents in special education settings often report lower self-esteem than those in mainstream environments, likely due to differences in peer interaction opportunities and social participation (Sahli et al., 2009).

Self-esteem is basically respectable or having idealistic emotions around oneself, and in addition connects Self-esteem with affectivity, prevalence, pride, self-love, a feeling of predominance, and an attribute chief to viciousness. Such highlights can't meet all requirements to genuine, fit Self-Esteem, since they are basically self-legitimizing reactions to the nonappearance of reasonable Self-esteem, which is once in a while meant as pseudo-Self-esteem (Abdel-Khalek, 2016). Selfesteem refers to one's general estimation/assessment or judgment of the self, and also sentiments of sense of pride. A more distant estimation of the self, self-esteem likewise signifies how one qualities/worth oneself. Furthermore, people with more noteworthy levels of confidence/selfesteem are proficient at dealing with life events. Although minor levels of Self-esteem are connected with isolation, examination rejection, viciousness, law-breaking, and other mental issues. Along these lines, it is of the utmost significance to have a palatable level of self-esteem (Way & Robinson, 2003).

Self-esteem, often described as an individual's subjective evaluation of their worth, is a crucial component of adolescent development (Rosenberg, 1965). Because it affects motivation, social conduct and emotional resilience, it is especially important throughout adolescence, a time of increased social sensitivity and identity discovery (Orth & Robins,

2022). Self-esteem has been found as an important predictor of psychological adjustment and overall quality of life for adolescents with hearing impairments (HI) (Leigh et al., 2009; Aggarwal et al., 2024).

Adolescents with hearing impairment often face communication hurdles, restricted peer contact and social stigma, which may lead to lower self-esteem than their hearing counterparts (Ellis & Rothbart, 2001; Sahli et al., 2009). While some researches implies that the self-esteem of hearing impaired persons does not vary substantially from that of hearing individuals in broad measures, variations tend to appear in particular areas, like as social acceptability, parental support and school competency (Bat-Chava, 1994; Most et al., 2012). These domain-specific discrepancies suggest that environmental and social settings play an important role in determining self-esteem outcomes for HI adolescents.

In Pakistan, the prevalence of hearing impaired childhood is much greater than the worldwide norm. A recent research from Rawalpindi revealed roughly 13 occurrences of hearing impairment per 1,000 newborns, with an overall frequency of 7.9% among school-aged children (Mumtaz et al., 2023). Beyond the immediate communication challenges, hearing impairment in Pakistan often results in social participation limits and financial burden on families, mostly owing to late diagnosis and poor access to rehabilitation programs (World Health Organization, 2023).

Despite the importance of self-esteem in psychosocial adjustment, empirical research on its relationship with demographic characteristics in Pakistani Hearing Impaired adolescents is limited. The present research fills this gap by looking at how characteristics including living locality, gender, family type, age, and birth order affect the self-esteem levels of hearing-impaired teenagers at government special education institutions in Faisalabad Division of Punjab Province, Pakistan.

## **Objectives of the Study**

The objective of the study was to explore the influence of demographic factors on the self-esteem level of hearing-impaired adolescents in the Faisalabad division of Punjab province, Pakistan.

## Methodology

The study was descriptive in nature, and a survey method was used to collect data from respondents. The population of the study was hearing-impaired adolescents studying in government special education institutions in Faisalabad Division of Punjab Province, Pakistan. A sample of N=100 hearing-impaired adolescents was selected through a

convenience sampling technique. The age range of the children was 13 to 19 years old. The Rosenberg self-esteem scale (1965) was used as a tool of study for the collection of data.

## **Results**

**Table 1** *Frequency distribution of respondents based on their age.* 

Age	Frequency (f)	Percent (%)
13 to 15 Year	52	52
15 to 17 Year	35	35
17 to 19 Year	13	13
Total	100	100

The above table 1 showed that 52% of the children were the age 13 to 15 years, whereas 35% were 15 to 17 years age and 13% of the respondents were aged 17 to 19 years.

**Table 2**Frequency distribution of respondents based on their living area.

Living Area	Frequency (f)	Percent (%)
Rural	35	35
Urban	65	65
Total	100	100

The above table 2 indicates that 35% of the children belonged to rural areas and 65% of the respondents belonged to urban areas.

**Table 3** *Frequency distribution of respondents based on their gender.* 

Gender	Frequency (f)	Percent (%)
Male	62	62
Female	38	38
Total	100	100

The above table 3 indicates that 62% of the respondents were male and 38% of the respondents were female.

**Table 4** *Frequency distribution of respondents based on their family type.* 

Family Type	Frequency (f)	Percent (%)
Joint	70	70
Nuclear	30	30
Total	100	100

The above table 4 indicates that 70% of the respondents were living in a joint family system, and 30% of the children were living in a nuclear system.

**Table 5** *Frequency distribution of respondents based on their birth order.* 

Birth order	Frequency (f)	Percent (%)
First	22	22
Middle	38	38
Last	20	20
Only Child	20	20
Total	100	100

The above table 5 showed that 22% of the children were first birth order, whereas 38% were middle birth order, 20% of the respondents were last birth order, and 20% of the children were only child.

**Table 6**Comparison of self-esteem level among hearing-impaired adolescents on the basis of gender

Gender	N	M	df	t	Sig
Male	62	19.43	98	-1.447	.151
Female	38	20.55			

<sup>\*</sup>P < .05 Level of Significance

The above table 6 indicates that no significant difference was found in the self-esteem level among hearing-impaired children on the basis of gender. It can be accomplished that different age groups of the students do not affect their self-esteem levels among them.

**Table 7**Comparison of self-esteem level among hearing-impaired adolescents on the basis of living area

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District	N	M	df	t	Sig
Rural	35	18.98	98	-3.243	.002
Urban	65	21.41			

<sup>\*</sup>P < .05 Level of Significance

The above table 7 indicates that there is a significant difference in the self-esteem level among hearing-impaired adolescents on the basis of their living area. It can be accomplished that different living area of the adolescents affects their self-esteem level among them. Urban adolescents have significantly higher self-esteem than rural adolescents.

**Table 8**Comparison of self-esteem level among hearing-impaired adolescents on the basis of their family type

Family Type	N	M	df	t	Sig
Joint	70	19.47	98	-1.587	.116
Nuclear	30	20.76			

<sup>\*</sup>P < .05 Level of Significance

The above table 8 indicates that no significant difference was found in the self-esteem level among hearing-impaired adolescents on the basis of family type. It can be accomplished that different family types of the adolescents do not affect their self-esteem level among them.

**Table 9**Comparison of self-esteem level among hearing-impaired adolescents on the basis of their age

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	17.266	3	8.633	.603	.549
Within Groups	1388.774	97	14.317		

<sup>\*</sup>P < .05 Level of Significance

The above table 9 indicates that no significant difference was found in the self-esteem level among hearing-impaired adolescents on the basis of age. It can be accomplished that different ages of adolescents do not affect their self-esteem levels among them.

**Table 10**Comparison of self-esteem level among hearing-impaired adolescents on the basis of their birth order

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	45.885	4	15.295	1.080	.362
Within Groups	1360.155	96	14.168		

<sup>\*</sup>P < .05 Level of Significance

The above table 10 indicates that no significant difference was found in the self-esteem level among hearing-impaired adolescents on the basis of birth order. It can be accomplished that different birth orders of the adolescents do not affect their self-esteem level among them.

#### **Discussion**

The present study revealed that living locality had a significant influence on the self-esteem of hearing-impaired adolescents, whereas gender, family type, age, and birth order did not. The conclusion regarding living locality is consistent with studies demonstrating that a stable and supportive home environment promotes emotional well-being and good self-concept (Koester & Lahti-Harper, 2010; Marschark & Spencer, 2010). Stronger self-esteem is often developed by adolescents who have chances for meaningful contact at home and get constant emotional support, especially in groups that face communication obstacles like those with hearing impairments (Bat-Chava, 1994).

The lack of substantial changes in self-esteem depending on family type, gender, birth order or age contradicts several research on the broader teenage population, which have shown variances associated to these demographic characteristics (Kling, Hyde, Showers, & Buswell, 1999). However, additional researches concentrating exclusively on hearing-impaired persons complement the present findings, demonstrating that the common obstacles of hearing loss, such as communication difficulties and social exclusion may reduce the relative effect of these demographic characteristics (Meadow-Orlans, Spencer, & Koester, 2004). This implies that the impact of demographic factors on self-esteem may be overshadowed by psychological events related to hearing impairment.

These results highlight the significance of focusing on social and

environmental support networks rather than demographic groups in interventions to boost the self-esteem of adolescents with hearing impairments. To guarantee that teenagers have access to inclusive communication spaces, chances for social interaction, and emotional support, educators, parents, and community members should work together (Calderon & Greenberg, 2010).

The study contributes to the rare literature on the psychosocial development of adolescents with hearing impairment in Pakistan and suggests areas for further investigation. Future research might investigate other psychosocial elements such as peer interactions, teacher support and engagement in extracurricular activities, since they may also play an important role in self-esteem growth (Most, Ingber, & Heled-Ariam, 2012).

## Conclusion

This research shows that the living locality has a substantial influence on the self-esteem of adolescents with hearing impairment, although demographic parameters such as gender, family type, age and birth order do not impact. The results emphasize the significance of a supportive and stable family environment in promoting positive self-perception among adolescents with hearing impairments. These findings imply that treatments aiming at increasing self-esteem should prioritize family and caregiver support, inclusive communication contexts and emotional well-being. By emphasizing social and environmental elements over static demographic markers, educators, policymakers and families may better meet the psychosocial needs of adolescents with hearing impairment and promote their overall development.

#### Recommendations

Based on the results, it is suggested that particular attention be paid to rural institutions, where adolescents with hearing impairment had poorer self-esteem. Policymakers should guarantee that psychiatric treatment, extracurricular activities and awareness campaigns are available in these communities. Parental and community awareness via workshops and seminars is also required to encourage acceptance and inclusive behaviours. Furthermore, appropriate policies must be implemented to ensure that rural adolescents have equal developmental possibilities as their urban counterparts. Finally, future study should look at other characteristics including as socioeconomic position, parental education, peer interactions and institutional resources to obtain a more complete picture of what influences self-esteem.

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