

**ENVIRONMENTAL AND PSYCHOLOGICAL FACTORS AS DETERMINANTS
OF HEARING-RELATED QUALITY OF LIFE AMONG SECONDARY SCHOOL
ADOLESCENTS WITH HEARING IMPAIRMENT IN OYO STATE, NIGERIA**

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**A Thesis in the Department of Special Education,
Submitted to the Faculty of Education
In partial fulfilment of the requirements for the Degree of**

DOCTOR OF PHILOSOPHY

of the

UNIVERSITY OF IBADAN

MARCH 2021

CERTIFICATION

I certify that this research work was carried out by Hannah Olufunke IBITOYE. Matric No.: 153043, in the Department of Special Education, Faculty of Education, University of Ibadan, Nigeria under my supervision.

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Date

DEDICATION

This thesis is dedicated to the Lord Jesus Christ, the saviour of my soul. It is also dedicated to my husband, Dr. Olayinka Ibitoye and children, Toluwanimi, Taiwo, Kehinde and Inioluwa Ibitoye who all stood by me all the way while conducting this research work.

ACKNOWLEDGEMENTS

I express gratitude to God for His grace, mercy, compassion and help that saw me through this PhD programme. No one can get anything except he has been given from above! I deeply appreciate my amiable supervisor, Professor Adebomi M. Oyewumi for her guidance and encouragement. May the Almighty God bless her, her family, and grant her grace to live long to enjoy the fruits of her labour in good health, in Jesus name.

My profound gratitude also goes to the Head of Department, Prof. O. A. Fakolade for his academic assistance, and the Dean of the Faculty of Education, Prof. A. O. Fadoju for his great endeavours towards the success of all students. I appreciate the contributions of my academic mentors: Prof. Moji Oyebola, Prof. I. A. Nwazuoke, Prof. M. S. Eniola, Prof. J. A. Ademokoya, Prof. K. O. Kester, Prof. Tolu Eniolorunda, Prof. Fakeye, Dr A. Osisanya, Dr A. Komolafe, Prof. J. S. Oyundoyin, Dr G. A. Adelodun, Dr O. O. Isaiah, Dr Kelechi Lazarus, Dr J. Udeme, Dr Esther Oyefeso, Dr A. Adewumi, Dr S. A. Abodunrin and other academic staff that cannot be mentioned. The non academic staff in the faculty are also well appreciated, God bless you all.

I am specially thankful to Dr A. Tella, Dr A. K. Taiwo, Dr M. O. Ogundokun, Dr J. O. Fehintola, Dr Bunmi Oyekola and Dr Abiola Omokhabi for their immense academic and moral supports all through the programme. May the Lord send you help whenever you need it. I will not fail to appreciate my former and retired principals, Deaconess A. O. Ogedengbe and Mrs M. O. Osuntogun, may God's mercy never cease in your lives. I also appreciate my lovely principal, Mrs J. A. Adisa, may God bless you tremendously ma. My sincere gratitude is extended to the entire management and staffs of Abadina College, University of Ibadan, you are deeply appreciated.

Finally, I am greatly indebted to my sweetheart and crown, Dr O. Ibitoye, for his moral, academic and financial assistance all through the programme. May God bless and continue to lift you high. My children, Toluwanimi, Taiwo, Kehinde and Inioluwa Ibitoye are deeply appreciated for their understanding and support, I love you all.

ABSTRACT

A good Hearing-related Quality of Life (HQL) which includes social, emotional and academic wellbeing is essential for the healthy living of Adolescents with Hearing Impairment (AwhIs). However, records have shown that the three components of AwhIs' HQL in Oyo State are low with grave consequences on the adolescents' active participation in school and home activities. This trend has been attributed to environmental and psychological factors. Previous studies focused largely on AwhIs' academic achievement and social adjustment with little emphasis on the influence of environmental and psychological factors on their HQL. This study, therefore, was carried out to investigate environmental (school climate and home environment) and psychological (self-efficacy and locus of control) factors as determinants of HQL among secondary school AwhIs in Oyo State, Nigeria.

The study was anchored to Maslow Hierarchy of Needs Theory, while the survey design of the correlational type was used. Eight senior secondary schools with hearing impairment units in Oyo State were enumerated. These schools were Okere Secondary Grammar School (16); Ogbomoso Grammar School (6); IMG Grammar School, Agodi-Gate (21); Methodist Grammar School, Ibadan (64); Baptist Grammar School, Eruwa (5); IMG Secondary School, Oke-Ado, Ibadan (15); Durba Grammar School, Oyo (20); and Ijokodo High School, Ibadan (44). The AwhIs in the senior secondary classes I to III across the eight schools were enumerated, making a total of 191. The instruments used were HQL Questionnaire with three sub-scales: Social ($r=0.76$), Emotional ($r=0.84$) and Academic ($r=0.72$) wellbeing. Home Environment ($r=0.86$), General Self-efficacy ($r=0.76$), Locus of Control ($r=0.82$) and School Climate ($r=0.94$) scales were also used. Data were analysed using descriptive statistics, Pearson's product moment correlation and Multiple regression at 0.05 level of significance.

The respondents' age was 17.30 ± 3.60 years and 58.1% were females. The AwhIs living with their immediate family alone constituted 63.4% and those that were living with their extended family was (36.7%). The AwhIs parents' qualification distribution was Senior School Certificate (52.4%), NCE/ND (22.5%), HND/Bachelor (14.1%) and Masters/Ph.D (11.0%). The AwhIs parents' occupations were civil servants (19.4%), Technicians (3.6%), Artisans (41.4%), Business men/women (31.4%) and others (4.2%). The HQL in terms of social ($\bar{x} = 23.7$) and emotional ($\bar{x} = 26.3$) were low as against the threshold of 28.0, while their academic HQL ($\bar{x} = 29.2$) was high. Self-efficacy ($r=0.21$) and school climate ($r=0.15$) had significant relationships with AwhIs' HQL but locus of control and home environment did not. School climate, home environment, self-efficacy and locus of control jointly contributed to AwhIs' HQL ($F_{(4;186)}=3.24$, Adjusted $R^2=0.45$), accounting for 45.0% of its variance. Self-efficacy ($\beta=0.21$) had a relative contribution to AwhI's HQL, while school climate, home environment and locus of control did not.

Self-efficacy determined hearing-related quality of life of adolescents with hearing impairment in Oyo State, Nigeria. This factor should be improved upon by teachers and parents of adolescents with hearing impairment, for improved hearing-related quality of life.

Keywords: Adolescents with hearing impairment, Hearing-related quality of life, Secondary schools in Oyo State.

Word count: 475

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The ability to hear and respond to various sounds has a profound effect on all aspects of life with greater influence on an individual's capability to adjust to the environment. Failure to attain a good grasp of relationship with the environment, poses a very critical problem especially in the individual with Hearing Impairment (HI). This is as a result of tendency to exhibit greater socio-emotional, academic and behavioural problems when placed in comparison to counterparts without hearing impairment. The construct of Hearing-Related Quality of Life (H-RQL) remains very crucial in understanding adolescents with hearing impairment. This is consequent upon the need for communication and its importance to socio-emotional and academic issues. It is a wide evaluation of wellbeing across different areas for individuals with hearing impairment and it is fundamentally about the satisfaction that one credits to and gets from the critical aspects of life, which might be highly individualised. Maage, Liam, James, Paul, Scerri and Andey (2012), averred that employment and wealth are not only the standard pointers to quality of life but that emotional, academic, physical wellbeing, amusement as well as leisure time, and social life all account for quality of life.

Adolescents with hearing problems may likely have difficulties in socialising with hearing peers, coping with academic activities and prone to develop emotional problems. They experience developmental transition in the course of childhood through the adolescent stage that yields external changes and internal changes (socio-emotional) which affect the psycho-social domain, (Crone and Darl 2012). During transition to adulthood, most adolescents navigate through the stage with little or no awareness of the body's imminent physiological and physical transitions which may lead to psychosocial stress. These different changes affect the attitudes of adolescents in different circumstances including hearing impairment, which may contribute to high or low quality of life in both genders. Childhood circumstances as indicated by gender, age, parents' occupation, family structure and level of parents' education were reported to affect adolescents' quality of life (Kumar and Lall 2014). Harris, Bardien, Schaaf, Peterson, de

Jong, and Fagan (2012), distinguished adolescents with hearing impairment as lacking social abilities which mirrors a vacuum in their socio-emotional advancement. This vacuum causes a ton of effects that negatively influences adolescents' hearing-related quality of life especially in making and maintaining friendships with hearing peers. This becomes difficult, in view of language denial and difficulty to communicate with the hearing world. The emotional challenge for adolescents with deafness may probably increase through neglect, peer rejection, lack of closeness and reduced number of friends with hearing peers. Due to these, they tend to be quiet within and outside the classroom which may negatively impact emotional and educational performance apart from the social issues. A high hearing-related quality of life could therefore remain unthinkable if the ability to associate positively is absent or weakened by any means, (Basher, Riaz, Shujaat and Saquib, 2014).

The school and home environments bring disgrace by denying adolescents with hearing impairment certain privileges given to their hearing peers. These include contributing their own ideas in decision making at home and giving of leadership roles in school. It is almost very certain that these could pose threats to academic and socio-emotional wellbeing, isolation and bullying. Students with hearing impairment encounter challenges when adapting to climate of the school and home since he or she cannot convey verbally. So, they tend to be aggressive, unwelcoming, grumpy and unpleasant with adverse effect on hearing-related quality of life.

Many environmental factors exist but this study is concerned with school and home environment. Positive school climate may impact hearing-related quality of life with respect to good school building, positive teacher-student and peer relationships. Charland, (2011) perceived the characteristics of school climate as social interaction between teachers and students, as structure (school buildings), within peer and between students' associative discussion and plays (social and academic) by interacting with one another through making friends and solving academic problems together. This author also noticed that the school environment depicts the entirely created educational, social and administrative rules which are not written, but impacts and follow the paths of instructors and the instructed. By inference, the entire school climate has impacts over the

relationships, safety, social, as well as academic of educators and students in and out of school (Smith, 2010).

Learning under dilapidated classrooms, lack of chairs and tables and lack of fascinating school environment make students feel inadequate and demoralised, bringing about low quality of life. Nieto and Bode (2011) indicated a sensible link existing between poor academic achievement and the condition of the school structures, for instance, poor lighting, insufficient ventilation, lack of a considerable measure of warmth, school safety, class population and the quality of the school environment.

Another important aspect of school climate is teacher-student relationships. According to Baker (2008), teachers have important task to help students' academic, social development and emotional lives at all levels of schooling. Positive teachers-students relationships are seen as having the presence of closeness which connects with students feeling in the learning environment and offer structure to basic social and instructive aptitudes (O' Connor, Dearing and Collins, 2011). Teachers, who strengthen students in the learning environment through this, could have impact on academic and socio-emotional outcomes which are fundamental for future achievements and quality of life (O'Connor and McCartneys, 2007). It is apparent that when teachers form beneficial ties with learners, classes end up as an interesting place in which learners can take part academically, emotionally and socially. With secured relationship, students learn about socially appropriate conduct, academic needs and how to accomplish them. This shows that, the school assumes an influential part in the self-character of a student, which can be a risk factor or an asset for the student's healthy behaviours and general well-being.

School, home and neighbourhood are the fundamental environments that impact child developmental outcomes. In fact, parents happen to be fundamental source of social and emotional help, which represent the preface of future associations. This shows that a child, hearing or not needs both parents, but the birth of a child with hearing impairment creates a serious gap. It sets forth remarkable and diverse difficulties to families, which may prompt dissatisfaction, inconvenience, gloom, outrage, defencelessness, blame, disgrace and feeling of inadequacy. Individuals from such families will show diverse reactions like animosity, withdrawals, and agoraphobia (Van, Treffers and Verhulst,

2004). Presence of a child with hearing impairment causes emotions like feelings of grief in parents (Movallali and Nemati, 2009). Parents may encounter social, financial and emotional challenges which could be negative and restricting in nature (Jackson, Wegner and Tunybull, 2014).

Managing hearing problems may depend on the family type (nuclear or extended) a child is exposed to because, the child makes the environment in conjunction with family members. Akomolafe, (2011) opined that the family type a child was exposed to, could influence quality of life. Approximately 96% of hard of hearing individuals have hearing parents (Moore, 2001), these parents have little or no idea of the condition of individuals with hearing impairment especially those with low or no educational qualification. Therefore, most adolescents and children with hearing impairments are minorities within their families due to communication problem which could lead to neglect and isolation.

Inability to speak with hearing relatives and partake in family exercises, make some parents neglect by edging adolescents with hearing impairment out when taking decisions at family meetings. Sometimes due to shame, family members avoid taking them out to picnics and outings. As a result of this, some build up a significant mistrust concerning their hearing parents and siblings which may meddle with their psychological advancement. In some cases, their doubts advance into more significant hatred of hearing individuals as a rule (Hauser, 2010). This may lead to inclination toward discussing exclusively with other similarly minded individuals with hearing impairment, and totally oppose any message or guidelines from any hearing individuals, irrespective of intent or content. The home shapes the social and psychological being of a child. Adesehinwa, (2013) posit that family is a powerful influence and a primary agent of socialisation on a child. This shows that the home environment could enhance or mar the quality of life of adolescents with hearing impairment.

Psychological factors as pertaining to this study are self-efficacy and locus of control. Fundamentally, it is trusted that acquiring a qualitative education is one of the keys to being fruitful in life and it is in view of the attached self-efficacy. Self-efficacy is a psychological state characterised as having self-trust in performing a particular task. It

assumes a fundamental aspect of adolescents with hearing impairment and this is on account of having confidence in oneself and capabilities to make and keep relationships, keep up an adjusted socio-emotional ground and be accomplished academically. It therefore controls how individuals think, motivate self, feel and behave.

Adolescents with strong efficacy extend and manage endeavours irrespective of different difficulties. They rapidly recuperate from oversight and failures and credit failure to lacking exertion or insufficient information and aptitudes which are acquirable. They in like way, approach debilitating conditions with strong confidence that brings about achievement, decrease weight and susceptibility to depression (Bandura, 2001). On the contrary, adolescents with hearing impairment who doubts their abilities avoid difficult endeavours that are viewed as challenges peculiar to them. They exhibit frail aspirations and poor dedication to their chosen careers when it comes to competing with hearing counterparts in academic pursuits. As they get saddled with complex tasks, the tendency to get irritated arises which brings about socio-emotional problems. This increases dwelling on personal weaknesses and obstacles they might come across, leading to performance below expectations in socio-emotional and academic pursuits. It does not require much disillusionment to lose confidence since they are prone to strain and depression and in fact, recovering their sense of efficacy after setbacks or failure is slow which may have negative outcomes on their quality of life.

It was perceived by Bandura (1986) that academic self-efficacy is a major factor in academic achievement which works mostly autonomously on hidden abilities. Academic self-efficacy therefore is student's determined choice to make great utilisation of instructive aptitudes gained in the educating learning procedure to accomplish a coveted outcome in tests, examinations and other life's circumstances. It refers to knowledge and perception of an individual within academic achievement circumstances (Roorda and Spill, 2011). Apparently, academic self-efficacy is linked with people's feelings with confidence to effectively perform academic tasks at designated levels. With self-efficacy in place, quality of life of adolescents with hearing impairment can be improved academically, emotionally and socially.

Locus of control (LOC) is another psychological factor used in this study. It is an ability to adjust positively and control situations that impact one's life. According to Rotter (1966), Locus of control insinuates whether a person believes that the outcome of an event is decided by a person's specific actions or by chance. It is vital for adolescents with hearing impairment not to view themselves as casualties, instead as positive force in life occasions. As it were, they ought to be achievers with internal strong will; they should draw out inner strength and ability to assume responsibilities. Northouse, (2013) observed that there are two types of locus of control, which are internal and external. The former is the belief or conviction that a person could be accountable for the occasions that happen in one's life while the external one happens to be the conviction that chance, fate or external forces decide life occasions, (Donatelle, 2011).

Adolescents who believe that their efforts and personal decisions guide their behaviour, and also have holds of those things are perceived to possess locus of control which is internal. This set of adolescents with hearing impairment progress and see themselves over the disability instead of allowing it to take advantage of them negatively; they rather see it as opportunity to compete with their hearing counterparts in every aspects of life especially in socio-emotional and academic lives. They make and keep friends successfully with their hearing peers, have emotional stability and are socially sound. They are also ready to take their stand and compete at any level with their hearing peers. An adolescent who sees outcome as more of chance or luck would be described as one who possesses high external locus of control. This external control identity assumes fate dictates one's destiny, just as adolescents with hearing impairment would hide under the disability and shy away from taking responsibilities contrary to the internal control identities that trust they control what happen to them.

At the point when adolescents with hearing impairment have more internal control, they assume responsibility for their triumphs and disappointments. They make plans and work towards accomplishing them. They do not succumb to being controlled by coincidental happenings. They likewise live to shield their personal interest from misfortunes and so they are certain of achieving great quality of life like their hearing

peers. With the assistance of locus of control, they can without much of a stretch stream close by with their hearing partners in socio-emotional and academic exercises.

1.2 Statement of the Problem

Adolescents with hearing impairment are probably confronted with life challenges that may undermine their quality of life pertaining to emotional, social as well as academic well-being than their hearing counterparts due to hearing problems. In Nigerian society, a few hardships may be found in their lives, they appear to be deprived of certain privileges given to other children at home like involvement in decision making within the family setting, denial of attending family picnics with others, parental refusal to spend and attend to their needs promptly like they do to other hearing siblings. More often than not, the home environment appears to be unfavourable to them. This might be traceable to disregard/neglect they suffer from parents and other individuals around them. It is important to consider that a larger figure of pupils with hearing impairment come from hearing parents that do not possess proper knowledge on how to handle them in terms of communication, through sign language. This may suggest a vacuum has been made in their social, emotional and academic lives, consequently prompting isolation and misery which may lead to psychological injury to their quality of life.

In the same vein, they seem to be neglected and stigmatised by teachers and peers in integrated school settings. For example, they may be denied the privilege of serving as prefects in integrated schools, they seem to lack conducive hostels and learn under dilapidated school buildings. It is observed that the school environment is not favourable for learning and may grossly affect building self-efficacy that could consequently influence hearing-related quality of life. They likewise appear not to be regarded within the general public going by the disgrace from the environment, which may create an indelible vacuum in their emotional lives. These could prompt isolation, withdrawal and absence of self-confidence that may perhaps have colossal effects on hearing-quality of life. Basically, teachers, parents, guardians and peers of adolescents with hearing impairment do make the environment where they function. Therefore, the type of climate on ground consequently tends to make or mar their quality of life. Invariably, age,

gender, and family background of these set of students are likely to influence the hearing-quality of life.

Some researchers like Mofadeke (2018) worked on impact of hearing loss while Fellingner, Holzinger and Sattel (2012) worked on mental health and quality of life among the Deaf, but this present study had combined four variables in relations to adolescents' quality of life in public secondary schools. Influence of demographic variations in quality of life remains one other dimension creating gaps from past researches. Consequently, the quest of the study is discovering the extent to which the quality of life of adolescents with hearing impairment is dependent on Environmental Factors (school climate and home environment) and Psychological Factors (locus of control and self-efficacy) among public secondary school adolescents in Oyo State, Nigeria.

1.3 Purpose of the Study

This study examined the relationship that existed between independent variables and dependent variables among school adolescents with hearing impairment in Oyo State, Nigeria. It investigated the joint contributions of environmental and psychological factors on the hearing-related quality of life of adolescents with hearing impairment in Oyo State secondary schools, Nigeria. It also examined the relative contributions of environmental and psychological factors on the hearing-related quality of life of adolescents. Finally, the study looked into the level of differences in quality of life of adolescents with hearing impairment based on demographic variables.

1.4 Research Questions

The following research questions were raised for the study

1. What is the level of hearing-related quality of life among adolescents with hearing impairment in Oyo State based on demographic characteristics?
2. What are the levels of the components of Hearing-Related Quality of life (emotional, social and academics) among adolescents with hearing impairment in Oyo State?

3. What is the joint contribution of home environment, school climate, self-efficacy and locus of control to hearing-related quality of life among secondary school adolescents with hearing impairment?
4. What is the relative contribution of home environment, school climate, self-efficacy and locus of control to hearing-related quality of life among adolescents with hearing impairment?

Hypotheses

The following hypotheses and research questions were tested at 0.05 significance.

Ho1 There is no significant relationship between self-efficacy and hearing-related quality of life among secondary school adolescents with hearing impairment.

Ho2 There is no significant relationship between school climate and hearing-related quality of life among secondary school adolescents with hearing impairment.

Ho3 There is no significant relationship between locus of control and hearing-related quality of life among secondary school adolescents with hearing impairment.

Ho4 There is no significant relationship between home environment and hearing-related quality of life among secondary school adolescents with hearing impairment.

1.5 Significance of the Study

The findings of this research would act as startling revelation to the parents of adolescents with hearing impairment. This group stands to benefit from understanding the importance of developing positive relationship with them, by accepting them the way they are. This serves as a boost to hearing-related quality of life academically, emotionally and socially.

The findings would also serve as enlightenment to parents of adolescents with hearing impairment to bring alive the necessity of being part of the welfare of these special children. It would help their understanding to show love, affection, and be

positively attached to them in spite of the disability. It would reveal the importance of parents and the school working together as a team in decision making, this would serve as immense help since matters that would improve the adolescents' hearing-related quality of life would always be discussed. It would reveal that, with positive home and school environment in place, less behavioural problems like aggression and bullying among adolescents with hearing impairment would be recorded.

The study would be useful to adolescents with hearing impairment by encouraging them to develop and make use of self-efficacy in all spheres of life. This would give them access to having good hearing-related quality of life. The results generated would serve as impetus to the government, education planners and policy makers in building and establishing conducive school climate, by which adolescents with hearing impairment can learn comfortably and enhance personal hearing-related quality of life.

The outcome would create enlightenment for adolescents who have hearing impairment to develop more locus of control which is internal, so as to be on top of challenges betiding them despite their conditions. Development of internal locus of control would help to develop self-confidence both at home and in the school to enhance general wellbeing.

Through the outcome of this study, the teachers, parents, guardians and school administrators are necessitated to create a positive school climate which extends to the physical structure. The need to build healthy teacher-student and student-student relationships are also brought to limelight because these relationships enhance hearing-related quality of life of adolescents with hearing impairment.

The findings of this study would be eye-opener to the society by improving on the demographic variables that enhance better quality of life of adolescents with hearing impairment. All hands would be on deck for sustenance of the good ones and improvement of the areas of deficiencies through public enlightenment. Furthermore, the outcome would also serve as illumination to the school authority to seek for philanthropists that would assist by giving donations in cash and kind to develop the

environment of special and integrated schools towards enhancing the hearing-related quality of life of adolescents with hearing impairment.

The research outcome documented in both local and international journals would serve as database as well as reference for other investigators and researchers. Finally, this research outcome would consequently serve as suggestions for further studies in the field of special education across the globe.

1.6 Scope of the Study

This research work focused on environmental and psychological factors as determinants of hearing-related quality of life among secondary school adolescents with hearing impairment in Oyo State, Nigeria. It covers the whole of Oyo state wherever special and integrated secondary schools existed. Students with hearing impairment in only special and integrated secondary schools were used for the study. All adolescents with hearing impairment in SSS1-SSS3 were used, since these types of students and schools with hearing impairment units were limited. The components of the dependent variable included social, emotional and academic aspects of quality of life of adolescents with hearing impairment who were students in Oyo State public secondary schools, Nigeria.

1.7 Operational Definition of Terms

Hearing-related quality of life (H-RQL): The well-being of adolescents with hearing impairment (HI) in relation with their social, emotional and academic life.

Home environment: Is the atmosphere prevalent among members of the family of adolescents with HI and people around them especially in terms of acceptability, understanding, good communication and listening home environment.

School climate: The school environment which influence the social interaction with teachers-students and students-students relationships in Oyo State, Nigeria.

Self-efficacy: The confidence and belief of students` with hearing impairment, capabilities to develop and maintain socio-emotional life and perform academic task for better hearing-related quality of life.

Locus of control (LOC): Is the ability to adjust to situations and be in control of life situations that concerns the adolescents with hearing impairment in relation to hearing-related quality of life.

Adolescents with hearing impairment: Individuals with hearing challenges within special and integrated secondary schools in Oyo State. They fall between the ages of 14-22 in the senior secondary 1-3. This is so due to hearing difficulties and delay to gain admission into the secondary school.

Hearing Impairment: Is a condition that subjects the sufferers to inability to hear normal sounds with one or both ears. It can be acquired before, during and after birth.

CHAPTER TWO

LITERATURE REVIEW

This chapter unfolds **conceptual**, theoretical, empirical review, appraisal of literature and conceptual model. Different literatures that are in line with this study were sighted and reviewed accordingly.

2.1 Conceptual Review

2.1.1 The Concept of Hearing Impairment

This concept is characterised as the decrease in sound perception ability of an individual and could vary between slight failure and total loss of hearing (Stedman, 2005). It is generally linked with individuals who have relative lack of sensitivity to sound; it is certainly a partial or complete failure to respond to sound. It might happen in one or the two ears. Issues of perceiving sound could influence language development and later-life adjustment (Lasak, 2014). This condition happens when there is a reduced sensitivity to the sounds that people regularly hear. The term hearing impairment and hearing loss (HL) go hand in hand; they portray a diminishment in the ability to perceive sound. The seriousness or level of this impairment can be classified through the increase in decibels above the normal level before the listeners can identify it. Audiologists depict hearing impairment in terms of types, degree, configuration, laterality and classification. The condition has been described by being mostly or totally unequipped for hearing and it is sometimes usually alluded to as communication disorder issue as opposed to physical incapacity Ngao and Ngesu (2012). It is a standout amongst the most widely recognised interminable conditions in grown-ups and have different results to both hearing impairment and their communication partners (Machaiah, Stephens, Zhao and Kramer (2012a); Machaiah and Stephens (2013).

Okuoyibo (2006) asserted that hearing impairment is a non-specific term, which covers the two individuals with mild or severe disorder and profound conditions, and that deafness and the hearing impairment could be used interchangeably. It can be established that, a man having hearing impairment is one whose sound-related channel cannot work as the essential means by which speech and language are gotten and created. Okuoyibo also added that a hard-of-hearing individual having a sort of hearing loss understands

discourse with a few challenges or with hearing aids, yet a man with total deafness cannot understand discourse even with hearing aids. It is therefore presented that if a man is hard of hearing; it implies that the seriousness of his hearing misfortune ranges from 65 dBHL and onward. After assessment, hearing outcomes are recorded in decibel. From these submissions, children with hearing impairment are those having hearing challenges before, during or after birth. Ademokoya and Oyewumi (2004) submitted that hearing loss is a major disability.

All over the world, hearing impairment influences around ten percent of the populace in various degrees causing incapacity in five percent and mild to serious disability in over 124 million individuals (Olusanya, 2014). About 108 million individuals having moderate to severe disability reside within middle and low income nations (WHO, 2008). Sixty five million of those with hearing impairment have the origin in childhood. The commonness of hearing impairment has since 1985 expanded at a disturbing rate. In 1985, the worldwide predominance of hearing impairment (> 40 dB) was evaluated at 42 million people. By 1995, this expanded to 120 million people and by 2012, 360 million individuals with hearing impairment added to the worldwide weight of malady on people, families, networks and nations (Olusanya, 2014). About 66% of these people live in developing nations, for example, South Africa. The pervasiveness rate of hearing impairment in different nations supposedly extends from 2% to 9% of the populaces considered WHO, (2013). Regardless of age of onset, it destroys outcomes for relational correspondence, psychosocial wellbeing, quality of life and monetary freedom (Shield, 2006). Language and Speech development are being impeded deafness in the young and it sets the concerned individuals on a direction of restricted vocational and educational achievement (Venail, 2010). These children could also be at bigger danger of murder, sexual, emotional, social and physical assault (Jones, 2012).

Adult onset of hearing impairment is positioned as one of the most elevated (and most exceedingly awful) impactful conditions that can bring about depression. The trouble with adult onset of hearing impairment is that it is usually identified quite a long while after onset and often this is after the loss have prompted different negative outcomes, for example, impacts on work, depressive side effects and increased risk of

mortality (McMahan, Gopinath, Schneider, Reath, Hickson, Leeder, Mitchell and Cowan (2013). World Health Organisation (WHO) characterises it as a long-term unassisted level of hearing threshold (typical for wavelengths 4, 2, 1, 0.5 kHz) for ear of not less than 41 dB (WHO, 2001). Among individuals less than 15 years, the HI was described as enduring unassisted hearing threshold level (average for frequencies 4, 2, 1, 0.5 kHz) for ear of not less than 31 dB.

Yekple, Offei and Acheampong (2011) define the deaf as one whom without or with a hearing aid cannot process linguistic information through audition. In logical or medical terms, deafness generally refers to a physical condition described by absence of sensitivity to sound. Derivations made from the different definitions established that deafness is the audiological experience of somebody partially or completely inadequate with regards to hearing. Hearing refers to the extent or range to which the ear can get an unobstructed audio message. Hearing impairment is a certified substantial hardship renowned to impede the affected person's academic achievement particularly and development in general (Okeke, 2003). The concept is also described as generic term showing a hearing disability and this could vary in severity from profound to mild by (Ojile, 2006). Buttressing this definition, Okeke (2003) also described hearing impairment as a non-particular concept employed in qualifying hard of hearing which ranges from profound to mild deafness. These definitions, according to Obi (2006), are similar to the description specified by the American School for the Deaf that depicted the term as a non-particular one, demonstrating a hearing inadequacy that could vary between being mild and profound.

2.1.2 Classification of Hearing Impairment

A few internationally accepted classification systems of this impairment is American Speech-Language-Hearing Association (ASHA), (2011); WHO (2011); Northern and Downs (2003). The classification indicates the extent of a person's hearing impairment (American Speech-Language-Hearing Association 2011). As effects of hearing impairment differ according to age, different systems are used to classify hearing impairment in adults and children.

Table 2.1 Classification of Hearing Impairment in adults

Grade of Impairment	Corresponding audiometric value (better ear)	Performance	Recommendation
0 No impairment	25 Db or better	Absent or very slight hearing problems	N/A
1 Slight impairment	26-40 Db	Ability to perceive sound and repeat words spoken in normal voice at 1 meter	Counselling. Hearing aids may be needed.
2 Moderate impairment	41-60 Db	Ability to perceive sound and repeat it with voice raised at 1 meter	Hearing aids advised
3 Severe impairment	61-80 Db	Able to hear some words when directed into the better ear	Hearing aids,. Teaching of lip-reading and signing
4 Profound impairment including deafness	81 dB or greater	Inability to respond to loud noise	Lip-reading, signing and Hearing aids rehabilitation required

Source: ISO = reference values for calibration of equipment WHO (2011)

The above table shows ranges of impairment in adults from No impairment to Profound impairment, revealing their grades, audiometric values, performances and recommendations.

Table 2.2: Classification of hearing impairment in children

Audiometric Value	Hearing Impairment (showing hearing loss)
0-15 dB HL	Hearing within normal limits
16-25 dB HL	Slight hearing loss
26-30 dB HL	Mild hearing loss
31-50 dB HL	Moderate hearing loss
51-70 dB HL	Severe hearing loss
71-90+ dB HL	Profound hearing loss

Source: Northern and Downs (2003)

The above table shows hearing impairment of different ranges with audiometric values in children.

The order is derived from average frequencies, or the Pure Tone Average (PTA), especially essential for speech (Gelfand, 2011). These orders have a few impediments. One of the restrictions is that these frameworks neglect to represent loss that might be unpredictable or bound to the contrary closures of the recurrence range. Rather, this arrangement is helpful for ordering the level of depreciation at the diverse frequencies so as to determine the degree of the challenge without relying simply on the PTA.

While trying to standardise what a DHI is, the WHO characterised DHI as an enduring unassisted loss of > 40 dB, arrived at the midpoint of over frequencies 0.5, 1, 2 and 4 kilohertz (kHz) in the ears that are better in older people and 30 dB in children (WHO, 2001). This is noted to avoid individuals having mild or unilateral hearing loss and does not consider the useful effect it has on the person's environmental settings (Olusanya, 2014).

2.1.3 Types of Hearing Impairment

Conductive Hearing Impairment

This is when the pinna, outer ear canal and the middle ear hinder the viable sound from being transmitted via the pinna in the direction of the tympanic layer then the ossicles, arranged inside the middle ear (ASHA 2014). A few reasons for conductive hearing impairment in the external ear incorporate inherent shortages, for example, distortions of the pinna, for example, atresia), affected cerumen, otitis externa or outside bodies impeding the ear canal. A reason for this condition is because, the middle ear inclusion incorporates liquid in the middle ear from colds, influenza and sensitivities that are available (including serous otitis media). Moreover, a punctured tympanic layer (because of injury), separation of the ossicles inside the middle ear hole and poor Eustachian tube capacity can bring about conductive hearing impairment (ASHA, 2014). By and large, this impairment is temporal in nature and can be dealt with either medically or surgically.

Sensorineural Hearing Impairment

This is as a result of the frustration in the cochlear, in the processing of energy to neural impulses in the auditory nerve from the middle ear. The cochlea is a receiving organ and it changes hydraulic movement resulting from mechanical energy in the stapes movement, to electrical conceivable outcomes on the nerves of the organ of Corti. All intricate sensory structure is made out of receiving cells that converts the smooth movement into electrical conceivable outcomes containing the duo of sensory and neural parts. These bring about different effects in cochlear processing, added with a decline of the cochlear, a diminishment in the ability of the cochlear which decreases the unique extent of the hearing part (Pocock, Richards and Richards, 2013).

Sensorineural hearing impairment results from varieties of pathologies including viral infections, the use of ototoxic drug, tumors, harm to hair cells in the cochlea, hereditary hearing loss, presbycusis, extended exposure to loud noise and malformation of the internal ear (ASHA 2014). The significant increase in both isoniazid and rifampicin resistant tuberculosis recognised as multi-drug resistant tuberculosis (MDR-TB), stands firmly connected to HIV epidemic (Harris, 2012). The frequency in South Africa and the synchronous absence of powerful elective medications imply that the expanding qualities of population, are in danger, as aminoglycoside or polypeptide related ototoxicity are created, Harris (2012). A SNHI is the most widely recognised sort of hearing impairment and is commonly irreversible and permanent (ASHA, 2014).

Mixed Hearing Impairment

At the point when a conductive part is available within the sight of a sensorineural hearing loss, a mixed hearing impairment is what emerges. Possible disorders causing this type is otosclerosis which includes the middle ear tumors, ossicles and cochlea, head injury and some internal ear abnormalities (ASHA, 2014)

2.1.4 Causes of Hearing Impairment

Hearing impairment has numerous causes some of which are recorded underneath:

Noise

Noise is the reason for roughly 50% of all instances of hearing challenges, causing some level of issues in 5% of the populace, all-inclusive (Oishi and Schacht, 2011). The World Health Organisation appraises that about fifty percent of people between ages 12 and 35 are in danger of using individual sound gadgets that are excessively loud. People residing close to highways or airports are open to level of noise usually in the range of 65 to 75 dB (An). The resultant configuration on an audiogram has an obvious notch, occasionally denoted as a "noise notch." As many effects including aging add to higher loss in frequency (on an audiogram showing 6– 8 kHz).

With the use of an exchange rate of 3 dB, it is possible to estimate "safe" period of exposure. A doubling of sound intensity is represented by 3 dB. Period of exposure must be reduced half way to retain the dose of energy. For instance, the exposure action value which is the "safe" everyday exposure at 85 dB is 8 hours, while only 2 hours of exposure at 91 dB(A) is considered "safe". Note that a couple of individual sound may hurt at lower levels above 85 dB. Exposure to various autotoxins, for instance, pesticides, a couple of pharmaceuticals including chemotherapy masters, solvents, and so on can incite more greater vulnerability to noise damage, and furthermore creating damage otherwise, known as an interaction of synergistic. They utilise a change rate of 5 dB, this is easier, but it fundamentally underrates the injury triggered by very loud noise. Exemplifying this is the case of 115 dB, a 3-dB exchange rate present exposure to about half reduction a minute; whereas the 5 dB permits 15 minutes (Turnbull and Babara, 2014).

Different individuals are uninformed about the harming levels of environmental sound or the point where sound turns injurious. Popular causes of destructive noise levels incorporate auto stereos, engines social affair, mowing and maintenance machines, control devices, firearms, and melodic gadgets. When one gets acquainted with loud sound like music, for instance, uncommon states for long period of time (85 dB no less below the obvious), at this time, loss of hearing could happen.

Hereditary

Hearing impairment can be due to hereditary. Of all the cases due to hereditary, about 75– 80% are acquired through recessive genes, dominant genes are responsible for 20– 25%, X-related cases accounts for 1– 2%, while below 1% are due to mitochondrial inheritance (Schraders, 2010). The syndromic and nonsyndromic structures are two exceptional structures when considering the acquired qualities of deafness. About thirty percent of people recorded to be hard of hearing require hearing aids and they suffer as a result of hearing problem.

Non-syndromic deafness happens in the absence of other issues related to person aside deafness. The records for the other seventy percent account for hereditary hearing impairment. This represents the majority of characteristic of the HI. Syndromic cases happen with infirmities, such as, Stickler issue, Usher syndrome, Alport's issue and neurofibromatosis form. Deafness is a symptom of these sicknesses; a hereditary quality of these particular maladies but it is complicated and hard to scientifically explain, the genetics that match these numerous diseases are Nonsyndromic conditions. The loss of hearing alone is the standard 'sign' found in the genes responsible and is not difficult to discover, (Schraders, 2010).

Neurological Disorders

Neurological disorders, including strokes and multiple sclerosis can also affect the ear. Multiple sclerosis (MS) involves the immune system being ambushed by a membrane shielding the nerves. Any damage done to the myelin sheaths is beyond repair. The nerves are destroyed if the myelin protecting the nerves are absent, thereby causing loss of orientation and debilitation for the affected individual to the point of paralysis to

the extent of losing one or more senses which may include hearing impairment. If the sound-related nerve breaks down, the individual will end up totally deaf in either or both ear, no treatment for MS Mayo Clinic (2010).

Chemicals

The HI can in like way occur because of particular arrangements; metals, for example, lead; solvents, for example, toluene (found in unrefined petroleum, fuel and auto fumes) and asphyxiants (Morata, 2008). Joined with noise, these ototoxic built manifestations additively promote man's hearing difficulty. Hearing impairment caused by chemicals originates from higher rate that is beyond treatment. The cochlea is presented with wounds which contaminates the centre of sections of the sound-related framework. When exposed to ototoxic substance, especially styrene, the danger of losing the hearing ability, is higher than exposure to noise alone. The control of noise and the use of protectors are not enough to stopping hearing problems. In any case, antioxidant prevents ototoxic loss, at any rate to some extent.

2.1.5 Risk Factors of Hearing Impairment

There are various issues resulting into the development of hearing impairment among children as well as adults. Research has affirmed that hazard factors for hearing impairment represent around half of newborns having congenital hearing loss Chu (2003). The Joint Committee of Infant Hearing (JCIH, 2000) shows that for newborn from birth to 28 long stretches of age, the chance factors include: an ailment that requires being retained for 48 hours long or more in a neonatal emergency centre);

- Low birth weight and prematurity.
- Stigmata or different discoveries related to a disorder familiar to a sensorinueral or conductive hearing loss;
- In-utero infections including measles, malaria, human immune deficiency virus (HIV), toxoplasmosis, herpes, cytomegalovirus;
- Craniofacial peculiarities, including morphological irregularities of the pinna and ear carnal;

- Birth complications, for example, asphyxia and intracranial haemorrhage; and family history of permanent childhood sensorineural hearing impairment.

Babies from 29 days to 3 years old have additional risk factors including hearing impairment sometimes due to injury, infection, use of ototoxic prescription or unknown causes. Neonatal pointers, for example, hyper-bilirubinemia, constant pulmonary hypertension and disorders related with progressive hearing impairment and persistent or recurrent otitis media with period of not less than 3 months; and malaria as well as HIV infection are likewise seen as risk factors in this age group (Fortnum, 2003; Joint Committee of Infant Hearing, 2000). Adults are likewise exposed to risk factors that may add to HI. A standout amongst the most common risk factors is age-related HI or otherwise called presbycusis.

Genetic reasons for presbycusis make people more vulnerable to sound-related pathology and HI. It is assessed that 50-60% of all hearing impairment has a part relating back to hereditary qualities (Kelly and Teplin, 2003). Moreover, ailments, (for example, meningitis), noise exposure and use of ototoxic medications for sicknesses, such as, tumour, TB, human immune deficiency infection and AIDS (HIV/AIDS) and malaria may cause hearing impairment (WHO 2011). Ear infections which are inadequately treated and turned out to be repetitive may have irreversible harm to the middle ear and the cochlea and could prompt hearing impairment in the future. In conclusion, injury or damage to the brain region may put the person in danger for hearing impairment (WHO, 2011).

2.1.6 Concept of Adolescence

Adolescence period is known as a transformation, basically in the realms of physical, social-relational and cognitive change. The developmental stage commences at puberty and terminates at the onset of adulthood (approximately ages 10-20). This begins as the person commences on puberty, averagely, at ten to eleven years for females and eleven to twelve years for males. The average period had gradually reduced by 3-4 months in every 10 years since the 19th century. It has been associated with a variety of

variables like improved nutrition, and some factors relating to the environment (Steinberg, 2013).

The onset is seen as physical changes (Lerner and Steinberg, 2009) for both gender, it involves a spurt increase in areas such as height, underarm hair, and skin changes (acne). The male child also spurt growth in facial areas, gets a deep voice, while the female child develops breast and starts menstruation. The puberty changes are caused as a result of hormones called testosterone in the males and estrogens for females. In the brain, there is a neuro transmitter that generates feelings of pleasure and it is known as dopamine. In the adolescent stage, there is tendency to carry out activities that result in the production of high level of dopamine, not giving deep consideration to the aftermath of such actions. Majority of the changes in the functions of the brain and its structure happens during adolescence bringing about cognitive and behavioural developments (Steinberg, 2008). This is because they aspire for independence and autonomy, during this period, other areas of parenthood are salient. Peers influence and family relationships assume great importance during adolescence. Supervision and monitoring take centre attention as they spend longer period with peers. Parents often attempt to set rules and monitor the adolescents' group of friends, activities, and whereabouts, (Stattin and Kerr, 2000).

During adolescence, peers influence can be both positive and negative. Peer pressure could steer adolescents in taking risky decision or be involved in problematic behaviour which ordinarily would not have been involved if they were alone or with their family. Starting adolescence early could result in anxiety and depression. Females experience higher rates of anxiety when compared to the males; it is almost twice as high. The rate of depression is one and half to three times as high (American Psychiatric Association, 2013).

As adolescents journey through many physical and emotional changes, they are faced with the burden of discovering who they are and also in what way they fit into the larger society (Blakemore and Mills 2014). Pepper and Dahl (2013) opined that it is a time laden with confusion, when they begin to observe the disparities in them and others that makes them particularly vulnerable within social environment (Choudhury 2010).

The transition stage is a trying period in the life of a typical teenager who is confronted with the extra difficulty of being a deaf individual in a world full of hearing, thus becoming very burdensome.

To be “deaf” is a term that refers to the intensely deaf and to individuals’ that perceive themselves as hard-of-hearing (Finitzo, 1998). These two are faced with unique acculturative circumstances, with an extra difficulty compounded with the challenge of personal development. Adolescents with hearing impairment experience distinct form of additional challenges and processes than other adolescents.

There are several psychological problems between adolescents living with deafness and their parents who are also deaf when compared to the ones with hearing parents, some of the problems are connected to effectiveness in communication. Stinson, (1994) discovered that students having hearing impairment as their parents, do not have early access to language, and usually demonstrate lack of impressive academic performance, they do not show impressive self-image and exhibit lack of proficiency in English language. Humphries, Kushalnagar and Mathur, (2012), stated the essence of a common language to a hearing-impaired child’s development of self-identity and concept. Apparently, hearing loss by itself alone does not account for social and emotional challenges in development. It is apparent that absence of language adds to these problems (Gentilli and Holwell, 2011). Language supports emotional self-regulation and social competences. Research has shown that adolescents with definite language impairment are susceptible to a level of behavioural and emotional difficulties, which is considered as abnormal when in comparison to their hearing peers (Yew and O’Kearney, 2013).

Life obviously can be complicated for a growing child who has hearing impairment. It is a challenging period judging from the psychological and environmental points which affect their quality of life. Ademokoya (2007) submitted that hearing impairment subjects the victims to contempt and antagonistic vibe from their partners with normal hearing or outright rejection or subtle denials by parents, relative or the society. The various characteristics of hearing impairment are different and can influence outcomes. Origin of the hearing challenge and level of the hearing challenge can also

affect behaviour. All adolescents are going to face the task of figuring out who they are in the context of themselves, and others. For adolescents with hearing impairment, the already problematic transition into adolescence which ordinarily is a challenge for any adolescent presents additional obstacles and components to them.

The hearing loss acquired at birth or early childhood will impact on the ability to communicate. It would affect the development of language, socio-emotional development and general wellbeing. Environmental information that is misinterpreted may cause seemingly threat. It affects the emotions and academic abilities of the affected individuals. It also causes communication problems as far as their psychological growth is concerned. These can adversely impact on hearing-related quality of life of the victim.

Developmental tasks in adolescence include attaining emotional stability, attaining socially responsible behaviour, establishing close relationships with peers, emotional independence and developing autonomy (Pinquart and Pfeiffer, 2014). The hearing adolescents face a lot of challenges during the transition to adolescence resulting from the need to achieve the developmental tasks. It is therefore expected that development of socio-emotional and academic success in adolescents with hearing impairment makes them prone to disordered socio-emotional and academic life and hence affect their quality of life.

2.1.7 Concept of Quality of Life of Persons with Hearing Impairment

Perceived quality of life is defined as an individual's perception of their position in life in the context of their culture, value systems in which they live and in relation to their goals, standard, expectations and concerns (WHO, 2017). Every individual including the deaf perceives their quality of life uniquely. An expansive appraisal indicating satisfaction across different areas is denoted as quality of life. It alludes to a person's apparent physical and mental well-being (Permet, 2002).

There is neither a consensus to defining it nor for its measurement (Moons, Budts and De Geest, 2006). It is the meaning people attribute to and obtain in the essential facets of personal lives and it is exceedingly personalised. Quality of life mirrors a man's impression of their condition in life concerning the lifestyle and respect structure where

they inhabit, and in relationship with the objectives, needs, and worries (WHO, 2013). According to Varni and Burwinkle, (2005), H-RQOL is seen as a multi-dimensional shape which concerns the success condition and related treatment on health, well-being or function in relationship with physical, psychological, and social aspect. H-RQOL gives an instrument to assess the effect of a success related condition, for example, loss of hearing ability or the implantation of the cochlear on children's and adults' everyday life (Brouwer, Maille, Rovers, Grobbee, Sanders, and Schider, 2003).

An individual uses language to portray, translate, and ultimately understand the abstract nature of emotions. In respect of concomitant language deficits, adolescents with hearing impairment growing up with hearing loss may have constrained involvement in self-articulation and an ensuing deferral in mindfulness and understanding of their feelings, and in addition the feelings of others (Sininger, Grimes and Christenson 2010). By virtue of having a hearing loss, they frequently miss what adults, older children and peers talk about and verbally manage feelings about situations. This gives them negative emotions and they tend to be aggressive and unfriendly especially to their hearing peers.

The hearing-related quality of life of adolescents has latent apprehension because of the fact that the socio-emotional development of the adolescents could be negatively obstructed through problems with communication. The experiences inside educational system and families could exacerbate the problems or risk. An array of problems which is mental health in nature have been discovered to be related to hearing impairment and this includes delinquency, anxiety, conduct disorder, aggression and depression among others (Stevenson, 2011; Van Gent, Goedhart, Hindley, Treffers, 2007). Actually, according to Baker (2009), children and adolescents with peak age at 21 years who are having hearing impairment are possible to display a higher rate of emotional behavioural difficulty.

When communication becomes gradually more difficult, the social world can become restricted. The adolescents with hearing impairment may opt out of favourite activities like reading and praying aloud because the listening challenges are too stressful. When efforts are made to interact as if no hearing loss exists, misunderstanding typically occur (believing a moment was a joke when it was meant to be serious or completely misunderstanding a comment); this may result in embarrassment, possible blame directed

to the communication partner and eventually the use of avoidance techniques. Regular attendance to religious, family and leisure activities become curtailed, often with excuses about losing interest, rather than recognising the root of the problem (Vohr, 2012). Thus, it is not uncommon to find adolescent not making the connection between the change in their life-styles and their gradual hearing problems. It must be understood from the foregoing that psychological difficulties, that is, low self-efficacy and perceived poor quality of life of adolescents having hearing disorder are not caused by the impairment, but rather by the communication problems that results from hearing impairment.

Adolescents possess several emotions coupled with psychological reactions to the hearing problems and they struggle regularly with conversational exclusion which makes them have poor quality of life. At the same time, such reactions should not be dismissed as unimportant: this is because if persons with hearing impairment feel actively ignored or talked about or excluded, they may not have associated these reactions with the existence of hearing impairment and may experience an undefined sense of confusion. Therefore, to achieve good quality of life especially with students with hearing impairment, the social and emotional skills are fundamental, essential and foundation upon which other skills are built. If the society desire an understanding and compassionate society, these skills need to be taught early enough.

In the aspect of academic achievement, Ademokoya, (2008) expressed anxiety that in various developed countries, a child with hearing impairment experiences difficulty in finding bright future to hope for. Owing to the fact that the education received by this student is grossly inadequate to prepare him/her for the challenges of life that are ahead. Ademokoya (2008) stated that in Nigeria, unavailability of suitable audiological evaluation technique, poor supportive intercessions, dishonourable school circumstance and poor instructional practices are parts of problems facing effective care for the child with challenges to hearing. Accordingly, the education was aptly delineated as basic. In this way, the people who proceed onward from it can simply include the base of their societal budgetary venturing stool. He, along these lines, proposed that informative program should be evaluated and made more reasonable through the Special needs Education in 1994 and Education to All in 1990.

The result of these issues related with the education of students having hearing impairment is poor academic performance. For example, generally speaking, almost all deaf students are underperforming. This was made evident from research indication especially with the Gallaudet Research Institute in United States. It is extraordinarily possible having pupils possessing hearing impairment to have less issue with their academics in case they are adjusted emotionally, by this their quality of life will be improved. Children who are well-adjusted emotionally in a general sense have more conspicuous probability of early school achievement while those with serious emotional inconvenience go up against a higher risk of early school trouble (Raver, 2014). Teachers see enthusiasm, positive feelings, as well as the capability to control emotions as well as behaviour in relation to students' readiness to learn (Denharm, 2009).

Over the years, consistent arrays of studies have attempted comparing children of normal parents but with hearing impairment using diverse psychological and educational measuring instruments. Broadly, there has been a consistency in the scores generated from various indices of special adjustment and achievement test scores on their IQ. Better performance is noticed among children of deaf parents as against those normal hearing parents. Psychosocial problem is one other factor that has influence on the learning ability of the children. Often common psychosocial problems manifest regardless of conditions of the individual having hearing impairment in the school, (Ezewu, 1987).

Furthermore, Ademokoya (2008) saw these adolescents having this impairment demonstrate specific psycho-social challenge in two ways. The first type is issues that every child exhibit (disability notwithstanding) in challenges like becoming a truant, arriving late to school, becoming a school dropout, sleeping and not concentrating in the class activities, fighting, cheating in the class, stealing and inability to exist together with others in class and teachers. The next are issues resulting from the hearing problems of the child and they comprise; aggression, low self-concept, low achievement motivation, indifference and lack of trust. The recorded issues are generally triggered by home, school and community. The perception is that these issues maybe enabled in peculiar social environment, in instances like the home, school and community. Irrespective of the level of impairment in hearing, proper attention should be directed towards helping the

child's maximum development. Lending credence to this statement, Okeke (2001) expressed caution that a child having hearing problem needs support to maximally function irrespective of the degree.

A lot of people have speculated that several abilities of language are associated with delays which can make them fall behind their peers who have a better hearing capacity. The outcome brings about speech and language for students making use of cochlear implants. Normal expectation is that social and emotional issues do not exist among young ones with this impairment. These results differ for children on cochlear implants, language being a mechanical instrument which youths utilise to chat, makes it a sensible conclusion that encountering obstacles in the development of oral language would also mean facing difficulty in a class setting, where the form of communication is predominantly oral/verbal cues.

Verbal language is viewed as a likely channel to build secure relationships in social school setting, occurring even among those who suffer profound deafness but have comparable language skills with their peers, have challenges in friendship establishment, (Raver, Bobzien, Richels, Hester and Anthony, 2014). Hence, progress earlier referred to which relates with language and speech do not necessarily result to thriving peer interactions. Routinely, socio-emotional progression depends on a man's self-esteem, being able to maintain relationships and showing understanding, (Rivers, Tominey, O'Bryon, and Brackett, 2013).

In view of this, a few estimations are surveyed, concerning socio-emotional development. Erikson's theory of social-energetic limit has proved to be the starter, presently, there is another theory as depicted by Denham and partners (2009). These show various domains which could be considered which reflect SED, for instance, 1) temperament/personality; 2) self-perceived competence; 3) social ability; 4) emotional competence and 5) attachment.

2.1.8 Domains of Quality of Life of Students with Hearing Impairment

The ultimate objective to inspect the effect of hearing impairment on the quality of life of adolescents who need hearing aid or relatively hard of hearing, one should first

look at the multifaceted dimension of adolescent's quality of life whether hearing or non-hearing affects this stage of life. Three essential areas in the quality of life of adolescents' as listed by Stinson and Whitmore (2000) are, peer relations, being motivated and identity. The three zones of Erikson (1994) are periods of change in life cycle. It is important to consider these setting (zones) as closely connected with proficient educational aptitudes and affected by educational setting.

The construct motivation is a prominent part of the adolescents' social development and quality of life. Stinson and Whitmore, (2000) connect motivation to the period of industry and inferiority in Erikson (1994), that makes reference to man's feeling of competence. They require the adjustment to social and educational demands. Achievement brings a sense of assurance of capability, while a sense of inferiority emerges from failure. Adolescents' achievement may be facilitated through persistence and efforts, while it may be prevented by lack of sustained effort and anxiety.

Adolescents are faced with responsibilities regarding specific achievement, and how much response is given to the demand determines future achievement. For adolescents with hearing impairment, the increased complex nature of social capacities amongst the secondary school and outside, and the pressure to socially 'fit in' may negatively impact their motivations, and intrude with their achievements as those with inadequate language aptitudes. Access to communication, ease of communication in the adolescents living with hearing challenges and those without it, and perceived controls are factors that can negatively influence motivation (Stinson and Whitmore, 2000). One's self-perspective of control is linked to the ease of communication and this consequently impacts students' motivation to perform educationally. The students who feel that they have more important control over their communication are those who experience few communication challenges. It can be concluded that motivation of adolescents positively impacts their quality of life thus it could be impacted.

Relationship with peers is another domain in quality of life of adolescents, which is linked to (Erikson, 1994) period of closeness against confinement. Erikson claimed that adolescents require outline unfaltering, propose relationships with different persons.

Achievement, he suggested, prompts solid social ties, frustration prompts separation and dejection. During this period of change, friendships and group play a prominent part in the headway of social relationships. Through peer social events, adolescents make sense of how to appreciate or respond to relationships, showing feelings, or affirmation (Stinson and Whitmore, 2000). Peer relationship, including, casual interactions in the corridor and at lunch, whispering in class or collaborative learning in a classroom setting, are basic to the social advancement and adolescents' quality of life.

Peer communications are generally inclined towards compulsion when both parties share natural or close recognisable social capacities. Stinson and Whitmore (2000) report that most of the time, these adolescents greatly see themselves as partners with their peers more than with average hearing students. They further stated that the feelings of social separation and feeling of loneliness are an outcome of correspondence inconveniences. This makes social ventures difficult for those who are having hearing impairment.

The third territory that is related to the quality of life is identity: This is the fundamental endeavour of pre-adulthood (Stinson and Whitmore, 2000). They should build a feeling of self and individual identity. Achievement prompts a solid feeling of self, and frustration prompts part disorder and a weak feeling of self. The social identity section incorporates subject of "Where do I have a place?" The social establishment accepts a principal part in advancement of identity. For adolescents with hearing impairment, the extent of identifying with peers like them, or with those who have no hearing impairment, or both, decides their social identity. Essentially, personal identity, incorporates taking note of the questions like, who am I? Spotlights on the individual feelings, focuses on ideas in life and this period is a continuous struggle and extra stress-related for adolescents who make effort to set up a loving association and portray self-worth.

Adolescents who are in need of a hearing aid or relatively hard of hearing need to sort each one of the challenges that their hearing peers put into consideration aside the hurdles causing inadequacy. They risk social and emotional troubles associated with their underlying hardship, speech and language delays, which are usually difficult to surmount.

In this way, how well they are recognised or accepted socially, can impact their quality of life (Punch and Hyde, 2005).

2.1.9 Concept of Self-efficacy

Self-efficacy was developed by Albert Bandura some years ago. Self-efficacy fills in as a self-regulatory function point by empowering people to affect their own particular subjective approach and sharpens and therefore changes their environments (Bandura, 2001). Self is seen as a man's identity and efficacy, depicted to be the ability to pass on an impact. The blend of these proposals proposes a cautious respect for one's capacity to be profitable and to have a hold or produce an effect. It is in this way not an exaggeration to expect that self-efficacy feelings govern the manner in which an individual feel, thinks, and motivates him or her to behave.

A feeling of efficacy lies at the core of human functioning and personal wellbeing in many ways. Individuals with high assurance are courageous; they set themselves endeavouring targets and keep up strong attestation to them. They lift and keep up their undertakings when confronted with failure. Also, these individuals promptly regain their feelings of efficacy after failure. These students handle crippling conditions with an affirmation that they can have control over them. Such an earth-shattering standpoint brings about single achievements, diminishes weight and lowers vulnerability to misery."

Self-efficacy is a vital causative factor in achievement of education among students since it impacts their choices and their pursuit (Pajares, 2004). Academic self-efficacy suggests a man's (conviction) to be able to sensibly accomplish a particular specific academic goal or attain a selected level of success on an academic task, (Elias, Graczy and Weissberg, (2003). It describes the general evaluation of personal abilities to control and carry out tasks needed in achieving successful levels of performance, (Kumar and Lal, 2006). The confidence in personal ability to arrange and execute a task which is required to accomplish doled out sorts of activities (Artino, 2012). Motivation can be increased and hampered by self-efficacy levels. Individuals with high self-efficacy confront troublesome undertakings as challenges and no matter how hard and extended, the ones will persist in the presence of such difficulties.

Self-efficacy is largely described as a construct that is multidimensional and differentiated among various spheres of functioning. Self-efficacy assists in explaining the outcome that people are not rightly foreseen from their ability to achieve a particular task. How a man feels is often more central and it draws differences on how individuals feel, think and act. Pertaining to feeling, helplessness, anxiety and depression are linked to lower sense of self-efficacy. Those having high efficacy set objectives and attempt to accomplish them. They are naturally spurred. It was discovered to generate effects over performance past what could have been predicted from just past performance (Litt, 1988). Changes in cold pressure tolerance were predicted by changes in self-efficacy.

The behaviour of the individuals is being affected in several manners: First, choice of behaviour is influenced by self-efficacy. Individuals are prone to engage in duty in which their sense of competence and confidence are pronounced but dodge the ones in which they feel otherwise. Secondly, the effort individuals will spend on dealing with a particular anxiety and the duration perseverance might be affected by self-efficacy. Thirdly, individuals' emotional reactions and thought patterns are being influenced by self-efficacy beliefs. It may also pick the extent of exertion individuals would expand on uneasiness and to what degree they will linger on. Individuals with low self-efficacy see task as difficult and they have the conviction that they may not handle stress or have knowledge of ways to approach an issue.

As shown by Bandura (1999), self-efficacy notions are at the nucleus of performing. It is not satisfactory for people to have the significant information and abilities to performance undertakings. They must in like manner, exhibit personal conviction on their capability to effectively complete the needed behaviour beneath challenging circumstances. To function effectively, an individual need a combination of both efficacy beliefs and attitudes in rightly implementing them - the duo progress together while the individual develops and learns. Additionally, these two domains are mutually dependent. People frequently select undertakings and exercises in which they get fit and keep away from the ones where they do not. The ones that are sure about personal capacity in organising, executing, and managing their task performance or problem solving at an assigned state of competence are indicating enhanced self-efficacy.

Research of findings over self-efficacy had moved past the bounds of psychology to international affairs, athletics, business, psychopathology, health, political and social change, and medicine, (Artino, La Rochelle and Durming, 2010). It however appears that self-efficacy beliefs is more than an echo on earlier performance. A couple of researches indicate that feelings are constrained by a cognitive weighting process utilising variables like the extent of help got, task difficulty, effort expended, self-perception of ability and prior performance (Bembenishty, 2009). Hence, teachers ought to focus attention on students' actual ability as well as individual perceptions of the abilities.

2.1.10 Sources of Self-Efficacy

Social experiences go before self-efficacy; it then determines a possibility of an individual possessing low or high level of self-efficacy. Individuals do not act on all that they learnt not minding the fact that they possess the capability to perform the behaviour, (Zeldin, 2007). Master experiences input a sense of confidence then a conceivable opinion of self-efficacy, whereas a low self-efficacy level is developed from failure in assignments. Attainment of confidence influences the individual's resolution to try a new activity.

Expectations for this psychological construct are derived in a general sense from four labels of self-efficacy which are physiological arousal, verbal persuasion, vicarious experience and performance accomplishments. He delineates the examinations to be self-reflection over specific execution. The examinations are boldly associated with levels of motivation. When people see the remarkable efficiency they display on an assignment, they work harder. They make use of this conviction in judging their efficacy level.

Performance Accomplishment – This describes being effective at tasks and the feelings of efficacy rises when this happens. This portrays the supreme persuasive source of knowledge. This is exemplified in the life of a man whose self-efficacy increases due to repeated success at an endeavour, this explains why Bandura (1986), affirms that increase in the experience of achievement on an allotted task results in an improvement of personal self-efficacy expectations for the same endeavour (direct learning achievement). This is related to secondary school students who select subjects'

combination in which they can perform better. It is a more recognisable measure of psychological effect on academic performance. This notwithstanding, when dissatisfaction occurs, there is reduction in the sense of self-efficacy. Once success is a continuous thing, a person's life, developing a healthy feeling of self-efficacy emanates such that minor setbacks rarely trouble such a person. Such a person views any failure as lack of adequate efforts of success and could be mitigated through another better attempt.

Vicarious experience - Vicarious experience is another source for self-efficacy beliefs. Individuals considered their role models which can be either friends, classmates, individuals from association or age mates, before embarking on a specific course. The influence of these individuals on the academic performance of students could be negative or positive in nature. The encounters occur as individual's watch others complete an assignment and feel without question that they can complete the same assignment for all intents and purposes with positive results. This is particularly true if the model is perceived by the observer to possess similar same abilities as he or she does.

Verbal Persuasion denotes an individual persuading another individual that he or she is capable of being a success. "Pep talks" is another way of describing this. Parents at times use verbal effect to influence the decision of their wards, which reflects in the sort of school they go to, their placement in sciences, arts or commercial classes. Individuals can be persuaded by others that they can succeed at an assignment. This reassurance is useful because success rests largely on the efforts we place on an assignment than upon inherent ability.

Physiological Arousal – This shows that abilities are sometimes somewhat appraised in using physiological signs. The signs contain bodily signs, for example, anxiety and tension. Bandura (1986), discovered that those physiological and emotional arousals are vital self-efficacy sources. One's self-efficacy expectations are inversely related to one's state of anxiety. Personal preparation for tertiary education may be perceived to be grossly deficient by students from disadvantaged backgrounds. Thus, that educational level might become a fearful thing for them due to fear of the unknown and probably language difficulties. Therefore, the academic self-efficacy and academic performance could be negatively influenced by disadvantaged students' expectations

anxiety on their ability to handle the demands of tertiary institutions. Individuals interpret those signs in different ways and this could affect the outcome of a task (Zeldin, 2007)

2.1.11 Consequences of Self-efficacy

Consequences of self-efficacy describe occasions or activities that come after the idea of self-efficacy. When individuals trust in their capabilities it becomes a significant pointer to how they function as it relates to choice of behaviour, emotional responses, thought patterns and effort expenditure" (Lenz and Shortridge-Baggett, 2002). Fundamentally, self-efficacy beliefs affect how a person thinks, feels, encourages himself, and acts, which may influence low quality of life while high self-efficacy may all the more likely impel high quality of life.

Related concepts speak of terms which indicate a connection with self-efficacy despite having a diverse set of describing attributes. This includes self-confidence and self-esteem. Self-esteem captures a truthful admiration for a favourable impression of oneself yet it is not the same as efficacy. It describes the sense of self-regard or self-worth. Self-efficacy, in contrast to self-esteem, deals with the perception of judgment over the decision of being capable to complete a particular task as against self-esteem that is concerned with the general point of view of what a man thinks about oneself. These two concepts surely possess differing attributes. The "affirmation of one's competence and capability in fulfilling specific expectations, for example, capability at fulfilling the requirements for a specific task" is what is delineated by Bandura (2001) as confidence. Self-confidence describes the conviction that an individual is aware of how to accomplish a task and possess the ability to ensure things materialised (Ferguson, 1997).

Self-efficacy is not focused on some particular skills possessed but on the assessment of what a man can accomplish with the particular attitudes. It relates to given particular circumstance within a specific field and cannot be globally perceived. For instance, a student in senior secondary school may feel talented understanding quadratic equations in Mathematics yet not sure about clearing up riddles in Yoruba. Consequently, the student possesses a better level of self-efficacy during the period of settling quadratic equations in any case a lower level while unravelling riddles in Yoruba. Self-efficacy is

identified with a particular condition and that is not just the same as the terms self-confidence and self-esteem. They are concepts that have particular attributes and impact an individual's behaviour. A person could demonstrate low or high levels of self-confidence; at any rate self-efficacy is not decided in that general sense. Contrarily, it is an easy to-influence and temporary characteristics which is just based on situations or task and not perceived on a global level (Lenz and Shortridge Baggett, 2002).

2.1.12 Concept of Locus of Control

This concept is an identity developed that mirrors one's conviction or affirmation about who controls the environment and life. Locus of control is likewise perceived as outlined as estimation with two different dimensions (Lee-Kelly, 2006). Each dimension reflects how much people expect that whatever occurs to them is beyond or within their control (Carrim, 2006).

A belief system is presented on an internal-external continuum. They accept that hard work and individual points of capacity incite positive results. Therefore, these people decode motivations they get from their surroundings depends on their activities (Lee-kelly, 2016). The key affiliations for internals existed between behaviour and consequences, and between results and individual efforts. Regardless of what might be ordinary, external LOC accept that their own particular activities are subject to factors outside their own specific control (Mathin, Thomas, Charles, Epitropaki and McNamara, 2005).

According to Rotter (1966), he endorsed four sorts of feelings that are significant, others, fortunes, fate, and a conviction of the world being too difficult, making it difficult to be predicted. Comprehensively, these have isolated external control into: control by the likelihood of luck or chance and control by powerful others. Externals are hesitant to reverse their conducts since they do not see it as a critical foundation in altering their quality of life. The global desires for the point of view of control of expectancy, particular desires that balance starting with one life function then onto accomplishment. Notwithstanding the external and internal locus of control desires, the two fold incorporates a blend of internality and externality inside a person.

2.1.13 Concept of School Climate

This concept, as depicted by Peterson and Skiba (2001), sees school climate as the general feelings those in school setting have on how satisfying all of them feel, how they consider that their learning (or education) is strengthened and the level of safety they perceive in school over a period of time. According to Evoy (2000), the operation of a school, the level of academic achievement, instructional practices, beliefs and attitudes are all comprised in school climate. Hernandez and Seem (2004) portrayed this climate to the degree of how safe it is. The researchers claim that feelings of teachers on the safety on their working environment (school) is known as school climate and such schools comprise three components, which are school behaviour, psychosocial variables and context. Psychosocial factors propose all factors that can influence school climate reflecting the way members of the school see the school and their behaviours are affected by the components of safe school.

Austin, O'Malley and Izu (2011) observed that the general expression employed in delineating the school environment is the school climate, and though this does not possess a generally agreed definition, examinations on the topic presented different themes like:

- (a) School connectedness;
- (b) School facilities;
- (c) Social and personal relationships
- (d) Academic supports;
- (e) Order, safety, and discipline.

Also, Zullig and Colleagues (2010) saw five school climate domains which are basic and historically common: discipline, order and safety; school connectedness, school facilities, social relationships, and educational outcomes. They also mentioned five extensively cited school climate measurement tools.

Youth learning and development needed for a life that is profitable, donating and fulfilling in the society is strengthened through a sustainable positive school climate. The said climate comprises all that support individuals' feelings physically, emotionally and socially secured: expectations norms and attributes. Families, students and teachers work collaboratively to build and add to the standard of vision of a school. Attitudes which accentuate the satisfaction and benefits obtained through learning are modelled and nurtured by teachers. The school's activities as well as the maintenance of the physical environment are contributed to by everyone. (National School Climate Centre, 2010).

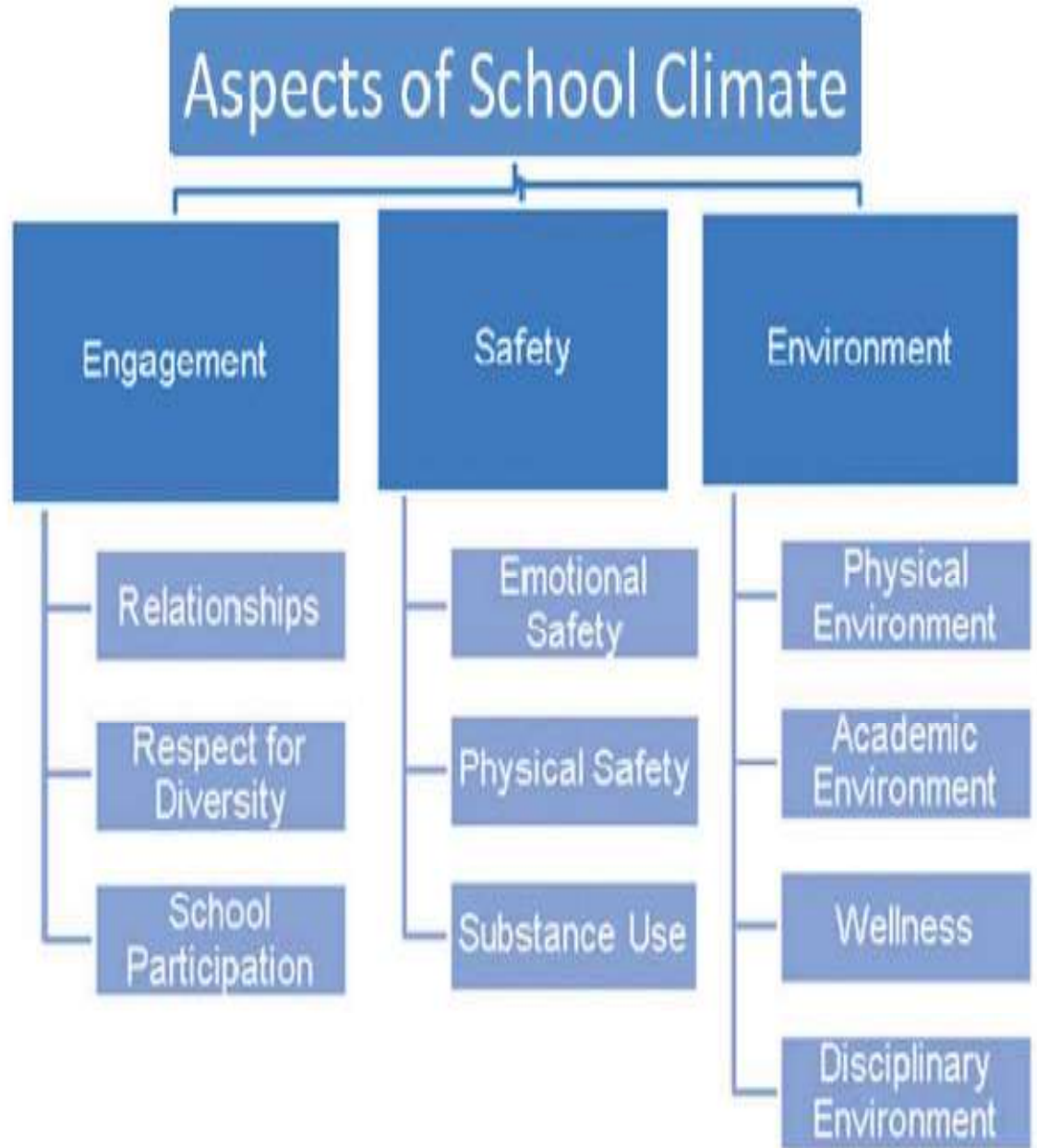
Hoffman, (2009) noted a link of school climate to low motivation, enhanced student academic achievement and behaviour, suspension, absenteeism, students' delinquency, learning and failure. Generally, some areas of school climate have been used to group the research on school climate: The School Improvement Process, Institutional Environment, Teaching and Learning, Safety and Relationships (Cohen and colleagues, 2009). School climate proposes quality of social relationship as well as its consistency in a school community which impacts on students' psychological, social, and cognitive development (Haynes, Emmons, and Ben-Avie, 1997). Relationships among members of staff and students and among school as well as home are included in interactions.

Students develop positively and achieve academically in school communities where interpersonal relationships guarantee effective execution of policies focusing on the social and intellectual growth of the student. The staff, parents, students and school community interpersonal interactions make contribution to the climate of the school. Tagiuri (2008) devised taxonomy of climate-related terms in a bit to develop a definition of school climate. Milieu variables are known as factors that address attributes of people in the school, for example, students' body characteristics (demographic data), teacher attributes (teaching experience in years), fulfilment, student morale as well as educator morale. Social system factors were described by Anderson as comprising standards or patterns (informal and formal) of working as well as teaming up within the school. Samples of social structure factors are a community school relationship, a teacher shared decision making, communication, open door for student contribution, teacher-student

relationships, and understudy shared decision making, administrator-teacher rapport, ability grouping, and instructional programming and managerial organisation.

In addition, the support individuals received in terms of expectations, norms and values which assist them to be feeling physically, emotionally and socially safe was defined as school climate (National School Climate Council, 2007). Social relationships among administrators, teachers, students, family and support staffs produce the school climate. A collective vision of engagement as well as respect in all the educational system fosters positive school climate. The National School Climate Centre points out five essentials of school climate despite not having a unanimously approved set of core features:

- ❖ Safety (social-emotional safety, physical security, rules and norms);
- ❖ instructing and learning;
- ❖ social relationships (social support from age groups, regard for diversity, social help from older ones);
- ❖ institutional environment (engagement, physical environment, school connectedness,); and
- ❖ staff interactions.



Source: U.S. Department of Education’s Safe and Supportive Schools Model

Fig. 2.1

The United States, schools model of school climate consolidates among the associated domains of students commitment (school involvement, respect for differences, and relationships), safety (substance use, physical security, social-emotional security), as well as the school environment (disciplinary environment, wellness, learning condition, and physical condition).

Experts have proposed that development of students' health practices, self-perception, and self-esteem are being impacted by their experiences and perception of school. Consequently, the outcomes influence student's well-being and health in the present and future (Gregory, 2010). Based on the instrumental part performed by the school in the development of self-identity of the students, it could thus be a resource or a risk factor in developing a student's general health and specific health behaviours. It is during the examination of students with negative perspective of school that the risk becomes more evident. Those failing academically and are likely to be demonstrating psychosomatic issues as well as experiencing diminished quality of life are those who dislike school (Uwaifor, 2012). Students who detest school will without doubt be disengaged from the classroom and seek opportunity to rebel against the school authority. Evidently, school affects a child's life in significant ways.

School climate, is the explanation behind school relationship coupled with the substance of the school that pulls in educators and students to appreciate and want to be a part of the school (Freiberg and Stein 1999). This includes the centrality of school climate which found that school culture were among the most influencing factor which improve achievement among students. Students learning was found to be least influenced by student demographics, school interest and local policies in their study. Unhealthy schools are derailed from their goals and mission through public and parental requests (Hoy and Tarter, 1997). These schools do not have the influencing drive to build effective leaders and the instructors lack happiness with their job. In addition, academic achievement is lightly regarded and neither students nor instructors in poor schools could be motivated academically.

Healthy schools which encourage lofty academic deals, sensible activity and collegiality give a climate which is additionally satisfying and achieving (Mcgrath and

Nobel, 2010). Previously, the spotlights on the climate, has centred on instructors and leader educator relationships who are obviously working out subsequent issues of occupation satisfaction. Recently, the stress on climate has moved to an emphasis on student learning from management orientation (Sergiovanni, 2001). Change endeavours of about three decades have failed to promote their success in schools because they did not effectively deal with the essentialness of climate and culture of schools (DuFour and Eaker, 1998). Making and giving a culture which is predominantly friendly to human learning is the main essence of a school (Barth, 2001).

2.1.14 Perspectives of School Climate

Two perspectives have emerged during the examination of school climate, explicitly openness and Health. The responsiveness of this climate is about the possibility of the two: educators and principals' behaviour. A climate relies upon trust, honesty and respect. A school climate that is strong is portrayed positive by students, teachers and likewise relationships among students, educators and school organisation exhibited sound school climates and instructors have faith in themselves as well as their students and create high but achievable targets.

2.1.15 General Dimensions of School Climate

The climate estimations which stress openness and prosperity were perceived by Hoy, (2003) as the following scopes:

Environmental Press: This is a form of relationship existing within a community and a school. The consolidation of how much parents and society intrude or how much the school is susceptible in the functioning of schools to some outspoken citizen groups and parents.

Collegial Leadership: This is the relationship between the teachers and the fundamental, such as the central views, whether their teachers are accomplices and set clear standards of it in like manner insinuates the key lead facilitated in attaining expected requirements of school and achieving the destinations of the school execution.

Professional Teacher Behaviour: portrays the relationship among educators. It is

characterised by reverence for commitment to students, associate capability, support of colleagues' self-adequate judgment and cooperation. Academic Press: defines the interactions between the students and school that is of great significance. In same manner, it depicts an enhanced yet attainable vision leading to planned destinations to be achieved by students and teachers.

2.1.16 Concept of Home Environment

An environment is the typical settings of a living being and can be earth, air or water (Asoguo, 2008). According to Onyehalu in Okeke (2001), an environment is in particular of three fragments: physical, social and abstract. The physical environment involves things or materials found in the community, school or home. This likewise involves people like classmates, children and parents. The social environment relates to the clubs, society and social life and many others in that category. While the abstract environment is the reactions, the feedback responses received while interacting with others. An environment is a physical world controlled by man, or the space of nature not contaminated by man (human activity), or the social environment: the physical environment modified by human development (Ofomata 2004). Likewise, it could be seen as something around the child that he can see or have an effect on him. It can also be seen as any approach of air, earth, water and life that surrounds man.

It expresses how the home environment can hinder or advance character change of a child. Also, to a great extent, family relationships determine the adolescent creation of perspectives with respect to family life and home. Some families exhibit an extraordinary confidence of sustaining, optimism, joy and fulfilment. While some mirror a climate of cynicism, devastation, fear and antagonistic vibe, which of course impacts children negatively. McMillan and Hiltonsmith (1982) see that growing children are more profitably influenced by positive home environment.

Thus, happy parents make the home positive and that leads to profitable influence on the children. Children that develop in happy homes involving happy parental and adolescents interactions are adjudged the most balanced. The nature of a home environment is impacted by how light hearted the parents are (Noller and Victor, 1991).

Conflicts between the parents will clearly results in an unfavourable home environment. It is an unpleasant condition for children when this happens and the consequences can be serious for adolescents even in the future. Noller and Victor, (1991) also observed that behavioural problems in children and adolescents is connected to conflict between parents.

Generally, children having social issues like emotional and social problems, poor school performance and low self-esteem are usually from families high in conflict. Kassahun, (2010) affirms that the family's structure is a blend with identity properties of each parental personality, which to a certain degree determine approach to child rearing. There is a drawn-out time course of research which sustains the system with the closeness of two fundamental estimations of parental help. The first, influence of parental behaviour that is either hostile or warm is the focus of acceptance-rejection. Responsibility and self-control are outcomes of a cordial relationship while aggression is promoted by hostility in the adolescents. The focus of control autonomy, which is the next dimension, is on how permissive or restrictive guardians could be in imposing rules of behaviour. Parents that utilise stern control have adolescents who are highly dependent though well-behaved while children of those who are permissive tend to be assertive and sociable as well as being highly aggressive.

Child raising style is one of the factors of human development that have been considered extensively (Baldwin, McIntyre, and Hardaway, 2007). This is a central element in a lot of children outcome. A relationship has been established with academic achievement and optimism in adolescence (Baldwin, McIntyre and Hardaway, 2007), attention problem and externalising problem behaviour and motivation (Gonzalez and Wolters, 2006). Parental raising styles depend on the attitude of behaviour parents' point of view of parental figures. Child raising style is a psychological make which paid unique attention to standard strategies, parents use in raising their adolescents.

The part parents play in the children's advancement is a highly influential one. Pre-schoolers brought up by parents having diverse parenting styles have been identified to vary in their degree of social competence (Baumrind, 2012). Parental demandingness like warmth, acceptance and involvement are related to the parenting styles. The styles

have shown up as a three-class arrangement which are permissive, authoritative and authoritarian child raising styles. An authoritarian parent control and shapes the child's behaviours through absolute established standards thus demanding compliance from the child. A permissive parent offers as much liberty as wanted by the child, without stressing any act of compliance but only emphasising the physical safety of the child. Enforcing standards and rules through use of necessary orders and penalties are characteristics of an authoritative parent.

This type of parent value open communication with the child, without necessarily compromising his autonomy. An obvious guardian keeps up statutes and standards utilising commands and bolster (Baumrind, 1993). Rodriguez, Donovanick, and Crowley, (2009) stated that parenting styles are profitable while appreciating the intricate attitudes as well as behaviour related to child outcome. Parental behaviours define parenting and the behaviours include privileges, profits as well as pleasures and also included are fears, failures and frustrations. Consequently, in their relationships and activities with the adolescents, parents can realise an interest and get significant and enduring satisfaction. Baumrind (1999) proposed nine child parenting styles which are traditional, demanding, authoritarian, authoritative, nondirective, undifferentiated, rejecting-neglecting, democratic and permissive.

Attitude and behaviour of parents are main determinants of parenting style. Baumrind, (1991) identified two major factors when considering parenting styles and child outcomes. First is the responsiveness of guardians to the needs of the children in a supportive, enriching and sensible means. Generally, parenting style is established to impact identity development, self-efficacy and self-esteem; these remain linked to achievement in academics (Brown and Iyengar, 2008). Similarly, the advanced adolescents' achievement is impacted by the choice acted on by children, together with their parents to confront or cooperate with each other.

When school climate and parent involvement align, attendance, academic success and matriculation rates increase among the students. Meanwhile, an unattractive school climate is not appealing to parents thus they may not become involved. A relationship that influences the child, parent and school is created when schools purposely ensure the

inclusion of parents of varied background (Brown and Medway, 2007). Findings further revealed that approaches to produce good school climate are able to enable family partnerships. Schools can achieve this through positive telephone calls, messages or letters to the home. Through positive messages sent to parents, their involvement is more probable where they perceive warm reception.

In similar pattern, they feel respected when there is a show of understanding by the school to families from different backgrounds. A total feeling of acceptance by parents is created by involving parents on policy building teams and school governance. Davies (1991) proposed structures for including families through creation of home visitors programs, parent centres, and action research teams saddled with the responsibility of coming up with strategies for involving parents. The schools could be helped to create the needed home-school collaboration through the three structures. They could correspondingly keep relationships with them through school psychologists to develop parent-educator affiliations. Establishing relationships or partnership with parents is fundamental to creating a positive school environment. Regrettably, organisation of many schools is not such that could foster parent relationships. Working collaboratively with parents by some instructors is being hindered by school policies and structures, training and time management. Positive relationships may never be established except parents and educators make time for communicating needs and wants to each other.

State requirement and testing have negatively affected the time available to instructors (Minke, 2006). Often, times for educators' conference are utilised to assemble key state-recommended materials for use in school. Similarly, working parents do not have the chance to meet with instructors. Often, average or high paying parents possess a better chance of excusing themselves from work compared to low-pay ones. In any case, positive relationships might not be developed if teachers and parents do not create time to interact. It is central for caregivers and teachers to work together and relate well towards enhancing the quality of life of students having hearing impairment. Instructors also need help on how to interact with parents and being trained on effective communication and not resulting to arguments in the face of disagreement.

Professionals like school psychologists are to manage and consult with parents and teachers on the proper approach to adopt in making personal needs and wants known through effective communication. Involvements of parents in schools are largely influenced by school structures and policies (Minke, 2006). Fostering positive school climate for parent involvement should be considered when drafting school policies. Different factors add to helping people with HI grow socially and emotionally which include the followings;

Birth Order

Ordinal position in the family has been the factor which is the focus of various attentions in recent years. This shows the position in the family structure. This impacts the socialising ability and development of personality. Birth order and family relationships factors clearly impact the youthful social life. It is profitable to pay attention to how personality and academic achievement of students are being impacted on by birth order and sibling relationships.

Family Type

Adenike (2013) considers the situation where children are brought up will pick, to a great degree, numbers and sorts of social and emotional relationships they would experience. These relationships, thus, impact personality development and social behaviour. The nuclear family, consisting of two parents and their offspring, is the most common system.

Family Size

According to Adesehinwa (2013), the gender, number, and birth order of adolescents significantly influence family functioning. There is usually a reduction in parent-child relationship but an increase in rate of interaction among siblings as family size increases. In the child's personality development, size of family was established to play crucial part.

Parents' relationship in homework

Research on general parental obligation in homework gets or discovers inconsistent relations (Patall, Cooper and Robinson 2008). A finding discovered a relationship that is positive between students' outcomes and parents' involvement in assignment (Goldenberg, 1989), another finding ran contrary, (Pezdek, Berry and Renno 2002). A discovery on the link between parental involvement and students' outcome can indicate that the quality and not necessarily level of parental involvement, affects student outcomes (Patall 2008).

Theoretical reviews involving parenting propose that diverse different emotional outcomes resulting from different types of parent-child interactions are brought about by different parental involvement. For instance, Gonzalez, (2002) found that child raising styles relates to various achievement goal orientations and various motivational emphases to children. Authoritative child raising style combining high expectations with support and warmth was linked to mastery goals. On the contrary, performance goals were related to permissive and authoritarian parenting styles; these styles are known by no warmth but high demands. Similarly, parents' commitment including help towards the autonomy of the child by encouraging in addition to choice and involvement in decision-making, valuing independent problem-solving and support were related positively to student effort (Gonzalez and Wolters, 2006) relatively high grades given by teachers, standardised test scores, and higher completion rate of assignments whereas these outcomes were negatively related to involvement that is controllable.

Pomerantz, Grolnick and Price, (2005) indicated that to a great degree, the achievement of parental involvement is determined by "how" involved parents are with their ward's assignment. These researchers underscored four dimensions process against person focus, autonomy support against control, positive and negative effect, negative and positive against negative beliefs on the potentials of the children as characterising the involvement in homework's quality of parents. The stated findings indicate that the quantity of involvement might be of relative less importance when compared with quality of parents' involvement in homework.

Behaviours including showing understanding for the child's perspective, endorsing the child's criticism and negative effect, providing choice and giving an appropriate justification for the assignment are types of parental behaviour supporting the child's needs for autonomy. Making available a non-comparative and informative feedback, helping to plan the work and setting optimally challenging goals are practices supporting a child's requirement for competence. Minimising competition and social comparisons as well as empathy and acceptance are needed behaviours for supporting the child's relatedness need (Reeve, 2009).

It is basic that students' self-autonomous motivation for obligation in homework would be related to need-supportive parental involvement. This kind of motivation increases interest in the material, achievement and learning (Katz, Kaplan and Guetta, 2010). Parents' characteristics, such as, self-competence, income and education promote children's academic motivation, being affected through the efforts of parents as the component of the quality of their relationship with their children, and associated to adolescents' academic motivation and achievement (Wardop, 2010).

Most, Ingber and Heled-Ariam (2012) noticed that capacity and want for social relationships develop in early childhood. To accomplish this, both the guardians and the instructors must be prepared to put in their best. This is in light of the fact that both influence a child's life at the developmental stage, which is from infancy to early adolescence. Abiola, (2006) is of the opinion that family is the foundation of socialisation while the schools (instructors) are to complement the efforts of the home. He referred to the educators as the surrogate guardians who are expected to instruct and instil the essential duty of orderly living into the children.

However, guardians must be concerned about the general wellbeing of their children as this will move them to rise up in their obligations. If the case is the other way round that is whether they feel uninvolved about the requirements of their children which incorporate the parental love, acceptance of the child (regardless of his condition), his education, feeding, clothing and his different needs, the child feels ignored (Thomas, 2008-2012). This researcher referred to neglect as non appearance of parent care and lingering let down of guardians in meeting their children's essential needs.

2.2 Theoretical Review

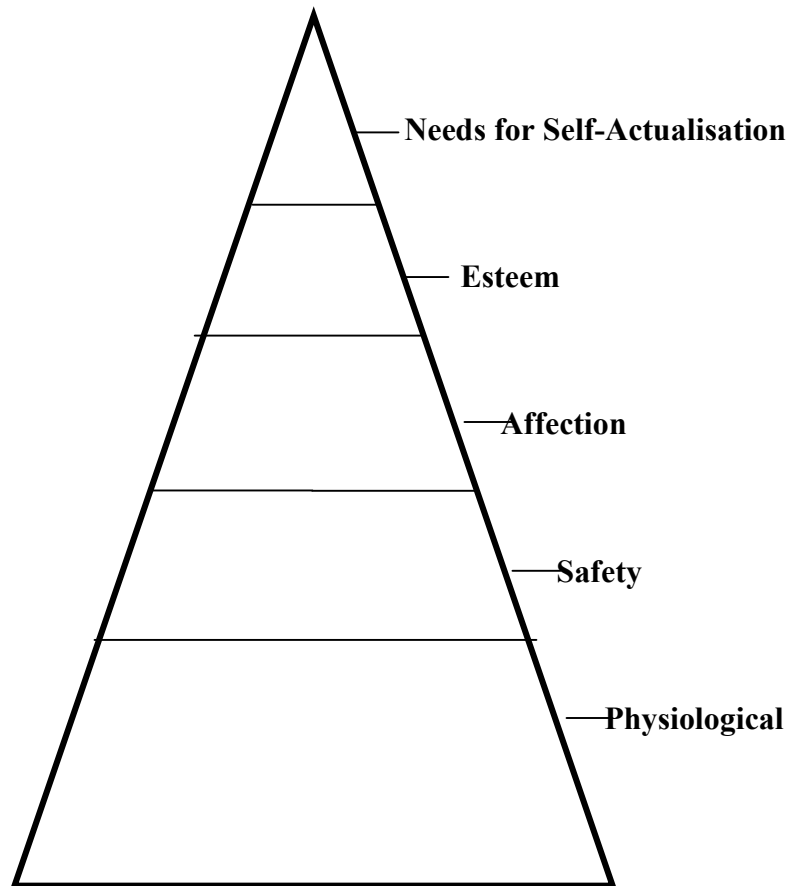
The following sets of theories were considered pertinent to the study.

2.2.1 Maslow Hierarchy of Needs

A theoretical frame work of individual institutions based on the hierarchy of human need which has five levels was postulated by Maslow (1943). The levels go thus:

- **Physiological Needs:** The needs aimed at survival such as water, food, air, etc. These needs look so natural but they are very important.
- **Safety Needs:** These are the needs for shelter, security, protection, stability and the likes. They are essentially significant in the life of a child at home and in the school.
- **Affection Needs:** These are the needs for love, social affiliation, acceptance and warm affection. All children need these.
- **Esteem Needs:** These include needs for honour, self-respect, prestige and status.
- **Self Actualisation Needs:** These are the needs of becoming what a child can become in life in the area of academic, social and physical. It involves growth, advancement and creativity. Meanwhile, Maslow (1943) emphasised that the need for self-actualisation is endless.

MASLOW HIERARCHY OF NEEDS



Source: ABRAHAM MASLOW (1943)

Fig. 2.2

Relevance of Maslow Hierarchy of Needs to This Study

Firstly, thinking about the physiological needs, all students with hearing impairment require foods, air and water that would enable them to keep on living and guarantee their survival. These could be got from home and school. These students need a home environment and school climate where there is good drinking water, access to clean sustenance in terms of hygienic food and good toilet facilities, in the event that they will continue with their education and be satisfied at home and school.

Secondly, safety needs depict a home environment and school climate where there is security for these individuals with hearing impairment, where they are free from building collapse, arm robbery, excessive cold and infectious diseases. They ought to be secured both at home and school. Thirdly, affection needs is the desire of these children to be adored in spite of their condition. Their parents should love them at home setting while their instructors should love them in the school. The students with HI want to be acknowledged and accepted to ensure their self-efficacy and quality of life.

Fourthly, Maslow esteem needs means that students with hearing impairment additionally need recognition and respect like their hearing partners. They need to be lauded by their parents at home while they additionally need to be among the prefects for status symbols at the school. They see these as a component of good home environment and school climate indices; and symbols of quality of life, self-esteem and self-efficacy. Fifthly, self-realisation is the progression constantly desired by adolescents with hearing impairment in secondary schools. Some of them are getting to be engineers, teachers, lecturers and professionals and accomplished business tycoon nowadays. The advancement ensures their self-efficacy and it is the evidence of their quality of life. This is seen, among people with hearing impairment at home, school, society and different places across the world.

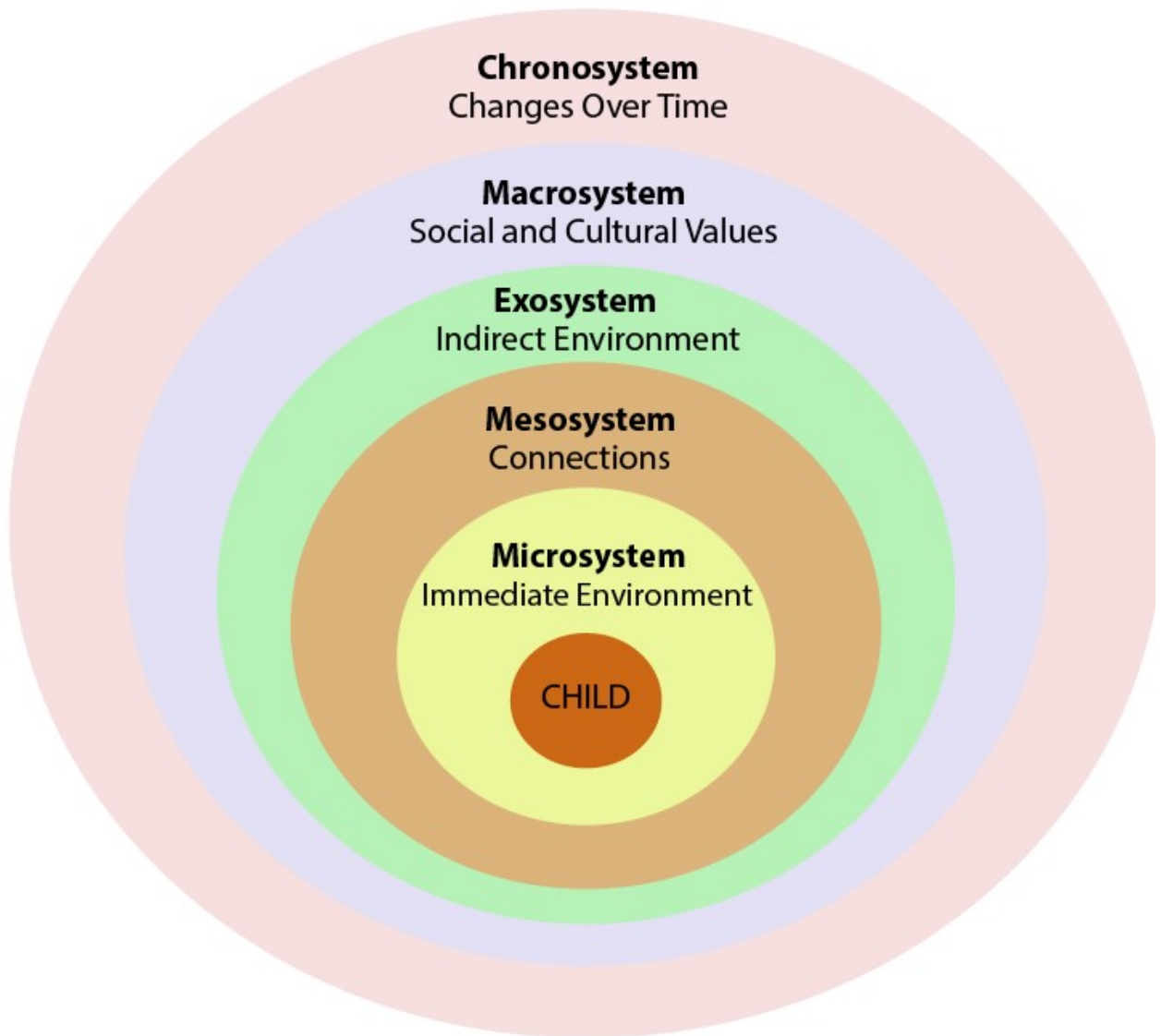
Finally, this theory uncovers that the behaviour of individuals, particularly the adolescents with hearing difficulties in secondary schools, is being guided by the needs he/she has at a specific time. They would prefer a home environment and school climate where there is food, drinks, ventilation, illumination and good toilet facilities. It would be

a place where there is security, and assurance. It should also be a place of love, affection, belongingness, acceptance and relationship. Adolescents with hearing impairment like other individuals would need to be in control of what is occurring around them as a method for depicting locus of control. At the point when this happens, it ensures their esteem among their mates and in the society at large. All these are focused on upgrading the students' self-efficacy, self-esteem, self-respect, status symbol and recognition which will in the long run prompt self-fulfilment, general wellbeing, quality of life, life fulfilment and life satisfaction according to Maslow chain of needs. Subsequently, this study is anchored on Maslow Hierarchy of Needs.

2.2.2 Ecological System Theory (Urie Bronfenbrenner (1917-2005))

This was built up as a theory aimed at explaining a child's growth and development being affected through everything in the child and his/her environment. The micro-system, meso-system, exosystem, macro-system and chronosystem framework have been named as the different levels of the environment affecting the development of children.

BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY



Source: Urie Bronfenbrenner (1917-2005)

Fig. 2.3

The Microsystem: describes a child's residence in small environment which involves the family, school, religious affiliations, neighbourhood and peers. How these social environments and affiliation interact with the child will affect the manner in which the child develops, the additionally nurturing and encouraging the places and relationships are, the higher the chances of the child will have for the capacity for growth. Also, the manner in which a child reacts or acts to the people in this system will influence how the child in return is treated. In reaction to all these, children develop their temperament and this shows that the children development: socially, emotionally and academically depend on this immediate environment which is basic to their quality of life.

Mesosystem shows various aspects of the microsystem working in harmony for the child. For instance, when an adolescent's parents play active roles in a child's study at school, like attending the parent-teacher conferences and attending the school's inter-house sport competitions involving their wards, this promotes the child's inclusive development. However, when there are conflicting activities or decisions on how best to raise the child within the microsystem, it may injure the child's growth in different ways. This shows that interconnections between the microsystem relationship that is: between the family and educator and between the adolescent and peers cannot be over-emphasised since it is capable of making or defaulting their quality of life.

The exosystem level are places and people the child rarely interact with, yet as it were, affect her, for instance, workplaces of parents, members of the extended family and neighbourhood. When a parent, for instance, cannot pay rents or buy things, and suddenly, the parent gets a raise at work and promotion, this will however affect the child because the parents will be better in satisfying the child's physical requirements considerably. The outcome would definitely bring a positive quality of life to the child.

The macrosystem is the largest of all yet it largely influences the child. In fact, it describes the culture in which individual lives and it includes relative freedom by the government, cultural values or context, ethnicity, clashes among others. For example, the experiences at home may be influenced by some other people's experiences. One of the parents may get a job extension which may demand travel; this undoubtedly may increase

conflicts between both parents and also affect interaction with the child. This can influence adolescents negatively which may affect the child's socio-emotional and academic life which leads to poor quality of life.

Chronosystem is the change over the life course and patterning of environmental events. Socio historical circumstances, career changes, job loss, frequent moves and divorce. Researchers have found out that the impacts of divorce on children which are negative often gets to a peak within the first year, by two years after, it stabilises. Likewise, when a child is diagnosed of having hearing impairment, the family's attitude would change to that of resentment towards the child, as time goes on, after much struggle within the child, he changes, accepts fate and tries to live in his/her own world due to the stigma placed on him by the environment, This change may affect adolescents with hearing impairment psychologically and could be detrimental to having satisfaction especially in their quality of life.

2.3 Empirical Review

2.3.1 Quality of Life of Adolescents with Hearing Impairment and School Climate

The influence of school climate on student's behaviour has been evaluated using research. It has been demonstrated through a study that considered the impacts of school and individual attributes on a varieties of results, that school properties (a balance of student intellectual abilities, firm leadership, prizes and punishment, good group management in the classroom, clear academic goals, good working conditions, and responsiveness to scholars' needs) were linked with positive school outcomes (regular attendance and academic achievement) (Hoy and colleague, 2006).

Teachers take a crucial part in the life of students between childhood and adolescence. Actually, educators have been portrayed as drivers in the life of children (Adeniyi and Tella, 2008). Moog (2011) discovered that a reliable relation existed between learning style and behaviour of students and the characteristics of their teachers. The study revealed that when teachers are viewed by students as aggressive, the facilitators will succeed in creating fear in the students. A student with fear will be

candidly pushed away due to emotional trauma, in this manner preventing him from interacting and socialising with his peers and everybody.

According to this finding in Thomas (2012) record of study shows that instructors are strong modifiers for children with social issues, of course, absence of social competence is one of the issues that can show up in school by an adolescent. An instructor who has one or more of the qualities above will be able to modify his students' behaviour. Such attributes combine instructors' mind-set, endeavouring to establish positive interactions with their students by indicating they have their interest at heart (McCount, 2006).

Thompson (2012) submitted from the study on instructors working with challenging students that there was a possibility of teachers working successfully with this set of students. These individuals with different challenges include the homeless, foster, low income, the abused students and students with special needs (Hearing impaired inclusive). Some scholars revealed factors that have been found to distract teachers from discharging their duties. Adika, Adena and Oyediran, (2006) revealed that poor salary, overwhelming work-load and low self-esteem of teaching profession are a few factors influencing teaching as a profession. This finding affirmed Metlife's finding (2012) which reported that today, teachers' morale, especially in high-needs school, was at a twenty-year low level.

Going by the findings of Hung and Paul (2006), it was submitted that the social development of these adolescents is made positive by the teacher's attitude. Various scholars who revealed findings on relevance of teachers' attitude and social life of children with hearing impairment include (Erving, 2008). It was reported that classroom instructors who were flexible in disposition to testing and assignments and positively disposed towards the concept of inclusion and mindful of the peculiarities of students with hearing impairment upgrade social acceptance along with competence of students with disabilities. They concluded that educators (teachers) serve as models for their students.

Tschannon-Moran, (2007) discovered that better attendance, better mathematics achievement and higher morale were more visible in schools where the importance of school community was demonstrated. Also, they equally found that in schools that saw themselves as a community a major factor is the teachers' sense of responsibility for students' self-efficacy. This shows the level at where school community (teachers and students) face an enduring insistence on academic achievement as well as toeing the line to school value and activities that encourage stringent standard for student's performance. A school climate researcher highlights four zones of school functioning; the actual physical environment, teaching and learning strategies, relations of the people in school environment and physical safety (Cohen, McCabe, Michelli, and Pickeral, 2009).

A climate which is positive is seen to a great degree as fundamental goal for reform in school and promoting mental health, academic, and behavioural outcomes for students (Thapa 2012). Thapa and his colleagues, (2013) found that, positive climate have minimal discipline issues and decreased violent and aggressive behaviour (Gregory, Cornell, Fan Sheras and Huang 2010), as well as less school suspensions (Lee, 2011). The school climate and reduced levels of drug usage among adolescents as well as destructive fights and harassment had been seen by research findings (Ahar-Schwartz, 2009). Positive school climate is also capable of decreasing students' exposures to risk factors and promote positive adolescent development. A favourable school climate is connected to high student's commitment as well as elevated psychological well-being. All these findings show that, schools with positive climate can have less behavioural problems with their students and it would likely improve their quality of life by being committed to their study, developing positive social and emotional abilities.

There are benefits for all educational members of staff in the school accruing from a positive school climate. Research displays that if instructors get supports from the administration, more raised measures of commitment and more collegiality would be recorded (Brown and Medway, (2007). School environment where there is a smooth relationship among members of staff and their leaders, strong student-educator understanding, bring satisfaction and teacher support, which increases better student and behavioural outcomes, job satisfaction and teacher retention (Guo, 2012).

Students, instructors and the structure will experience a wide measure of issues when the school climate is negative. Bryk and Easton, (2010) show that a liberal number of schools in the country can be described as unhealthy due to a negative climate. A negative climate prevents educators; fortify workers and relationship to show positive national obliging practices towards students (Collaborative for Academic, Social, and Emotional Learning (CASEL), 2013). Also, at-risk students receive negative signals from the negative climate, reinforcing the view that they are unfit for academic purposes and thus cannot continue the process. It also gives a wrong perception of the students, also with the social experiences which are fundamental to school practices and values, since a student's motivation for learning could really be diminished by a negative school climate.

Safe schools have been viewed as important by various control researchers (Yell and Rozalski, 2000). Safe schools' help for students is not limited to the sense of being protected, it extends to assisting the students in graduating. Students, who are harassed, teased and tormented at school, go through more difficult time compared with those who are not. Students tend to continue in school when there is positive interaction between them and supportive teachers (Christenson, 2002) and they have higher chances of remaining in school when administrators and teachers are respected by them.

The Centre for Social and Emotional Education (2010) stated that feeling of safety is not just a principal human need it is a key section of school climate. The psychosocial and physical security requires a safe environment. A safe climate strengthens social, emotional, scholastic environment and healthy development among students (Devine and Cohen, 2007). In a study carried by Bosworth, Ford, and Hermandaz (2011) where the motivation behind work was considering the view student and instructor perspective of school safety. It was stated by the students that their feelings of safety were enhanced by school climate, staff actions and physical security features. Bosworth (2011) deciphered that ensuring feelings and perceptions of school safety is enhanced through making and keeping up a protective and positive school climate.

A wide measure of findings shows some students do not feel emotionally and physically safe in schools, majorly due to breakdowns in the contextual and interpersonal factors portraying a climate. Where there are no supportive relationships, structures, and

norms, students are prone to encountering violence, punitive disciplinary actions, and peer-victimisation, usually joined with decreased academic success and a wide measure of truancy (Astor, Guerra and Van Acker, 2010). Few researches have equally demonstrated how children in large schools usually feel less safe and there is improved tendency of verbal bullying occurring in the schools (Lleras, 2008). The helpfulness of threat assessment in targeting violence was investigated by Cornell and Williams (2006) in their study and found that students were less bullied, demonstrated more comfort seeking help, and presented a healthy view of school climate, in schools where there is adherence to threat assessment guidelines.

A study indicated that reduced bullying behaviour and reduced aggression as well as violence are related to school climate that is positive among students. A growing proof has shown that feelings of not being safe are extended to teachers in schools with bad climate. A substantial sum of teachers is exposed; sometimes attacked, by violent acts of students yearly (Novotney, 2009). A research of 280 high schools indicated that both support (assessed using teacher-reported help seeking) and structures (assessed using teacher and student-reported clearness of school guidelines) were linked to reduced teacher victimisation (Gregory, Cornell and Fan, 2010). Also, they discovered that student support consistently predicts school records of threats on staff. From all these findings, safe condition for teachers and students upgrades their relationships and later advance their quality of life.

Forms of interactions that shape relationships, values, targets, and norms within schools give a critical portion of school climate. How connected individuals perceive they are to one another is a crucial part of relationships in schools. Researchers have equally demonstrated that there are reduced “probability and frequency of behavioural problems” in academic institutions where students observe a well-structured institution and just chastisement activities enhance relative better teacher-students relationship (Wang, Selman, Dishion, and Stormshak, 2010; Gregory and Cornell, 2010). In like manner, it was discovered that American and Chinese students that perceived student-student support and teacher-student support positively, a connection with high self-

efficacy, quality of life and grade point average but a negative connection with depressive signs (Jia, Way, Ling, Yoshikawa, Chen, Hughes, Ke and Lu, 2009).

It was suggested in a study that utilised a cluster randomised controlled trial design that classroom quality was positively impacted by resolution, respect, reading and writing which has a positive effects of teachers' emotional capability (Brown, Jones, LaRusso and Aber, 2010). In similar way, investigation showed that instructors' working condition, feeling of respect and inclusion as well as peer relationships are vital component of a school climate that is positive. Guo (2012) submitted that working condition might be a pointer of instructors' relationships with administrators and their students and this has completely mediated the path. This establishes the fact that positive school climate, positive adult relationships with students is foundationally critical. In the area of peer relationship Bear, Waskins and Chen, (2011) underscored the importance placed on relationships among peers, when considering well-being of individual student with differences, by demonstrating that students with Individual Education Plans who have special needs could profit from the positive school climate when the individual had feelings of inclusion and respect by other students. Cohen, McCabe, Mitchelli and Pickrel (2009) evaluated the incidence and nature of bullying at school and ways that could prevent it. Bullying could destroy the entire school climate and also capable of building fear in students with HI in the school environment (Moswela, 2010). Bullying and teasing have been found to contribute to school dropout, refusal, frustration truancy, loneliness and fear and have been shown to have a detrimental effect on students' learning (Bradshaw, Sawyer and Brennan, 2007).

John, Kadenyi and Mogebe (2017) carried out a study on school climate as a determinant of academic performance of students found that unconducive school climate will contrarily impact students' academic pursuits. Noga and Dana (2016), in a study of contribution of school climate and teaching quality to students learning achievement discovered that school climate and learning achievement have significant correlation. Adeogun and Olisameka (2011) carried out a study on school climate and teacher productivity revealed that school climate, home-school relationship, social and physical

environment, wellbeing, working condition and security, teachers care and support all impact students' quality of life.

2.3.2. Quality of Life of Adolescents with Hearing Impairment and Self-Efficacy

The effect of observations of models solving anagrams in male college students were studied by Brown and Inouye (1978). Anagrams were given to participants to resolve after declaring personal self-efficacy adequate for solving the puzzles. Participants were subsequently given competence feedback on their performance being better than a model. Difficulty in solving anagrams was observed in a peer model. More anagrams were afterwards given to solve after the participants pronounced their self-efficacy. A correlation which was positive was found between persistence and self-efficacy in this experiment. Persistence and judgment of their self-efficacy was higher among the participants who received feedback on their competence being more than the model compared with those without competence feedback. Participants that considered personal self-efficacy higher are those in the group which were not given competence feedback and they are the ones that persisted for more time than those who had performed as well as the model. The effect of declarations of confidence aimed at resolving puzzles and adult models on adolescents' self-efficacy and persistence were assessed by Zimmerman and Ringle (1981). Those who watched the model continued to solve it and made statement of confidence. They had higher self-efficacies above the ones that are pessimistic. Schunk and Pajares (2002) in this study confirmed that performance is being accurately predicted by self-efficacy. Furthermore, it was revealed that modelling was an effective means of improving self-efficacy with peer models amounting to academic outcomes and self-efficacy being increased.

A key portion in the use of goals is self-efficacy. It can be grouped as distal or proximal. A goal that is seen to be achievable with minimal improvement and in a less period of time is referred to as a proximal goal. The one that is seen to be attainable through much improvement and over a long-term is a distal goal. Schunk (2003) found that learners who advanced promptly in self-directed learning, with increased efficacy beliefs and speedy mastery of content are produced by proximal goals. In like way, it was significantly linked to performance and intrinsic interest. Zimmerman, Bandura and

Martinez-Pons (1992) all made use of path analysis to consider the causes of students' self-efficacy beliefs and in academic goals self-motivated academic attainment.

Attributions concerning learning support are means by which student endeavour to comprehend their performance. Common attributions made by learners include luck, task difficulty, effort, and ability. Weiner and Craighead, (2010) submitted that attributions of learning with performance make key factor in the motivation to learn. Attribution input was used as to some extent, as progress of tests by Schunk and Pajares (2002), this showed an undeniable change in performance with increase in self-efficacy perceptions. Learners were given attribution feedback with regard to ability or effort in each of the studies.

Relich's study established a strong and direct linkage between achievement and self-efficacy. In a meta-analytic study conducted by Multon, Brown, and Lent (1991) provided an additional confirmation on academic achievement being influenced by beliefs on self-efficacy. The connection of performance and self-efficacy was investigated with researchers using different studies. An assortment of measures and experimental designs were covered in the examined studies. A more grounded relationship exists between typical achieving one (0.33 effect measure) over under achieving students (0.56 effect size) in their performance and self-efficacy. An important factor was also age. Standard achievement range, students in the college and high school presented an effect sizes which greater when compared to elementary students, 0.35, 0.41, and 0.21 correspondingly. To some degree, this could result from the fact that ability to make greater sensible judgments of their self-efficacy is more pronounced among the more matured students.

Self-efficacy is a focal part in academic performance. With various conditions and different systems, it presented itself to be an unconditional basic part of the process for motivating students. Ogundokun (2006) asserted that a high self-efficacy level is connected with better measures of performance. Within organisations, performance and self-efficacy were considered to be linked positively. A plenitude of research exposures indicated how self-efficacy is a correlate of achievement (Shunk, 2002). Self-efficacy in like manner correlates with records of self-control, particularly adoption of effective

learning methods by teachers. Pintrich and De Groot, (1990) showed the positive inter-correlations among cognitive strategy, self-regulation, self-efficacy and achievement. Superior performance, persisting longer and monitoring are displayed by students with enhanced self-efficacy for effective problem solving relative to the ones having low self-efficacy. Self-efficacy relates in a positive manner with students' objectives for course achievement, creative product, satisfaction with potential grades and actual achievement (Zimmerman et. al, 1992).

Research mounted by Linenbrink and Pintrich (2003) has demonstrated that susceptibility to negative emotions, persistence, strategy use, scholastic commitment, analytical thinking, cognitive engagement, students' learning and achievement in general sense are all related to academic self-efficacy. In academic setting, educational performance, interest and scholastic impetus are likely to be greatly impacted on by adolescents' appraisals of their own specific efficacy to have held on their personal outcomes and processes of education and attaining proficiency in questioning subject matter. Students that are sure of their ability in organising, executing, and managing their problem-solving at an earmarked state of competence are displaying better self-efficacy. Bank and Pintrich (2002) in their study related positive academic self-efficacy and outcomes.

Bong (2004) worked on academic self-efficacy performance-avoidance achievement goal orientations and performance approach as it relates to general school learning and English in particular. The participants used for the study were 389 Korea high school girls. The result displayed that performance avoidance and performance-approach achievement-goal orientations displayed robust relationship with academic self-efficacy beliefs while self-efficacy contemplations were related moderately. Wolters and Rosenthal, (2000) investigated the relations between five post-decisional, implementation strategies adolescents used in regulating their effort as well as perseverance in academic endeavours allotted unto a specific class and a set of beliefs which are pre-decisional inclusive of students' learning and self-efficacy, task values, and performance target orientations. A group of eight grade students (N=114) responded to a self-report survey assessing four motivational beliefs. They used five motivational course

systems, including self-equating, interest enhancement, ecological control, professional and performance self-talk. Findings established that self-efficacy was not linked to the five regulatory strategies.

According to Schallert's (2006) study, students' academic achievement in sciences was discovered to significantly predict self-efficacy. However, some findings of empirical studies are contrary. For example, Loo and Choy (2013) discovered that academic performance was influenced by self-efficacy. Ali, Wan and Nobaya (2017) in a study of influence of psychosocial factors on students' performance revealed that self-efficacy failed to enhance academic achievement of students.

The relations among psychological attitude, academic attitude and achievement in academics were examined by Reynolds and Weigand (2010) with 164 undergraduate first year students serving as a sample. They found that in the general sense, self-efficacy did not show any relationship to academic achievements. Also, Mance and Edwards (2012) found no relationship between self-efficacy and quality of life in a research of deafness related self-perception and psychological wellbeing in deaf adolescents with cochlear implant

2.3.3 Quality of Life of Adolescents with Hearing Impairment and Locus of Control

Griffin (2014) carried out a research on locus of control and psychological wellbeing. In the study he sought to find out if locus of control, both internal as well as external, could relatively determine stress, depression and self-esteem. He discovered that it was only locus of control which was external that significantly predicted psychological wellbeing thus partially supporting their guess. Results pointed to the fact that everyday activities not within one's control will essentially influence psychological wellbeing.

This is consistent with Parkers (1985) that proposed, the idea of locus of control combining two variables instead of one. Particularly, some studies have kept utilising one-dimensional definition. In a study which was cross-cultural that correlates subjective wellbeing, locus of control with high wellbeing credited to higher internal locus of control (Stocks and Kirt 2012). Without disputing Stock's conclusion, yet the result could entirely provide explanation for well-being while excluding external locus of control.

This was decided as subjective to wellbeing, a relative view was made that it identifies with more positive outcome (Klonowicz, 2001). It was concluded in a pilot survey carried out by Griffin (2014), that if one of the two considerations had seen this construct separately, it would have been discovered that psychological well-being outcomes was impacted on by external locus of control which is low but not the high one.

Ramezani and Gholtash (2015) completed the investigation on locus of control, self-control and happiness, they saw a relation that is not significant among happiness with locus of control and that it is not a marker of happiness, this is supported by Lindiwe and Sindane (2011) study which demonstrated the existence of a slight relationship between happiness which prompts quality of life and locus of control. Notwithstanding, some researches were conflicting with these works. Gopal (2006) in his study of personality factors in happiness disposition submitted that internals are happier on account of how they see personal encounters as they tilt towards repressing their failures to external powers. Likewise, Argyle (2013) also discovered that people possessing internal locus of control perceived personal charge over event but do not give negative event much attention.

Ramezani and Gholtash (2015) also found in another study that self-control as well as locus of control was completely linked to happiness. They were the standard markers of happiness by 3% of the change. This shows that individuals with high locus and self-control can have happiness. The work of Etebarian, Akbar, Pourvali and Zaynab, (2008) revealed signifying relationship between self-control and approaches to solving differences among officers of the school which exhibited the connection which improves the quality of life. In the same research, it was revealed that the unflinching effect of self-control and locus of control which were positive and significant in their correlation. A study researched on self-control in working environment, and found that people that have self-control have motivations, high social skills and a high locus of control.

As showed up by DaraShifrer (2014), in a completed study on region urbanity differences in the effects of religion and nets of social background on locus of control; they found that differences in adolescents' average locus of control across region urbanities could not be explained by variations in net of social background nor religion.

This was supported by past result of Ellison and Burdette, (2012) that few facets of religiosity are predictive of external control whereas the remaining are connected to internal control.

Stocks, (2012) in a study found that a negative relationship existed among an external type and subjective wellbeing inferring that better state of externality results in reduced state of wellbeing. This finding substantiates that of Torun and April, (2006) while Rotter (1966) was in contrast, by warning against generalising either externality or internality as being credited to negative or positive qualities exclusively. In leadership, Yukl (2006) in a study found that a leader with positive inclinations of internal locus of control would be pleasant to individuals. This is supported by Durbrim (2010) who found that internals separate good leaders from bad leaders. There is also evidence by Draft (2008) in another study that internals have ability to handle difficulty and complex situations, and that they are relative to external locus of control and are more achievement oriented. In addition, they are more likely to seek or assume leadership opportunities because they try to influence others than externals.

An internal locus of control shown within meta-analytic study of 357 research studies to be related to increased level of job performance than job satisfaction” as well as the fact that improved health, including enhanced self-reported mental well-being are enjoyed by people with internal locus of control (Colquitt and Evesson, 2015).

2.3.4 Quality of Life of Adolescents with Hearing Impairment and Home Environment

Generally, parental involvements in their wards’ educational pursuits are seen as necessary. Nevertheless, results from studies on the relations of parent commitment with outcomes of students are not global. Several studies established a relationship that is positive between adaptable students’ outcomes and parental involvement (Hill and Craft, 2003), while another study did not discover such relations (Walker, 2004), and a few findings even established sign of possible harm to well-being and student’s achievement resulting from parental involvement (Larson and Gillman, 1999).

Generally, some studies reported that parents of hearing-impaired adolescents at first (and sometimes for a long time) set up negative responses at the time of diagnosis which never-endingly influences the adolescent's development in emotional and social domains. It was revealed that parents after discovery of disabilities in their wards express shock and disbelief, denial, self-pity, rejection, guilt and shame and rejection among others (Thakre, Thakre and Alone, 2012). Such behaviours influenced the lives of children with special needs negatively. For example, Thomas (2008-2012) detailed from this study when parents neglect their children with disabilities, such adolescents' basic, social and emotional needs are not usually met.

The concern of their parents is the means by which to talk with the child (Thomas, 2008-2012). Eyilati, Jafari, Ashayeri, Salehi and Kamali (2013) found that some guardians of adolescents with hearing impairment think that they do not possess needed abilities in parenting the child. Others who reported their findings on this point are Thakre, Thakre and Alone (2012). They revealed that parents gave numerous examples of communication difficulties towards the adolescents with hearing impairment and towards the caregivers of their children. Meanwhile, Taumoepeau and Ruffman (2008) discovered in a research that the social competence development of children having hearing impairment would be negatively affected by a deficit in language. In this way, parents need to show concern on how they would acquire language and communicate with them.

A couple of experts have illustrated involvement of parents at home as a sort of behaviour while several researchers examined parents' behaviour at parent-teacher interaction or at school (attending school events)(Hoover-Dempsey 2001). In addition, a few works dwelt on the relationship of parents and its connection to students' achievement whereas some concentrated on the wellbeing of students (Hoover-Dempsey, 2001). Several works discover positive connections of parents' commitment to students' achievement such as academic ability (Pezdek, Berry and Renno, (2002). The outcomes pertaining to the relationship of student outcomes and parental involvement, in homework and generally, may indicate that instead of being impacted by the level of parental involvement, students' outcome is being impacted by the quality of commitment (Pomerantz 2007, Patall 2008).

Different parent-child interactions and thus various emotional outcomes are produced by different types of parental involvement according to research works on parenting. Gonzalez and Wolters, (2006) submitted that different child-raising styles were linked with adolescents' with different achievement goals orientation and several motivational emphases.

2.3.5 Quality of Life and Adolescents with Hearing Impairment

• Attachment

The model of attachment portrays impact of whole structure on relations which are formed in life at early stages. The capacity of a child, later in life, to establish related connections depends on the bond earlier formed. The expression of emotions by the infant and the caregivers or parent reflects the strength of an attachment. It is equally shown in how sensitive the reaction of emotions to one another is (Pipp-Siegel, 2002). Strong attachments seem to help growth of language though there could be delay in individuals who have challenges with their hearing. Attachment is empirically seen to be associated with emotional availability (Volling, McElwain, Notaro, and Herrera, (2002) since this availability points to child-parent interaction's quality. The presence of emotions in a social endeavour of parents of children having normal hearing (n=21) and relative to the one shaving hearing loss (n= 21) (Pressman, Pipp-Siegel, Yoshinaga-Itano, Kubicek, and Emde, 1998). To a great degree in the dyads having parents with the children possessing hearing loss, emotional availability was stronger contrasted against those having normal hearing. Maternal sensibility as depicted by Biringen (2000) underlies attachment among mothers of toddlers of varying degrees of hearing loss.

General mother's sensitivity indicated 6.55 (on a rating showing that highest =9 and mostly reduced= 1), expressive language ability predicted by higher sensitivity. In a review, among children and adolescents with hearing loss, on social-emotional abilities by Moeller, (2007), it was suggested that establishing nurturing and strong emotional relationships between parents and adolescents with hearing impairment reduces the irritation that may likely occur when there is difficulty in understanding and communicating with them.

- **Emotional Competence**

This concept is generally conceptualised as the understanding of one's own feelings (emotion) and those of others which interface alongside a large range of sentiment (Denham, 2009). Moreover, adolescents must be able to act in response to such feelings and pass on suitable interpersonal emotional responses. Majority of two-year-olds converse on their feelings and wants. Furthermore, several children have established object permanence and possess the knowledge that their parents though leaving will surely return. Children progressively demonstrate a fewer anxiety when they watched them depart and are repeatedly happy when they come back. The majority of them are skilled at getting notice when required. Outstandingly, they fake actions to get attention when they need it. This shows that they have mastered the control of specific personal behaviour to influence attention for result. Theory of Mind (TOM) induces a man's ability to perceive differences in feelings, thoughts of others and theirs and opportunity of social interaction of the child is dependent on this. Also, youths start attributing memories, intentions and beliefs so as to understand the world around them. Children having hearing loss had been shown from previous research to make slacks of TOM (Peterson and Siegal 2002).

At any rate while using sensory management, like a cochlear implants (n=72) toddlers just as their hearing peers (n=69) had control over the starting stages of TOM but did not match up with their hearing peers when extra higher skills crop up at TOM later stages. Such skills include separating false beliefs from true ones (Kowwenberg, 2013). Getting limits linked to TOM is possibly gotten by chance from observations of conversations and indirect hearing in the midst of older adult and adolescents (Cole and Flexer, 2007). As opportunity for incidental learning will obviously differ extremely among children, developing TOM could be threatened with in pupils with hearing impairment.

Furthermore, parent stress is increasingly present in parents of children that are having hearing problems as well as social-emotional problems. While studying the mothers of adolescents who have congenital hearing challenges, the period spent within Neonatal Intensive Care Unit as well as overall displayed behaviour problems by their

child predicted maternal stress (Topol, Girard, St Pierre, Tucker and Vohr, 2011). The increased daily weight or challenges associated to child behaviour issues could negatively influence the homes having children living with hearing impairment which exhibits that the children themselves will also suffer poor quality of life. As necessities, the socio-emotional progress is a likely rule to consider especially among their families sometimes with respect to providing services to any child experiencing hearing loss particularly putting into consideration the transition of the child from a setting to the other. Amidst that, different variations may surface, for example, environments, routines, peers, the instructor and materials used for teaching, which could depreciate their abilities to continue developing social emotional abilities.

2.3.6 Quality of Life (emotional, social and academic) and Adolescents with Hearing Impairment

There are a lot of research which demonstrates that overall or individual quality of life measures is undesirably usually affected through hearing impairment not minding the scales employed in measuring the impacts of hearing loss. Notwithstanding, it is pertinent to mention that a couple of findings denied this finding. Salome and Salome, (1998) concluded a study about adolescents and elderly people in Denmark, discovered no relationship between general satisfaction with life and hearing disability. Vesterager and Salomon (1998) stated that 74% of their subjects show life satisfaction, with positive impression of the process of aging, and in their old age, they well-preserved their mental ability not minding their communication. The scholars concluded that having impairment does not prevent achievement in life. Another study discovered that little impact was found to influence the quality of their life (Grimby and Ringdahl, 2000).

A study on emotion regulation among children with cochlear implants credited to Wiefferink, Rieffe, ketelaar and Frijns (2012) stated that a child with cochlear implants had inadequate social competence and emotion-regulation strategies when compared with those having normal hearing. This is paying little identity to the ideal association of the optimal service and technology for treatment of hearing problem. According to Giralametoos' (2011) finding, both groups have no differences in terms of initiating plays or interactions while those with typical hearing however reacted towards peers with

hearing impairment less often and to a great degree excluded them from taking part during play.

Every individual from the larger world are bound to connect with others in the general society, therefore different relationships are established. When there are no successful interactions among individuals from a structure, behavioural problems could surface. Children and youths with hearing impairment are often shown to possess increased rate of aggression, non-compliance and inattention (Brice, 2013). These behavioural problems could have transmitted from how they are consistently devastated and lonely in light of communication breakdown between children having hearing impairment and the environments of their association (home and school). Another finding showed that adolescents with hearing impairment showed their anger all the more surprisingly as opposed to the hearing ones and they in comparison with normal children exhibited less sympathy when an individual is hurt (Meat, 2011).

According to Dye and Bavelier (2010) study, it was concluded that the problems in language acquisition encountered by children having hearing impairment could add to the peril of emotional behavioural disorders. This is also supported by Baker, (2009), Corina and Singleton (2009). Vostanis, Hayes, Feu, and Warren (1997) discovered how teenagers personally rated their interaction with friends as showing more aggregation to their peers and that they were socially inaccessible to their peers and did not partake in structured activities. Also, a school based study within mainstream schools by Nunes, Pretzlik, Olsson (2001) also testified that deaf pupils could feel isolated though not excluded by others.

Duarte, Costa, Santos, Rego, and Nunes (2014), found further results among a sample of Austrian children and adolescents with the use of KINDL-R, Ravens, Holling, Bettge, Wietzker, (2002) discovered that low quality of life was reported by respondents having a CL relative to the hearing counterpart and this came with an effect size that is large. This is irrespective of the fact that, there was no difference between hearing adolescents and those with a CL. Also from the rating got by the authors from the parents of the adolescents, the rating did not show any difference between the reports of the adolescents and parents. It is expedient to consider the fact that this study used a

relatively few participating adolescents (11 adolescents). On the other hand, Warner-Czyz, Loy, Roland, Tong and Tobey (2009) discovered that health-related quality of life degenerated with increase in age of children with a CL while using KINDL with an ample bigger sample from the United States.

Attempts have been made by other researchers to examine if a CL appears to boost the quality of life through the media of supplementary technologies, such as hearing aids. One of such is the work of Meyer, Sie, Skalicky, (2013) that examined the quality of life using the instrument that had a DHH section. Patrick, Edwards and Skalicky, (2011), examined which type of school programme the adolescents attended. Generally, it was obtained that those with a CL presented improved quality of life socially compared to the ones using supplementary technologies within the mainstream education programmes not having recourse to the school having a definite DHH programme or if the children were further secluded. Nevertheless, when observing the schools for the deaf, higher participation scores and fewer trouble by stigma-related apprehensions were observed amongst participants who did not utilise technology. A study regarding CL and school placement, Schick, Scalicky, Edwards, Kushalnagar, Topolski and Patrick (2013), examined precisely to see if school placement contributed any difference to quality of life. The motivation for their research was not to look mainly at having a CL but controlled for depression, hearing level, sex and age.

Overall, it was discovered that no difference was found based on school placement such that lower quality of life did not feature among DHH children in mainstream programs. The authors stressed that the finding was factual despite the fact that an instrument that concentrated on hearing loss matters was used. Meanwhile, contingent on if the DHH adolescents had deaf against hearing parents; some other intricate interactions were found. A drop in the participation scores was reported for older adolescents, especially among the mainstreamed students. A similar result was obtained among high-school seniors by Stinson, Whitmire and Kluwin, (1996).

Kushalnager (2013), using a large sample, studied the manner the adolescents saw communicating with parents particularly relating to quality of life among the adolescents. The respondents were requested to assess personal level of understanding of their

parents' communication with them as well as to respond to a quality of life survey then an instrument on emotion for depression and anger. The obtained data revealed that the more the DHH respondents held the belief that they had the understanding from parents, the more the quality of life in area of emotion report become positive. This shows that, in spite of the deafness, they still maintained their emotional balance at home. The finding was particularly right with the aspects of quality of life which pertains to DHH matters, including acceptance by the environment and participation.

Nevertheless, it can be held that a number of DHH teenagers report satisfaction with their lives and have a sense of exceptional enjoyment like that of their hearing peers. Similarly, it appears clear that several factors contribute significantly to the life satisfaction. Receiving and using a CL appears largely beneficial, though composition of family (deaf parents against hearing ones) then the type of school they attend are also vital. Communication at home, in addition to the feeling of being understood similarly show an important part. Additionally, deaf teens have peculiar apprehensions different from the ones that the hearing counterparts have and tend to describe recreation and friendship as comparatively better in importance or additionally stimulating to them relative to the hearing counterparts, supporting the notion of communication skills being essential at this stage. A finding in rural USA indicated that among the DHH youth, overall life satisfaction was discovered to be below in the areas of living environment, friends, family and self but high in emotional aspect of quality of life (Patrick, Edwards, Skalicky, Topolski, Kushalnagar, 2011).

A couple of studies have examined social skills rate in special needs persons and those with hearing impairment (Ataabadi, Yuseti and Moradi, 2014), study found that adolescents with hearing impairment exhibit some behaviours including fear and carelessness in social relationship, they demonstrated more issues in life in comparison with children with normal hearing particularly concerning gender. It is reported that female with hearing impairment feel more anxious than the male.

Observations from specific studies exhibited that there are variations in the social aptitudes as well as play skills of students having disability (those with hearing impairment), (Kennedy and Pigott, 2012). They reported that the differences are seen

from a very young age, showing up in cut down rate of social initiation, negative social behaviour, wrong reactions, troublesome section to play activities, poorer turn-taking and leadership aptitudes and higher rates of peer rejection. Brown, Odom and McConnell (2008) reported their findings from the research linking poor early social ability with negative results, that these differences and deficits are likely to worsen hence, the justification for an increased focus on enhancing social strength as early as preschool years. In like way, Satapathy (2015) reported in a couple of researches uncovering that these individuals having hearing impairment are prone to additional social emotional maladjustment relative to hearing counterparts.

Wauters and knoors (2007) discovered in a study that pupils with hearing impairment most times had fewer friends. They feel rejected and offended than their hearing peers, therefore, driving them to isolation. This is an evidence of lack quality of life. Absence of good relationship with parents and peers have been portrayed as one of the barriers to learning among children with disabilities in inclusive setting, while social burdens occurred as an indication of deficiency in social ability. These social inconveniences often happen in perspectives like playing and intermingling with other children, acting in manners which are perceived to be culturally and socially satisfactory, communication, and challenges in accepting boundaries which can be environmental or attitudinal obstructions (UNESCO, 2009). With these problems, it will be sensibly difficult to fit into the general environments by the child with hearing impairment as it had been pinpointed as the basic driver of every single one of these challenges, for it has hampered their communication functioning (Martin, Bat-Chava, Halwan and Waltzman, 2010).

Basher, Shujaat and Saqib (2014) found that friendship and communication go together and that language is a strategy for communication and it is major for social interactions. Friendship empowers a child to develop social abilities; it drives their emotional life and in like way revives their quality of life strongly. The above revelation is substantiated by different studies wrapped up by researchers in the field of hearing impairment. These researchers revealed from their studies that for social acceptance, competence in language is major requirement (Bat-Chava, Martin and Kobeiw, 2005).

The researchers reported through a longitudinal study of 7 - 13 years old of advancement in oral language skills and speech indirectly influenced socialisation. Moog, Geer, Gustus, and Brenner (2011) in like way gave a report from the study with adolescents who showed that good oral skills indicates interface of interaction with hearing peers in activities of the school, in non-instructive exercises, and enabling the use of telephone.

Another group of researchers who uncovered their revelations along this line are, Matins, Batchava, Lalwani and Waltzman (2010). They found that students with hearing impairment, though they were barely so productive in a joint group with hearing peers, experienced no difficulty socialising with their hearing peers on an individual basis. The conclusion drawn by the researcher was that the cochlear implanted children had no difference with their hearing peers.

Again, Moog and partners (2011) through a longitudinal study found that the adolescents with affirmative self-image at the elementary level kept up the status in the high school. These adolescents were found to show social capacities, for instance, assertions, commitment and understanding, at comparable or enhanced levels than those of their hearing peers. Moreover, they evaluated themselves as more prominent in cooperation and possessing superior self-control over gender-and-age corresponding hearing peers. One of the serious anxieties of guardians of wards with hearing impairment is how to communicate with the child.

Diverse researchers who have made discovery on this include Thomas,(2008-2012) and Thakre, Thakre and Alone (2012). They revealed that parents gave different instances of communication challenges they were facing with their children with hearing impairment and their caregivers. Meanwhile, Taumoepeau and Ruffman (2008) displayed from their revelations that communication setback would have falling negative results for the development of social abilities of these children. So, care and commitment on how to teach the children to acquire language to aid communication should be exhibited by the parents.

Academic achievement of pupils having hearing impairment focussed on different empirical studies. This include the research by Ademokoya and Shittu (2007) on the

academic achievement in English language as determined by the self-concept, gender and onset of hearing loss among students with hearing disabilities in Oyo state. The participants included 100 students with hearing disabilities in senior secondary school class 3 which were purposively sampled. To guide the research on ascertaining the relationship among the independent variables and English language achievement, three hypotheses were raised. The instruments employed in the study included Audio Logical Reports and Adapted English language Test. It was shown in the study that pupils having high self-concept surpassed others having self-concept which is low as seen in the scores obtained on the adolescent personal data inventory. Findings equally indicated that among the post-lingual hearing- disabled colleagues, females performed relatively low compared to their male counterparts and those having self-concept which is high performed well relative to the ones having low self-concept.

Another research work was conducted by Mohammed (2007) in Al amal Amman city among the deaf students considering the impact of Sign Writing on vocabulary acquiring and academic achievement. This involved the development and application of a training program by Valeric Sutton utilising Sign Writing lesson in teaching Sign Writing to the fifth grader deaf students in the school, and to provide teaching on designated aspect of science book from the second semester. The sample for the research work consisted of 21 male and 11 female students 5th graders that were purposively sampled, and were distributed into two groups which were then randomly assigned to experimental group with 15 students (5 females,10 males) and a control group which consisted 17 students (6 females,11 males).

Two instruments were employed in data collection; one is a validly and reliably tested multiple choice test that was constructed depending on characteristics table. The second tool was a validly and reliably tested list containing vocabularies which were randomly selected from the science lessons. For the two groups, both tools were administered at the pre and post test levels. The collected data were analysed with the use of mean and standard deviation for research questions and ANCOVA was employed in testing the hypotheses at 0.05 level of significance. The outcome gave a significant difference in achievement and vocabulary where the experimental set is the better group.

Additionally, the result indicated an interaction effect that is significant between the gender and group in vocabulary.

A similar work was conducted among hard of hearing and deaf students in general education classroom on academic status as well as their progress by Anita, Jones, Reed and Kreimer (2009). The sample adopted for the study included 197 hard of hearing or deaf students experiencing slight to deep hearing and were attending general education classes for over or just 2 hours daily. Teachers rating of academic competence which is standardised and scores on writing, mathematics and reading language in standardised achievement test of were generated yearly for 5 years, along further communication and demographic data. Findings showed that within the space of 5-years, 55% - 76% of students had above average or average range scores in language and writing, 48% - 68% in reading and 63% - 79% in Mathematics in standardised achievement tests.

The average progress of students in the specified subject areas was better than or at par with that achieved by the normal hearing group of students and 79% - 81% among them had an above average or average in terms of academic competence within the space of the 5 years. The results indicated that the achievements of most of the students are in the range considered to be normal (ranging within-1 and +1 SD) among hearing counterparts in standardised language / writing, reading and maths tests. Likewise, many of their teachers perceived them as achievers in academics compared to other classmates. The results similarly showed that a greater part of the students is similarly attaining progress in a (1) year and in the aspect of writing/language. Several have been progressing for more than 1 year in a year.

Richardson, Long and Foster (2009) also conducted a study on the academic engagement among students with hearing loss in distance education. A performance comparison was performed by the researchers between students with hearing loss and those without hearing loss who had attended distance learning courses. However, the study did not define distance learning as being via the video, internet, television or telephone. The first set comprised students with hearing loss which was made up of 267 students. The other consisted of 178 students not having hearing loss. The study result

disclosed that students who went through distance learning and are with hearing loss performed better compared to those who had no hearing problems.

In an attempt to investigate the relationship between language outcomes at 5 years and the age at the time of registering for the intervention, Moeller (2000) conducted a study among the group of hard of hearing and deaf children. In the group containing of 112 hearing loss children, 5-year vocabulary skills were examined among those who registered in a wide-ranging intervention program at different ages. In a subdivision of 80 of the participants, verbal reasoning skills were explored. Peabody images, the measurement of the reference criteria and the vocabulary test were used to evaluate the participants. The preschool language assessment tools were administered individually by professional experts in the assessment of children with hearing loss. Family's level of participation during intervention mounted for children was characterised using a developed rating scale. The results revealed a negative correlation between 5-year language outcomes and enrollment age which is statistically significant. Better verbal reasoning and vocabulary skills were significantly demonstrated, children who enrolled earlier (for example, before 11 months of age) than children who enrolled later at age 5. Notwithstanding level of hearing loss, scores of early enlisted children on the measures approached those of their hearing peers. The data were subjected to multiple regression models with the intention of appreciating the connection between performance and determinants such as family involvement, enrollment age, non-verbal intelligence and hearing loss. The analysis indicated that just two among the factors accounted for the significant level of variation in scores in language gotten at age 5 years; enrollment age and family participation.

A similar work was conducted on the language of deaf and hard of hearing children identified early and later by Itano, Sedey, Coulter and Meh (2010). The study made related expressive and receptive language skills which were assessed with the use of the Minnesota child development inventory. The finding revealed that participants with identified hearing loss within 6 months showed significantly higher scores in language when compared with those detected after 6 months. For children possessing typical cognitive abilities, the linguistic gain was observed in all socio-economic strata

and test ages. Also, it was not dependent on the occurrence of any additional disabilities, minority status and gender.

A similar data was reported in a sample from German by Hintermair (2011). He was principally concerned about the participation of the DHH youth in the classroom. The data revealed that students who indicated participating well in their class also presented better quality of academic life within different domains, such as peer as well as school connections. It was equally stated that the DHH sample was quite similar in general to the average hearing peers.

2.3.7 Quality of life and Age of Adolescents with Hearing Impairment

Mofadeke, Adebolajo and Jacobus, (2018) in the study among the deaf and hard of hearing students in the city of Ibadan, on quality of life, reported that all measures employed for the research were responded to by one hundred and two (102) students. The ages of the respondents were between 12 and 31 years (57 females and 45 males had 17.8 ± 2.3 years as the mean age). The participants were distributed among total mainstream schools 42 (41.2%), the partial mainstream 31 (30.4%) and the special school 29 (28.4%). Also, the study population consisted 28.4% upper social class and 43.1% middle social class. From the study, it was discovered that respondents aged 17 years old and above had better quality of life relative to younger participants this shows that age significantly predicted quality of life. This finding agrees with other reports like Fellingner, Holzinger, Sattel and Laucht, (2008) in a study involving mental health and quality of life, which discovered that age predicts quality of life and thus reflects experience that appears with age and adaptation.

However, Abanto, Carvalho, Mendes, Wanderley, Bönecker, Raggio, (2011), in a research on health-related quality of life being impacted by oral diseases, Carvalho, Rebelo, Vettore, (2013), in a work on the link between quality of life and oral health education adolescents, and Divaris, Lee, Baker AD, Vann, (2012), in another research work on children health related quality of life found no substantial connection between age and health related quality of life of the students. Also, Kramer, Feldens, Helena, Bervian, Rodrigues and Peres (2013), in a study, worked on quality of life being

influenced by oral health of preschooler diseases. Martins, Vieira, Corrêa, Oliveira, Marques, Ramos, (2013), in a study focused on how health related quality of life is being impacted through early childhood among preschool pupils and their parents, found that age is not determinant of quality of life among pupils likewise parents' age might not determine quality of life among pupils. Again, Jeddi, Jafari and Motassadi (2012) in a research titled effects of parent's level of education and economic status on age of children with cochlear implant and Zaidman (2010) work on quality of life discovered that age does not predict quality of life.

Fellinger, Holzinger, Sattel and Laucht (2008) also reported in a study on mental health and quality of life that age is a predictor of quality of life. Martins, Vieira, Correa, Oliveira Marques, and Ramos (2013) in a study on health-related quality of life found that age is not a determinate of quality of life. Also, Abanto et al (2011) in a study on impact of oral diseases on health-related quality of life found no substantial relationship between age and quality of life.

2.3.8 Quality of life and Gender on Adolescents with Hearing Impairment

Veena and Manoj (2017) who steered community-based cross-sectional study on four hundred teenage girls separately in urban and rural areas of Karnataka, India discovered in their study of quality of life with psychosocial status among adolescent girls that nearly 5% girls presented a much high risk of having psychosocial abnormalities in the areas studied. Mean quality of life score was lowest for physical domain (49.59+12.63) but was uppermost for social relations (71.02+21.6). According to them, the finding brings to fore the need for urgent community-based interventions focused psychosocial abnormalities and poor quality of life vulnerable groups - adolescents and their families. The outcome showed that based on gender, no difference was found in the quality of life of hard of hearing and deaf children, implying that there was no significant relationship between quality of life and gender (Fellinger, Holzinger, Dobner, Gerich, Lehner, Lenz 2005). Mofadeke, Adebolajo and Jacobus (2018) that gender did not correlate with quality of life.

Some studies established a link between peer interaction and gender in the social aspect of quality of life. These studies Martin, Bat-Chava, Lalwani and Waltzman (2010), and Wolters, Knoors, Cillessen and Verhoeven, (2011) affirmed that increased levels of social competence, with higher acceptance, agreeableness, and pro-social behaviour were more likely to be demonstrated by young deaf girls. Exhibition of more antisocial and withdrawn behaviour was seen in young deaf boys than girls and they also demonstrated improvisation in conversations. Although not with boys, enhanced practical ability and skills in monitoring conversation were related to peer acceptance in girls (Wolters et al, 2011). It was also discovered that the educational setting of the participants only influences girls' social adjustment, whereby higher emotional security as well as social participation among hearing peers was linked to increased integration with hearing peers.

2.3.9 Quality of life and parents' Occupation of Adolescents with Hearing Impairment

Some studies like Abanto, Carvalho, Mendes, Wanderley, Bönecker, Raggio, (2011), Krisdapong, Somkotra, Kueakulpipat, (2012), Peres, Peres, Araujo, Menezes and Hallal (2009), Piovesan, Antunes, Guedes, Ardenghi (2010), examined the influence of parents' occupation over the children's quality of life. Some findings revealed a significant association, while some did not. According to Krisdapong Somkotra and Kueakulpipat, (2012), households that have economically inactive or unskilled heads usually have preschool children with a higher possibility of having high-level of health quality of life than households having skilled and active heads, whereas findings of Tubert, Pegon, Gremeau, Lecuyer and Tsakos (2005) indicated that children's quality of life is insignificantly correlated with parental occupation and parent's professional activity.

According to Piovesan, Antunes, Guedes and Ardenghi, (2010), in a study on how children's quality of life is affected by occupation of both parents, in unadjusted analysis, the occupation of father was singly significant and risk of health-related quality of life which is was higher amongst ward of unemployed fathers than those with employed fathers. Fathers' work activity away from home was found, through a study which

evaluated influence of parents' work activity, to be insignificant but children quality of life presented a relationship to mothers' work activity which is significant (Abanto, Carvalho, Mendes, Wanderley, Bönecker, Raggio, 2011). Children's quality of life at age 12 years was significantly estimated from status of maternal employment at 6 months, with poorer health-related quality of life being presented amongst employed mothers' wards relative to those who were not working (Peres, Peres, Araujo, Menezes and Hallal, 2009). Tubert, Pegon, Gremeau, Lecuyer, and Tsakos (2005) found that parents' occupation and professional activities are found to be insignificant to children's quality of life.

A wide-ranging socio-economic status indicator were employed in various studies; household wealth index, deprivation status, family economic status, parents' education, parents' occupation, and family income. Some studies like Nurelhuda, Ahmed, Trovik, Astrom, (2010) observed poor quality of life in children belonging to high socio-economic status and Dak-Albab, Dashash, (2013) reported poor quality of life among children within low socioeconomic status. Area-based deprivation was employed in other research works (Foster, Thomson, Ukra, Farella, 2013), of which a research work revealed that those in the high deprivation exhibited poorest quality of life relative to those in the medium and low categories of deprivation among the intermediate school children of Dunedin (Foster, Thomson and Farella, 2013), but in adjusted analysis, its effect was not noticed.

The link between health and socioeconomic status have been shown, through numerous researches in US and Europe, to follow a shared trajectory in which people with poorer state of health are found in the lower socioeconomic status (Conger, 2010). Similar results obtained in other country demonstrate that irrespective of economic growth or cultural backgrounds, the association is true (Kim and Park 2015). Socioeconomic status being established as one major attribute which affects quality of life of families, youths and children is due to research established association between health and socioeconomic status found in studies from several countries. Human activities are being affected in various manners, which include physical health, psychological health and development across the life span. Also, people from within the lower social classes are prone to being opened to more stressful experiences compared to

those in the upper class thus they are relatively extra vulnerable. Comparatively, the individuals from the upper class are less impacted on by the stressful stimuli and experience less difficult effect on personal emotional function aspect of quality of life (Fellinger, 2008).

2.3.10 Quality of life and parents' level of education of Adolescents with Hearing Impairment

A list of parental behaviours is indirectly associated with students' quality of life because parents' values, goals, beliefs and knowledge about child rearing are being impacted on by the educational of the parents. High levels of education as well as socio-economic status, for instance, can boost parents' capacity for participating in the children's education and equally enable the parents to obtain and make available as models problem solving strategies and social skills encouraging students' school success. This suggests that the use of more effective learning strategies, a stronger work orientation, more positive ability beliefs and enhanced regard for learning are more displayed among students with parents having high levels of socio-economic status and education relative to their equals having parents possessing low levels of education and socio-economic status (Joan, 2009). Attainment of high socio-economic status levels may permit increased parental involvement on moral and educational levels of their child because of access to resources, including community contacts, energy, time and income.

Studies reported that in children, quality of life was better predicted through higher educational level of the father and mother better but significant relationship to wellbeing was only found with the mother's education after adjustment (De Paula, de Almeida, Ambrosano, Mialher, 2013); Piovesan, Antunes, Guedes, Ardenghi, (2010). Father's education did not maintain its significant relationship with quality of life of students in Brazil having cerebral palsy after statistical adjustment yet another outcome discovered that the students' view of quality of life is connected significantly with father's level and years of schooling after the statistical analysis to adjust the effect of other confounders (Carvalho, Rebelo, and Vettore, 2013). Better quality of life in

adolescent's wellbeing was significantly predicted by the level of education both parents in a research work (Mbawalla, Masalu, and Astrom, 2010).

2.3.11 Quality of life and family types of Adolescents with hearing Impairment

According to Abanto, Carvalho, Mendes, Wanderley, Bönecker, and Raggio, (2011), Martins, Vieira, Corrêa, Oliveira, Marques, Ramos (2013) in a study on family structures, found no variation between scores on the quality of life of children having parents that are unmarried as well as the ones that are married. Some studies like Kumar, Tadakamadla, Tibdewal, Duraiswamy, Kulkarni, (2011), Kramer, et al., (2013), Krisdapong, Somkotra, Kueakulpipat, (2012), Scapini, Feldens, Ardenghi, Kramer, (2013) reported influence of family structure on quality of life of the respondents to be significant. Different researches employed different definitions of family structure. Some researchers like (Kramer, et al., (2013); Scapini, Feldens, Ardenghi, Kramer, 2013) employed “nuclear” and “non-nuclear” as the basis for classification of family structure, while some used “living with single parents or others” and “living with both the parents” as basis for categorisation.

Some findings indicated that quality of life in wellbeing scores in pupils staying with their biological parents (de Paula, de Almeida, Ambrosano, Mialhe, 2013), and in nuclear families, Scapini, Feldens, Ardenghi, Kramer, (2013), had better quality of life than their comparative counterparts. It was revealed from an assessment involving health-related quality of life perception amongst pupils living with their parents against those group not living with any parent, that the former have better wellbeing scores (Kumar, Tadakamadla, Tibdewal, Duraiswamy and Kulkarni, 2011). Locker (2007), in a study of health related quality of life revealed that adolescents under the extended family structure had better quality of life than adolescents under the nuclear family structure.

In a study of academic performance between monogamous and polygamous family structure, Krisdapong, Somkatra and Kueakulpipat, (2012) found that the nuclear family structure had significant influence on the general quality of life of adolescents. Almmeida, Ambrosamo and Mialhe, (2013) found that students under the nuclear family structure had better quality of life in comparison with their counterparts from other family structures. Abdulla, Fuseini, Abuda and Nuhu (2014) discovered in a study

that students from the extended family structure had higher academic commitment and performance than those from nuclear family type. Bamigbade and Soloviita discovered that students from extended family structure possess a low quality of life academically compared to the ones from nuclear settling.

2.4 Appraisal of Literature

Studies were investigated from local and foreign authors extensively under theoretical and empirical subheadings. The three factors under study, Environmental Factors– (school climate and Home environment), Psychological Factors- (self-efficacy and locus of control) and quality of life were dealt with accordingly. This study was hinged on Maslow Hierarchy of Needs. These variables were brought to limelight empirically and the interactions of the factors were clarified.

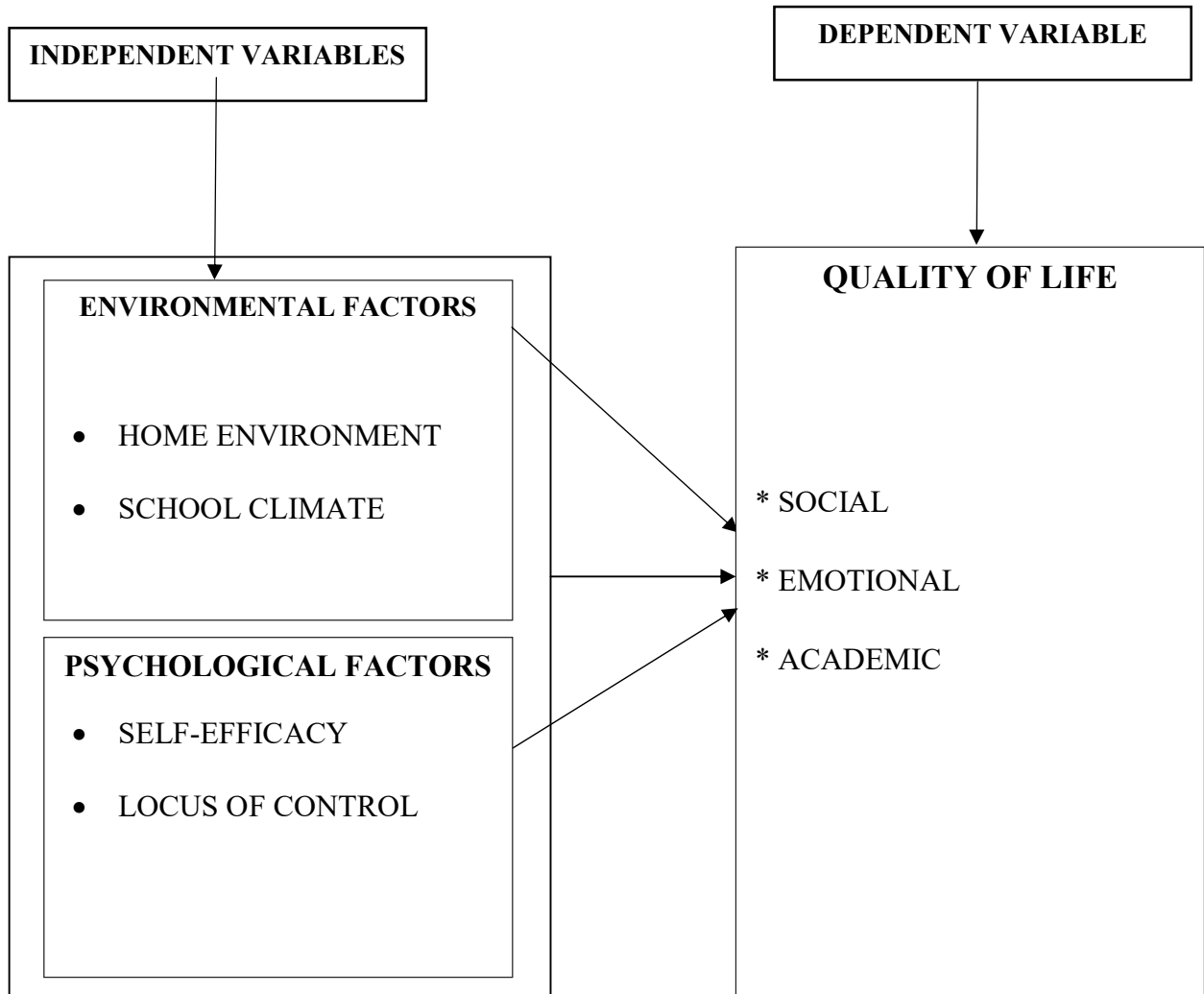
A couple of researches had been done on some environmental and psychological factors yet none had been conducted to determine the quality of life of adolescent's with hearing impairment in the public secondary schools in Oyo State, Nigeria by any researcher. Therefore, the literature is believed to have succeeded with respect to contributing to the body of knowledge and serving as point of reference through the gap it has created from the past related researches.

2.5 Conceptual Model

A self-designed conceptual model is shown in figure 2.4 beneath, it uncovers how the three factors: Environmental factors: home Environment and School climate and Psychological factors: self-efficacy and locus of control affect the dependent variable: Hearing-related quality of life of adolescents with hearing impairment compositely and relatively in Oyo state secondary schools. The level of hearing-related quality of life of students, in terms of demographic characteristics, emotional, social and academics were also evaluated by the model.

The model further demonstrates the relationship among the independent variable indices: home environment, school climate, self-efficacy and locus of control. It likewise runs in accordance with the hypotheses and research questions raised.

CONCEPTUAL MODEL



Source: Ibitoye (2017)

Fig. 2.4

CHAPTER THREE

METHODOLOGY

The method used in carrying out the research is presented in this chapter. These are: research design, population, sample and sampling techniques, description of research instruments, validity and reliability of instrument, method of data collection and method of data analysis.

3.1 Research Design

The design employed the descriptive survey research design of the correlational type. This was employed because, the researcher did not manipulate the variables but measured them as they existed and determined the extent to which independent variables: Environmental Factors (school climate and home environment) and Psychological Factors (locus of control and self-efficacy) are related to quality of life among the participants, who were senior secondary schools adolescents with hearing impairment.

3.2 Population

All adolescent students (Ages 13-22) with hearing impairment in both special and integrated public secondary schools in Oyo State, Nigeria comprised the population for this study. The population was made up of male and female students with more than five thousand individual of various ethnic that made up the country called Nigeria are included in the population in as much as such individual is residing in Oyo state, Nigeria. The major ethnic groups that made up this population are the Yorubas, the Igbos, the Hausas and the Agatus from the middle belt of the country.

3.3 Sample and Sampling Techniques

Purposive sampling technique was employed to choose the sampled schools. Purposive sampling because the participants who are the respondents can only be found in the designated school that are meant for them due to the peculiar nature of disability. The sample comprised of adolescents with hearing impairment in senior secondary schools in Oyo State, Nigeria. Hearing impairment is a problem associated with gap in communication because no individual will be able to comprehend messages being passed except through language. The total number of special/integrated secondary schools in

Oyo state is 49. Out of these special schools with different units, only eight schools had hearing impairment units across the state, and they were all selected since they were the target of the study.

Table 3.1:**LIST OF SAMPLED SCHOOLS**

S/N	NAMES OF SCHOOL	LOCAL GOVERNMENT EDUCATION AREA	SENATORIAL DISTRICT	NUMBER OF RESPONDENTS
1.	Okere Secondary Grammar School	Saki West	Oyo North	16
2.	Ogbomosho Grammar School	Ogbomosho North	Oyo North	6
3.	IMG Grammar School, Agodi-gate	Ibadan North East	Oyo South	21
4.	Methodist Grammar School, Ibadan	Ibadan North	Oyo South	64
5.	Baptist Grammar School, Eruwa	Ibarapa East	Oyo South	5
6.	IMG Secondary School (Special Unit), Sharp corner, Oke-ado, Ibadan	Ibadan South East	Oyo South	15
7.	Durba Grammar School, Oyo	Oyo East	Oyo Central	20
8.	Ijokodo High School, Ibadan	Ibadan North	Oyo South	44

The Table shows the names of schools, local government education areas, senatorial districts and the numbers of respondents from schools that were used for the research.

There are three senatorial districts in Oyo state; they are Oyo North senatorial district, Ibadan South Senatorial district and Oyo Central Senatorial districts. Also there are thirty three local government areas in Oyo state with eleven local government areas made up of Oyo South Senatorial district and thirteen local government areas made up of Oyo North Senatorial district and the rest nine local government areas made up of Oyo central senatorial district. From the above table the information is that the school for the hearing impairment individuals are available in the three senatorial districts existing in Oyo state, Nigeria. All together, there are eight schools that are meant for hearing impairment individuals together with inclusive schools. Out of these eight schools three are situated in Oyo North, with one in Saki, Ibadan and the other in Ogbomosho. The numbers of individuals selected from these schools were sixteen (16), sixty-four (64) and six respectively.

In Oyo South senatorial district four schools are available for students with hearing impairment and the total number of candidates selected for the study in this senatorial district were eighty-five candidates. 44 of them from Ijokodo High School, Ibadan; 15 from IMG Secondary School (Special Unit), Sharp corner, Oke-ado, Ibadan; five from Baptist Grammar School Eruwa, and the remaining 21 from IMG Grammar School, Agodi-Gate, Ibadan. Finally 20 individuals were picked from Oyo Central senatorial district located at Durba Grammar School, Oyo.

3.4 Instruments

The researcher made use of five validated instruments to generate data for this study. These instruments are listed below:

1. H-RQL Questionnaire for Adolescent Students
2. Self-efficacy scale
3. LOC scale
4. Home Environment Scale
5. School Climate Questionnaire.

3.4.1 Description of Instruments

1. Hearing-Related Quality of Life Questionnaire for Adolescent Students (HRQLQAS)

H-RQL Questionnaire for Adolescent Students scale was developed by Amy and Streufert, (2010). The scale was adapted by the researcher and it contained three sub-scales with 23 items. Typical examples of the items are: “I do have problems when interacting with family members (parents, brothers, sisters) because of my hearing loss” “I do interact with friends less than I would like because of my hearing loss” among others. The instrument was made up of 32 item with four response Likert format of Strongly Disagree attracts 1, Disagree attracts 2, Agree attracts 3 and Strongly Agree attracts 4 points,. However, for negative statement, the scoring was reversed. The reliability coefficients of these instruments were revalidated by the researcher and the results are as shown below.

The questionnaire possesses 0.76 for social, 0.84 for emotional and 0.72 for academic as the reliability coefficients using test-re-test after two weeks of time lag. The original instruments, when it was constructed newly by the developer, had the reliability coefficients of 0.78 for social, 0.84 for emotional and 0.75 for academic as the reliability coefficients using Cranach-alpha method. This instrument was used to measure the dependent variable that is, Hearing-Related Quality of Life.

2. School Climate Questionnaire (SCQ)

California School Climates Survey which was developed by California Department of Education (2014) was adopted by the researcher. It elicits information about the school climate involving the teachers, students, parents and the school environment itself. The questionnaire contains direct questions to which the respondents are required to provide answers to in the section(s) that is applicable to them. The questionnaire is a four point likert scale format ranging from 1- Strongly Agree (SA) to 4 – Strongly Disagree (SA). The pretest result showed cronbach coefficient alpha values (estimate of construct validity and internal consistency reliability) of 0.82 and 0.83 respectively as shown by Anyanwu, (2002). Employing the use of Cronbach-alpha method, a reliability coefficient of 0.94 was found. Typical examples of the items are:

‘This school effectively handles students discipline and behavioural problems’. ‘This school welcomes and facilitates parental involvement’.

3. Home Environment Scale (HES)

The Home Environment Scale (Isaiah, 2011) was adopted for this study. Typical examples of the items are: ‘I am accepted in my family, despite the hearing impairment’. ‘I always receive fair treatment as any other member of my family’. ‘Hearing impairment is not a barrier to me, because my parents and siblings do not see it as a barrier’. The questionnaire contains direct questions to which the respondents are required to provide answers to in the section(s) that is applicable to them. The questionnaire is a four point likert scale format ranging from 1- Strongly Agree (SA) to 4 – Strongly Disagree (SA).

The pretest result showed cronbach coefficient alpha values (estimate of construct validity and internal consistency reliability) of 0.72 and 0.78 respectively. The instrument had 20 items and was structured using likert point scale with instrument’s scoring pattern of 1-4 points as follows: strongly Agree (SA) =4, Agree (A) =3, Disagree (D) =2 and Strongly Disagree (SD) =1. It had 0.86 as a reliability coefficient through the use of Cronbach alpha method.

4. General Self-efficacy Scale (GSES)

The scale developed by Schwarzer and Jerusalem, (1995) was adopted. It was designed to measure the levels at which people have belief in themselves especially in coping with stressful situations. It contains 10 self-reported statements on the belief that people have in their capabilities. A typical item on the instrument is: ‘I can solve most problems if I invest the necessary efforts’. The instrument was found to be useful and applicable to Nigerians. Respondents expressed the extent of agreement with the items and the responses anchored for the scale is Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Strongly Agree attracts 4 points, Agree = 3, Disagree = 2 and Strongly Disagree = 1. However, for negative statement, the scoring is reversed. The Cronbach reliability coefficient of the instrument is 0.76.

5. Locus of Control Scale (LOC)

Levenson Multidimensional developed the scale in the year, 1981. It contained four subsections with 18 items. It elicits information about the extent to which students with hearing impairment have control over life issues. The scale was adapted and it had a reliability coefficient of 0.65. It was later revalidated by experts with the use of Cronbach alpha-method and a coefficient reliability of 0.82 was established. Typical examples of items are: 'To a great extent my life is controlled by accidental happenings'. 'I feel like what happens in my life is mostly determined by others that don't have hearing problems'. 'My life is determined by my own actions'.

3.4.2 Validity and Reliability of Instruments

Experts in the department of Special Education were consulted on content and face validity of the instruments. After suggestions and necessary correction made, the researcher later submitted them to the supervisor who made the final correction. The validity of the instrument was thereby ascertained. Also, the instruments came with good reliabilities value making them usable for this study. The reliability coefficients are displayed below:

1. H-RQL Questionnaire for Adolescent Students was: Social $r = 0.76$,
Emotional = 0.84 and Academic $r = 0.72$
2. School Climate Questionnaire was $r = 0.94$
3. Home Learning Environment Scale was $r = 0.71$
4. General Self-efficacy Scale was $r = 0.76$
5. LOC scale was $r = 0.65$ and 0.82

3.5 Procedure for Data Collection

A letter addressed to principals of selected schools with purpose of introducing the researcher was obtained from the Head of Department of Special Education. Administration of the questionnaire lasted for a period of two months. In turn the consent of all the participants was also sought before administration. The researcher with the aid of trained assistants travelled across the study area, moving from one school to the other. Special teachers were given questionnaires with explanation on how students would fill them. These were distributed to the available adolescents with hearing impairment who

filled them. The researcher and her trained assistants stayed with these adolescents to give guidance as the questionnaires were being filled, and waited to collect the completed ones where possible.

The administration sections were within 30-45 minutes beginning with short introduction to explain the purpose of and the instructions on the questionnaire followed by the distribution of copies of the questionnaire and writing materials (pencils and biros) to those who did not have. In all, 202 questionnaires were administered to the students but 191 were considered useful for the study. This represents a response rate of 97%. The data collected were processed and analysed.

3.6 Methods of Data Analysis

The descriptive statistics including percentage and frequency counts were employed in analysing demographic information, including research questions one and two.

Research questions three and four utilised the Multiple regression to determine the relative and joint contributions of environmental and psychological factors on hearing-related quality of life of adolescents with hearing impairment. The Pearson product moment correlation, a form of inferential statistics, was used in the study to test hypothesis one to four in order to establish the relationships among the variables of interest at $\alpha = 0.05$ level of significance.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

This chapter shows the results of the data obtained from the field and it is done based on the demographic variables, four hypotheses and the four research questions stated. Presentation of the results follows the order of the analyses of the demographic variables, hypotheses, research questions and summary of the major findings. Frequency count and percentages was used for information related to participants' age, family type, parental educational qualification and parental occupation. Participants' age range was 13 – 22. Two family types were used in this study which are extended and nuclear family. Highest parental educational qualification considered in the study was Master/PhD while the lowest qualification was school certificate. Parental occupation was classified as unemployed, professional, artisans, Business men/women and civil servants. The hypotheses were analysed using analysis of covariance, while the direction of significance was determined using ducan. The analysed information is presented in eight Tables with a graphical illustration.

4.1 Research Questions

1. What are the Demographic (Social) characteristics of adolescents with hearing impairment in Oyo State?

Table 4.1: Descriptive statistics showing MHRQOL with Demographic Variables of the Respondents

Variables	Levels	N	Percent	Mean Hearing Related QOL
Gender	Male	80	41.88	96.86
	Female	111	58.12	97.64
Age	14-16	64	33.51	97.88
	17-19	108	56.54	96.90
	20-22	19	9.95	97.79
Family type	Extended	70	36.65	97.36
	Nuclear	121	63.35	195.89
Parental educational qualification	School Leaving Cert.	100	52.36	96.35
	NCE/ND	43	22.51	98.19
	HND/Bachelor	27	14.14	95.74
	Masters/PhD	21	11.0	101.6
Parental Occupation	Unemployed	8	4.19	90.50
	Professional	7	3.66	90.29
	Artisans	79	41.36	96.26
	Business men/women	60	31.41	98.22
	Civil servants	37	19.37	100.86

The results of table 4.1 showed that out of 191 respondents used for the study 80 (41.88%) are males with mean hearing related quality of life (MRQOL) of 96.86 and others 111 (58.12%) are females with mean hearing related quality of life of 97.64. Results showed female respondents have better HRQOL compared to the male counterparts.

On the age profile, the results showed that the respondents who are between ages 14 -16 years are 64 (33.51%) in number with MHRQOL of 97.88, while those who are between ages 17 -19 years are 108 (56.54%) in number with MHRQOL of 96.90 and those who are between ages 20 – 22 years are 19 (9.95%) in number with MHRQOL of 97.79. These results showed that those who are between ages 14 -16 years have the highest HRQOL followed by those with ages 20 -22 and lastly the age category of 17 - 19 years.

Based on the family types of the respondents or the participants, the results showed that those respondents that belong to extended family are 70 (36.65%) with MHRQOL of 97.36 while those respondents who belong to nuclear family are 121 (63.35%) with MHRQOL of 95.89. These results showed that the respondents from nuclear family type have better HRQOL compared to respondents from extended family type.

Furthermore, on respondents profile of parental educational qualification, the participants whose parents have school certificate are 100 (52.36%) in number with MHRQOL of 96.35, while the respondents whose parents are NCE/ND certificate holders are 43 (22.51%) in number with MHRQOL of 98.19, while 27 (14.1%) of the respondents whose parents are HND/Bachelor Degree Holders have HRQOL of 95.74 and the rest 21 (11.0%) participants have their parents educational qualifications as Masters/PhD holders with MHRQOL of 101.6. These results showed that the participants whose parents are Masters/PhD holders have the highest HRQOL followed by the participants whose parents are NCE/ND holders, followed by those with school certificates and finally followed by those whose parents have HND/Bachelor Degree certificate educational background.

On parental occupation of the participants, there are 8 (4.19%) unemployed parents of the participants with MHRQOL of 90.50. There are 7 (3.66%) professional parental occupation participants with MHRQOL of 90.29. There are 79 (41.36%) who are artisans with HRQOL of 96.26. Those whose parents are business men/women are 60 (31.41%) in number with MHRQOL of 96.26 and those whose parents are Civil servants are 37 (19.37%) in number with MHRQOL of 100.86. These results showed the order in which the respondents enjoyed HRQOL as follow in descending order of magnitude Civil servants, followed by Business men/women, followed by Artisans, followed by unemployed and finally followed by Professionals in that order.

2 What are the levels of the components of Hearing-Related Quality of life among adolescents with hearing impairment in Oyo State?

Table 4.2: Descriptive Statistics Showing the Components of Hearing-Related Quality of Life among Adolescents with Hearing Impairment

	N	Minimum	Maximum	Mean	Std. Deviation
Emotion quality of Life	191	20.00	34.00	26.2932	3.36357
Social quality of life	191	20.00	28.00	23.6702	2.01862
Academic quality of life	191	23.00	36.00	29.1571	2.55187

The results from Table 4.2 showed the level of the components of hearing-related quality of life among adolescents with hearing impairment. This results showed that academic aspect has the highest value (mean = 29.16 & Std. Dev. = 2.55) of the Hearing-Related Quality of Life among Adolescents with Hearing Impairment followed by emotional aspect of quality of life (mean = 26.29 & Std. Dev. = 3.36) and finally followed by the social aspect of quality of life with (Mean = 23.67 and Std. Dev. = 2.02) respectively. The results here indicated that hearing-related quality of life among adolescents with hearing impairment is actually affected by academic quality of life, followed by emotional quality of life and finally by social quality of life. This infers that any negative effects on the education of adolescents with hearing impairment will have adverse outcomes on quality of life since education has the greatest value among the components.

3: What are the joint contributions of home environment, school climate, self-efficacy and locus of control on hearing-related quality of life among secondary school adolescents with hearing impairment?

Table4.3: Summary of Regression Analysis of the combined Prediction of hearing-related quality of life of adolescents with hearing impairment by the Four Independent variables.

SUMMARY REGRESSION ANOVA

R	R Square	Adjusted R Square			Std. Error of the Estimate	
0.255	0.065	0.045			6.718	
	Sum of Squares	Df	Mean Square	F	P	Remark
Regression	585.202	4	146.300	3.242	0.013	Sig
Residual	8394.641	186	45.132			
Total	8979.843	190				

Table 4.3 demonstrated the prediction of the dependent variable from all the four independent factors. It revealed that H-RQL of adolescents with hearing impairment had a positive correlation with the four independent variables. It was likewise demonstrated that a coefficient of different correlations (R) of 0.255 and a variations of R square of 0.065, implying that 6.5% of the fluctuation in the hearing-related quality of life of adolescents with hearing impairment result jointly contributed from the four indicator factors. The importance of the joint influence tried at $p < 0.05$ utilising the F-ratio at the degree of freedom ($df = 4/186$). The table additionally demonstrates that the investigation of change for the relapse yielded a F-proportion of 3.242 (critical at 0.05 level). These infer that the joint commitment of the autonomous factors to the needy factors was noteworthy and that different factors excluded in this model may have represented the rest of the variance.

RQ4: What are the relative contributions of home environment, school climate, self-efficacy and locus of control on hearing-related quality among secondary school adolescents with hearing impairment?

Table 4.4: Relative Contribution of Independent Variables to the Dependent Variables. (Test of Significance of the Regression Coefficients).

	Unstandardised Coefficients		Standardised Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	39.214	6.584		5.956	.000
Self-efficacy	.354	.122	.207	2.896	.004
School Climate	.047	.025	.132	1.842	.067
LOC	-.039	.074	-.038	-.532	.595
Home Environment	.014	.035	.028	.389	.698

Table 4.4 using beta weights showed the relative prediction to dependent variable by the four predictor variables. Home environment, school climate and self-efficacy have positive relationship with the hearing-related quality of life among participants. Positive score on effects of home environment, school climate, locus of control and self-efficacy is a function of positive reinforcement of the three variables. However, hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school was not significantly predicted by locus of control. In terms of potency of contributions of the three variables in predicting the quality of life, self-efficacy ($B = 0.207$, $t = 2.896$, $p < 0.05$) is most potent and then school climate ($B = 0.132$, $t = 1.842$, $p > 0.05$) and then home environment ($B = 0.028$, $t = 0.389$, $p > 0.05$) and lastly by LOC ($B = -0.038$, $t = 0.532$, $p > 0.05$).

4.2 Hypotheses Testing

Hypothesis One: There is no significant relationship between self-efficacy and hearing-related quality of life among secondary school adolescents with hearing impairment.

Table 4.5: The summary of Correlation Matrix showing the Relationship between Self-Efficacy and Hearing Related Quality of Life among Respondents

Variables	Df	N	Mean	StdDev	R	P	Remarks
Self-Efficacy	190	291	26.54	4.01	0.212	0.000	Sig
Hearing Related QoL		291	53.73	6.88			

Result of Table 4.5 showed that there exist a significance in the correlation between self-efficacy and H-RQL of adolescents with hearing impairment in Oyo state secondary school, ($r = 0.212$, $p < 0.05$). Since $r = 0.212$ and $p < 0.05$ therefore, the null hypothesis was rejected thus the alternative hypothesis was accepted and it was concluded that a significant relationship existed between self-efficacy and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school.

Hypothesis Two: There is no significant relationship between school climate and hearing related quality of life among secondary school adolescents with hearing impairment.

Table 4.6: The summary of Correlation Matrix showing the Relationship between the School climate and Hearing Related Quality of Life among Respondents

Variables	Df	N	Mean	StdDev	R	p	Remarks
School Climate	190	291	124.05	19.37	0.148	0.05	Sig
Hearing Related QoL		291	53.73	6.88			

The result from Table 4.6 indicated a significant relationship between school climate and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school, ($r = 0.148$, $p > 0.05$). Since $r = 0.148$ and $p > 0.05$ therefore, it was rejected as the null hypothesis thus concluding on the existence of a significant relationship between school climate and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school.

Hypothesis Three: There is no significant relationship between locus of control and hearing- related quality of life among secondary school adolescents with hearing impairment.

Table 4.7: The summary of Correlation Matrix showing the Relationship between the Locus of Control and Hearing Related Quality of Life among Respondents

Variables	Df	N	Mean	StdDev	r	p	Remarks
Locus of Control	190	291	51.55	6.63	-0.02	0.05	Sig
Hearing Related QoL		291	53.73	6.88			

The result from Table 4.7 showed no significant relationship between locus of control and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school, ($r = -0.024$, $p < 0.05$). Since $r = -0.024$ and $p > 0.05$ thus, null hypothesis was accepted by the researcher and concluded that there was no significance in the relationship between locus of control and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school.

Hypothesis Four: There is no significant relationship between home environment and hearing-related quality of life among secondary school adolescents with hearing impairment.

Table 4.8: The summary of Correlation Matrix showing the Relationship between the Home Environment and Hearing Related Quality of Life among Respondents

Variables	Df	N	Mean	StdDev	r	P	Remarks
School Climate	190	291	97.31	13.98	0.031	0.05	Sig
Hearing Related QoL		291	53.73	6.88			

The result from Table 4.8 showed no significant relationship between home environment and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary school, ($r = 0.031$, $p < 0.05$). Since $r = 0.031$ and $p > 0.05$ thus, null hypothesis was accepted by the researcher and concluded that there was no significance in the relationship between home environment and hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary schools.

4.3 Discussion of Findings

Research finding 1 reveals that female adolescents with hearing impairment in Oyo state public secondary schools have better H-RQOL compared to their male counterparts. This implies that girls tend to derive quality of life from their social environment despite the challenges they faced in comparison with the boys. It shows that when among colleagues in churches, schools, mosques, homes, they tend to be satisfied emotionally and more contented with what life brings their ways compared to the boys. Probably, adolescent girls with hearing impairment seem to find it easier mixing up with other colleagues with hearing impairment. Boys may not be easily satisfied with what life brings to them especially on emotional issues, they probably keep to themselves and live in their own created world. Perhaps, due to the natural make-up of girls who tend to be more sociable than boys who may not interact well but may rather involve themselves in unnecessary escapades!

This is in accordance with the finding of Martin, Batchava, Lalwan and Waltmans (2010) who revealed that girls had more quality of life than boys' and Veena and Manoj, (2017) that girls presented a relatively high quality of life within the social aspect. Wolter, Knoors, Cillessan and Verhoeven (2011) also found in a study that young deaf girls were prone to exhibit increased level of social competence while boys were discovered to be prone to withdrawing and exhibiting more antisocial behaviour. Nevertheless, this finding runs contrary to Hunfeld, Perquin, Duivenvoorden, Hazebrock, Passchier, Van and Van (2001) who found in another study that girls adolescent had less quality of life than boys in a study of chronic pains and quality of life relating to gender. This may be due to the low pain threshold generally associated with girls which may be lower than that of boys. Also, the outcome runs contrary to Mofadeke and Adebolajo and Jacobus (2018) findings, in a study carried out that gender did not correlate with quality of life. Again, Fellingner, Holzinger, Sattel, and Laucht (2008), also submitted after carrying out a study that gender had no correlation with quality of life.

Research finding 1 further reveals that adolescents with hearing impairment in Oyo state secondary schools who were ages 14-16 had the highest quality of life when compared with other age ranges like 17-19 and 20-22. Inference from this is that, younger

adolescents with hearing impairment are prone to having better quality of life than their older counterparts. Perhaps because, at this age range of 14-16, it is very possible they have a lot of friends at school and at home who make their socio-emotional and academic lives stable and enjoyable. It might also be because they have not been through much challenges of life, like the older ones. The younger ones are yet to get themselves involved in much cares, anxieties, ambitious and struggles like the older ones. They live by whatever each day brings to them. It is often said that the higher you go, the tougher it becomes! In a situation of less struggles and anxieties, quality of life might be high. This discovery is in accordance with Pulani and Weber, (2008) who found in a research that age demonstrated significance in its effect over the children's quality of life, socially and academically.

Gureje, Kola and Afolabi (2007) submitted in a study that younger people were found to have better quality of life. This may be due to the fact that, they have fewer responsibilities to think about as they are being catered for most times by their parents. Mofadeke, Adebolajo and Jacobus 2018 found out in a study on quality of life that age significantly predicted quality of life among the deaf and hard of hearing students. Fellingner et al (2008) also reported in a study on mental health and quality of life that age is a predictor of quality of life.

Contrary to this outcome, Jeddi, Jafari and Motasadi, (2012) research outcome indicated a non significance of the relationship between quality of life and age. Zaidman, (2010) in his research on quality of life amongst cochlear implant discovered that age was not predictive of quality of life in adolescents. Martins, Vieira, Correa, Oleivera Marques, and Ramos (2013) in a study on health-related quality of life found that age is not a determinate of quality of life. Also, Abanto et al 2011 found no substantial relationship between age and quality of life.

Research finding 1 equally revealed that adolescents with hearing impairment in Oyo State secondary schools, who came from nuclear family type, had higher H-RQOL than extended family type respondents. Probably, because there is unity of purpose on the parts of both parents, and there are no intruders to cause disunity in the family. In the nuclear family settings, there is likely to be relative peace, decision making without interference especially on taking care of adolescents with hearing impairment. Also, it is

likely there is adequate care and limited amount of money spent in the home due to limited number of individuals in the home. Nevertheless, adolescents with hearing impairment from extended family type may find it difficult to enjoy all the benefits mentioned above because it might be too large for this type of students to enjoy higher quality of life. This might be due to less care and support experienced in this type of home, which emanate from dissonances between the parents, especially the mother in extended family setting.

This finding is in agreement with Scarpini, Feldens, Ardenaghi and Kramar, (2013) that adolescents living in the nuclear family had higher quality of life. Bamgbade and Soloviita, (2014) work is also in support of this finding because it was discovered that individuals from extended family possessed lower quality of life in the aspect of academics compared to those from nuclear family.

In a study of academic performance between nuclear and extended family structure, Krisdapong, Somkatra and Kueakulpipat (2012) found that the nuclear family structure had significant influence on the general quality of life of adolescents. Almmeida, Ambrosamo and Mialhe, (2013) found that students under the nuclear family structure had better quality of life in comparison with their counterparts from other family structures. Nevertheless, this finding is in contrast with Abdullah, Fuseini, Abudu, and Nuhu (2014) research outcome that students of extended families performed relatively more in academics than the ones from nuclear families. Again, Locker (2007), after carrying out a study in health related quality of life revealed that adolescents under the extended family structure have better quality of life than adolescents under the nuclear family structure.

Research finding 1 also confirmed that adolescents in Oyo state secondary school whose parents were Masters/PhD holders had the highest hearing-related quality of life compared to students whose parents had lower stages of educational qualifications. Those whose parents had the highest level of educational qualification had more quality of life. Maybe because their parents were well educated, they could understand their physical challenges and how to handle them academically, socially and emotionally at home. Also, these categories of parents were probably committed to their wards education since they were also well educated and viewed life positively irrespective of life's challenges

on their paths. It is generally believed that the exposure, experience and approach of the highly educated would be different from less educated in terms of giving their wards maximum care at home with or without hearing problems. This is why the well educated are channels of quality of life to their child with hearing impairment than the less educated.

This finding was supported by Jeddi, Jafari and Motasadi, (2012) that better quality of life in social and academic lives was seen among children with parents having higher level of education. Mbawalla, Masalu and Astrom, (2010) asserts in a study that the student's better quality of life was significantly predicted through the educational levels of the father and mother. Also, in support of this outcome, Fernandez and Arcia, (2004) discovered in a research that mothers possessing a higher level of education are better able to use social facilities to improve the quality of life of children with hearing impairment, besides they are less prone to stigma. De Paula, de Almeida, Ambrosano Mialha (2013) discovered that parents educational level had significant positive effects on children's quality of life but significant relationship to wellbeing was only found with the mothers educational level. Carvalho, Rebelo, and Veltore (2013) also discovered a significant relationship between father's level and years of schooling and quality of life.

Contrary to this finding however, Daramadi (2003) found in a research that parents with higher academic educational qualifications experienced more embarrassment or shame having a child with hearing impairment especially when the child is a girl. This brings a downgrade to the quality of life of their wards. Provesan, Antunes, Guedes, Ardeghi, (2010) did not find the fathers education predicting quality of life of students.

Finally, research finding 1 revealed that adolescents with hearing impairment in Oyo state public secondary schools whose parents are civil servants enjoyed more H-RQOL compared to other occupations. This is not strange because the civil servants are more organised, especially in timing, they create more time to interact with their wards compared to the parents in other professions. Apart from this, they have regular monthly pay from the government which helps to cater for the financial and academic needs of their wards. They are also educated and can easily have the understanding that these students were not guilty of the physical conditions and that it was not their doing. God

created them and nobody had any input in the act of God. Hence, this category of parents accepted these students the way they were and the knowledge of this would definitely be a source of quality of life for this category of students.

Meanwhile, parents in other occupations may not have these understanding as they tend to be more superstitious and a large number of them believed that these children were demonic and possessed with some strange spirits leading to hearing impairment. Thereby, creating emotional, social and academic problems for these students and making them lose satisfactory quality of life. The understanding of the intellectuals and knowledgeable ones are different from that of the half educated or the illiterate professionals. Since it is believed that education brings about illumination, this set of parents is likely to be more open minded having been exposed to reading books about hearing challenges and they might have also travelled to some places where they have met different children with different challenges.

All these put together, help seeing their wards challenges as a problem that must be overcome with strong determination. These parents tend to understand and accept them with more love compared to those who are not well exposed. May be this is why adolescents with hearing impairment from civil servants had more quality of life than their contemporaries whose parents are from other occupations.

The finding is in support of Piovesan, Antunes, Guedes and Ardenghi, (2010) who found out in their research that the quality of life of children's wellbeing was influenced through the occupation of both parents, the employed father's occupation singularly significantly predicted quality of life in children while children with unemployed fathers had an increased tendency to experience poor quality of life than children with employed fathers. In the same vein, Peres, Peres, Araujo, Menezes and Hallal, (2009) discovered that maternal employment status significantly predicted children wellbeing, and that children from unemployed mothers reported lower quality of life. The outcome does not however agree with the outcome of Tubert, Pegon, Gremeau, Lecuyer, and Tsakos (2005), who found that parents' occupation and professional activities respectively are found to be insignificant to children's quality of life.

The result on research question 2 showed that emotional quality of life of these categories of students is low. This discovery could be due to their psychological state of mind, which emanated from their condition, especially in an environment and settings where the hearing was prevalent. For example, in integrated schools where the hearing and students with hearing impairment co-exist, the adolescents with normal hearing tend to be the prefects and dictate pattern of living for the individuals with hearing impairment. Their reasoning would be that they were being discriminated upon due to their condition, so they tend to be angry, depressed, isolated and indifferent. From the home point of view, the family members might find it difficult to accept such a child due to the hearing challenges, this will demoralise such adolescent leading to emotional problems like aggression and isolation. Parents might also see it as a waste of resources spending on such child, especially on academic and catering for personal welfare which is not so with their hearing siblings. All these could result to low emotional quality of life.

Meanwhile, the assertion was buttressed by Brice (2013). According to this author, he found that youths with hearing impairment do have negative display due to higher rate of aggression, non-compliance and inattention. He further stressed in the study that it is a behavioural problem starting from consistent devastation and loneliness in light of communication breakdown between them and the environment (home and school).

The result is also supported by Meat (2011), who found that adolescents with hearing impairment showed their anger in a more surprising way as opposed to their hearing counterparts due to neglect from home and hearing peers in school. He also reported that they show less sympathy when an individual is hurt due to inability to start or keep relationships especially in relation to the hearing peers, due to communication gap. This contributes to having a low emotional part of quality of life. Dye and Brivaliar (2010) study supported this result, they asserted that difficulties in language acquisition encountered by people having hearing impairment could add to the peril of emotional behaviour disorders which in turn may result into low emotional equality of life. Baker, 2009 in a study title predicting behaviour problems in deaf and hearing children: the

influence of language, attention and parent-child communication found that hearing impairment predicted a negative emotional behavioural disorder in children with hearing impairment. Corina and Singleton (2009) in a study on insights from deafness also supported the finding of this present research by asserting that effect of hearing impairment led to emotional problems in adolescents with hearing impairment.

However, the outcome of this present study goes against Kushalnager (2013), who was of the opinion that the emotional quality of life of adolescents with hearing impairment was high in a large scale study he carried out. He studied quality of life among adolescents with hearing impairment in relations to the way adolescents' viewed communication with their parents and they also responded to a quality of life survey instrument on emotion (depression and anger). Also, Patrick, Edwards, and Skalicky et al (2011) found in a study carried out on overall life satisfaction was low but high in emotional aspect of quality of life.

Moreover, considering these sets of student's social life, the finding showed that students with hearing impairment in Oyo State Secondary Schools were having low quality of life socially. A justification explaining this might be the kind of relationship they were exposed to in the secondary school settings, especially integrated secondary schools. Students with normal hearing might not be able to use the sign language properly to have good rapport with them. In the area of peer play and sports, this could be a kind of apathy. In social gatherings, they might be neglected and not accepted by their hearing peers. At times the hearing students and some teachers tend to treat adolescents with hearing impairment with contempt as if they are second class citizens forgetting the fact that disability is not inability. Hence, they are segregated among their hearing peers. In the home setting, they are lonely due to lack of acceptability and communication gap on the parts of the family members. At times, they would want to have social interaction but due to communication problem, it might not work! Consequently, they are socially segregated. Probably, all these and other reasons could be responsible for low social quality of life. Since students with normal hearing and teachers expected to be their friends turned out to be otherwise.

This assertion was supported by Ataabachi, Yuseti and Moradi (2014) whose findings revealed that adolescents with hearing impairment showed fear and carelessness in social relationships. Therefore they have low quality of life in this aspect. Also this study is on the same page with Wiefferink, Rieffe, Katelear and Frins (2012), they discovered that a child with cochlear implant had inadequate social competence which resulted into low social quality of life in comparison with the hearing counterparts.

Also, the result of the research work is in agreement with the finding of Sapathy (2015) who portrayed individuals with hearing impairment as being prone to additional socio-emotional maladjustment relative to their hearing peers. Brown, Odom and McConnel (2008) research supported the result of this present study with an outcome of linking poor early social ability with negative result. Kennedy and Pigot (2012) discovered in a research outcome that, children with hearing impairment are prone to having negative social behaviour and higher rate of peer rejection. Wanters and kuors (2007), in a study discovered that pupils with hearing impairment had fewer friends compared to their hearing peers. Therefore, they are neglected and isolated leading to low social quality of life.

Nevertheless, some researchers went against the present finding. Perhaps they believed they can still coexist, especially where communication is proper, that is where both the teachers and hearing students could use sign language. These authors include, Martins, Batchava, Lalwaul and Waltzman (2010), they revealed that students having hearing impairment experienced no trouble socialising among their hearing peers. Therefore, they had higher quality of life socially. Moog and Partners (2011) found that adolescents with affirmative self-image at the elementary level kept up the status in the high school and they were found to show social capacities. Therefore, they exhibited higher social quality of life.

Moreover, on the academic front in respect to quality of life, the research finding showed that these set of students are having high quality of life. It is believed that intelligence and ability to cope academically may be due to individual's innate qualities, not so much dependent on the environment. In a situation whereby they were properly taught by qualified teachers, availability of good library facilities, availability of internal

facilities like resource persons, they could cope with academic and have high quality of life without influence of hearing colleagues and environment. Being hearing impaired does not have any negative effect with their brains. As a matter of fact, a number of adolescent with hearing impairment in Oyo state secondary schools are very intelligent and perform well in their studies especially when they are in schools where qualified, good and dedicated teachers are involved. Perhaps this was the situation with these students high academic quality of life.

This assertion was supported by Anita, Jones, Reed and Krenier (2009) who found out in a study on academic status and progress of hard of hearing and deaf pupils that academically they are achieving in the normal range of hearing pupils. The participants were in general education classroom. Hintermair (2011) study corroborates the outcome of the present study. In his study of classroom participation of DHH youth with the hearing counterparts, it was discovered that students with permanent hearing problems who participated well in the classroom had higher academic quality of life.

Richardson, Long and Foster (2009), investigated the academic engagement among learners having hearing loss within a distance education programme, between students with hearing loss and those without it. The finding of the work revealed that students who have hearing loss were low in academic achievement relative to their hearing counterparts. The outcome of the above study goes against that of the present study. Probably, this other discovery was due to the fact that some of these students with hearing loss allowed their condition weigh them down to the extent of losing their academic ability, instead of using their academic prowess as an advantage on the hearing students since intelligence is individualistic.

The third research question expresses that there is significant joint contribution of home environment, school climate, self-efficacy and locus of control on hearing related quality of life among adolescents with hearing impairment in Oyo State secondary schools. The outcome indicates significant result and this infers home environment, school climate, self-efficacy and locus of control, when combined had significant influence on the hearing related quality of life among adolescents with hearing impairment in Oyo state secondary schools.

This suggests the way these unique students view the environmental factors (school climate and home environment) and psychological factors (self-efficacy and locus of control) in connection to personal quality of life is not grossly different from their hearing counterparts in secondary schools. They adore a home environment where guardians and relations will accept and show understanding towards them, a home where they can utilise gesture-based communication exceptionally well and give them a say in family dialogues. A home condition where they will not be insulted or ridiculed and look like mediocre compared to others.

Likewise, they would cherish and rely on a school climate where students with hearing impairment will be regarded and respected like other students with normal hearing. They would not need an environment where students with normal hearing would slight and ridicule them in integrated schools! They dislike schools that lack enough assets including specialists who can utilise communication through signing. They would appreciate schools where students with hearing impairment are much accessible and a school environment where teachers are cordial and ready to utilise communication through signing. They would also prefer a school that would carry them along in decision making by giving them some leadership roles to play as prefects despite the presence of disability. With this, they see themselves as part of the school system and not isolated. All these might make the school climate excellent and attractive to adolescents with hearing impairment. These influence them to feel that the school climate improves their quality of life.

Additionally, in the psychological factor, these students may have created self-efficacy in the area of self-certainty, capabilities and so forth. They know how much self-efficacy can increase the value of their quality of life. These students have confidence in their capabilities to acclimate to circumstances around them as much as the environments allow them. Hence, the level of their locus of control might be believed to expedite great impact over personal quality of life, particularly within the aspect of academic achievement. The bottom line is that these adolescent with hearing impairment like other adolescents without such condition really value good climate and environment at home and school. They love a situation where they would be allowed to prove their mettle like

other students. They cherish facing challenges that would boost their quality of life like their hearing colleagues.

The outcome is in concurrence with Vetter, Bridgewater and McGwin (2012) in the aspect of home environment, they found that positive home environment in the area of parent-child relationship fundamentally showed solid and positive quality of life among adolescents. The work likewise concurs with the research result of Odeh, Oguche and Ezekiel (2015) on school climate that students who feel safe, tended to be upheld in school climate have better academic achievement. The outcome likewise agreed with Noga and Dana (2016) who found out in a research that school climate and learning achievements have high significant relationship.

They further revealed that school climate, determines the general level of learning achievement. Hung and Paul (2006) revealed that teacher's attitude towards students develop adolescents social aspect of quality of life. Also, Erving (2008) found a significant relationship between teachers' attitude and social quality of life of students. Tschanmon-Moran (2007) discovered that in schools where there is cordial relationship between teachers and students recorded high academic achievement. The finding further agrees with Ogundokun (2006) who revealed that a more elevated amount of self-efficacy is related to a more elevated amount of performance. Multon, Brown, and Lent (1991) in a study on relations of self-efficacy beliefs to academic outcomes (a meta-analytic investigation) established a significant relationship between self-efficacy and academic achievement. Schunk (2002) correlated self-efficacy and academic achievement in a study titled 'The development of academic self-efficacy'. Pintrich and De Groot (1990) in a study on motivational and self-regulated learning components of classroom academic performance correlated self efficacy and academic achievement. Finally, the disclosure of this study offers confidence to the finding of Stocks (2012) in the aspect of locus of control, the finding showed correlation between objective well-being and locus of control.

Nonetheless, the outcome is not in agreement with Obeta (2014) whose research result revealed that absence of parental involvement in their children issues and non-challant mentalities towards them are a portion of the factors that make home

environment not altogether adding to their quality of life. This finding additionally cannot help contradicting Tisome (2009) who found in his research on school climate that, no measurably significant relationship between teacher-student's interrelation aspects of academic endeavours. The result is also at variance with John, Kadenyi and Mogebe (2017) that unconducive school climate will adversely impact students' academic achievement. The research finding additionally strayed from Ali, Wan and Nobaya (2017) who found in a study that academic self-efficacy failed to predict academic achievements of students. Reynolds and Weigand (2010) in a study carried out on the relationships among academic attitudes, psychological attitudes and academic achievement submitted that self-efficacy had no relationship with academic achievement. The outcome furthermore declined to loan assurance to Griffin (2014) in a research on locus of control and psychological well-being, who discovered that internal locus of control, was not a significant predictor of psychological wellbeing.

The finding of the fourth research question expresses that there was significant relative contribution of self-efficacy to hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools, but school climate, locus of control and home environment do not have significant relative contribution.

This finding shows that adolescents with hearing impairment in Oyo state secondary schools trust that self-confidence, self-values, self-capabilities can bring about quality of life. Although, individuals around them may not see any capability in them due to communication gap arising from hearing problems. Developing strong self-efficacy brings out the ability to face the larger world both at home and school. This reveals that whatever a man will become in life is in him. With good self-efficacy in place, it is possible to attain success academically, emotionally and socially. An average man, hearing or hearing impaired would appreciate self-value, self-confidence and recognition in life. Perhaps this is why self-efficacy remains the paramount influence on adolescents hearing- related quality of life.

This finding concurs with Ogundokun (2006) who detailed that a more elevated amount of self-efficacy is related to a more elevated amount of performance.

Additionally, the finding is in line with Bank and Pintrich (2002) who found in a particular study a positive correlation of self-efficacy to academic outcomes. It is additionally in accordance with Linebrink and Pintrich, (2003) whose finding has uncovered the fundamental connection of academic self-efficacy with student cognitive commitment, learning, academic responsibility, strategy use, constancy, defencelessness to negative feelings and achievement. In any case, the result could not help contradicting. Ali, Wan and Nobaya (2017) in a study which revealed that self-efficacy failed to predict academic achievement of students.

The finding of the fourth research question additionally indicates a non significance in the relative contribution of school climate to hearing related quality of life among adolescents with hearing impairment in Oyo State secondary schools. The finding shows that school climate does not have significant impact on the quality of life of adolescents with hearing impairment. Some of these students may respond along this line due to absence of hostel facilities in their schools. Some may feel the administration is not employing and utilising qualified special teachers, capable of communication via gestures. All things considered, many of them dislike how their peers with normal hearing are treating them in integrated schools.

All these might represent loss of enthusiasm for school environment and the conviction that it cannot contribute significantly to hearing-related quality of life. Adolescents with hearing impairment in secondary schools are still growing therefore, they want bubbling and fulfilling lives. Whenever they are being discriminated upon, they will surely put up withdrawal tendencies causing isolation and loneliness. Since they are also human beings they would desire affection/social needs as spelt out by Maslow theory. Nevertheless, what they are getting from their hearing colleagues in integrated schools might not be satisfactory. Perhaps this is why school climate does not have significant relative effects on quality of life.

This disclosure is in agreement with John, Kadenyi and Mogebe (2017) in a study titled school climate as a determinant of pupil's academic performance, that unconducive school climate will contrarily impact students' academic pursuits. This finding on school climate and quality of life invalidates Noga and Dana (2016) who found out in a research

that School climate and learning achievements have significant correlation ($r = 0.346$; $p < 0.01$). They further discovered that the level of positive school climate determines the high level of learning achievement. This result likewise does not substantiate Adeogun and Olisaemeka (2011), a study carried out on influence of school climate on student's achievement discovered that factors on school climate like, home-school relationship, social and physical environments, wellbeing, working condition and security, teachers care and support all impact students' quality of life.

Additionally, the finding is not in concurrence with Hung and Paul (2006) discoveries that the social life of students with hearing impairment gets improved through the state of mind of the teacher in the school climate. It likewise repudiates Tharpa and Colleagues (2013) who discovered in a study that schools with positive climate have a tendency to have less forceful and vicious conduct of students. Different researches that nullify this finding are Wang, Selman, Dishon, and Stormshak (2010) who found that school climate where educator-student relationship is certain have diminishment in behavioural problems.

Additionally, Jia, Way, Ling, Yoshikawa, Chen, Hhghes and Lu, (2009), in a research on the influence of students perception of school climate on socio-emotional and academic adjustment discovered the link of positive school climate with high self-efficacy and quality of life while absence of it is adversely connected with depressive side effects. Bear, Gaskins and Cheu (2011) discovered that, students with special needs had a sense of feeling of inclusion and being regarded by hearing peers and demonstrating the basic part of peer relationship had quality of life. Naeru, Arshadi, Hadamizadeh and Bakihschi (2013) discoveries uncovered that children having hearing impairment and restricted in relationship with hearing peers, do not have adequate chance to learn and practice social abilities with their mates in the school. Moswela (2010) finding detailed that a negative school climate will harm a whole school's climate by making a climate of dread or fear which prompts poor quality of life.

The finding from the fourth research question additionally indicates a no significant relative commitment of locus of control to hearing related quality of life among adolescents with hearing impairment in Oyo State secondary schools. The finding

shows that these adolescents trust that they do not have control on what happens to them; this implies they can just contribute minutely to upgrade their quality of life. They additionally trust that individuals surrounding them in the general public are excessively antagonistic, making it impossible to help them either. Consequently, they may not add to their locus of control which they expected could prompt inability to accomplishing quality of life. They sounded as though they do not trust their abilities and efforts are strong enough to upgrade hearing-related quality of life. They also seemed to be strong-willed and live their lives as it comes! Their disposition can best be described as "what will be will be."

This outcome credits trustworthiness to Griffin (2014) who revealed in a research on psychological wellbeing and locus of control that psychological wellbeing is not predicted by internal locus of control. This finding is at par with Lindiwe and Sindane (2011) study which demonstrated that no significant connection existed between locus of control and happiness. The result finally backs Ramezani and Gholtash (2015) who discovered that locus of control is not an indicator of happiness. In any case, the revelation of this study is not in concurrence with the finding of Stocks (2012) who correlated subjective wellbeing with locus of control as well as higher satisfaction being ascribed to higher internal locus of control.

The finding from the fourth research question additionally shows that there is no relative contribution of home environment to adolescents' hearing-related quality of life in Oyo State secondary schools. This finding shows that homes where adolescents with hearing impairment come from failed to show them love. The parents and siblings are not cordial to them presumably in view of their condition. May be they are not being spoken with as they should, might be a direct result of inability of the relatives to utilise gesture-based communication. Some families observe this set of adolescents as 'good for nothing'. Some parents/guardians are not interested in spending on their education, clothing, feeding and so on, as they should. They may prefer adoring and spending on the hearing child than the child with hearing impairment.

It is trusted that this circumstance depicts antagonistic vibe against these unique students. Thus, these students could not see anything that can improve or emphatically

affect their quality of life in the environment at home! Thus, they could feel unwanted, isolated and cheated which may subsequently affect them negatively. Threatening vibe of the home environment is probably going to be reasons why they felt home environment is not useful for or does not influence their academic achievement, social development and emotional security.

Moreover, ability to grow relationships that are built up in early life begins from home and it is so essential on the ground that bonds are basic in shaping comparable relationships in the future. As a result of the negative environment at the home front, adolescents with hearing impairment have seen the home to have failed in playing positive roles to improving their hearing-related quality of life therefore, having negative impression about the home. This outcome agrees with Thomas (2012) who detailed that parent, whose home environment dismisses children with incapacities prompts disavowal of essential, social and emotional needs. This demonstrates that neglect by parents has significant negative impact over psychosocial wellbeing and quality of life of teenagers having hearing impairment.

However, the result invalidates the finding of Volling, Mc-Elwain, Notaro and Herrera (2002) carried out a study on parents' emotional availability and infant emotional competence and Biringen (2000) in a study titled emotional: conceptualisation and research findings that, emotional accessibility which is a part of quality of life is connected with attachment-cosy relationship with parents and relatives at home since it mirrors the parent-child relationship's quality.

Hypothesis one finding reveals a significant relationship between self-efficacy and hearing-related quality of life among adolescents with hearing impairment in Oyo state secondary schools. This outcome means that self-efficacy, self-concept and capability enhance quality of life of any person in any setting. In other words, if life of any individual will have value emotionally, academically, and socially such a person will have confidence in his capability. This reality influences the individual with hearing impairment, particularly the adolescents with hearing impairment in Oyo state secondary schools. The motivation behind why adolescents with hearing impairment capability improve their quality of life is not far-fetched. A circumstance where individuals around

you (at home and at school) do not believe in you and your ability to achieve great feats in life, it is very possible to develop cold feet but at that point one needs to create confidence (self efficacy) and believe in one's capability to obtain quality of life especially emotionally, academically and socially. No big surprise, self-efficacy is essentially correlated to hearing-related quality of life of adolescents with hearing impairment in Oyo State secondary schools. Therefore, to compete with their hearing counterparts in making and keeping friends and to achieve academically, self efficacy is essential.

This outcome is verified by Castro, Ponciano, Meneghetti, Krehneg and Chem (2012) on quality of life, psychological wellbeing as well as self-efficacy found that altogether self-efficacy was significantly predictive of quality of life among Brazilian grown-ups having cancer. Likewise, NervMent (2014) in a study of self-efficacy and quality of life found that, higher self-efficacy was related with higher mental and physical wellbeing. Linenbriak and Pintrich (2003) established that lack of self efficacy is related to susceptibility to negative emotions. Schallerts's (2006) carried out a research on middle school students' self-efficacy, attitudes, and achievement in a computer enhance problem-based learning environment, he found correlation between self efficacy and academic achievement. Loo and Choy (2013) in a study on sources of self-efficacy influencing academic performance found that academic achievement aspect of quality of life was influenced by self-efficacy. The outcome however invalidates that of Seyed, Afsaneh and Hazzan, (2017), carried out a study on the relationship between anxiety and self-efficacy they found a noteworthy negative relationship amongst nervousness and self-efficacy among students. Likewise, Mance and Edwards (2012) found no significant correlation between quality of life and self-efficacy in deaf adolescent with cochlear implant.

Hypothesis two finding reveals a significant relationship between school climate and hearing related quality of life among adolescents with hearing impairment in Oyo state secondary schools. The significant relationship between hearing-related quality of life and school climate among adolescents with hearing impairment in Oyo State secondary schools contributes a lot to students' quality of life emotionally, academically and socially. Socialisation happens in school since students mix up with others from

various backgrounds. These relationships influence students, particularly adolescents with hearing impairment, emotionally, academically and socially. It would be noticed that a portion of these adolescents with hearing impairment may not have good time and conducive environment at home due to neglect and isolation they suffer from their siblings, guardians and neighbours, in light of the inability of this category of individuals to encode or decode in communication via sign language.

Henceforth, the comfort and solace left for them is to be amidst others that are likeminded in school, hostel and in class. Therefore, they seem to be free, relax and mix with others. In school, they discuss their joy, pains, future plans and even take advice from friends and teachers they can rely on, which they find difficult to get at the home front. Almost all the teachers in the environment if not all, can speak with them in communication via sign language. This is a sort of help and relief to them. This may be part of the reasons they trust school environment can improve hearing-related quality of life. This outcome loans assurance to Blum, Libbey, Bishop and Bishop (2004) that discovered positive school climate is essentially correlated to mental and emotional wellbeing.

Again, Keith, Zulling, Hucbuer, and Patton (2010), in a study on 'Relationship among School Climate domains' found that positive school climate in the area of instructor-student relationship had a positive significance to quality of life. Also, O'Conner and McCartneys work (2007) found that teacher-student relationship was a solid indicator of academic achievement which is a part of quality of life. Turner, Reynolds, Lee, Subasic and Bromhead, (2014) gave confirmation on school identification by students revealed the effect of positive school climate on well-being and harassing conduct. The result revealed that there was positive improvement on their wellbeing and reduced harassing conducts. Tharpa and colleagues (2013) found that schools with positive school climate do have minimal cases of discipline, decreased violent and aggressive behavior among students. Guo, (2012) stressed that strong teacher-students relationship increases better student and behavioural outcomes. Lee (2011) found that positive school climate reduces school suspension on the parts of students due to bullying.

Nonetheless, this outcome cannot help contradicting that of Barile, Donohue, Anthony, Baker, Weaver and Henrich (2012), who did not discover the effect or significance of positive climate to academic achievement part of quality of life. Reynolds, Lee Turner, Brown, Jones, LaRussor and Abber (2010) after a study carried out on improving classroom quality and teacher influences, it was discovered that school climate did not significantly have effect on academic achievement among students.

The third hypothesis finding revealed the fact that significant relationship did not exist between locus of control and hearing related quality of life among adolescents with hearing impairment in Oyo state secondary schools. This outcome means that adolescents with hearing impairment in Oyo state secondary schools do not see personal ability to control the occasions and circumstances around them, as a factor that can add value to their quality of life. This might be because of the stigmatisation and frustration meted on them from the general public, which has horribly influenced the control of various events related to them. They had likely accepted the situation of what-will-be-will-be. Therefore, setting their deficiencies on homes, schools, and society rather than control the circumstances and utilise them positively. The dissatisfaction in the general public is not peculiar to the individual with hearing impairment alone; they influence everyone but affect the individual with hearing impairment contrarily more on account of their peculiarity.

Henceforth, they decline to perceive any relation with locus of control as well as their quality of life because, they believe nothing can be done to make them be in control of life and future. As a result of this, they see themselves totally being dependent on others and see no reason to take responsibilities on and for themselves. The result confirmed the finding of Kirk (2012) in a study on influence of locus of control which significantly predicted well-being. He established negative relationship between external locus and subjective wellbeing, implying that larger amounts of externality bring about lower level of wellbeing. The outcome however conflicts with some research work including Fini and Yousefzadeh (2011), who found a solid relationship for academic achievement and locus of control. Additionally, Oladipo, Adenaike, Adejumo and Ojewumi (2013) discovered that persons having external locus of control remain high in

life fulfilment. This study additionally conflicts with Dave, Tripatni, Singh, Udainiya (2011), who observed higher fulfilment of life and internal locus of control were correlated.

The outcome from hypothesis four depicts the type of homes most of these students originate from. It uncovers the antagonistic vibe some of them are going through regarding parental neglect, absence of parent-child communication, threatening vibe and detachment from siblings and neighbours. This demeanour towards them at home could be because of failure of family members to accept and communicate with them via sign language which makes communication difficult. This is precarious!

At times, some guardians abuse these adolescents and give their hearing siblings special treatment. Some observe these students as good for nothing! All these negative encounters at home may not make the home environment satisfactory and along these lines will not contribute significantly to personal hearing-related quality of life. Subsequently, they did not perceive a significant relationship between home environment and hearing-related quality of life.

This finding agreed with Obeta (2014) whose research results revealed that absence of parental involvement in children undertakings and non-challant attitudes towards them are a portion of the factors that make home environment not altogether adding to quality of life of adolescents with hearing impairment. This outcome is not in consistence with Kushalnaqar, Topolski, Schick, Edwards, Skalicky and Patrick (2011) who found in a study, a significant relationship between quality communication of adolescents that are in need of hearing aids and family members in the home environment. The researchers detailed that a higher quality was linked to the socio-emotional, dialect advancement and issues in adolescents with hearing impairment. It additionally conflicts with Sattoe, Van and Moll (2012) work who discovered in a study, a critical relationship between close mother-child relationship and well-being related quality of life.

4.4 Summary of Findings

1. Female respondents possessed high hearing-related quality of life compared to the male counterparts.
2. Result showed that those within the range of ages 14-16 years have the highest hearing-related quality of life.
3. The result showed that respondents from nuclear family type had higher hearing-related quality of life.
4. Results revealed that respondents whose parents are Master/PhD holders had the highest hearing-related quality of life.
5. The result further revealed that respondents whose parents are civil servants enjoyed more hearing-related quality of life compared to parents with other occupations.
6. The result showed that among the three components of hearing-related quality of life, academic aspect was high while emotional and the social aspects were low.
7. There are significant joint contributions of home environment, school climate, self-efficacy and locus of control on hearing-related quality of life.
8. There is significant relative contribution of self-efficacy on hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools.
9. There is no significant relative contribution of school climate on hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools.
10. There is no significant relative contribution of locus of control on hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools.

11. There is no significant relative contribution of home environment on hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools.
12. There is significant relationship between self-efficacy and hearing related quality of life among adolescents with hearing impairment in Oyo state secondary schools.
13. There is significant relationship between school climate and hearing related quality of life among adolescents with hearing impairment in Oyo state secondary schools.
14. There is no significant relationship between locus of control and hearing-related quality of life among adolescents with hearing impairment in Oyo state secondary schools.
15. There is no significant relationship between home environment and hearing-related quality of life among adolescents with hearing impairment in Oyo state secondary schools.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

In view of the outcome featured and discussed in chapter four, this section makes a stride further to offer synopsis of the discoveries, where upon the conclusion of the entire study was based. An endeavour was additionally made to proffer suggestions.

5.1 Summary

Quality of life is without a doubt important to each person with or without disability. Subsequently, adolescents with hearing impairment in secondary schools in Oyo state, Nigeria are no exemptions. In view of this, it was seen essential to investigate how environmental factors: (school climate and home environment) and psychological factors: (self-efficacy and locus of control) could determine quality of life of adolescents with hearing impairment in Oyo State, Nigeria.

Chapter one of the study, examined and gave a bird-eye view of the different factors in the study. This was done primarily to set up or put forth a defence for this present study. The factors associated with this study are: school climate, home environment, self-efficacy, locus of control and quality of life. The primary motivation behind the study shows these factors consistently indicate how environmental and psychological factors determine adolescents' hearing-related quality of life within Oyo State, Nigeria. Particularly, the relative and joint contributions of the factors on the hearing-related quality of life were settled by the study. It likewise analysed the degree to which quality of life among adolescents with hearing impairment is subject to environmental as well as psychological factors. Chapter one further included background to the study, statement of problem, purpose of the study, research questions and hypotheses, significance of the study and operational definition of terms.

Chapter two of the study was dedicated to reviews of related literature to serve as a strong foundation for the study. Literatures were further reviewed conceptually and empirically touching the five variables in the study. These were done under some relevant sub-sections as related to each of them. Two pertinent theories to the study are: ecological framework theories by Urie Bronfenbrenner 1917-2005 and Maslow hierarchy

of needs 1943 (which showcased the five levels of human needs) whereupon this work was anchored have all been disclosed to guide the study. Hence, the conceptual model of the study was likewise shown.

Moreover, chapter three of the study covered the methodology utilised in the study. The research design was based on descriptive survey since there was no manipulation of the variables, but measured them as they existed and determined the extent to which independent variables were related to quality of life among the participants. List of sampled schools with their local government areas and senatorial districts were drawn out. This eventually was of great help to the researcher and assistants in the locating the schools, administration of questionnaire and collection of responses. The schools comprised eight schools in Oyo state with hearing impairment located in different local government.

Furthermore, information was gathered by means of five fundamental instruments. The instruments are: Hearing-related quality of life questionnaire for adolescent students, Home environment scale, General Self-efficacy Scale, Locus of control scale and School Climate Questionnaire. The instruments were found valid and reliable for the study and they were administered on the senior secondary students. The descriptive statistics including percentage and frequency counts were utilised for demographic information. A Pearson Product Moment Correlation and Multiple regression analysis were utilised in testing the hypotheses and providing answers to research questions raised.

Chapter four of the study presented and deciphered the outcomes. The discoveries from the translation were discussed utilising important literatures to back them up. This chapter further showed different tables used in analysing the data. The tables include: Descriptive statistics showing mean hearing-related quality of life with Demographic variables of respondents, table of summary of regression analysis and table of correlation matrix among others. Existing literatures that supposedly was in opposition to or supported the research discoveries were noted in the discussion. Meanwhile, the discussion was based on the outcomes of the analysis of four research questions and four hypotheses raised.

Chapter five summarised and concluded the study. The level of the research's contributions to knowledge was portrayed. Recommendations emanating from the findings of the study were presented. Suggestions for the future researchers were made. Educational implications of the study were also noted.

5.2 Conclusion

From the discoveries, conclusions were drawn that:

Self-efficacy and school climate were related with hearing-related quality of life of adolescents with hearing impairment in Oyo state Secondary Schools, while home environment as well as locus of control did not correlate. Apart from this, home environment, school climate, self-efficacy and locus of control do jointly impact intense contributions to hearing-related quality of life of adolescents with hearing impairment in Oyo state secondary schools.

Additionally, home environment, school climate, and locus of control did not relatively make potent contributions to hearing-related quality of life of adolescents' with hearing impairment. Moreover, self-efficacy relatively contributed significantly to the hearing-related quality of life of adolescents with hearing impairment in Oyo State secondary schools.

Finally, to upgrade hearing-related quality of life among the secondary school adolescents within Oyo State, these factors, environmental (home environment and school climate) and psychological (self-efficacy and locus of control) need to be more structured in our society.

5.3 Recommendations

Based on the enumerated discoveries of this present study, these subsequent recommendations were tendered:

Self-efficacy had been demonstrated as shown in the study to be determinant of hearing-related quality of life of adolescents with hearing impairment in Oyo State. The factor should therefore be improved upon by parents and teachers of adolescents with hearing impairment for better quality of life.

Siblings and parents of adolescents with hearing impairment should make the home climate favourable and conducive by enabling them contribute to the affairs of the family especially in decision making. This would give strength to the confidence this group of adolescents have in themselves to reason logically, take decisions that affect their lives. This would also help in taking responsibilities for any outcome, which amounts to having locus of control. Family members ought to have a mastery of sign language to achieve effective and successful communication with them. Adolescents with hearing difficulties ought to be fairly treated and given equal rights and opportunities at home like their hearing siblings, since they are as important as other children. The area of disability does not mean inability or inferiority.

Parents should be interested in working together with the school in decision making by attending parents teachers association meetings to take decisions that affect their wards. This would give them right backing from the home front, as it boosts self-efficacy in them. Putting all these in place by the home environment, would give rise to their morale to face the larger world and moderate their behaviour outside the home, especially in socio-emotional and academic life which results in adding value to hearing-related quality of life of adolescents with hearing impairment.

Also, the school should employ teachers and personnel who care for adolescents with hearing impairment and not those who will maltreat them particularly in integrated schools, because it goes a long way in determining their quality of life. Teachers and other workers ought to be patient with them, encourage and motivate them. They should also realise that they are as intelligent as their hearing counterparts. They are to be allowed to contribute and share their views and opinions in the class and the school generally.

Teachers should build positive teacher-student relationships and also try to moderate the conduct of normal hearing students towards adolescents with hearing impairment especially in integrated school setting. This would boost their self-efficacy which is capable of improving quality of life. Also, the need to develop locus of control alongside self efficacy is very paramount since it is capable of leading to healthy

competition in socio-emotional and academic issues. All these would influence them to have enviable and conducive school climate that promotes hearing-related quality of life.

It is central for caregivers and teachers to work together and relate well towards enhancing the quality of life of students with hearing impairment. Teachers need to attend seminars on how to interact with parents, develop and maintain effective communication even in the face of argument and disagreement.

Professionals like school psychologists are to manage and consult with parents and teachers on the proper approach to adopt in making personal needs and wants known through effective communication. Involvements of parents in schools are greatly influenced by school structures and policies (Minke, 2006). Fostering positive school climate for parents' involvement should be considered when drafting school policies.

Administrators, especially in Oyo state; and education policy makers should improve the school climate by employing qualified special teachers for special and integrated schools. They ought to likewise build hostel accommodations for them, and think about building fascinating classrooms, sport complex, catering section and so forth, to boost their morale. Teachers should be paid promptly and be very much motivated. The curriculum for adolescents with hearing impairment ought to be made completely enhancing and worthy of their needs. All these ought to be utilised to influence them to admire school climate which may eventually contribute positively to hearing-related quality of life. Parents, teachers, government and the entire society should make use of the demographic variables in enhancing the hearing-related quality of life among students by building on where they are having comparative advantages.

With all these recommendations in place, adolescents with hearing impairment in Oyo State secondary schools would have positive perspective of home and school environment, if well improved. These may influence strong self-efficacy and locus of control and also improve personal hearing-related quality of life.

5.4 Contributions to Knowledge

This study added to the existing body of knowledge in the field of special education and particularly the hearing impairment unit in the following ways:

It has investigated environmental and psychological factors as determinants of hearing-related quality of life among secondary school adolescents with hearing impairment. It has also compared the relationships among environmental (school climate and home environment) and psychological (self-efficacy and locus of control) factors indices with hearing-related quality of life. This is done with the intention of checking the effects for other future researchers to work on.

It has likewise exposed that home environments and school climate are extremely weak to upgrade adolescents hearing-related quality of life. Thus, suggesting that the factors are not potent enough to influence them significantly but can be improved on by the concerned parties. It has succeeded in demonstrating that adolescents with hearing impairment are not very much happy with their home environments and locus of control. This showed that the home environment had failed in contributing positively to the hearing-related quality of life of adolescent with hearing impairment. Nevertheless, it has established a salient relationship between self-efficacy and hearing related quality of life; and between school climate and hearing related quality of life.

Meanwhile, the outcome of this research has brought to limelight that significant relationship did not exist between locus of control with hearing related quality of life; and between home environment and hearing related quality of life among students with hearing impairment. Furthermore, it became known from some other research findings that home environment, locus of control and school climate relatively contributed significantly to the quality of life of other group of adolescents but for adolescents with hearing impairment in Oyo State secondary schools, it was opposite! However, significant joint contributions of home environment, school climate, self-efficacy and locus of control towards hearing-related quality of life among adolescents with hearing impairment in Oyo State secondary schools was confirmed.

In addition, demographically it was revealed that female adolescents with hearing impairment possessed higher hearing related quality of life as against the male; those

from nuclear family type possessed improved hearing related quality of life compared to those from extended family type; those from educated and civil servant parents do have better hearing-related quality of life compared to the ones from parents with lesser educational backgrounds and other types of occupations.

Furthermore, considering the level of components of hearing-related quality of life, (academic, social and emotions) quality of life, it was established that hearing-related quality of life among adolescents with hearing impairment are actually affected by academic quality of life, followed by emotional quality of life and finally by social quality of life. This infers that any negative effects on the education of adolescents with hearing impairment will have adverse outcomes on quality of life since education has the greatest value among the components. Finally, these discoveries created gaps from the known research outcomes, thereby becoming an eye-opener, database and reference point to other researchers worldwide.

5.5 Suggestions for Further Study

The researcher is suggesting that other researches of this nature be duplicated in other states of the federation. This will lead to finding out how significantly environmental factors (home environment and school climate) and psychological factors (self-efficacy and locus of control) will contribute to the life of adolescents with hearing impairment that are students, in different states in Nigeria as a way of generalising knowledge.

It is likewise suggested that different factors like social, monetary, physical and so forth could be utilised as independent variables. This could help in bringing to light the consequences on hearing-related quality of life of adolescents with hearing impairment in secondary schools in Oyo State or other states.

Finally, this study could be completed in private secondary schools in Oyo state to check whether the discoveries will be different from what is on ground in the public schools.

5.6 Educational Implication of the Study

Psychological needs of adolescents with hearing impairment were revealed, particularly how these factors can obviously influence their quality of life. Subsequently, the administration ought to know that, students with hearing impairment require exceptional treatment, especially in the area of utilising qualified instructors, hostel facilities and conducive classrooms.

Additionally, parents should be instructed and groomed on the special needs of these set of students who should not be detached from the home affairs; they are to have their contributions made in family meetings, they ought to be accepted and nurtured. Individuals within the family need to learn communication via gestures and sign language with a specific end goal to make the home environment favourable.

The society will likewise be taught through this research that adolescents with hearing impairment should not be secluded or treated with hostility since they are not inferior compared to their hearing partners but rather have abilities in their disabilities. A number of them are well educated in Nigeria today and are working in reputable places including lecturing. The society would also be enlightened on the aspects of the demographic variables that affected the quality of life of adolescents with hearing impairment in Oyo State and thus explore them to their advantage.

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APPENDIX 1
UNIVERSITY OF IBADAN
FACULTY OF EDUCATION
DEPARTMENT OF SPECIAL EDUCATION

Dear Respondents,

I am conducting a research in the above department as a post graduate student. The research is titled: Environmental Factors-school climate and home environment and Psychological Factor-self efficacy and locus of control as Determinants of Quality of Life of Adolescents with Hearing Impairment in Oyo State, Nigeria. The questionnaires are purely for research purpose.

Please, give your candid opinion on each item. All information will be handled with extreme confidentiality.

Thanks for your cooperation.

SECTION A: Students' Demographic Data

1. Name of School.....
2. Class: S.S.S. I (), S.S.S.II () and S.S.S.III ()
3. Gender: Female (), Male ()
4. Age: 14-16 (), 17-19 (), 20-22 (), 23 years and above ().
5. Religion: Christianity (), Islam (), others specify ()
6. Types of family: Nuclear family (), Extended family ()
7. Ordinal position of the child: First born (), Middle (), Last born ()
8. Parent Educational Qualification: First school leaving certificate (), SSCE/WEAC (), NCE/OND (), HND/B.Sc (), M.Sc/PHD ().
9. Parent's Occupation: Unemployed (), Driver (), Labourer (), Business man/woman (), Public/Civil servant (), Professionals: Doctors, Engineers etc ()

SECTION B

Hearing-related QOL Questionnaire for adolescent students. (HRQOLQAS)

Please tick (✓) your answers appropriately using the Likert scale = Strongly Agree, A = Agree, D = Disagree and SD =Strongly Disagree

	ITEMS	SA	A	D	SD
	EMOTIONAL				
1	My hearing loss makes me feel different from anyone else				
2	My hearing loss annoys me				
3	My hearing condition causes me to be nervous				
4	I have problems with my hearing and it makes me angry				
5	I get worried about my hearing loss getting worse.				
6	I think others talk about me at my back.				
7	I get frustrated when I respond incorrectly to a statement or question.				
	SOCIAL				
8	I feel shy when meeting new people because of my hearing loss.				
9	I have problems at the pool or the beach because of my hearing loss.				
10	I have problems with watching movies or TV because of my hearing loss.				
11	I have problems relating well with family members because of my hearing loss.				
12	I do not play with certain people outside the school because of my hearing loss.				
13	My hearing loss causes me to use an earphone or listen to music less than I would like.				
14	I feel left out when I am with a group of people because of my hearing loss.				
15	My parents don't allow me to do certain things because of my hearing loss.				

	ACADEMICS				
16	I raise my hand or answer questions less in school because of my hearing loss.				
17	My hearing loss causes me problems in the class.				
18	I do participate less in class and school activities than my friends because of my hearing loss.				
19	I have problems hearing friends or coaches during sports due to my hearing loss.				
20	I pay attention less in class because of my hearing loss.				
21	I think I would do better in all my subjects if I could hear.				
22	When I can't hear my teachers, I do have hard times asking them to speak louder or repeat what they said.				
23	I do attend school social events less because of my hearing loss.				

APPENDIX 2

Home Environment Scale (HES)

Please tick (✓) your answers appropriately using the Likert scale: SA = Strongly Agree, A = Agree, D = Disagree and SD = Strongly disagree.

S/N	ITEMS	SA	A	D	SD
1	My parents are happily married				
2	I am accepted in my family, despite my hearing impairment.				
3	My siblings are friendly with me.				
4	I always receive fair treatment as any other member of my family.				
5	My parents always make provision for my education despite my impairment.				
6	I always feel on top of the world because of the way I am treated in my family.				
7	My parents are proud of me.				
8	Hearing impairment is not a barrier to me, because my parents and siblings do not see it as a barrier.				
9	Communicating with my parents and siblings is not a problem to me because, they understand sign language.				
10	My parents are making efforts to bring the best out of me in life, despite my disability.				
11	My parents are very hostile to me.				
12	My siblings do not want to associate with me because of my hearing loss.				
13	My parents do not love me.				
14	Communicating with my parents and siblings is a problem, because they do not understand sign language.				
15	The frequent fight between my Daddy and Mummy is affecting my education.				

16	My parents prefer to provide for the education of my siblings who do not have any disability.				
17	I always feel rejected in my family				
18.	My parents are not proud of me.				
19	Sometimes I feel that I cannot excel in anything , because of the way I am treated in the family.				
20	I am like an outcast in my family				

APPENDIX 3

General Self Efficacy Scale (GSES)

Please tick (✓) your answers appropriately using the Likert scale below; Strongly Agree = SA, Agree =A, Disagree =D, Strongly Disagree =SD. SA=4, A=3, D=2 and SD=1.

S/N	Items	SA	A	D	SD
1	I can always manage to solve difficult problems if I try hard				
2	If someone opposes me, I can find means and ways to get what I want				
3	It is easy for me to stick to my aims and accomplish my goals				
4	I am confident that I could deal efficiently with unexpected events				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6	I can solve most problems if I invest the necessary efforts.				
7	I can remain calm when facing difficulties because I can rely on my coping abilities				
8	When I am confronted with a problems, I can usually find several solutions				
9	If I am in trouble, I can think of a solution				
10	I can usually handle whatever comes my way				

APPENDIX 4

School Climate Scale

Please tick (✓) your answers appropriately using the Likert scale: SA = Strongly Agree, A = Agree, D = Disagree and SD = Strongly disagree.

This school.....

S/N	Items	SA	A	D	SD
1	Is a supportive and inviting place for students to learn?				
2	Sets high standards for academic performance for all students.				
3	Emphasizes helping students academically when they need it.				
4	Provides adequate counselling and support services for students				
5	Emphasises teaching lessons in ways relevant to students				
6	Is a supportive and inviting place for staff to work				
7	Promotes trust and collegiality among staff				
8	Provides the materials, resources, and training professional development) needed to do your job effectively.				
9	Provides the materials, resources, and training (Professional development) need to work with special education (IEP) students.				
10	Encourages opportunities for students to decided things like class activities or rules.				
11	Gives all students equal opportunity to participate in classroom discussions or activities.				
12	Gives all students equal opportunity to participate in numerous extra curricular and enrichment activities				
13	Gives students opportunities to “make a difference” by helping other people, the school, or the community (e.g., service learning).				
14	Emphasises using instructional materials that reflect the culture or ethnicity of its students.				
15	Considers closing the racial/ethnic achievement gap a high priority.				
16	Emphasises showing respect for all students’ cultural beliefs and				

	practices.				
17	Clearly communicates to students the consequences of breaking school rules				
18	Handles discipline problems fairly				
19	Effectively handles student discipline and behavioural problems.				
20	Is a safe place for students				
21	Is a safe place for staff				
22	Is welcoming to and facilitates parent involvement.				
23	Has clean and well-maintained facilities and property.				

Adults at this school

		SA	A	D	SD
24	Want every student to do their best?				
25	Listen to what students have to say?				
26	Believe that every student can be a success?				
27	Have close professional relationships with one another?				
28	Feel a responsibility to improve this school?				
29	Work hard to ensure a safe and supportive learning environment?				

Area of professional development

This school...

		SA	A	D	SD
30	Meets academic standards				
31	Uses evidence-based methods of instruction				
32	Uses positive behavioural support and classroom management				
33	Serves special education (IEP) students				
34	Always creating a positive school climate				

This school

		SA	A	D	SD
34	Promotes personnel participation in decision-making that affect school practices and policies.				
35	Motivates students to learn				
36	Provides the supports needed for teaching culturally and linguistically diverse students.				
37	Encourages parents to be active partners in educating their child.				
38	Provides adequate benefits (e.g., salary, fringe benefits and retirement options) to support my continued employment.				
39	Provides relevant training for para-professionals.				
40	Provides complete state adopted instructional materials for students with IEPs.				
41	Emphasises helping students with their social, emotional, and behavioural problems				
42	Provide harassment or bullying prevention?				
43	Provide services for students with disabilities or other special needs?				

How much of problem at this school is.

		Insufficient Problem	Mild Problem	Moderate Problem	Severe Problem
44	Physical fighting between students?				
45	Disruptive student behaviour?				
46	Racial/ethnic conflict among students?				
47	Student depression or other mental health problems?				
48	Lack of respect of staff by students				

APPENDIX 5

Locus of Control Scale

Please tick (✓) your appropriately using the Likert scale: SA = Strongly Agree, A = Agree, D = Disagree and SD = Strongly disagree.

S/N		SA	A	D	SD
1.	Whether or not I get to be a leader depends mostly on my ability				
2.	To a great extent my life is controlled by accidental happenings				
3.	I feel like what happens in my life is mostly determined by others that don't have hearing problems				
4.	When I make plans, I am almost certain to make them work				
5.	Often there is no chance of protecting my personal interests from bad luck				
6.	When I get what I want, it's usually because I'm lucky				
7.	Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power, particularly my class teacher.				
8.	How many friends I have depends on how nice a person I am.				
9.	I have often found that what is going to happen will happen.				
10.	My life is chiefly controlled by powerful others.				
11.	People like me have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.				
12.	It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.				
13.	Getting what I want requires pleasing those people above me. (Family, peers, neighbours)				

14.	If important people were to decide they didn't like me, I probably wouldn't make many friends.				
15.	When I get what I want, it's usually because I worked hard for it.				
16.	In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.				
17.	My life is determined by my own actions.				
18.	It's chiefly a matter of fate whether or not I have a few friend or many friends.				