

# ADVANCES IN SPECIAL NEEDS EDUCATION AND PRACTICES



Edited by

Ayo Osisanya

Adebayo F. Komolafe

Kelechi U. Lazarus

Abiodun T. Adewunmi

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**JOHN ARCHERS**

*Published by*

**JOHN ARCHERS (PUBLISHERS) LTD.**

First Floor Egun Isola House 53 Gbadebo Str. Mokola

GPO Box 339, Dugbe, Ibadan

© 0803 4476 916, 0701 085 1055

e-mail: [archersbooksonline@gmail.com](mailto:archersbooksonline@gmail.com)

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[www.johnarchers.com.ng](http://www.johnarchers.com.ng)

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ISBN: 978-978-59958-2-4

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## Contents

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<i>Foreword</i>	viii
<i>Preface</i>	ix
<i>Notes on Contributors</i>	x
<b>SECTION 1: SPECIAL NEEDS EDUCATION IN THE CONTEMPORARY AGE</b>	
Chapter 1: Teachers' Competencies and Personal Characteristics Needed for Effective Inclusive Education Practice <i>Kelechi Uchemadu Lazarus</i>	3
Chapter 2: Achievement Gaps in Inclusive Education for Low Academic Achievers in Nigeria <i>G. A. Adelodun and Adebayo Adeyinka Salako</i>	19
Chapter 3: Identifying Accommodations for Children With Special Needs in Inclusive Classrooms in Nigeria: Effective Strategies for Regular Classroom Teachers <i>Victor U. Iroegbu, Nanshep W. James, Sylvia M. Mbai and Susan James</i>	29
Chapter 4: Implementing Friendship Curriculum in Inclusive Secondary Schools: Prospects and Benefits <i>Esther O. Oyefeso</i>	44
Chapter 5: Language, Disability and Persons with Special Needs: The Nigerian Experience <i>Adewale Philip Adedokun and Matthew Bamidele Ojuawo</i>	55
<b>SECTION 2: COMMUNICATION DISORDERS</b>	
Chapter 6: Emerging Trends in Audiologic Tinnitus Management <i>Ayo Osisanya</i>	75
Chapter 7: Childhood Apraxia of Speech: Concept, Diagnosis and Intervention Techniques <i>Adenike Elizabeth Akanni</i>	98



**SECTION 3: EDUCATION AND REHABILITATION OF PERSONS WITH GIFTED/TALENTED SKILLS**

- Chapter 8: The Nexus of Creativity in the Adoption of Homogeneous Ability Grouping: Implications for Gifted Education Practice in Nigeria 117  
*Abdullahi Babatunde Asiru*

**SECTION 4: EDUCATION AND REHABILITATION OF PERSONS WITH INTELLECTUAL DISABILITIES**

- Chapter 9: Creating Opportunities for Persons with Intellectual Disability Through Removal of Barriers and Modification of Access 133  
*Udeme Samuel Jacob, Kehinde Rachael Adegboye, Elizabeth Elumelu, Angela Nneka Olisaemeka, Julius Abiola Ademokoya and Julia Tolu Eni-Olorunda*

**SECTION 5: EDUCATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT**

- Chapter 10: Social Skill Acquisition for Better Living Among Persons With Visual Impairment 147  
*Sunday Abimbola Abodunrin, Gbenga Joseph Akinbolade and Akeem Ayinde Lawal*

**SECTION 6: EDUCATION AND REHABILITATION OF PERSONS WITH LEARNING DISABILITIES**

- Chapter 11: Making Provision for Instructional Accommodations in Education of Children With Learning Disabilities: A Concern for Policy Framework in Nigeria 159  
*Orim Samuel Orim, Matthew Ashike Orim and Unimuke Gregory Atah*

- Chapter 12: Auditory Processing Disorders: Meaning, Identification and Management Protocols 178  
*Abiodun T. Adewunmi*

**SECTION 7: EMOTIONAL AND BEHAVIOURAL DISORDERS**

- Chapter 13: Characteristics and Implications of Emotional and Behavioural Disorders 207  
*Adedayo Adesokan and Rasheed Alaro Adewale Hamzat*

## **SECTION 8: COUNSELLING PROVISIONS FOR CHILDREN WITH SPECIAL NEEDS AND THEIR PARENTS**

- Chapter 14: Counselling Provisions for Children With Special Needs and their Parents 221  
*Glory Ibeabuchi*
- Chapter 15: The Role of Psychotherapeutic Interventions on Career Aspirations Among Adolescents with Hearing Impairment 234  
*Adebomi Oyewumi and Olubukola Olufemi-Adeniyi*

## **SECTION 9: AUTISM SPECTRUM DISORDERS**

- Chapter 16: Autism Spectrum Disorders: Nature, Types, Characteristics and Educational Implications 245  
*Chikodi Joy Anyanwu, Charles Onwubiko and Gertrude Egwim*

## **SECTION 10: RESEARCH ARTICLES**

- Research Article 1: Assistive Technology as Predictors of Academic Performance of Learners With Intellectual Disability in COVID-19 Era 261  
*Oyeyemi Omolayo Oladimeji, Bamidele Mathew Ojuawo, Bilikisu Abayomi Eesuola, Folasade T. Adebayo and Ayomide Ifedolapo Oyewumi*
- Research Article 2: Prediction of Academic Adjustment of High-ability Learners in Nigeria using Parental Socio-economic Status and Involvement 277  
*Olufemi A. Fakolade and Ozioma C. Ashara*
- Research Article 3: Social Support and Counselling as Determinants of Quality of Life Among Secondary School Adolescents With Hearing Impairment in Ibadan, Oyo State, Nigeria 290  
*Olugbenga Ojo Isaiah and Sunday Omoikhudu Amaize*
- Research Article 4: Emotional Intelligence and Self-efficacy as Correlates of Creativity Among Students of Higher Institutions in Oyo State, Nigeria 303  
*Augusta Nkem Molokwu, Sulaiman Adewumi Isola, Augustina Ngozi Ekeh and Muxyiwa Onaolapo Ogunniran*

*Index*

313

## Social Support and Counselling as Determinants of Quality of Life Among Secondary School Adolescents With Hearing Impairment in Ibadan, Oyo State, Nigeria

Olugbenga Ojo Isaiah and  
Sunday Omoikhudu Amaize

### Abstract

Adolescents with hearing impairment experience grievous psychological and emotional problems due to their hearing defect, culminating in their poor quality of life. Earlier studies in this direction have not done much. This study, therefore, examined the influence of social support and counselling on the quality of life among secondary school adolescents with hearing impairment in Ibadan, utilising the descriptive survey research design of correlational type for carrying out the study, while the purposive sampling technique was used to select sixty (60) respondents. The instruments used were structured questionnaire tagged 'Social Support and Counselling Questionnaire ( $r = 0.64$ ) and Students with Hearing Impairment Quality of Life Questionnaire (0.86) while four research questions were answered. Data were analysed using descriptive statistics, Pearson Product Moment Correlation, Multiple Regression Analysis. Social support ( $r = 906^*$ ,  $p < 0.05$ ) and counselling ( $r = 368^*$ ,  $p < 0.05$ ) were positively correlated with the quality of life of adolescents with hearing impairment. Social support and counselling predicted improved quality of life of adolescents with hearing impairment ( $F_{(2,57)} = 226.583$ ,  $p < 0.05$ ) and accounted for about 89% of the total variance to the dependent variable. The relative contributions of the independent variables to the quality of life of adolescents with hearing impairment are as follows: social support ( $b = 0.874$ ), and counselling ( $b = 0.261$ ). Social support and counselling are important factors that influence the quality of life of adolescents with hearing impairment. Therefore, parents, teachers, government at all levels and other relevant stakeholders are enjoined to ensure adequate provision of social support and counselling to improve the quality of life of adolescents with hearing impairment.

**Keywords:** Adolescents with Hearing impairment, Social Support, Counselling, Quality of life.



## INTRODUCTION

Adolescence is a unique period between the onset of puberty and adulthood. It is a transitional stage likened to a bridge between childhood and adulthood over which individuals must pass before becoming full adults. Arnett (2007) described adolescence from biological, cognitive and social perspectives. From a biological standpoint, the adolescence period is a physical modification characterised by the beginning of puberty and the end of physical development. From the perspective of cognition, adolescence is the development of the capability to reason abstractly while on the social plane, it is a preparatory stage for adulthood. Owuamanam (2013) viewed adolescence as an unstable time when a child needs structures and opportunities to become more independent. In a nutshell, adolescence is a period marked by significant social and physiological change accompanied by accelerated physical growth.

All adolescents undergo similar life-changing experiences and crises associated with the period. However, adolescents with hearing impairment contend with the problems of the adolescence and those imposed on them by their hearing impairment simultaneously. Hearing impairment influences the quality of life negatively due to its accompanying challenges. Challenges regularly encountered by students with hearing impairment include neglect, denial of personal rights, lower academic achievement, poor self-concept, negative societal attitudes, language and communication barriers, poor interpersonal relations, stigma and discrimination. The World Health Organization (WHO, 1994) defined quality of life as individuals' perception of their positions in life in the context of the culture and value systems in which they live and about their goals, expectations, standards and concerns (WHO, 1994). This definition highlights the entire life situation in a cultural, social and environmental context.

The quality of life of individuals is influenced by physical and psychological health, independence, social relationships and ecological environment (Schumacher, Klaiberg, Brahler, Diagnostik, Lebensqualität and Wohlbefinden, 2003). Similarly, Oyewumi, Akangbe and Adigun (2013) asserted that quality of life is a broad assessment of well-being across various domains, including physical, mental, social, psychological and emotional domains. Thus, the quality of life of adolescents with hearing impairment is



their experience of well-being in the physical, mental and social domains that make it possible for them to adapt to the environment and values of society.

Literature is replete with studies showing that hearing impairment interferes with general life satisfaction, emotional well-being and sense of security (Kelly and Atcherson, 2011). Hearing impairment adversely impacts relationships with family and friends (Chiorba, Blanchini, Pelucchi and Pastore, 2012). Evidence suggests that hearing impairment leads to a poorer quality of life, greater difficulty in social activities, lower educational attainment and a higher level of social isolation (Arlinger, 2003). Problems related to social isolation and loneliness have been reported among students with hearing impairment (Most, Ingber and Hele-Ariam, 2011). It is not surprising that much of the research into the psychological influence of hearing impairment has found social isolation and loneliness as the main predictors. It is well-established that there is a growing tendency for individuals with hearing impairment to avoid challenging social and auditory situations, producing isolation that leads to depression, irritability, and feelings of inferiority. Hearing impairment also influences social behaviour by fostering avoidance of social situations as a dysfunctional coping mechanism that results in emotional problems, more disability and poor performance in a vicious cycle (Monzani, Galeazzi, Genovese, Marrara and Martini, 2008).

Interestingly, it is obvious from the literature that some constructs such as social support and counselling can help alleviate most of the challenges experienced by students with hearing impairment, thereby improving their quality of life. Social support is a form of assistance needed by individuals in stressful situations. Cohen (1988) opined that social support may alleviate the impact of stress by providing a solution to the problem, by reducing the perceived importance of the problem or by providing a distraction from the problem. Cohen (2004) stated that social support could be viewed as social network's provision of psychological and material resources to benefit an individual's ability to cope with stress. Looi, Lee and Loo (2016) described social support as the actual or perceived availability of helpful behaviour by social groups such as family and friends due to perceived needs.

Social support is often provided by friends, family and the community,

and the purpose is to make life a little bearable for those who need it. Concerning adolescents with hearing impairment, social support may include but is not limited to audiological intervention, positive societal attitude, assistance during a sports competition, employment, rehabilitation, financial assistance, help during a civil disturbance, empathy and the provision of special education. Obani (2006) posited that families especially the parents are the most important support system available to any child. Social support is classified into three major categories such as emotional, instrumental and informational support, and it may also include a social network. Cohen (2004) explained that emotional support involves the expression of empathy, caring and reassurance. Instrumental support is tangible help that others may provide, for example, help with daily tasks or offering one's financial assistance. Informational support, on the other hand, refers to the help that others may give through the provision of information, advice or guidance. The social network is an element of social support, and it refers to the structure of existing relations that include friends, families, neighbours, colleagues at work, community and professional helpers (Tardy, 1988).

Social support can help relieve the negative hearing impairment-induced feelings of emotional disturbance and psychological disorientation daily experienced by the generality of the victims in many ways. The support system provides the network from which persons with hearing impairment can tap when beset by emotional problems. For instance, one can find a trusted person to share one's secret troubles. Similarly, when one experiences a sudden job loss, one can look up to one's social network to seek financial and material assistance until one can secure another job. Social support creates opportunities for social engagements and affords students with hearing impairment a chance to improve their social skills and help them to meet new friends. It also helps to sharpen their communication skills for effective interactions. By regularly participating in social activities through social support, students with hearing impairment may ultimately experience a sense of belonging and self-worth, with improvement in their quality of life. It is needless to say that early provision of social support is critical to children's abilities to develop social competence.

Counselling is a process of helping an individual to understand himself and his world. The purpose of counselling reflects training, value system,



perception of the role and the needs of the individual being helped. Olayinka (1993) described counselling as a process in which one person assists another in a face-to-face encounter. This assistance may be educational, vocational, social, recreational, emotional or moral. Bryne (2001) described counselling as a learning-oriented process occurring in an interactive relationship aiming at helping a person to learn more about self and use such understanding to enable the person to become an effective member of society. According to Shertzer and Stone (1987), most counselling practitioners agree that the fundamental goal of counselling is to effect change in behaviour so that the recipient may live a more productive and self-satisfying life. Anagbogu (2004) explained that through counselling, individuals are reassured, emotional tensions are released and thinking clarified.

It is inferred from the literature that counselling is not only a therapy but it is also a means of life adjustment and an attempt to help individuals to prepare to solve their adjustment problems before they become so involved with self-conflicts and evaluations that may need deep and complicated therapy. Adolescents with hearing impairment will benefit from counselling because it will help them to adjust appropriately to the demands of society. It will also help them to overcome most of their psycho-social challenges and equip them with a coping mechanism to offset the strains of hearing impairment. Olawale (2000) suggested that counsellors can assist adolescents with hearing impairment in many ways. These may include the fulfilment of academic potential; establishment of a socially acceptable level of self-care; the development of a realistic view of self, others and situations; improvement of interpersonal skills and relationships with the family, the school and the community. Taylor, Buunk and Aspinwall (1990) suggested that counselling can promote possible emotional adjustment to hearing impairment. When it is difficult for a person to avoid the negative implication of a disability such as hearing impairment, one may try to identify the benefits of experiencing such a situation (for instance, finding meaning in the experience, or deciding that one has become a better person by learning to cope with the events). By emphasising such positive aspects of the experience, an individual attempts to mitigate dwelling on negative thoughts that exacerbate the anxiety and depression associated with the disability.

It is pertinent to note that while studies have examined the quality of life



among regular students, little or no study has been undertaken on the quality of life among students with hearing impairment. This current study, therefore, examined the influence of social support and counselling on the quality of life among secondary school students with hearing impairment in Ibadan. The study is anchored on the communication diet theory propounded by Lindley (2009). Communication diet theory emphasises the importance of quality, regular and meaningful communication in fostering enduring social integration and improving quality of life among individuals with hearing impairment.

### RESEARCH QUESTIONS

The following research questions were answered in the study:

- (i) What is the relationship between social support and quality of life?
- (ii) What is the relationship between counselling and quality of life?
- (iii) What is the relative contribution of social support and counselling to quality of life?
- (iv) What is the joint contribution of social support and counselling to quality of life?

### METHODOLOGY

#### *Research Design*

The Descriptive survey research Design of correlational type was adopted for carrying out the study.

#### *Population*

The population of the study comprise all students with hearing impairment in Ibadan, Oyo state, Nigeria.

#### *Sample and Sampling Technique*

A total of 60 male and female students with hearing impairment were selected in Ibadan metropolis using purposive sampling technique.

### *Instrument*

Data for the study were collected through a structured questionnaire tagged social support and counselling questionnaire (SSACQ). The instrument was pilot-tested and it yielded a 0.64 reliability index. Also, Students with Hearing Impairment Quality of Life Questionnaire was used for data collection. The reliability index is 0.86.

### *Procedure for Data Collection*

The researchers visited and sought the consent of the authorities of the selected school to conduct the study. The respondents were informed about the purpose of the study and their rights regarding participation and some of the teachers served as research assistants.

### *Method of Data Analysis*

Data were analysed using frequency count, percentages, Pearson's Product Moment Correlation (PPMC) and Multiple Regression Analysis.

## RESULTS

Table 1: Demographic characteristics of the respondents

Classification Sub-groups	Frequency	
Gender Male	21	35.0
Female	39	65.0
Total	60	100
SSS 1-3	55	91.7
Total	60	100
Age 11-15 years	25	41.7
16-20 years	35	58.3
Total	60	100

Table 1 above shows the demographic characteristics of the respondents. From the table, it is revealed that the proportions of male respondents were 35 percent while female respondents were 65 percent, implying that more

female respondents participated in the study than their male counterparts. The table shows that 8.3 percent of respondents were within JSS 1-3 while the respondents within SSS 1-3 were 91.7 percent. The table also shows that respondents between 11 and 15 years old were 41.7 percent while those between 16 and 20 were 58.3 percent.

### ANSWERING RESEARCH QUESTIONS

**Research question one:** What is the relationship between social support and quality of life?

**Table 2:** Showing the relationship between social support and quality of life of adolescents with hearing impairment

Variable	Mean	Std Dev.	N	R	P	Remark
Social Support	4.5200		60	.906*	.000	Sig.
Quality of life	28.5167					

\* Significant.

It is shown in Table 2 above that there is a significant relationship between social support and quality of life ( $r = .906^*$ ,  $N = 60$ ,  $p < .05$ ).

**Research question two:** What is the relationship between counselling and quality of life?

**Table 3:** Showing the relationship between counselling and the quality of life of adolescents with hearing impairment

Variable	Mean	Std Dev.	N	R	P	Remark
Counselling	29.7167	4.581	60	.368*	.000	Sig.
Quality of Life	28.5167	3.7484				

\* Significant



It is shown in table 3 above that there is a significant relationship between counselling and quality of life ( $r = .368^*$ ,  $N = 60$ ,  $p < 0.05$ ).

**Research question three:** What is the relative contribution of social support and counselling to quality of life?

Table 4: Showing relative contributions of independent variables (social support and counselling) to the quality of life of adolescents with hearing impairment

Model	Unstandardised coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error.			
(Constant)	-1,824	1,542		-1.183	.242
Social Support	.725	.037	.874	19.598	.000
Counselling	.213	0.37	.261	5.847	.000

The result from the above table shows the relative contribution of each of the independent variables to the dependent variable. Social support ( $\beta = .874$ ,  $p < .05$ ) and counselling ( $\beta = .261$ ,  $p < 0.05$ ). It is shown that the two variables independently contributed to quality of life of students with hearing impairment.

**Research question four:** What is the joint contribution of social support and counselling to quality of life?

Table 5: Showing the joint contribution of independent variables (social support and counselling) to quality of life

Model	Sum of Square	Df	Mean Square	F	Sig
Regression	736.363	2	368.181	226.583	.000
Residual	92.621	57	1.625		
Total	828.983	59			

$$R = .942, R^2 = .888, \text{Adjusted } R^2 = .884$$

It is shown in Table 5 above that the joint contribution of independent variables (social support and counselling) to quality of life is significant

( $F_{(2,57)} = 226.583$ ;  $R = .942$ ,  $R^2 = .888$ ,  $\text{Adj } R^2 = .884$ ;  $p < 0.05$ ). About 89 percent of the variation was accounted for by the independent variables. This result implies that when social support and counselling are taken together, they contribute significantly to the quality of life of adolescents with hearing impairment.

### DISCUSSION OF FINDINGS

The study examined the influence of social support and counselling on the quality of life of adolescents with hearing impairment in secondary school in Ibadan. Four research questions were raised to guide the study. Research question one centred on the relationship between social support and quality of life. The result showed that there was a significant relationship between social support and quality of life. The finding confirms the positions of some earlier studies. For instance, Cohen (1988) and House (1981) reported that social support alleviates the impact of stress by providing a solution to the problem or by providing a distraction from the problem. It might also facilitate healthy behaviour such as exercise, personal hygiene, proper nutrition and rest. Their findings agree with the present study.

Research question two examined the relationship between counselling and the quality of life of adolescents with hearing impairment. The result showed that a significant relationship did exist between counselling and the quality of life. The finding, therefore, aligns with the submission of Bakare (1987) who reported that individual counselling could lead to the development of a better self-concept in such a way that the individual can creatively respond to the social setting based on the inner drive.

Research question three looked into the relative contribution of social support and counselling to the quality of life of the adolescents with hearing impairment. It is revealed that there is a relative contribution of each of the independent variables to the independent variable. A critical look at table 4 shows that the two independent variables are significant. This finding is in agreement with Cohen (1988), Cohen and Willi (1985) and House (1981) who asserted that social support benefits health by providing psychological and material resources needed to cope with stress. It is apparent as revealed by Rosedale's clinic that counselling for personal growth and social change is aimed at helping clients to explore a difficult area in their lives, work



through troublesome limitations, and achieve a more fulfilled quality of life.

Research question four ascertained the joint contribution of social support and counselling to the quality of life of adolescents with hearing impairment. The finding revealed that the joint contribution of social support and counselling to the quality of life of adolescents with hearing impairment was significant and that about 89 percent of the variation was accounted for by the independent variables (social support and counselling). The findings, therefore, corroborate the results of Taylor, Buunk and Aspinwall (1990) who reported that the presence of social support is associated with recovery from illness, reduced risk of mortality, reduced distress and chronic illness and positive adjustment to chronic disease. They also stated that counselling especially cognitive counselling helps to promote positive emotional adjustment and enables the clients to restructure their attitude about any impairment to develop a more positive outlook on the situation and reduce the effect of the two types of highly probable emotional reaction namely anxiety and depression.

### CONCLUSION

The study has found a significant relationship between social support, counselling and quality of life among students with hearing impairment. Against this background, it is concluded that social support and counselling are two critical factors to consider in improving the quality of life of students with hearing impairment in Ibadan metropolis.

### RECOMMENDATIONS

The following are recommended, based on the finding of this study:

- (1) There is a need for public education to disabuse the mind of members of the society about the wrong notion regarding hearing impairment.
- (2) There is a need for attitudinal change by members of society towards students with hearing impairment.
- (3) Socialisation, which involves exposing children to a diverse group of people and promoting cultural awareness, is necessary for the



- well-being and sound education of students with hearing impairment.
- (4) There is a pressing need to train more sign language interpreters to help students with hearing impairment in school and other settings, in order to improve their sense of belonging.
  - (5) It is necessary to educate parents to improve the quality of life of students with hearing impairment.
  - (6) The school setting should be friendly with the students with hearing impairment order to improve their quality of life.

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