Mothers' Attitudes and Treatment Practices Toward Children with Hearing and Speech Difficulties and Their Relationship to Children's Self-Concept in Hebron, Palestine

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Abstract:

This study investigates the relationship between mothers' attitudes and treatment practices toward their children with hearing and speech difficulties and the children's levels of self-concept. The research was conducted in the Hebron Governorate in Palestine and targeted 30 mothers and their 30 children aged 6–18 years enrolled in specialized rehabilitation and special education centers. A descriptive correlational design was employed, utilizing the Parental Treatment Scale adapted to the Palestinian context and the Rosenberg Self-Esteem Scale to measure children's self-concept. Validity was established through expert review, while reliability analyses showed high internal consistency for both instruments. The findings revealed a moderate positive correlation between maternal treatment practices and children's self-concept, indicating that supportive, accepting, and emotionally responsive maternal behaviors contribute to higher levels of self-esteem among children with communication disorders. In contrast, paternal treatment demonstrated only a weak correlation with children's self-concept. No statistically significant differences in self-concept were observed between gender or age groups. Additionally, multiple regression analysis indicated that maternal treatment emerged as the most significant predictor of self-concept, emphasizing the crucial role of mothers in the psychological adjustment of children with speech and hearing impairments. This study underscores the necessity of enhancing maternal parenting skills, incorporating family counseling into rehabilitation programs, and fostering positive communication strategies within the home environment. The results offer important insights for practitioners, rehabilitation specialists, and policymakers aiming to improve the psychological well-being and social integration of children facing communication challenges.

Keywords: *Communication Disorders; Hearing Impairment; Parenting Styles; Mothers' Attitudes; Self-Concept; Childhood Development; Psychological Adjustment.*

اتجاهات الأمهات وأساليب معاملتهن لأطفالهن من ذوي صعوبات السمع والكلام وعلاقتها بمفهوم الذات لديهم بمحافظة الخليل في فلسطين

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ملخص:

تبحث هذه الدراسة في العلاقة بين مواقف الأمهات وممارسات العلاج تجاه أطفالهن الذين يعانون من صعوبات في السمع والنطق ومستويات مفهوم الذات لدى الأطفال. أُجريت الدراسة في محافظة الخليل في فلسطين، واستهدفت 30 أمًا وأطفالهن الثلاثين الذين تتراوح أعمارهم بين 6 و18 عامًا والمسجلين في مراكز إعادة تأهيل وتعليم خاصة متخصصة. تم استخدام تصميم ارتباطي وصفي، باستخدام مقياس معاملة الوالدين المُعدَّل للسياق الفلسطيني ومقياس روزنبرغ لتقدير الذات لقياس مفهوم الذات لدى الأطفال. تم التحقق من الصلاحية من خلال مراجعة الخبراء، بينما أظهرت تحليلات الموثوقية اتساقًا داخليًا عاليًا لكلا الأداتين. كشفت النتائج عن وجود علاقة إيجابية معتدلة بين ممارسات علاج الأمهات ومفهوم الذات لدى الأطفال، مما يشير إلى أن السلوكيات الأمومية الداعمة والمتقبلة والمستجيبة عاطفيًا تسهم في مستويات أعلى من تقدير الذات لدى الأطفال الذين يعانون من اضطرابات التواصل. في المقابل، أظهر العلاج الأبوي ارتباطًا ضعيفًا فقط بمفهوم الذات لدى الأطفال. لم تُلاحظ أي فروق ذات دلالة إحصائية في مفهوم الذات بين الجنس أو الفئات العمرية. بالإضافة إلى ذلك، أشار تحليل الانحدار المتعدد إلى أن العلاج الأمومي يُعدّ أهم مؤشر على مفهوم الذات، مؤكدًا على الدور المحوري للأمهات في التكيف النفسي للأطفال ذوي الإعاقات السمعية والنطقية. تُؤكد هذه الدراسة على ضرورة تعزيز مهارات الأمومة لدى الأمهات، ودمج الإرشاد الأسري في برامج إعادة التأهيل، وتعزيز استراتيجيات التواصل الإيجابي داخل البيئة المنزلية. تُقدم النتائج رؤى مهمة للممارسين وأخصائي إعادة التأهيل وصانعي السياسات الذين يسعون إلى تحسين الصحة النفسية والتكامل الاجتماعي للأطفال الذين يواجهون صعوبات في التواصل.

الكلمات المفتاحية: صعوبات السمع والكلام؛ مفهوم الذات؛ أساليب المعاملة الوالدية؛ اتجاهات الأمهات؛ الإعاقة التواصلية؛ تقدير الذات؛ الاضطرابات النمائية.

1. Introduction

The family is the primary social unit responsible for shaping the early behavioral and emotional characteristics of the child. Family interactions, parental expectations, and daily socialization practices significantly influence children's psychological formation and self-perception. As noted by Al-Sayed (1981), the family reinforces cultural norms that help children internalize societal expectations. A child who grows up in a supportive and loving environment tends to develop trust, emotional stability, and a balanced personality. Conversely, harsh or inconsistent parenting may lead to negative self-perception, insecurity, and maladaptive behavioral patterns (Hill et al., 2022).

For children with hearing or speech impairments, the emotional and developmental demands are even more pronounced. These children often face communication barriers, societal misunderstanding, and limited participation in social activities—factors that can weaken their emerging self-concept. Hearing impairment, in particular, creates challenges in interaction and social integration, potentially leading to feelings of inferiority and social withdrawal.

The discrepancy between parental expectations prior to birth and the child's actual condition may cause emotional shock, denial, or overprotection. Some parents respond with acceptance and support, while others display strictness, anxiety, or rejection (Al-Rihani, 1981). Mothers, specifically, are deeply impacted by the presence of a communication disorder, often experiencing a range of emotions including guilt, grief, or excessive indulgence. Such reactions may unintentionally hinder the child's independence and psychological adaptation.

Given the central role of communication in children's cognitive, social, and emotional development, language and interaction patterns become crucial. Language enables children to express needs, develop self-awareness, and build relationships (Sanders et al., 2023). Positive maternal attitudes—marked by acceptance, warmth, and understanding—contribute to healthier thinking patterns, stronger social adaptation, and improved self-esteem (Veesar et al., 2024).

Despite the importance of the topic, literature in the Arab world addressing the relationship between parental attitudes and the self-concept of children with speech or hearing impairments remains limited. This gap underscores the need for research exploring how maternal parenting styles shape children's self-perception and psychological adjustment within the Palestinian context.

1.1 Problem Statement

Children with communication disorders encounter multiple psychological and social challenges, many of which are deeply affected by parental attitudes and daily interaction patterns. Observations from rehabilitation centers in Hebron indicated varying maternal responses toward children with hearing and speech difficulties—ranging from overprotection, harshness, and rejection to inconsistency in treatment.

Such diverse parenting styles may significantly impact children's self-concept, which reflects how they perceive their abilities, value, and social identity. Low self-concept has been linked to increased emotional distress, social isolation, and reduced academic performance among children with disabilities.

Accordingly, this study seeks to answer the central question: Is there a relationship between mothers' attitudes and treatment methods and the self-concept of children with hearing and speech difficulties?

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1.2 Objectives of the Study

- To examine the correlational relationship between mothers' attitudes/treatment practices and children's self-concept.
- To identify whether children's self-concept varies according to gender or age.
- To determine the relative contribution of maternal versus paternal treatment in predicting self-esteem among children with communication disorders.

1.3 Significance of the Study

Theoretical Significance

- The study contributes to the limited Palestinian and Arab research addressing parental attitudes toward children with speech and hearing impairments.
- It enriches scientific understanding of how maternal parenting patterns affect self-concept, psychological adjustment, and social development among children with communication disorders.
- The validated measurement tools used in this study offer a foundation for future research on similar populations.

Practical Significance

- Results offer actionable insights for rehabilitation centers, psychologists, and educators working with children who have communication impairments.
- Findings can guide the development of **parent-training programs** designed to foster positive parenting styles that support children's self-esteem and independence.
- The study highlights the need for family counseling units within educational institutions to help parents manage stress, overcome negative practices, and promote healthy communication at home.

Social Significance

- In a society heavily impacted by ongoing crises, disabilities—including hearing and speech disorders—are increasingly prevalent.
- Supporting parents, especially mothers, in adopting constructive treatment methods can reduce psychological distress among children and improve their social functioning.

1.4 Study Hypotheses

- There is a statistically significant correlational relationship between maternal treatment methods and the self-concept of children with hearing and speech impairments.
- There is a statistically significant correlational relationship between paternal treatment methods and the self-concept of hearing- and speech-impaired children.
- There are statistically significant differences in children's self-concept according to the father's age.
- There are statistically significant differences in children's self-concept according to the parents' age and the child's gender.
- Maternal treatment practices contribute more significantly to predicting children's self-concept than paternal treatment.

1.5 Study Boundaries

- **Subject Boundaries:** Parental attitudes and treatment methods toward children with communication disorders and their impact on children's self-concept.
- **Human Boundaries:** Children (male and female) aged 6–18 with speech or hearing impairments, totaling 30 participants.

- **Spatial Boundaries:** Rehabilitation and special education centers supervised by the Ministry of Education in Hebron Governorate.
- **Temporal Boundaries:** The fieldwork was conducted during the **academic year 2024–2025**.

1.6 Definitions of Key Terms

- **Parental Treatment:** Rubin and Chung (2013) define parental treatment as the set of behavioral, emotional, and instructional approaches parents use to instill values, habits, and customs in their children, varying across cultures and social classes. Ismail (1974) describes it as the attitudes and practices parents adopt when interacting with their children in daily life, influencing behavior modification and the development of socially appropriate actions.
- **Self-Concept:** Self-concept refers to the sum of an individual's perceptions of themselves, including social status, personality traits, physical and mental characteristics, and their evaluation of personal strengths and weaknesses (Khusheim, 2022). It represents a unified set of emotionally colored thoughts about self-identity accumulated over time.
- **Psychological Stress:** Mansour and El-Beblawi (1989) define psychological stress as an emotional state resulting from events or situations that place demands on the individual, requiring internal adjustment and causing psychological and physical effects.
- **Operational Definition: Self-Concept:** In this study, self-concept refers to children's total responses to the Rosenberg Self-Esteem Scale and the self-concept scale measuring cognitive, physical, social, and anxiety-related dimensions.
- **Attitude Toward Disability:** Saadati et al. (2025) defines this as the set of psychological, emotional, and cognitive responses parents develop toward their child's disability based on accumulated life experiences, influencing their consistent behaviors in daily interactions.
- **Disability:** According to Retief and Letšosa (2018), disability refers to a physical deformity or deficiency in a necessary function required for optimal performance.

2. Theoretical Framework

2.1 Parenting Styles and Their Influence on Child Development

Parenting styles are crucial in shaping a child's psychological, social, and emotional growth. Children with communication disorders are particularly sensitive to parental attitudes due to the added challenges they face in social interaction, communication, and self-expression.

- **Democratic (Authoritative) Parenting:** Characterized by warmth, guided independence, and clear communication, this style promotes psychological security and supports children's autonomy and self-confidence. It allows freedom within structured boundaries, encouraging emotional stability and creativity (Ahmed & Mohamed, 2002).
- **Inductive Reasoning:** Parents using this approach explain consequences, discuss behaviors, and encourage children to understand their actions. This fosters responsible decision-making, emotional balance, and social competence (Rashdan, 2005).
- **Overprotection:** Excessive control or performing tasks on behalf of the child undermines independence, contributing to anxiety, dependency, and fear of social participation. Children raised under overprotection often show low resilience and avoid new experiences (Rashdan, 2005).
- **Permissiveness and Overindulgence:** Excessive leniency, lack of discipline, and granting unlimited freedom may result in poor emotional regulation, impulsivity, and difficulty accepting responsibility. Children may develop aggressive behavior or entitlement patterns (Rashdan, 2005).

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- **Psychological Punishment (Induction of Guilt):** This method involves blaming or demeaning the child for mistakes, leading to persistent guilt, low self-esteem, and social withdrawal. Such children often fear judgment and undervalue their abilities (Jarrah, 2008).
- **Neglectful Parenting:** Neglect includes failure to meet physical or emotional needs or to reinforce appropriate behavior. Neglected children display confusion, insecurity, and challenges distinguishing right from wrong (Özkan, 2024).
- **Authoritarian Parenting:** Strict, punitive, and obedience-focused parenting suppresses autonomy and individuality. Children raised under such control often develop fear, low self-esteem, and limited decision-making skills (Ahmed & Mohamed, 2002).
- **Harshness and Physical Punishment:** Physical or psychological punishment fosters feelings of injustice, emotional instability, and internalized aggression. Children may become withdrawn, anxious, or develop harsh self-criticism (Kafani, 2008).
- **Favoritism and Discrimination:** Unequal treatment based on gender, birth order, or personal preference creates jealousy, resentment, and sibling rivalry. Favored children may develop selfishness, while others may internalize rejection (Rashdan, 2005).
- **Inconsistent Parenting:** Contradictory parenting responses—such as rewarding a behavior at one time and punishing it at another—confuse children and promote emotional instability and inconsistent behavior (Rashdan, 2005).

2.2 Determinants of Parenting Styles

- **Economic Status:** Socioeconomic conditions shape parental expectations, child-rearing approaches, and household values. Agricultural, industrial, and urban communities develop distinct parenting norms reflecting their economic realities (Keijer, 2021).
- **Family Relationships**
- **Marital harmony** supports psychological security.
- **Parent–child warmth** enhances trust and communication.
- **Balanced sibling relationships** contribute to healthy psychosocial development (Ulianova et al., 2025).
- **Cultural Determinants:** Parental education level is one of the strongest predictors of tolerant and flexible parenting. Higher education is associated with reduced authoritarianism and improved communication (Pinquart & Kauser, 2018).
- **Family Size:** Large families may limit individual attention and verbal interaction, causing emotional and developmental challenges. Family size also affects economic distribution and parental stress (Arditti, 2016).
- **Psychological Determinants:** Parental childhood experiences, emotional stability, family dynamics, and expectations shape their parenting approaches. Fathers exposed to harsh upbringing, for instance, are more likely to replicate these behaviors (Pinquart & Kauser, 2018).

2.3 Self-Concept: Nature, Structure, and Relation to Disability

Self-concept is a foundational psychological construct rooted in ancient Greek thought and later expanded by modern theorists such as Carl Rogers. It is a learned organization of emotional and cognitive processes that guides behavior, social interaction, and self-evaluation (Rosenberg, 2017; Zahran, 1974).

Communication disorders—including hearing impairment—create barriers that hinder social participation and contribute to negative body image, feelings of inferiority, and reduced self-esteem. Children with such impairments require emotional support, secure relationships, and opportunities for self-expression (Fadda, 2004).

Rogers describes the self as a structured set of perceptions developed through interactions with others. A discrepancy between the real self and the ideal self leads to psychological tension, while congruence promotes well-being. Self-perception influences how individuals interpret experiences and navigate social environments (Kafafi, 1989).

3. Research Methodology

3.1 Research Design

This study employed a descriptive correlational research design, which is appropriate for exploring the magnitude, direction, and significance of relationships among variables. The design enabled the researcher to measure parental attitudes and children's self-concept quantitatively and examine their interrelationships.

3.2 Study Population and Sample

The study population consisted of mothers of children with speech and hearing impairments enrolled in rehabilitation centers, special education schools, and speech therapy clinics in Hebron Governorate, Palestine.

Sample:
- Mothers: 30 mothers aged 28–42 years
- Children: 30 children (15 males, 15 females), aged 6–18 years
- Children represented varying communication disorders, including severe stuttering, hearing impairment, language delay, learning difficulties (Down syndrome/mental retardation), and autism spectrum disorders.

Participating Centers:
- Al-Raja' Center for Special Education / Red Crescent.
- Al-Amal Association for the Deaf and Mute.
- Rashid Al-Maktoum School / Hebron Rehabilitation Association.
- Khurma Center for Autism Rehabilitation.
- Adna Center for Community Rehabilitation.

This diversity ensured that the study captured a broad representation of communication difficulties.

3.4 Instruments of the Study

1. General Data Form

A demographic questionnaire designed to collect essential information on mothers and children, including age, gender, educational level, family size, and type of impairment.

2. Parental Attitudes and Treatment Scale

Developed by Amani Abdel Maqsoud (2004) and adapted to the Palestinian context.
- Contains **60 items** measuring treatment methods across dimensions such as acceptance, harshness, overprotection, and emotional support.
- Rated on a 5-point Likert scale.

3. Rosenberg Self-Esteem Scale

A standardized 10-item scale measuring children's self-esteem.
- Items rated on a 5-point Likert scale (Strongly agree = 5 to Strongly disagree = 1).
- Negatively worded items (2, 5, 6, 8, 9) were reverse-coded.

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4. Socioeconomic Status Form (2025)

Developed by the researcher to assess family economic characteristics relevant to parenting patterns.

3.4 Validity and Reliability

Face Validity

The parental treatment scale was reviewed by 5 experts specializing in psychology, education, and rehabilitation.

– Items were evaluated for clarity, language, and cultural appropriateness.
– Scores ranged from 2.6 to 3.0 (out of 3), confirming high clarity and appropriateness.

Reliability

Cronbach's alpha coefficients were calculated to measure internal consistency:

Table 1. Reliability

Scale	Cronbach's Alpha	Interpretation
Parental Treatment Scale	0.99	Excellent internal consistency
Rosenberg Self-Esteem Scale	0.72	Acceptable internal consistency

These values confirm that both instruments reliably measure their intended constructs.

3.6 Statistical Analysis

Data were analyzed using **SPSS** employing the following procedures:

– Means and standard deviations
– Pearson correlation coefficients
– Independent samples t-tests
– One-way ANOVA
– Multiple regression analysis
  These techniques allowed for testing the research hypotheses and identifying predictive relationships.

4. Results

4.1 Descriptive Statistics

Table 2 presents the descriptive statistics for parental treatment and children's self-concept scores.

Table 2. Descriptive Statistics for Parental Treatment and Self-Concept

Variable	Mean Score
Maternal treatment	3.62 / 5
Paternal treatment	3.29 / 5
Self-concept (maternal interaction)	2.91
Self-concept (paternal interaction)	2.72

The findings indicate that mothers provided more positive and supportive treatment toward their children compared to fathers. This pattern aligns with traditional Palestinian family dynamics, in which mothers typically spend more time with their children and assume more direct caregiving responsibilities. Consequently, maternal interactions may have a stronger influence on children's emotional and psychological development.

4.2 Correlational Analysis

A Pearson correlation analysis was conducted to examine the relationship between parental treatment and children's self-esteem.

Table 3. Correlations Between Parental Treatment and Self-Esteem

Relationship	Correlation (r)	Interpretation
Maternal treatment → Self-esteem	0.41	Moderate positive correlation
Paternal treatment → Self-esteem	0.29	Weak positive correlation

There is a clear positive relationship between parental treatment and self-esteem. Maternal treatment demonstrates a moderate association, suggesting that as positive maternal behavior increases, children's self-esteem tends to improve substantially. In contrast, paternal treatment shows a weaker, but still positive, relationship with self-esteem. This difference highlights the stronger emotional impact of maternal interactions within the cultural context of the study.

4.3 Gender Differences

Table 4 illustrates male and female participants' mean self-esteem scores.

Table 4. Gender Differences in Self-Esteem

Gender	Mean Self-Esteem
Males	2.88
Females	2.95

Although females scored slightly higher on self-esteem, the differences were not statistically significant. This indicates that gender does not play a substantial role in determining self-esteem levels within the sample.

4.4 Age Group Differences

Table 5 presents self-esteem scores across three age groups.

Table 5. Age Differences in Self-Esteem

Age Group	Mean Self-Esteem
6–10 years	3.01
11–13 years	2.85
14–17 years	2.79

Self-esteem slightly decreases with increasing age, suggesting that older children may face more complex developmental or social challenges. However, the differences were not statistically significant, indicating that age does not markedly influence self-esteem in this sample.

4.5 Multiple Regression Analysis

A multiple regression analysis was conducted to determine the predictive power of maternal and paternal treatment on children's self-esteem.

Model Details:

- Dependent variable: Self-esteem
- Independent variables: Maternal treatment, paternal treatment

Key Findings:

- The overall model was statistically significant ($p < 0.05$), indicating that parental treatment collectively contributes to predicting children's self-esteem.
- Maternal treatment emerged as the strongest predictor $\beta = 0.36$, $p < 0.01$
- Paternal treatment was a weaker and marginally insignificant predictor $\beta = 0.21$, $p = 0.07$.

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The results demonstrate that maternal behavior has a more substantial and statistically significant impact on children's self-esteem compared to paternal behavior. This underscores the central role of maternal support in shaping children's self-concept within the sociocultural environment examined.

5. Discussion

The findings of this study highlight the substantial impact of maternal treatment methods on the self-concept of children with speech and hearing difficulties. The moderate correlation suggests that children's self-esteem is meaningfully shaped by maternal warmth, acceptance, emotional support, and opportunities for independence.

Children with communication impairments often face heightened vulnerability due to the challenges associated with social participation and self-expression. When mothers adopt more supportive or democratic parenting styles, these children develop a stronger sense of competence and worthiness. Conversely, restrictive or authoritarian maternal behaviors may heighten anxiety, diminish autonomy, and reduce self-confidence.

The weaker influence of paternal treatment may be attributable to limited father–child interaction, as many fathers in Palestinian society spend long hours at work, leaving less time for direct involvement in children's daily activities.

The lack of significant differences based on gender or age suggests that self-concept among children with communication disorders is shaped more by parental behavior than by developmental or demographic factors.

These results align with prior literature linking positive parenting practices with healthy psychological adjustment and self-esteem.

6. Conclusion

The results of this research indicate that parental treatment (especially the maternal treatment) is important in influencing self-esteem of children among the Palestinian setting. Descriptive statistics indicated that mothers tended to offer more positive and supportive interactions as compared to fathers which can be attributed to the traditional care giving style among the Palestinian families. Correlational and regression analyses also revealed that maternal treatment is more and more significant on the self-esteem of children than paternal treatment. Despite the fact that there was some difference by gender and age, the difference was not significant which indicates that the development of the self-esteem is more influenced by parental behavior, rather than the demographics.

In general, the paper highlights the primary significance of nurturing, supportive, and emotionally receptive parental relationships in influencing positive self-concept in children and adolescents. The findings add to the existing knowledge about family relations and psychological maturation in the context of the Palestinian culture.

7. Recommendations

− Increase parental sensitization on the significance of good treatment in the development of self-esteem of children.
− Increased paternal role to be encouraged to provide a more equal emotional environment to children.
− Conduct parenting seminars emphasizing on supportive communication and positive interaction skills.
− Enhance school-based interventions which increase the confidence of students particularly in the teenage years.

- Treat families with counseling interventions to have better parent child relationships.
- Additional research on large and more varied samples should be carried out to prove and broaden the results.

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