

EFFECTS OF ASSERTIVENESS SKILLS TRAINING AND SHAPING STRATEGY ON SOCIAL SKILLS OF STUDENTS WITH HEARING IMPAIRMENT IN IBADAN, OYO STATE, NIGERIA

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Abstract

The study determined the effect of assertiveness skills training and shaping strategy on social skills of students with hearing impairment in Ibadan, Oyo State, Nigeria. It employed pre-test, post-test, control group, quasi-experimental design of 3 x 2 Factorial matrix. A total of 30 senior secondary school students with hearing impairment were selected, using purposive sampling technique. Two instruments were used to identify the level of social skills of the participants at pre-test and to test the effectiveness of the treatment at the post-test levels. Three hypotheses were tested at 0.05 level of significance. Data were analysed using Analysis of Covariance (ANCOVA) and Scheffe Posthoc analysis. The results indicated that assertiveness skills training and shaping strategy were effective in improving the social skills of students with hearing impairment as indicated in higher mean scores obtained by the participants. However, self-concept has no significant main effect on the social skills of students. Based on the findings of the study, it was recommended, therefore, that assertiveness skills training should be used by teachers to enhance the social skills of students with hearing impairment.

Keywords: *Assertiveness skills, training, shaping, students with hearing impairment, self-concept*

Introduction

All students are expected to relate well with people in their environment. They need social skills because these skills will enable them communicate effectively, learn to ask questions, seek help, get along with others, get their needs met in appropriate ways, find it easy to interact with peers and significant others. Social skills include the skills for facilitating interaction and communication with others. However, it has

been observed that some students operate at a very low level of sociability. Such students fail to engage in social interaction but educators want each student to be able to stand up for him or herself, be assertive, self-confident and learn to interact with others, as these contribute to social and emotional development (Nnodum, 2001).

According to Yuhan (2013), peer interaction serves crucial function for all students and has impact on their

communication skills, social adaptation, long-term relationships and development of cognition, emotion and personality in unique ways. During the early parts of school years, students are primarily concerned with making adjustment to school routines and to school age mates. This involves acquiring communication skills as well as learning the physical competency necessary for acceptance in the peer group. Later, these acquired skills are used to compete with others for status recognition within the group. Although, students are not born with social skills, they must learn it. They have to stand up for their rights, develop positive social relationships, contribute among peers and demonstrate self-acceptance that allows for effective coping (Rutherford, Quinn and Mathur, 2004).

Smith (2007) defined social skills as the ability to perceive and interpret social situation, generate appropriate social responses and interact with others. Social skills equally involve daily interactions, such as looking neat, taking turns, allowing others, learning to contribute in discussions without interrupting, differentiating between what is good and what is bad, relating well with friends and saying sorry when one has wronged a fellow human being.

Studies have shown that some students have extra anxiety and are threatened in social situations thereby, trying to avoid such situation (Mahvashe, 2013). It is a common knowledge to note that students with hearing impairment are among those who most times avoid participating in social situations. Hearing impairment is a generic term for difficulties in perceiving sound. It ranges from mild to profound (Isaiah, 2011). A child has hearing impairment, if he or she has some difficulties in understanding the speech of other people and has to rely upon other devices. Hearing impairment varies in

students and can be classified according to the part of the ear being affected, time of onset, or according to the causes. Conductive hearing loss occurs as a result of damage to the middle or outer ear and is often caused by chronic infections in young children. This type of hearing loss is temporary and can be corrected with surgery or medical treatment. A more serious type is sensori-neural hearing loss which is caused by damage to the cochlear or hearing nerve.

Pre-lingual deafness occurs before students develop language skills, while post-lingual deafness occurs after language development. Hearing impairment can be caused by environmental and genetic factors. The effect of degree of hearing loss on social outcome of students so affected is of considerable interest (Okuyibo, 2006). Although, it is expected that students with greater degree of hearing impairment will have poorer social skills when they are involved in structured school activities, they are more likely to make friends and participate in social activities with peers and significant others. Frequency of participation in these activities is associated with high levels of social skills.

Students with hearing impairment tend to have communication difficulties and consequently may not develop appropriate social skills for relating with peers and significant others. However, researchers have been particularly concerned with social skills deficit among students with hearing impairment. This is because the students who lack social skills are often rejected by others and are at risk of developing mental health problems that persist till adulthood. Mustafa and Kanu (2000) concluded that how the child feels about himself or herself will depend on how people in his environment relate with him or her. Therefore, efforts should be geared towards

helping the students with hearing impairment to make necessary social adjustment that will enable them to acquire some social skills.

In a well-structured school for students with hearing impairment, the teachers serve as social “coaches” for their students by discussing strategies for making friends, handling peer problems and demonstrating effective social interaction with individuals within and outside the school. Also, parents’ involvement in children’s social lives can influence the social outcomes of their children with hearing impairment in the aspect of parental resources. Wealthy parents with concrete time for children can provide access to extracurricular activities that enhance and provide opportunity for socialising with peers (Rosemary, 2000). For instance, games involving social skills such as cooperative ball games, cooperative construction, make the statue laugh and activities like visiting the museum, going to the beach and mountain climbing could encourage students with hearing impairment to see beyond their disability and accomplish what they thought was impossible.

Social skills include responding to social cues, saying ‘hello’ and ‘goodbye’, making eye contact, smiling, having interesting things to say, cooperating by taking turns, acknowledging others’ comments, responding appropriately to questions, being sensitive to the feeling of others, problem-solving, controlling aggression, other appropriate behaviours and knowing the rules of conversation (Pellegrini and Smith, 2005). Students with hearing impairment like every other student need these skills; it could help them forge ahead in life and fit in appropriately into the society. Several strategies could be used to enhance social skills among students with hearing impairment. Assertiveness training

and shaping strategy were of interest to the researchers.

Assertiveness training is a behaviour therapy designed to help students stand up for their rights and empower themselves in a more contemporary term. The purpose of assertiveness training is to teach individuals appropriate strategies for identifying and acting on their desires, needs and opinions while remaining respectful to others (Emami, Ghazinour, Rezaeishiraz and Richter, 2007).

Ada (2007) was of the opinion that there are three different ways in which students with hearing impairment can relate to one another. These are aggression, passivity and assertiveness. Aggression is about dominance. A student with hearing impairment is said to be aggressive when he or she imposes his or her will on another and forces the other to submit and subsequently, invading that person’s personal space and boundary. Passivity on the other hand, is about submission. Passivity occurs when a student submits to another person’s dominance play, putting his or her wishes and desires aside so as to pay attention to fulfilling the wishes and desires of his or her dominant peer while assertiveness is when students with hearing impairment defend themselves when someone else attempts to dominate them, using any necessary method (including force) to repel the invasion attempt (Babaroglu, 2014). In other words, students who are assertive use aggression defensively and never offensively. Students with hearing impairment are generally considered to be aggressive due to the fact that they cannot express themselves verbally and are taken to be very stubborn than their hearing counterparts. The attitude of peers and significant others have been found to, in one way or the other, contribute to the aggressive nature of students with hearing

impairment. In this respect, assertiveness training will help them find the middle way between aggression and passivity that best respects the boundaries of all partners (Batten, Oakes and Alexander, 2013).

Students with hearing impairment can attain level of independence in life; they can be self-reliant and need not depend on other people around them for survival, if taught the strategies that can bring out the hidden treasures in them. Glenn, Anderson and Susan (2006) submitted that school-based learning programmes could go a long way in helping students with hearing impairment to learn from peers and significant others, since their peculiarity has not given them the opportunity to participate in some community-based activities where they can also learn.

Shaping is a technique in behaviour modification in which new behaviour is produced by providing reinforcement for progressively closer approximations of the final desired behaviour. It is one of the strategies that can help individuals in becoming socially efficient and functional members of their families and the society at large. Akinade (2012) defined shaping as an operant conditioning procedure that involves reinforcement of successive approximations of behaviour towards target behaviour. Shaping is a process of behaviour modification which is used to encourage each student with hearing impairment to behave in a desired manner through positive reinforcement, so that he or she comes to associate the pleasure or displeasure of the reinforcement with the behaviour. In other words, it is a behaviour therapy in which the student with hearing impairment is rewarded for the correct response, and punished for the incorrect response. Examples of behaviour that requires the use of shaping strategy

include shyness, anger, depression and aggression.

Several factors tend to affect the social lives of students with hearing impairment. Many studies reported that gender and self-concept are among factors affecting the social lives of students. For instance, Zill and West (2000) reported that boys display higher rates of aggression and loss of control when compared to girls. Again, boys are more disruptive than girls due to the fact that they have stronger tendencies towards externalizing behaviour (Entwisle, Alexander and Olson, 2005). Gender differences persist till adulthood and if those anti-social behaviours are not properly handled, they might continue throughout the affected person's lifetime.

In the same vein, self-concept also plays an important role in social skills acquisition of students with hearing impairment and this could be high or low. The idea or mental image one has of oneself and one's strengths, weaknesses and status will have positive or negative effect on one's social interaction within the society. Adediran (2006) opined that next to the home, the school exerts greatest influence on how students see themselves and their abilities, especially, for students with hearing impairment who underrate themselves which in turn leads to their poor socialisation. It is necessary to promote a sense of uniqueness in every student as this could go a long way in improving their social skills. This study, therefore, examined the effect of assertiveness training and shaping strategy on social skills acquisition among students with hearing impairment in Ibadan, Oyo State, Nigeria.

Statement of the Problem

Students with hearing impairment are most times seen with lack of the ability to adjust

to their environment due to the fact that they lack social skills for relating well with significant others. These skills include skills for facilitating interaction and communication with others. The lack of these skills among them makes them find it difficult to socialise with others. Consequently, they are excluded from active participation in the activities of their environment, at home, school and the society as a whole.

Lack of social skills also constitutes a great barrier to acquisition of academic skills, as well as choosing friends and embarking on healthy relationship. Several attempts have been made to address the issue of enhancing social skills among students with hearing impairment but little has been achieved in this regard. This study, therefore, determined the effects of assertive skills training and shaping strategy on social skills of students with hearing impairment in Ibadan, Oyo State, Nigeria.

Hypotheses

The following hypotheses were tested at 0.05 level of significance.

Results

Table 1 ANCOVA: showing the significant main and interaction effects of treatment, and self-concept on social skills

Source	Sum of Square	Df.	Meann Square	F	Sig.	Eta ²
Corrected Model	577.707	6	96.284	4.872	.030	.653
Pre-test Social skills	5.635	1	5.635	.051	.823	.002
Main Effect:						
Treatment Group	107.947	2	253.973	2.498	.044	.341
Self-Concept	419.464	1	419.464	3.799	.064	.142
2 Way Interaction:						
Treatment*Self-Concept	147.970	2	73.985	.670	.521	.055
Error	2539.260	23	110.403			
Total	144433.000	30				
Corrected Total	3116.967	29				

* Significant at 0.05 significant level $R^2 = 0.685$, Adj $R^2 = 0.427$

1. There is no significant main effect of treatment on social skills of students with hearing impairment.
2. There is no significant main effect of self-concept on social skills of students with hearing impairment.
3. There is no significant interaction effect of treatment and self-concept on social skills of students with hearing impairment.

Methodology

The pre-test, post test, control group quasi-experimental research design of 3x2 factorial matrix was used to carry out the study. The population comprises all students with hearing impairment in three schools in Ibadan. A total of 30 male and female students with hearing impairment were the sample for the study and the purposive sampling technique was used for selecting the participants. Two instruments tagged social skills development checklist and social skills deficit scale with $r = 0.84$ and 0.83 respectively. The data collected were analysed using Analysis of Covariance (ANCOVA) and Scheffé post hoc analysis.

Table 1 shows that there are significant differences between treatment I and treatment II and between treatment I and control only.

Hypothesis 1: There is no significant main effect of treatment on social skills of students with hearing impairment

Table 2: Estimated marginal means scores of treatment on social skills of students with hearing impairment

Treatment	Mean	Std. Error
Assertiveness	69.847	3.391
Shaping strategy	64.766	3.781
Control	68.415	2.344

The result from Table 2 shows that there is a significant main effect of treatment on social skills of students with hearing impairment

($F(2,23)= 2.489$, $p< 0.05$, $\eta^2=.341$). Hence, the null hypothesis is rejected.

Hypothesis 2: There is no significant main effect of self-concept on social skills of students with hearing impairment

Table 3: Estimated marginal means scores of self-concept and social skills of students with hearing impairment

Self-Concept	Mean	Std. Error
Low	71.542	2.584
High	63.811	3.003

The result from Table 3 shows that there is no significant main effect of self concept on social skills of students with hearing impairment ($F(1,23)= 3.799$, $p> 0.05$, $\eta^2=.14$). Hence, the null hypothesis is accepted.

Hypothesis 3: There is no significant interaction effect of treatment and self concept on social skills of students with hearing impairment

Table 4: Estimated marginal means scores of the interaction effect of treatment and self concept on social skills of students with hearing impairment

Treatment Group	Self-Concept	Mean	Std. Error
Assertiveness	Low	72.60	14.398
	High	67.40	4.930
Shaping strategy	Low	71.71	8.883
	High	57.33	7.572
Control	Low	70.40	11.908
	High	66.60	10.761

The result from Table 4 shows that there was no significant interaction effect of treatment and self concept on social skills of students with hearing impairment ($F(2,23)= 670$, $p> 0.05$, $\eta^2=.453$). Hence, the null hypothesis is accepted.

Discussion

The findings of this study indicated that treatment has significant main effect on social skills of students with hearing impairment. This corroborates the finding of Caprara (2000) that social relationship adds quality to students' life and contributes to their ability to think and learn through some behaviour modification. The result is also consistent with Eleby (2009) that lack of social skills has negative effects on students' academic achievement and those students who were assertive possessed social skills than their counterparts who were not.

The result revealed that self-concept has no significant main effect on social skills of students with hearing impairment. The findings of this study is not in line with Coleman (2008) that students with hearing impairment have fewer opportunities to socialise with others and often struggle with social skills resulting in low self-concept.

The result showed that treatment and self-concept have no interaction effect on social skills of students with hearing impairment. This finding is contrary to Mrug and Wallander (2002) who reported that feelings of acceptance and rejection by significant others usually affects the way the students with hearing impairment view and evaluate themselves and this in turn leads to greater hostility, low self-esteem, emotional instability, unresponsiveness and a negative view of the world. Coleman (2008) also reported that students with hearing impairment have few opportunities of

socialising with others and then often they struggle with social skills. This often results in low self-concept while depression may also set in.

Conclusion

This study reveals that the social skills of students with hearing impairment can be improved with the use of assertiveness skills training and shaping strategy. The findings of the study also indicated that assertiveness training and shaping strategy enabled the students with hearing impairment to be more informed with some of their rights and how they affect their social skills. It is, therefore, important that assertiveness and shaping strategy should be used to enhance the social skills of students with hearing impairment in secondary schools.

Recommendations

The following are recommended based on the findings of the study:

1. The two treatments used in this study (assertiveness skills training and shaping strategy) should be introduced in the curriculum for students with hearing impairment.
2. Special education teachers should encourage students with hearing impairment to improve their social skills.
3. Students with hearing impairment should be encouraged to be assertive when the need arises and dispute any form of irrational beliefs about assertive rights in order to live healthy social lives.
4. Parents of students with hearing impairment should be educated on

various ways through which the social skills of their children could be improved.

5. Government should be interested and willing to sponsor intervention programmes aimed at improving the social skills of students with hearing impairment.
6. Counselling psychologists and social workers should work with the students with hearing impairment in order to assist them to acquire appropriate social skills for adjusting to their environment.

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